Southwest Michigan Behavioral Health Board Meeting
SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002
February 13, 2026
9:30 am to 11:30 am
(d) means document provided
Draft: 2/3/26

1. **Welcome Guests/Public Comment**

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

3. **Financial Interest Disclosure Handling**

   - Kayla Wisniewski (Woodlands Behavioral Health)

4. **Consent Agenda**

   a. December 12, 2025, SWMBH Board Meeting Minutes (d) pg.3
   b. January 9, 2026, SWMBH Board Meeting Minutes (d) pg.7
   c. December 5, 2025, Board Finance Committee Meeting Minutes (d) pg.10
   d. January 8, 2026, Board Finance Committee Meeting Minutes (d) pg.12
   e. January 14, and January 28, 2026, Operations Committee Meeting Minutes (d) pg.14

5. **Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis**

   a. G. Guidry (d) pg.25
   b. Operations Committee

6. **CMH Board Updates**
   SWMBH Board Member opportunity to provide an update from their respective CMH Board to facilitate ownership linkage
   - Barry
   - Berrien
   - Branch
   - Calhoun
   - Cass
   - Kalamazoo
   - St. Joseph
   - Van Buren

7. **Required Approvals**

   - Fiscal Year 2026 Quality Assurance and Performance Improvement Program Plan (A. Lacey) (d) pg.41

8. **Ends Metrics Updates *(*Requires motion)***
   Proposed Motion: Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Do the Ends need Revision?

   a. Sub End #3 - Fiscal Year 2026 Network Adequacy Evaluation (M. Todd) (d) pg.84
   b. Sub End #1 - SWMBH 3rd Quarterly Bulletin (d) pg.170

9. **Board Actions to be Considered**

   - Executive Officer Search Committee Recommendation

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

    - None scheduled

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

    - None scheduled

12. **Board Education**

    - None scheduled

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

    a. PIHP Procurement Updates (M. Todd) (d) pg.175
    b. Fiscal Year 2025 Quality Assurance and Performance Improvement Program Evaluation (A. Lacey) (d) pg.176
    c. March Board Policy Direct Inspection – None scheduled
    d. April Board Policy Direct Inspection – 2.6 Investments (Board Finance Committee)

14. **Public Comment**

15. **Adjournment**

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

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

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

Next Board Meeting
March 13, 2026
9:30 am - 11:30 am

Southwest Michigan
BEHAVIORAL HEALTH

Board Meeting Minutes
December 12, 2025
SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002
9:30 am-11:30 am
Draft: 12/15/25

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

Members Present via MS Teams: Allen Edlefson

Members Absent: None

Guests Present: Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Alison Strasser, Interim Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Gail Patterson-Gladney, SWMBH Board Alternate; Cathi Abbs, SWMBH Board Alternate; Cameron Bullock, Pivotal; Ric Compton, Riverwood; Michael Mallory, Woodlands; Richard Thiemkey, Barry CMH; Jeff Patton, ISK; Marsha Bassett, Barry County; Sue Germann, Pines BH; Jeannie Goodrich, Summit Pointe

Guests Present via MS Teams:
Debbie Hess, Van Buren County CMH; Jon Houtz, SWMBH Board Alternate

Welcome Guests
Sherii Sherban called the meeting to order at 9:30am and introductions were made.

Public Comment
None

Agenda Review and Adoption
      Motion   Joyce Locke moved to approve the agenda as presented.
      Second   Michael Seals
      Motion Carried

Financial Interest Disclosure (FID) Handling
      None

Consent Agenda
      Motion   Carol Naccarato moved to approve November 14, 2025, Board Meeting minutes, November 12, 2025, Operations Committee Meeting minutes, and November 7, 2025, Board Finance Committee Meeting minutes as presented.
      Second   Joyce Locke
      Motion Carried

2026 Year to Date Financial Statements; Cash Flow Analysis; Mid-Year Revenue Rate Assumptions and Revised SWMBH Budget/Projections

Garyl Guidry presented Period 1 financial statements as documented and noted:
- October eligibles have declined
- November eligibles increased
- Estimates from St. Joseph and Van Buren
- No CCBHC for Fiscal Year 2026, but SWMBH is watching the CCBHC funding from DHHS
- $29.7 million in revenue
- $27.8 million in expensive
- $1.8 million surplus
- Annualization of $22.4 surplus
- Cost settlements for each CMH with CCBHC broken out reviewed
- CMHs are in the positive with the exception of Woodlands
- CMHs to send CCBHC revenue to SWMBH so that SWMBH can monitor CCBHC funding

Discussion followed.

Variance Revenue Report

Garyl Guidry reported as documented noting November eligibles increased, $55.9 million in revenue, HSW rates being paid at 2025 rates. 2026 HSW rates will not be paid until March 2026. Discussion followed.

Operations Committee Update

No updated given.

CMH Board Updates

Barry-Board meeting yesterday, good work by SAPT and a new program through CCBHC.

Berrien-Future Medicaid funding, uncertainty of delegated managed care functions, CARF and staff retention.

Branch-CCBHC is progressing, 1 year contract with staff, health costs increased, and diversity in Branch County is increasing which is changing the needs of Branch County.

Calhoun-CARF accreditation obtained for 3 years, CCBHC active, recent SAMSHA site visit

Cass-same as mentioned above, doing the best with what we have.

Kalamazoo-amazing staff, 24/7 care downtown successful, homeless issues and cuts in HUD grant funding, contracting with the county to address homelessness, partnering with Pine Rest for Crisis Services, upcoming Big Beautiful Bill impacts.

St. Joseph-CARF visit soon, new building project underway, CCBHC running smooth.

Van Buren-Sue Barnes has returned to their Board.

Required Approvals

None scheduled

Ends Metrics Updates

None scheduled

Board Actions to be Considered

2026 Board Meeting Calendar

Sherii Sherban Reviewed the 2026 Board Meeting Calendar. Discussion followed.

Motion	Lorraine Lindsey moved to approve the 2026 Board Meeting Calendar as presented.
Second	Joyce Locke

Motion Carried

SWMBH Staff Retention

Mila Todd reviewed document distributed noting the document was reviewed by the Board Finance Committee and the Operations Committee. The SWMBH staff retention plan was developed following industry standards and reviewing other PIHPs staff retention plans. The Plan will not affect 2026 Budget but may affect 2027 Budget. The Plan will be reviewed each quarter at Board meetings. Discussion followed.

Motion	Tom Schmelzer moved to approve the Staff Retention Plan as presented with the revision of "non-disciplinary separation"
Second	Michael Seals

Motion Carried

Board Policy Review

Policy 3.3 Code of Conduct

Sherii Sherban reported as documented. Discussion followed.

Motion	Lorraine Lindsey moved that the Board is in Compliance with Policy 3.3 Code of Conduct and the policy does not need revision.
Second	Joyce Locke

Motion Carried

Executive Limitations Review

Policy 2.5 Asset Protection (Review period 8/1/25-12/1/25)

Sherii Sherban reported as documented. Discussion followed.

Motion	Tom Schmelzer moved that the Executive Officer is in compliance with Policy 2.5 Asset Protection and the policy does not need revision.
Second	Michael Seals

Motion Carried

Board Education

None scheduled

Communication and Counsel to the Board

Fiscal Year 2025 Contract Vendor Summary

Garyl Guidry reported as documented, noting a 10% overall reduction in expenses. Discussion followed.

Fiscal Year 2025 Customer Services Report

The report was included in the packet for the Board's review.

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PIHP Procurement

Mila Todd reported on the 3-day litigation hearing noting testimonies on violation of law. The Judge should issue his opinion by early next week and will retain jurisdiction over the case. Discussion followed.

January Board Policy Direct Inspection

None scheduled

Public Comment

Asset and Liability Workgroup

The workgroup has developed 2 plans and has gone as far as they can go until details on the RFP and litigation are known.

Fiscal Year 2025 deficit

SWMBH reported a negative ISF to MDHHS. MDHHS rejected the report and SWMBH will submit a corrected report. Meetings are ongoing with MDHHS regarding utilizing Fiscal Year 2026 surplus to offset Fiscal Year 2025 deficit.

Adjournment

Motion   Michael Seals moved to adjourn.
Second   Joyce Locke
Meeting adjourned at 11:09am

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

Board Meeting Minutes
January 9, 2026
SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002
9:30 am-11:30 am
Draft: 1/9/26

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Members Present: Tom Schmelzer, Michael Seals, Tina Leary, Carol Naccarato, Kayla Wisnieski

Members Present via MS Teams: Allen Edlefson, Lorraine Lindsey

Members Absent: Sherii Sherban**,** Joyce Locke

Guests Present: Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Alena Lacey, Chief Clinical Officer, SWMBH; Ella Philander, Executive Project Manager, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Cameron Bullock, Pivotal; Ric Compton, Riverwood; Michael Mallory, Woodlands; Jeff Patton, ISK; Marsha Bassett, Barry County; Sue Germann, Pines BH; Jeannie Goodrich, Summit Pointe; Debbie Hess, Van Buren CMH; Jon Houtz, SWMBH Board Alternate; Marsha Bassett, Branch County Commissioner

Guests Present via MS Teams:
None

Welcome Guests
Tom Schmelzer called the meeting to order at 9:30am and introductions were made.

Public Comment
None

Agenda Review and Adoption
>   No quorum was present.

Financial Interest Disclosure (FID) Handling
>   None

Consent Agenda
>   No quorum was present.

2026 Year to Date Financial Statements; Cash Flow Analysis; Mid-Year Revenue Rate Assumptions and Revised SWMBH Budget/Projections
Garyl Guidry gave an update on Fiscal Year 2025 financials as follows:
- SWBMH and CMHs are processing the final Fiscal Year 2025 financials with a due date of 2/28/26

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- Amendment #5 was received this week. Higher dollar amount than anticipated with an estimate of an additional $3 million which will reduce the projected $16 million deficit
- Internal conversations with MDHHS continues regarding utilization of FY26 surplus to offset FY25 deficit

Garyl Guidry presented Period 2 financial statements as documented and noted:
- December eligibles are down which will affect revenue
- Period 2 surplus is $4.8 million with an annualized projection of $29 million in surplus
- ACR is 11%
- One CMH submitted an estimated financial statement
- Could see more changes in Period 3 financial statements

Discussion followed.

Variance Revenue Report
Garyl Guidry reported as documented noting December eligibles

Operations Committee Update
No update given as the Committee did not meet in December.

CMH Board Updates
Barry-discussion of reduction in eligibles. Recipient Rights training. Struggles and strategies regarding medical assistance in rural settings.
Berrien- none
Branch-no Board meeting in December. Recipient Rights report is being presented at the January Board meeting.
Calhoun-none
Cass-none
Kalamazoo-none
St. Joseph-no Board meeting in December. Clubhouse accreditation was completed.
Van Buren- none

Required Approvals
None scheduled

Ends Metrics Updates
Owner Engagement Survey
Mila Todd reported as documented. Discussion followed with an agreement by Board members on process to disseminate, complete and finalize Owner Engagement Survey between SWMBH Board and CMH Boards.

Board Actions to be Considered
None scheduled

Board Policy Review
None scheduled
Executive Limitations Review

None scheduled

Board Education
Fiscal Year 2025 Medicaid Services Verification Report
Mila Todd reported as documented. Discussion followed.

Program Integrity Compliance Report
Mila Todd reported as documented. Discussion followed.

Corporate Compliance Plan revisions
Mila Todd noted the required OIG revisions to the Corporate Compliance Plan which the Board approved in October of 2025.

Communication and Counsel to the Board
PIHP Procurement
Mila Todd reported as follows:

> The Court issued an Order yesterday afternoon, which a printed copy has been provided for ease of reference. In short, the Court found that *"**the RFP, as drafted, impermissibly conflicts with Michigan law in numerous respects, especially insofar as the RFP restricts CMHSPs from entering into financial contracts for the purpose of funding CMHSPs' managed-care functions**." The Judge alluded to in his comments during Closing Arguments, he did NOT direct the State how it must fix the deficiencies. Rather, the Order indicates that Defendants (MDHHS and DTMB) must determine how to address the conflicts between Michigan law and the RFP.*
>
> *This is the outcome we asked for during the December hearing and is, in short, a "win". This is a marathon however, not a sprint, and now we will wait to find out how the State will proceed in addressing the deficiencies noted by the Court. I anticipate it will take **at least** a week for the State to review and process the Order, likely longer. The Court retained jurisdiction to handle any issues depending on how the State chooses to move forward.*

February Board Policy Direct Inspection
None scheduled

Public Comment
None

Adjournment
Meeting adjourned at 10:23am

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Southwest Michigan
BEHAVIORAL HEALTH

Board Finance Committee Meeting Minutes
December 5, 2025
SWMBH, 5250 Lovers Lane, Suite 200, Portage, Michigan 49002
1:00-2:00 pm
Draft: 12/8/25

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Members Present: Tom Schmelzer, Carol Naccarato, Allen Edlefson, Michael Seals

Guests: Amy Rottman

Members Absent: None

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

Review Agenda

Motion	Michael Seals moved to approve the agenda with the addition of SWMBH Staff Retention
Second	Carol Naccarato

Motion Carried

Central Topics

Review prior meeting minutes

Motion	Carol Naccarato moved to approve the minutes as presented.
Second	Michael Seals

Motion Carried

SWMBH YTD financial statements
Garyl Guidry presented Period 1 financial statements as documented and noted:

- Eligibles trending down.
- Year to Date revenue of $29.7 million, costs of $27.8 million with a projected surplus of $1.8 million. Annualized projected Surplus of $22 million
- SWMBH will continue to track CCBHC as informational only and has asked MDHHS to fund both region and CCBHC, not take surplus and apply to CCBHC deficit
- Cost settlements for each CMH with CCBHC broken out reviewed
- CMHs can carry SWMBH receivable in 2026 with the exception of Woodlands
- March of 2026 Woodlands will need their Fiscal Year 2025 settlement
- PIHP and CMH continue researching and working on reductions in Managed Care Administration costs
- Regional Assets and Liability Workgroup meetings continue

Discussion followed.

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SWMBH Revenue Variance Report
Garyl Guidry reported Revenue and Variance shows an unfavorable $6.7 million dollar variance for Fiscal Year 2026 Period 1 and a projected surplus of $22 million. Reasons are: Decline in eligibles, HSW being paid at 2025 rate until March of 2026 and payment data is not fully complete. Discussion of Big Beautiful Bill implementation. Garyl Guidry to send the timeline to Board Finance members. Discussion followed.

SWMBH Check Registers
Garyl Guidry reported as documented. Discussion followed.

SWMBH Cash Flow Analysis
Garyl Guidry reported as documented. Discussion followed.

SWMBH Policy 2.5 Asset Protection (Review Period 8/1/25 – 12/1/25)
Tom Schmelzer reviewed policy, discussion followed and Board Finance members agreed that the Interim Executive Officer was in compliance and the policy does not need revision.

Contract Vendor Summary
Garyl Guidry reported as documented noting an overall decrease of 10% in spending. Discussion followed.

SWMBH Staff Retention
Mila Todd and Anne Wickham reviewed distributed hanout. Discussion followed.
Motion   Allen Edlefson moved to approve the SWMBH Staff Retention Program as presented.
Second   Michael Seals
Motion Carried

Meeting adjourned at 2:18pm

Southwest Michigan
BEHAVIORAL HEALTH

Board Finance Committee Meeting Minutes
January 8, 2026
SWMBH, 5250 Lovers Lane, Suite 200, Portage, Michigan 49002
1:00-2:00 pm
Draft: 1/8/26

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Members Present: Tom Schmelzer, Carol Naccarato, Allen Edlefson, Michael Seals

Guests: Amy Rottman

Members Absent: None

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

Review Agenda

Motion	Michael Seals moved to approve the agenda with the addition of SWMBH Staff Retention
Second	Carol Naccarato
Motion Carried	

Central Topics

Review prior meeting minutes

Motion	Michael Seals moved to approve the minutes as presented.
Second	Carol Naccarato
Motion Carried	

SWMBH YTD financial statements

Garyl Guidry gave an update on Fiscal Year 2025 financials as follows:
- SWBMH and CMHs are processing the final Fiscal Year 2025 financials with a due date of 2/28/26
- Amendment #5 was received yesterday. Higher dollar amount than anticipated with an estimate of an additional $3 million which will reduce the projected $16 million deficit
- Fiscal Year 2025 financial audit is 1/26/26 and 1/27/26
- Internal conversations with MDHHS continues regarding utilization of FY26 surplus to offset FY25 deficit

Garyl Guidry presented Period 2 financial statements as documented and noted:
- December eligibles are down which will affect revenue
- Period 2 surplus is $4.8 million with an annualized projection of $22 million in surplus
- Cost settlements for each CMH with CCBHC broken out reviewed
- December of 2025 cash flow to Woodlands began
- One CMH submitted an estimated financial statement

Discussion followed.

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SWMBH Revenue Variance Report

Garyl Guidry reported as follows:

- 69 eligible DABs lost
- 1282 eligible TANFs lost
- 683 eligible HMPs lost
- Decrease in eligibles will have a direct impact on revenue
- All 10 PIHPs are experiencing this
- PIHPs are reporting this to MDHHS for rate adjustment review
- Recent rate certification letter is not sufficient rates to fund the PIHPs statewide
- PIHPs sent a notice to MDHHS this morning
- Eligibility issues are not due to the Big Beautiful Bill
- Discussion of eligibility model .vs enrollee model
- $336,780 million received. $11.9 million less than budgeted
- Decrease of $1.9 million in Medicaid, $1.6 million in HMP and $17 thousand in CWP

Discussion followed.

SWMBH Check Registers

Garyl Guidry reported as documented. Discussion followed.

SWMBH Cash Flow Analysis

Garyl Guidry reported as documented. Discussion followed.

Meeting adjourned at 2:00pm

Date:	1/14/26
Time:	9:00 am – 11:00 am
Facilitator:	Debbie
Minute Taker:	Cameron
Meeting Location:	SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002 Click here to join the meeting

Present: ☒ Rich Thiemkey (Barry) ☒ Michael Mallory (Woodlands)

☒ Ric Compton (Riverwood) ☒ Jeff Patton (ISK) ☒ Mila Todd (SWMBH)

☒ Sue Germann (Pines BHS) ☒ Cameron Bullock (Pivotal) ☒ Garyl Guidry (SWMBH)

☐ Jeannie Goodrich (Summit) ☒ Debbie Hess (Van Buren)

Version 01/06/26

9:00 am – 11:00 am		
Agenda Topics:	**Discussion Points:**	**Minutes:**
1. Agenda Review & Adoption (d)		No additions
2. Prior Meeting Minutes Review (d)		Previously approved

3. Financial Stability
a. SWMBH Period 02 financials (d)
b. State/Milliman Meeting Updates
c. Rehmann financial oversight
	• FY25 deficit handling	A. P02 Financials
		  a. 5th amendment payment for late January to early Feb.
		  b. Increase from 28.8 million to 35.7 million. SWMBH gets roughly 8 %, which is roughly 2.5 to 3 million
		  c. The projected deficit is around $13 million for FY 25.
		  d. The State wants to wait till after the final numbers are submitted

		before restarting conversations. The final FSR needs to be completed and turned in. e. Eligibles decline in December again. Statewide issues have a statewide impact. f. Looking at a $12 million reduction through Period 3. Directly related to Eligibles. g. State is $35 million behind what was expected in revenue. h. Looking at a potential $29 million surplus for FY 26. We are a $12 million reduction in revenues. Will be much more reliable for P03 with expenses. i. 730 HAB Slots currently available to SWMBH. Revenue ranges from $4,800 to $11,200, depending on the consumer. Not all are filled. 719 filled as of today. There are 5 individuals being submitted this week, and 15 other applications are in process to hopefully fill the remaining slots.

		i. If it is identified that payments are missing, and all the requirements are met (Active Medicaid, enrolled in HAB waiver, and meeting CSM monthly requirement, etc.), contact SWMBH to help recoup lost revenue.
		j. Minimum Wage/ESTA – general questions regarding provider rates, minimum wage, and DCW rates. Garyl asked Cameron to attend the Regional Finance meeting to discuss this.
		B. No Additional updates at this time.
		C. Rehmann Contract – Not getting templates from them even after asking numerous times…Garyl to ask Richard/Rehmann to attend the next board meeting to address the contract deficiencies if not presented by then. PIHP Monthly

		template to align with CMHs reporting templates.
4. FY26 SWMBH Budget	• Revenue Monitoring Report • Trends in eligibles	• Under $1.9 million in Medicaid • Accrued $1.5 million in HSW • Missing a payment from CHW, under $17 k • Additional $122k in SED • Healthy Michigan is under 1.6 million Conversations with the state on data for this issue. Admin Expense Tabs – Garyl is collecting for all 8 CMHs to be able to start doing comparables on where costs are being applied and to ensure that the costs are allocated as required per the SCA.
5. Assets & Liabilities Workgroup	• Status Update • Recommended edits (Financial Management Plan, Financial Risk Management Plan, Cost Allocation Plan, Bylaws, etc.)	• On hold now. Waiting for everything with the State RFP, what happens with the changes, etc.
6. PIHP Competitive Procurement	• Regional Entity Roles and Future • Staff Retention	• In a holding pattern at this point.
7. CCBHC Direct Payment Methodology	• SUD Block Grant – reporting • BH TEDS	• PCE and Pivotal worked out a process to make it happen. Getting pushed out to all CMH's. • BAA's sent out to CEO's for review and signatures. QSO for 42 CFR part 2 coverage.

8. HIDE-SNP/Home Health enrollment		• Only applicable to Pines and Summit Point. Not auto-enrolled. Aetna offering gifts cards for consumers who enrolled in HIDE-SNP. Information only.
9. FY26 CMH Contracts – Transition Clause		• Woodlands would like to modify the transition clause. May change a bit based on the lawsuit outcome. They are meeting on 1/27/26. If still necessary, add to the February agenda.
10. Customer Satisfaction survey/CCBHC		• Concerns about how to differentiate the CCBHC vs. the SWMBH customer satisfaction survey. ISK to review with their staff on the rationale. CCBHC handbook requirement and reducing duplication.
11. ISK/Pine Rest Crisis Stabilization Unit development		• Still moving forward. Looking at hopefully April. Crisis residential has been transferred over there. • Mila to follow up with Beth Ann and RUM for processes etc.
12. Regional Norms (Board End)		• Mila has started a professional code of conduct/standards etc.
13. CMH Prevalence Reports		• These were given out on 12/5/25. Please review. We can have a SWMBH team member review with CMHs.

14. MDHHS ICSS Program Certification and Survey		• Looking for additional clarification from the state next week.
15. Inpatient Rates; other provider information		• Roughly 8 hospital providers who agreed to a rate stay through Q1. o 2% rate increase across the board. • Kalamazoo Neuro wants a 20% increase.
16. Next Meeting- January 28th **January Facilitator- Debbie** **February Facilitator- Ric** **March Facilitator- Jeannie**	January 28th meeting is ZOOM Director's Forum	
17. 11:00 am-12:00 pm CMH CEOs		
18. NPR Newsletter		• Hundreds of Termination letters were sent out on Tuesday Evening. Cutting is roughly estimated at $2 billion. • Several CMHs in SWMBH were affected by the cuts. • Directly affects SUD and frontline workers.

Date:	1/28/26
Time:	1:00 pm – 3:00 pm
Facilitator:	Debbie
Minute Taker:	Cameron
Meeting Location:	MS Teams only Click here to join the meeting

Present: ☒ Rich Thiemkey (Barry)   ☒ Michael Mallory (Woodlands)

☒ Ric Compton (Riverwood)   ☐ Jeff Patton (ISK)   ☒ Mila Todd (SWMBH)

☐ Sue Germann (Pines BHS)   ☒ Cameron Bullock (Pivotal)   ☒ Garyl Guidry (SWMBH)

☐ Jeannie Goodrich (Summit)   ☒ Debbie Hess (Van Buren)

Version 01/23/26

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (d)		
2. Prior Meeting Minutes Review (d)		- Meeting minutes have been approved. No changes were identified via email or the CEO's presentation.
3. Financial Stability **a. SWMBH Period 03 financials (d)** **b. State/Milliman Meeting Updates** **c. Rehmann financial oversight**	• FY25 deficit handling – holding pattern until after submission of Final FSR	A. • Woodlands and Summit Point are two missing CMH's for P03 financials. • Tentative results • $5.7 million surplus for P03 • Annualized out is $23 million surplus • Changes to the projections due to actual financials coming in and corrections with Rehmann templates.

		- There are hopes to be able to cash settle for FY 25. Financials reports are keeping track of due/to. - Financial reports needs to be to SWMBH the first Friday of February. 2.21 final is due from the CMHs - Garyl to send out to the group when the two remaining agencies submit financials. B. Keith White a. Eligibles – Statewide Eligibles are much lower than what was forecasted in the certification document. Acknowledgement of the issue. No commitment to mid-year rate adjustment. Wanted to monitor for a few months longer to ensure there wasn't a bounce back. Did comment that if there was a continued trend in this direction, there would be a mid-year rate adjustment. b. Reconfirmed FY 25 dollars- details and data have not been given yet. c. Still working on HSW issues being paid out at

		FY 25 and not FY 26 Rate. C. Rehmann a. Template has been given to SWMBH, hope to roll out to the Region and the board for P04
4. FY26 SWMBH Budget	• Revenue Monitoring Report • Declining Eligibles – MDHHS Actuary attendance at 1/27 RE CFO Mtg.	○ Communication needed to go out from the department to providers to give clarification on ESTA and Minimum Wage.
5. Assets & Liabilities Workgroup	• On hold pending additional information from RFP process. • Recommended edits (Financial Management Plan, Financial Risk Management Plan, Cost Allocation Plan, Bylaws, etc.)	Plans to be reviewed at February OC after Regional Finance review and recommendations.
6. PIHP Competitive Procurement	• Regional Entity Roles and Future • FY27 responsibilities – CFAP, MHF, Authorization time frames, etc.	• The state has until 1/29/26 to provide an appeal to the court case. • Not really sure how this impacts CFAP, MHF, auth time frames, etc. Lots of things are in the air at this point. • State needs to provide guidance to PIHPs so that we can implement.
7. CCBHC Direct Payment Methodology	• Follow-up discussion re: ISK rationale for	• Send back to Quality to ensure there are no additional questions or needs

	Customer Satisfaction Survey	for the CCBHC specific requirements and to bring back to Ops Comm.
8. FY26 CMH Contracts - Transition Clause	• WBHN Board outcome	- Meeting was cancelled and will be done next Tuesday.
9. Regional Norms (Board End)		• Mila will blend two options together and bring back in 2 weeks. Finding Balance between too broad and too specific.
10. OC Self-Eval	• Finalize	• Review completed, review date will be from August 2025 with the changeover in EO @ SWMBH.
11. FY25 PBIP Consultation Draft		• SWMBH is doing some Data validation. Will send out to CEOs.
12. CMH Site Reviews		• CCBHC items have been removed. • Desk audit in March • Site review virtually in April. • SUD will be BG clients… • Universe will only be Non-CCBHC clients. • Qualitative vs Quantitative review. Reduction in charts pulled. • BTP reviews.
13. Waskul Settlement 01/23 Memo		• Included in packet. Have not had time to digest.
14. Potential Provider training/Law Enforcement Interactions		• Concerns about ICE and provider network, and how to address and deal with Providers.

		• Jeff to provide some resources for everyone for ICE resources.
14. Next Meeting- February 11th **February Facilitator- Ric** **March Facilitator- Jeannie** **April Facilitator- Jeff**		
14. 3-4 pm CMH CEOs		

Southwest Michigan Behavioral Health
Total Eligibles DEC '24 - DEC '25
as of January 2nd, 2026

Legend:
- TANF Eligibles
- DAB Eligibles
- HMP
- March 2020 DAB
- March 2020 TANF
- March 2020 HMP

Data labels: 107,733 · 106,103 · 100,454 · 54,192 · 52,040 · 49,352 · 43,362 · 41,160 · 41,664
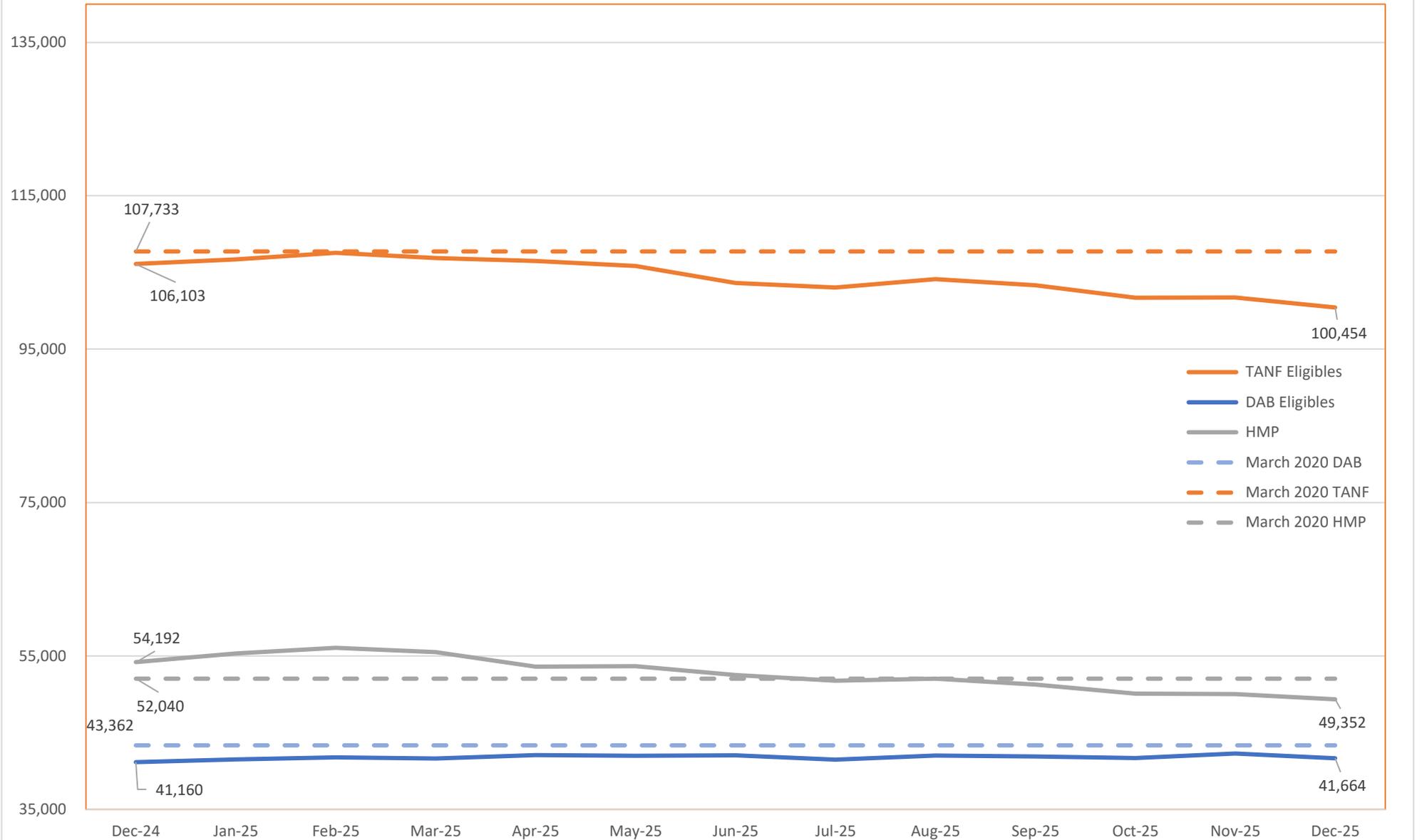
SWMBH Through December	FY26	FY25	% Change YOY	$ Change YOY
State Plan MH	22,106,204	24,340,680	-9.2%	(2,234,476)
1915i MH	24,436,414	22,570,367	8.3%	1,866,047
Autism	11,381,820	6,828,987	66.7%	4,552,833
Habilitation Supports Waiver (HSW)	*16,721,843*	*15,991,670*	*4.6%*	*730,172*
Child Waiver Program (CWP)	*223,091*	*227,423*	*-1.9%*	*(4,332)*
Serious Emotional Disturbances (SED)	*179,517*	*135,758*	*32.2%*	*43,759*
Net Capitation Payment	75,048,579	70,094,887	7.1%	4,953,692
				-
State Plan SA	1,220,635	1,969,361	-38.0%	(748,726)
Net Capitation Payment	**1,220,635**	**1,969,361**	-38.0%	(748,726)
				-
Healthy Michigan Mental Health	5,375,205	6,148,157	-12.6%	(772,952)
Healthy Michigan Autism	1,077	9,655	-88.8%	(8,578)
Net Capitation Payment	**5,376,283**	**6,157,812**	-12.7%	(781,530)
				-
Healthy Michigan Substance Abuse	2,367,874	3,387,511	-30.1%	(1,019,637)
Net Capitation Payment	**2,367,874**	**3,387,511**	-30.1%	
				-
GRAND TOTAL	84,013,371	81,609,571	2.9%	2,403,800

as of 1/2/2026

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

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

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

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 12/31/2025   **FY26 PIHP**

(For Internal Management Purposes Only)

	FY25 Budget	FY26 Budget	FY25 Actual as P03	FY26 Actual as P03	FY26 Annulized
REVENUE					
Contract Revenue					
Medicaid Capitation	256,227,043	314,064,882	64,357,178	77,764,310	311,057,240
Healthy Michigan Plan Capitation	38,407,790	34,620,863	7,088,736	7,744,156	30,976,626
Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	3,022,298	4,187,265	16,749,060
Opioid Health Home Capitation	1,610,090	1,871,969	394,003	383,797	1,535,190
Mental Health Block Grant Funding	653,000	580,000	126,860	135,683	542,732
SA Block Grant Funding	7,763,190	7,795,203	1,768,662	1,405,660	5,622,638
SA PA2 Funding	2,184,476	2,184,476	910,198	276,224	1,104,895
Contract Revenue	318,934,780	373,206,585	77,667,936	91,897,095	367,588,381
CMHSP Incentive Payments	419,357	483,601	109,604	-	-
PIHP Incentive Payments	2,483,291	2,134,267	620,823	-	-
Interest Income - Working Capital	1,222,315	47,805	240,943	72,368	289,473
Interest Income - ISF Risk Reserve	-	36,212	129,188	6	24
Local Funds Contributions	852,520	852,520	213,130	213,130	852,520
TOTAL REVENUE	**323,912,264**	**376,760,990**	**78,981,625**	**92,182,599**	**368,730,398**
EXPENSE					
Healthcare Cost					
Provider Claims Cost	23,023,897	22,684,580	5,199,916	4,868,712	19,474,849
CMHP Subcontracts, net of 1st & 3rd party	263,904,801	270,362,517	65,065,130	66,107,518	264,430,074
Insurance Provider Assessment Withhold (IPA	3,746,326	2,910,115	731,867	707,118	2,828,473
Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	3,022,298	4,187,265	16,749,060
	-	-	-	-	-
Total Healthcare Cost	**302,764,215**	**308,046,404**	**74,019,210**	**75,870,614**	**303,482,457**
Medical Loss Ratio (HCC % of Revenue)	**94.9%**	**82.5%**	**95.3%**	**82.6%**	**82.6%**
Administrative Cost					
Administrative and Other Cost	12,805,756	13,112,965	2,218,177	2,214,478	8,857,911
Delegated Managed Care Admin	24,714,174	33,273,408	6,253,640	7,549,142	30,196,568
Apportioned Central Mgd Care Admin	(2,665,293)	-	(421,493)	-	-
Total Administrative Cost	**34,854,637**	**46,386,373**	**8,050,324**	**9,763,620**	**39,054,478**
Admin Cost Ratio (MCA % of Total Cost)	**10.3%**	**13.1%**	**9.8%**	**11.4%**	**11.4%**
Local Funds Cost	852,520	852,520	213,130	213,130	852,520
PBIP Transferred to CMHPs	-	1,920,841	-	-	-
TOTAL COST after apportionment	**338,471,372**	**355,285,297**	**82,282,664**	**85,847,364**	**343,389,455**
NET SURPLUS before settlement	**(14,559,107)**	**21,475,693**	**(3,301,040)**	**6,335,236**	**25,340,943**
Net Surplus (Deficit) % of Revenue	**-4.5%**	**5.7%**	**-4.2%**	**6.9%**	**6.9%**
Prior Year Savings Utilization	-			-	-
Change in PA2 Fund Balance	-				-
ISF Risk Reserve Abatement (Funding)	-			-	-
ISF Risk Reserve Utilization	1,929,280	36,212	1,382,670	-	-
MDHHS Shared Risk Utilization					
CCBHC Supplemental Receivable (Payable)	3,813,725			-	-
Settlement Receivable / (Payable)	-	-	-	-	-
NET SURPLUS (DEFICIT)	**(8,816,103)**	**21,511,905**	**(1,918,370)**	**6,335,236**	**25,340,943**

HMP & Autism is settled with Medicaid

	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
December										
Medicaid										
Revenue	7,046,682	3,237,886	13,903,949	3,961,298	12,960,969	4,423,100	22,726,689	4,655,563	7,025,959	79,942,096
Expense	5,608,481	2,598,665	14,277,752	2,532,469	12,190,177	5,316,160	21,613,240	3,648,268	6,480,210	74,265,423
Difference	1,438,201	639,221	(373,803)	1,428,829	770,792	(893,060)	1,113,449	1,007,295	545,749	5,676,673
HMP										
Revenue	3,469,430	312,720	1,330,906	303,010	1,146,304	349,162	1,853,201	434,731	554,171	9,753,635
Expense	4,477,510	267,307	688,892	98,476	1,001,639	509,380	1,629,887	302,913	217,402	9,193,406
Difference	(1,008,080)	45,413	642,014	204,534	144,665	(160,218)	223,315	131,818	336,769	560,229
November Revenue and Expense										
Revenue	10,516,112	3,550,606	15,234,855	4,264,308	14,107,273	4,772,262	24,579,890	5,090,294	7,580,130	89,695,732
Expense	10,085,992	2,865,972	14,966,644	2,630,945	13,191,817	5,825,540	23,243,126	3,951,181	6,697,612	83,458,829

	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Annualized										
Medicaid										
Revenue	28,186,729	12,951,544	55,615,796	15,845,193	51,843,877	17,692,400	90,906,756	18,622,253	28,103,837	319,768,384
Expense	22,433,926	10,394,660	57,111,008	10,129,875	48,760,709	21,264,641	86,452,959	14,593,073	25,920,841	297,061,692
Difference	5,752,804	2,556,884	(1,495,212)	5,715,317	3,083,167	(3,572,241)	4,453,797	4,029,180	2,182,996	22,706,692
HMP										
Revenue	13,877,720	1,250,880	5,323,624	1,212,041	4,585,216	1,396,648	7,412,805	1,738,923	2,216,685	39,014,542
Expense	17,910,041	1,069,228	2,755,568	393,906	4,006,558	2,037,519	6,519,546	1,211,652	869,607	36,773,624
Difference	(4,032,321)	181,652	2,568,056	818,136	578,658	(640,871)	893,259	527,271	1,347,077	2,240,917
Combined Medicaid/HMP	1,720,482	2,738,536	1,072,844	6,533,453	3,661,826	(4,213,113)	5,347,056	4,556,452	3,530,073	24,947,609
November Results	1,911,721	4,064,759	3,510,912	7,967,063	2,147,538	2,956,741	5,768,168	(1,471,734)	7,326,196	34,181,364
1Month Comparison	(191,239)	(1,326,223)	(2,438,068)	(1,433,610)	1,514,288	(7,169,853)	(421,112)	6,028,186	(3,796,122)	(9,233,754)

Southwest Michigan Behavioral Health
For the Fiscal YTD Period Ended 12/31/2025   **12/31/2025**   *ok*
(For Internal Management Purposes Only)

INCOME STATEMENT		SWMBH TOTAL Excluding GF	Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
Barry County CMHA	HCC%	100%	86.6%	0.5%	7.8%	1.0%	0.0%	4.1%	**INFORMATIONAL ONLY**		
PIHP Summary Information											
Capitation Payment			3,205,017	32,869	248,505	64,215	-	233,832	757,607.00	-	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-	-	-	-
Subcontract revenue	757,607	3,550,606	**3,205,017**	**32,869**	**248,505**	**64,215**	**-**	**233,832**	**757,607**	**-**	**-**
External provider cost			2,160,479	-	233,787	-	-	20,509			
Internal program cost			99,365	2,392	153	-	-	39,201	1,335,693.00	482,178	366,049
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	(557,666.00)	(207,891)	61,395
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	336,429	-	33,367	-	-	5,953	-		-
Subcontract cost	1,052,315	2,865,971	**2,596,272**	**2,392**	**267,307**	**-**	**-**	**65,663**	**778,027**	**274,288**	**427,444**
Net before settlement	(294,708)		608,745	30,477	(18,802)	64,215	-	168,169	20,420	(274,288)	(427,444)
Other Redistributions of State GF		*PIHP Stlmt*						(45,501)	-		-
Subcontract settlement	-	(684,635)	(608,745)	(30,477)	18,802	(64,215)	-		-		-
Net after settlement	**(294,708)**	**-**	**-**	**-**	**-**	**-**	**-**	**122,668**	**(20,420)**	**(274,288)**	**(427,444)**
Berrien Mental Health Authori	HCC%	100.00%	93.7%	0.0%	4.2%	0.0%	1.0%	1.1%	**INFORMATIONAL ONLY**		
PIHP Summary Information											
Capitation Payment			13,774,897	129,052	1,053,218	277,688	-	552,096	2,471,309	1,001,327	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-	-	-	-
Subcontract revenue	3,472,636	15,234,855	**13,774,897**	**129,052**	**1,053,218**	**277,688**	**-**	**552,096**	**2,471,309**	**1,001,327**	**-**
External provider cost			12,615,753	-	558,480	-	-	154,404			
Internal program cost			512,038	-	28,534	-	144,387	4,190	2,471,380	941,174	403,783
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(21,280)	(78,595)	(17,357)	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	1,149,961	-	101,878	-	-	56,910			
Subcontract cost	3,316,602	15,111,031	**14,277,752**	**-**	**688,892**	**-**	**144,387**	**194,224**	**2,392,785**	**923,817**	**403,783**
Net before settlement	156,034		(502,855)	129,052	364,326	277,688	(144,387)	357,872	78,524	77,510	(403,783)
Other Redistributions of State GF		*PIHP Stlmt*	-					(357,872)	-	-	357,873
Subcontract settlement	-	(123,824)	502,855	(129,052)	(364,326)	(277,688)	144,387				
Net after settlement	**156,034**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**78,524**	**77,510**	**(45,910)**

CMHPs   2/2/2026

INCOME STATEMENT

	SWMBH TOTAL			Summary of Local CMHSP Components			SUD Block Grant			CCBHC	
	Excluding GF	Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid

Pines Behavioral Health Servi   HCC%   100.00% | 90.7% | 0.0% | 3.0% | 0.0% | 0.4% | 5.9% | INFORMATIONAL ONLY

PIHP Summary Information

Capitation Payment		3,923,945	37,354	240,727	62,283	-	220,155	788,104	60,187	-
Incentive Payment Revenue	*CCBHC Revenue* *PIHP Revenue* -	-	-	-	-	-	-	-	-	-
Subcontract revenue	848,292 4,264,308	**3,923,945**	**37,354**	**240,727**	**62,283**	**-**	**220,155**	**788,104**	**60,187**	**-**
External provider cost		2,321,505	-	76,549	-	-	33,992	-	-	-
Internal program cost		35,954	-	2,339	47	9,477	118,597	838,528	288,280	265,316
SSI Reimb, 1st/3rd Party Cost Offset		-	-	-	-	-	-	(13,991)	(5,298)	-
Mgd care administration	*CCBHC Cost* *PIHP Cost*	175,009	-	19,541	-	-	15,661	-	-	-
Subcontract cost	1,107,519 2,640,423	**2,532,469**	**-**	**98,429**	**47**	**9,477**	**168,250**	**824,537**	**282,982**	**265,316**
Net before settlement	**(259,227)**	**1,391,476**	**37,354**	**142,298**	**62,236**	**(9,477)**	**51,905**	**(36,432)**	**(222,795)**	**(265,316)**
Other Redistributions of State GF		-	-	-	-	-	(51,905)	-	-	-
Subcontract settlement	*PIHP Stlmt* (1,623,886)	(1,391,476)	(37,354)	(142,298)	(62,236)	9,477	-	-	-	-
Net after settlement	**(259,227)** **-**							**(36,432)**	**(222,795)**	**(265,316)**

Summit Pointe (Calhoun Coun   HCC%   100.00% | 86.6% | 0.0% | 9.5% | 0.0% | 0.0% | 3.9% | INFORMATIONAL ONLY

PIHP Summary Information

Capitation Payment		12,960,969	-	1,146,304	-	-	464,874	2,417,578	953,705	-
Incentive Payment Revenue	*CCBHC Revenue* *PIHP Revenue* -	-	-	-	-	-	-	-	-	-
Subcontract revenue	3,371,283 14,107,273	**12,960,969**	**-**	**1,146,304**	**-**	**-**	**464,874**	**2,417,578**	**953,705**	**-**
External provider cost		10,433,121	-	851,811	-	-	224,305	-	-	-
Internal program cost		443,189	-	8,542	-	-	61,375	2,558,108	797,190	627,731
SSI Reimb, 1st/3rd Party Cost Offset		-	-	-	-	-	-	-	-	-
Mgd care administration	*CCBHC Cost* *PIHP Cost*	1,313,867	-	141,287	-	-	28,772	-	-	-
Subcontract cost	3,355,299 13,191,817	**12,190,177**	**-**	**1,001,639**	**-**	**-**	**314,452**	**2,558,108**	**797,190**	**627,731**
Net before settlement	**15,985**	**770,792**	**-**	**144,665**	**-**	**-**	**150,422**	**(140,530)**	**156,514**	**(627,731)**
Other Redistributions of State GF		-	-	-	-	-	(150,422)	-	-	-
Subcontract settlement	*PIHP Stlmt* (915,456)	(770,792)	-	(144,665)	-	-	-	-	-	-
Net after settlement	**15,985** **-**	**-**	**-**	**-**	**-**	**-**	**0**	**(140,530)**	**156,514**	**(627,731)**

Southwest Michigan Behavioral Health
For the Fiscal YTD Period Ended 12/31/2025   **12/31/2025**   *ok*
(For Internal Management Purposes Only)

<u>**INCOME STATEMENT**</u>

		SWMBH TOTAL	Summary of Local CMHSP Components						CCBHC		
		Excluding GF	Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
Woodlands Behavioral Health	HCC%	100.0%	86.9%	1.2%	6.2%	3.1%	0.5%	2.1%			
<u>PIHP Summary Information</u>											
Capitation Payment			4,385,017	38,083	277,445	71,717	-	216,774			
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-			
Subcontract revenue	-	4,772,262	**4,385,017**	**38,083**	**277,445**	**71,717**	**-**	**216,774**			
External provider cost			3,994,804	-	123,944	-	-	54,317			
Internal program cost			804,332	80,030	165,048	178,818	29,036	274,195			
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-			
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	436,994	-	41,569	-	-	26,124			
Subcontract cost	-	5,854,576	**5,236,131**	**80,030**	**330,562**	**178,818**	**29,036**	**354,636**			
Net before settlement	-		**(851,113)**	**(41,947)**	**(53,117)**	**(107,100)**	**(29,036)**	**(137,862)**			
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	137,862			
Subcontract settlement	-	1,082,314	851,113	41,947	53,117	107,100	29,036	-			
Net after settlement	-	-	**-**	**-**	**-**	**-**	**-**	**0**			
Integrated Services of Kalama	HCC%	100.0%	93.0%	0.0%	7.0%	0.0%	0.0%	0.0%	INFORMATIONAL ONLY		
<u>PIHP Summary Information</u>											
Capitation Payment			22,726,689	-	1,853,201	-	-	-	6,401,532	2,075,665	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-	-	-	-
Subcontract revenue	8,477,196	24,579,890	**22,726,689**	**-**	**1,853,201**	**-**	**-**	**-**	**6,401,532**	**2,075,665**	**-**
External provider cost			18,446,634	-	1,443,666	-	-	-	-	-	-
Internal program cost			710,039	-	967	-	-	-	6,251,966	1,861,375	1,278,697
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	2,456,566	-	185,253	-	-	-	-	-	-
Subcontract cost	8,113,341	23,243,126	**21,613,240**	**-**	**1,629,887**	**-**	**-**	**-**	**6,251,966**	**1,861,375**	**1,278,697**
Net before settlement	363,855		**1,113,449**	**-**	**223,315**	**-**	**-**	**-**	**149,565**	**214,289**	**(1,278,697)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	-	-	-	176,613
Subcontract settlement	-	(1,336,764)	(1,113,449)	-	(223,315)	-	-	-	-	-	
Net after settlement	363,855	-	**-**	**-**	**-**	**-**	**-**	**-**	**149,565**	**214,289**	**(1,102,084)**

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 12/31/2025   **12/31/2025**   *ok*

(For Internal Management Purposes Only)

INCOME STATEMENT

		SWMBH TOTAL Excluding GF	Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
					Summary of Local CMHSP Components				*CCBHC*		
CMH of St Joseph County	HCC%	100.0%	87.7%	0.0%	7.4%	0.0%	0.7%	4.2%	INFORMATIONAL ONLY		
PIHP Summary Information											
Capitation Payment			4,609,557	46,006	345,706	89,025	-	260,640	2,178,016	622,560	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-	-	-	-
Subcontract revenue	2,800,576	5,090,294	**4,609,557**	**46,006**	**345,706**	**89,025**	**-**	**260,640**	**2,178,016**	**622,560**	**-**
External provider cost			2,929,254	-	257,157	-	-	124,804	-	-	-
Internal program cost			172,841	115	4,533	-	26,101	22,572	1,322,359	357,551	460,406
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	(23,372)	(3,097)	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	546,058	-	41,223	-	-	23,631	-	-	-
Subcontract cost	1,653,441	3,977,282	**3,648,153**	**115**	**302,913**	**-**	**26,101**	**171,007**	**1,298,988**	**354,454**	**460,406**
Net before settlement	1,147,134		**961,405**	**45,891**	**42,793**	**89,025**	**(26,101)**	**89,633**	**879,028**	**268,106**	**(460,406)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	395,954	-	-	-
Subcontract settlement	-	(1,113,012)	(961,405)	(45,891)	(42,793)	(89,025)	26,101	(485,587)	-	-	-
Net after settlement	**1,147,134**	**-**	**-**	**-**	**-**	**-**	**-**	**(0)**	**879,028**	**268,106**	**(460,406)**
Van Buren Mental Health Auth	HCC%	100.0%	92.4%	0.0%	2.7%	0.0%	1.2%	3.8%	INFORMATIONAL ONLY		
PIHP Summary Information											
Capitation Payment			6,959,122	66,837	439,768	114,403	15,900	299,340	904,681	-	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*	-	-	-	-	-	-	-	-	-
Subcontract revenue	904,681	7,580,130	**6,959,122**	**66,837**	**439,768**	**114,403**	**15,900**	**299,340**	**904,681**	**-**	**-**
External provider cost			5,228,100	-	163,671	-	-	157,073	-	-	-
Internal program cost			726,786	104	8,812	-	74,822	87,248	1,322,395	372,981	254,396
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(51,425)	-	-	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	525,220	-	44,918	-	-	269,928	-	-	-
Subcontract cost	1,695,375	6,772,434	**6,480,106**	**104**	**217,402**	**-**	**74,822**	**462,824**	**1,322,395**	**372,981**	**254,396**
Net before settlement	(790,695)		**479,016**	**66,733**	**222,366**	**114,403**	**(58,922)**	**(163,484)**	**(417,714)**	**(372,981)**	**(254,396)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	(90,912)	-	-	-
Subcontract settlement	-	(823,596)	(479,016)	(66,733)	(222,366)	(114,403)	58,922	-	-	-	-
Net after settlement	**(790,695)**	**-**	**-**	**-**	**-**	**-**	**-**	**(254,396)**	**(417,714)**	**(372,981)**	**(254,396)**

Southwest Michigan Behavioral Health
Statement of Net Position
December 31, 2025

	Enterprise Fund	Internal Service	
	Mental Health Operating	Medicaid Risk Reserve	Total Proprietary Funds
Current assets			
Cash and cash equivalents - unrestricted	$ 7,037,166	$ -	$ 7,037,166
Cash and cash equivalents - restricted	348,253	791	349,044
Accounts receivable	7,000	-	7,000
Due from other governmental units	24,051,004	-	24,051,004
Due from other funds	785	-	785
Prepaid expenses	495,251	-	495,251
Total current assets	31,939,459	791	31,940,250
Noncurrent assets			
Capital assets being depreciated, net	596,904	-	596,904
Total assets	32,536,363	791	32,537,154
Current liabilities			
Accounts payable	208,327	-	208,327
Accrued payroll and benefits	30,370	-	30,370
Due to other governmental units	14,916,025	-	14,916,025
Due to other funds	-	785	785
Unearned revenue	6,332,519	-	6,332,519
Compensated absences, due within one year	51,820	-	51,820
Direct borrowing, due within one year	112,915	-	112,915
Total current liabilities	21,651,977	785	21,652,762
Noncurrent liabilities			
Compensated absences, due beyond one year	293,649	-	293,649
Direct borrowing, due beyond one year	514,392	-	514,392
Total noncurrent liabilities	808,042	-	808,042
Total liabilities	22,460,019	785	22,460,804
Net position			
Net investment in capital assets	(30,404)	-	(30,404)
Restricted for Medicaid risk management	-	-	-
Restricted for Healthy Michigan risk management	-	-	-
Restricted for Performance Bonus Incentive Pool	2,571,609	-	2,571,609
Unrestricted	7,535,138	6	7,535,144
Total net position	$ 10,076,344	$ 6	$ 10,076,350

	Enterprise Fund	Internal Service	
	Mental Health Operating	Medicaid Risk Reserve	Total Proprietary Funds
Operating revenues			
State and federal funding			
Medicaid	$ 80,325,894	$ -	$ 80,325,894
Healthy Michigan	9,753,635	-	9,753,635
CCBHC	-	-	-
Incentive payments	-	-	-
MDHHS risk corridor	-	-	-
State and federal grant revenue	1,547,192	-	1,547,192
Total State and Federal funding	91,626,721	-	91,626,721
Local funding			
Public Act 2 funding	276,224	-	276,224
Local match drawdown	213,130	-	213,130
Total local funding	489,354	-	489,354
Total operating revenues	92,116,075	-	92,116,075
Operating expenses			
Funding for affiliate partners			
Barry County Community Mental Health	2,865,972	-	2,865,972
Kalamazoo Community Mental Health	23,243,126	-	23,243,126
Pines Behavioral Health	2,640,423	-	2,640,423
Riverwood Center	15,111,031	-	15,111,031
St. Joseph Community Mental Health	3,977,282	-	3,977,282
Summit Pointe	13,191,817	-	13,191,817
Van Buren Community Mental Health	6,772,434	-	6,772,434
Woodlands Behavioral Healthcare Network	5,854,576	-	5,854,576
PBIP funding for affiliate partners	-	-	-
CCBHC funding for affiliate partners	-	-	-
Total funding for affiliate partners	73,656,660	-	73,656,660
Contract expenditures			
Contractual services	4,868,861	-	4,868,861
IPA and HRA taxes	4,894,383	-	4,894,383
Local match drawdown	213,130	-	213,130
Total contract expenditures	9,976,374	-	9,976,374
Administrative expenses			
Salaries and contracted personnel	1,139,137	-	1,139,137
Fringe benefits	459,661	-	459,661
Board	-	-	-
Community education	65,313	-	65,313
Depreciation	-	-	-
Furniture and small equipment	229,393	-	229,393
Insurance	11,805	-	11,805
IT and Consulting services	161,593	-	161,593
Lease	49,389	-	49,389
Legal and professional	13,596	-	13,596

| | Enterprise Fund | Internal Service | |
	Mental Health Operating	Medicaid Risk Reserve	Total Proprietary Funds
Maintenance and custodial	$ 4,778	$ -	$ 4,778
Meeting and training	42,302	-	42,302
Membership and dues	9,947	-	9,947
Other	1,451	-	1,451
Staff development and travel	4,832	-	4,832
Supplies	1,890	-	1,890
Utilities	9,526	-	9,526
Total administrative expenses	2,204,614	-	2,204,614
Total operating expenses	85,837,648	-	85,837,648
Operating income (loss)	6,278,427	-	6,278,427
Non-operating revenues (expenses)			
Investment income	72,368	6	72,374
Interest expense	-	-	-
Non-operating local expense	(9,864)	-	(9,864)
Total non-operating revenues (expenses)	62,504	6	62,510
Transfers			
Transfer in (out)	-	-	-
Total transfer in (out)	-	-	-
Change in net position	6,340,931	6	6,340,937
Net position, beginning of year			
Beginning as previously presented	3,735,413	-	3,735,413
Beginning as restated	3,735,413	-	3,735,413
Net position, end of year	$ 10,076,344	$ 6	$ 10,076,350

Southwest Michigan Behavioral Health
Statement of Cash Flows
For the Month Ending December 31, 2026

	Enterprise Fund	Internal Service	
	Mental Health Operating	Medicaid Risk Reserve	Total Proprietary Funds
Cash flows from operating activities			
Receipts from the State and other governments	$ 92,360,819	$ -	$ 92,360,819
Payments to employees	(1,689,125)	-	(1,689,125)
Payments to affiliates and other governments	(105,085,616)	-	(105,085,616)
Payments to suppliers and providers	(1,240,686)	-	(1,240,686)
Net cash provided by operating activities	(15,654,609)	-	(15,654,609)
Cash flows from capital and related financing activities			
Acquisition of capital assets	2,627	-	2,627
Payment of direct borrowing	282	-	282
Payment of interest	-	-	-
Net cash provided by capital and related financing activities	2,909	-	2,909
Cash flows from noncapital financing activities			
Payments from/to other funds	(806,884)	(8,691,493)	(9,498,377)
Payments for non-operating local expense	(9,864)	-	(9,864)
Net cash provided by noncapital financing activities	(816,748)	(8,691,493)	(9,508,241)
Cash flows from investment activities			
Investment income	72,368	6	72,374
Net cash provided by investment activities	72,368	6	72,374
Net change in cash and cash equivalents	(16,396,079)	(8,691,487)	(25,087,566)
Cash and cash equivalents, beginning of year	23,781,496	8,692,278	32,473,774
Cash and cash equivalents, end of year	$ 7,385,417	$ 791	$ 7,386,208
Reconciliation of operating income to net cash provided by operating activities:			
Operating income (loss)	$ 6,278,427	$ -	$ 6,278,427
Depreciation expense	0	-	-
Changes in assets and liabilities:			
Accounts receivable	(32)	-	(32)
Due from other governmental units	10,165,188	-	10,165,188
Prepaid expenses	(329,172)	-	(329,172)
Accounts payable	(305,697)	-	(305,697)
Accrued payroll and benefits	(83,842)	-	(83,842)
Due to other governmental units	(31,617,770)	-	(31,617,770)
Unearned revenue	244,775	-	244,775
Compensated absences	(6,487)	-	(6,487)
Net cash provided by operating activities	$ (15,654,610)	$ -	$ (15,654,610)

Unearned Revenue	
Barry County	808,736
Berrien County	886,149
Branch County	612,328
Calhoun County	245,176
Cass County	561,591
Kazoo County	2,168,107
St. Joe County	406,875
Van Buren County	643,929

6,332,891

FY26 County Specific PA2 Fund Balance.

Due from other governmental units	
Barry County	22,952
Barry CMH	684,635
Berrien County	101,035
Riverwood	123,824
Branch County	58,499
Pines BHN	1,623,886
Calhoun County	463,165
Summit Pointe	915,456
Cass County	20,315
Kalamazoo County	188,350
ISK	1,336,764
St. Joseph County	32,462
Pivotal	1,113,012
Van Buren County	43,621
Van Buren CMH	823,596
Local Match	53,267
MDHHS	16,446,164

24,051,004

Balance includes FY24 MDHHS Shared Risk Receivable, FY25 PA2 funds due to SWMBH, FY25 CMHSP Settlements, FY26 SUD and MHBG Receivable. FY25 PBIP Accrual . FY25 HHO P4P Accrual

Due to other governmental units	
Woodlands	1,138,894
MDHHS	6,947,166
IPA	707,118
Due to Other Agencies	6,122,846

14,916,025

Balance includes FY22 SWMBH Lapse to MDHHS, FY21 Death Recoupments.

Southwest Michigan Behavioral Health

Total Eligibles JAN '25 - JAN '26

as of February 5th, 2026

- TANF Eligibles
- DAB Eligibles
- HMP
- March 2020 DAB
- March 2020 TANF
- March 2020 HMP

107,733

106,705

99,718

55,314

52,040

43,362

41,500

41,790
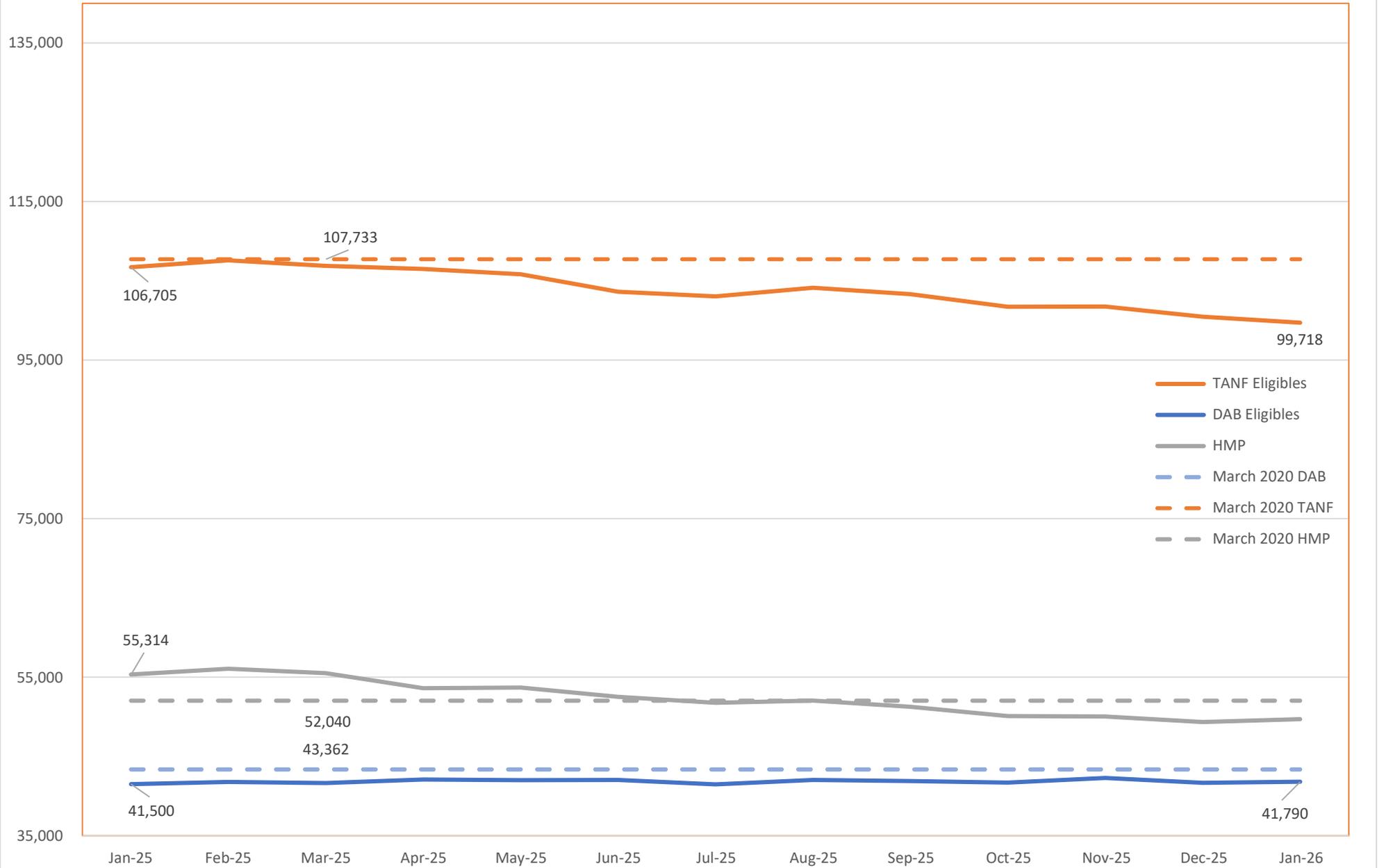
SWMBH Through January	FY26	FY25	% Change YOY	$ Change YOY
State Plan MH	29,429,075	32,434,703	-9.3%	(3,005,628)
1915i MH	32,548,481	30,066,255	8.3%	2,482,226
Autism	15,178,344	9,117,495	66.5%	6,060,849
Habilitation Supports Waiver (HSW)	*22,943,396*	*21,293,654*	*7.7%*	*1,649,742*
Child Waiver Program (CWP)	*298,548*	*303,231*	*-1.5%*	*(4,683)*
Serious Emotional Disturbances (SED)	*235,248*	*182,315*	*29.0%*	*52,933*
Net Capitation Payment	100,632,782	93,397,653	7.7%	7,235,129
				-
State Plan SA	1,624,400	2,624,433	-38.1%	(1,000,033)
Net Capitation Payment	**1,624,400**	**2,624,433**	-38.1%	(1,000,033)
				-
Healthy Michigan Mental Health	7,153,524	8,230,127	-13.1%	(1,076,603)
Healthy Michigan Autism	1,175	13,031	-91.0%	(11,857)
Net Capitation Payment	**7,154,699**	**8,243,159**	-13.2%	(1,088,460)
				-
Healthy Michigan Substance Abuse	3,160,652	4,522,980	-30.1%	(1,362,327)
Net Capitation Payment	**3,160,652**	**4,522,980**	-30.1%	
				-
GRAND TOTAL	112,572,533	108,788,224	3.5%	3,784,309

as of 2/5/2026

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

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

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

Revenue Tracking of Expected Funds

	FY26 Revenue						FY26 Revenue YTD					
	FY26 Budget	Actual Payment	Accrual	Actual Annualized	Variance $	Variance %	Budget YTD	Actual	Accrual	YTD	Variance $	Variance %
Medicaid	242,191,562.82	233,544,937.77	-	233,544,937.77	(8,646,625.05)	-3.6%	80,730,520.94	77,848,312.59		77,848,312.59	(2,882,208.35)	-3.6%
Habilitation Supports Waiver (HSW)	70,682,821.26	68,830,187.19	5,406,934.61	74,237,121.80	3,554,300.54	5.0%	23,560,940.42	22,943,395.73	1,802,311.54	24,745,707.27	1,184,766.85	5.0%
Child Waiver Program (CWP)	964,208.87	895,644.75	-	895,644.75	(68,564.12)	-7.1%	321,402.96	298,548.25		298,548.25	(22,854.71)	-7.1%
Serious Emotional Disturbances (SED)	226,288.62	705,743.61	-	705,743.61	479,454.99	211.9%	75,429.54	235,247.87		235,247.87	159,818.33	211.9%
Healthy Michigan Mental Health	34,620,863.28	26,211,625.14	-	26,211,625.14	(8,409,238.14)	-24.3%	11,540,287.76	8,737,208.38		8,737,208.38	(2,803,079.38)	-24.3%
Overall Net Capitation Payment	**348,685,744.85**	**330,188,138.46**	**5,406,934.61**	**335,595,073.07**	**(13,090,671.78)**	**-3.75%**	**116,228,581.62**	**110,062,712.82**	**1,802,311.54**	**111,865,024.36**	**(4,363,557.26)**	**-3.75%**

Legend:
- Budgeted Funds
- Over - Variance
- Under - Variance
- Accrued Funds

Quality Assurance and Performance Improvement Program (QAPIP) Fiscal Year 2026 Plan

All SWMBH Medicaid Business Lines

October 1, 2025 - September 30, 2026

Reviewed and Approved by:
SWMBH Board of Directors on 02/13/2026

Provided for Review:
SWMBH Operations Committee on 01/9/2026
SWMBH Quality Management Committee on 12/31/2025

Submitted to MDHHS for Review by 02/28/2026

X _____

Sherii Sherban
SWMBH Board of Directors Chair

Table of Contents

Descriptions and Work Plan

Attachments

I. Introduction

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assurance and Performance Improvement Program (QAPIP) that meets the required federal regulations: the Medicaid Managed Care rules, 42 CFR § 438, and requirements outlined in the PIHP/MDHHS contract.

Southwest Michigan Behavioral Health (SWMBH) uses the QAPIP Plan and Evaluation to assure all contractual and regulatory standards required of the Regional Entity, including its PIHP responsibilities and oversight of the eight Community Mental Health Service Partners (CMHSPs) in the region, are met. The QAPIP Plan describes the organizational structure for the SWMBH's administration and evaluation of the QAPIP, the elements, components, and activities of the QAPIP, the role of recipients of service in the QAPIP, the mechanisms used for adopting and communicating process and outcome improvement, and to implement improvement strategies to meet and exceed best practice performance levels.

For SWMBH purposes, "beneficiary" includes all Medicaid eligible individuals (or their families) located in the defined service area who are receiving, or may potentially receive, covered services and supports. The following terms may be used interchangeably within this definition: member, customer, recipient, enrollee, individual, and person served.

II. Purpose

The QAPIP Plan delineates the features of the SWMBH Quality Management program. The QAPIP promotes high quality health care services and outcomes for beneficiaries through systematic monitoring of key performance elements, integrated with system-wide approaches to continuous quality improvement.

The SWMBH QAPIP spans across clinical and non-clinical service delivery within the network as well as the benefit management processes within SWMBH. Populations served by SWMBH and the CMHSPs within the region include eligible individuals and their families who experience mental illnesses, developmental disabilities, and substance use disorders.

Additional purposes of the QAPIP are to:
- Monitor, evaluate, and drive process improvement throughout the system and the region.
- Develop and implement efficient and effective processes to monitor and evaluate service delivery, quality, integration of care, beneficiary satisfaction, and data integrity, while promoting the timely identification and resolution of quality-of-care issues.
- Promote and support best practices that guide optimal benefits in service areas of accessibility, acceptability, value, impact, and risk-management for all beneficiaries.
- Monitor and report the results of ongoing performance monitoring to ensure performance standards and other requirements are met.
- Meet the needs of internal and external stakeholders and provide performance improvement leadership to other departments and throughout the region. Stakeholders are defined as a person, group, or organization that has an interest in the organization, including beneficiaries, family members, guardians, staff, community members, advocates, etc.

III. QAPIP Authority

The QAPIP is accountable to the SWMBH Board of Directors which acts as the governing body and is a PIHP Regional Entity (see Attachment B – SWMBH Board Roster). Responsibilities of the Board for monitoring, evaluating, and making improvements to care include:
- Oversight of the QAPIP- the Board must approve the overall QAPIP and Plan annually.

- QAPIP Progress Reports- the Board receives written reports related to performance improvement projects undertaken, the actions taken, and the results of those actions.
- Annual QAPIP Review- the Board formally reviews a written report on the operation of the QAPIP no less than annually.
- Submission of the QAPIP Plan and Evaluation to MDHHS by the contractually defined due date each year. The report includes a list of the Board Members.

In addition to the review by the SWMBH Board and SWMBH EO, the QAPIP Plan and Evaluation are taken to the SWMBH Operations Committee to facilitate the development and management of quality assurance and improvement initiatives throughout the Region. The SWMBH Operations Committee consists of the CEO, or their designee, for each of the eight CMHSPs in the region and advises the SWMBH Board.
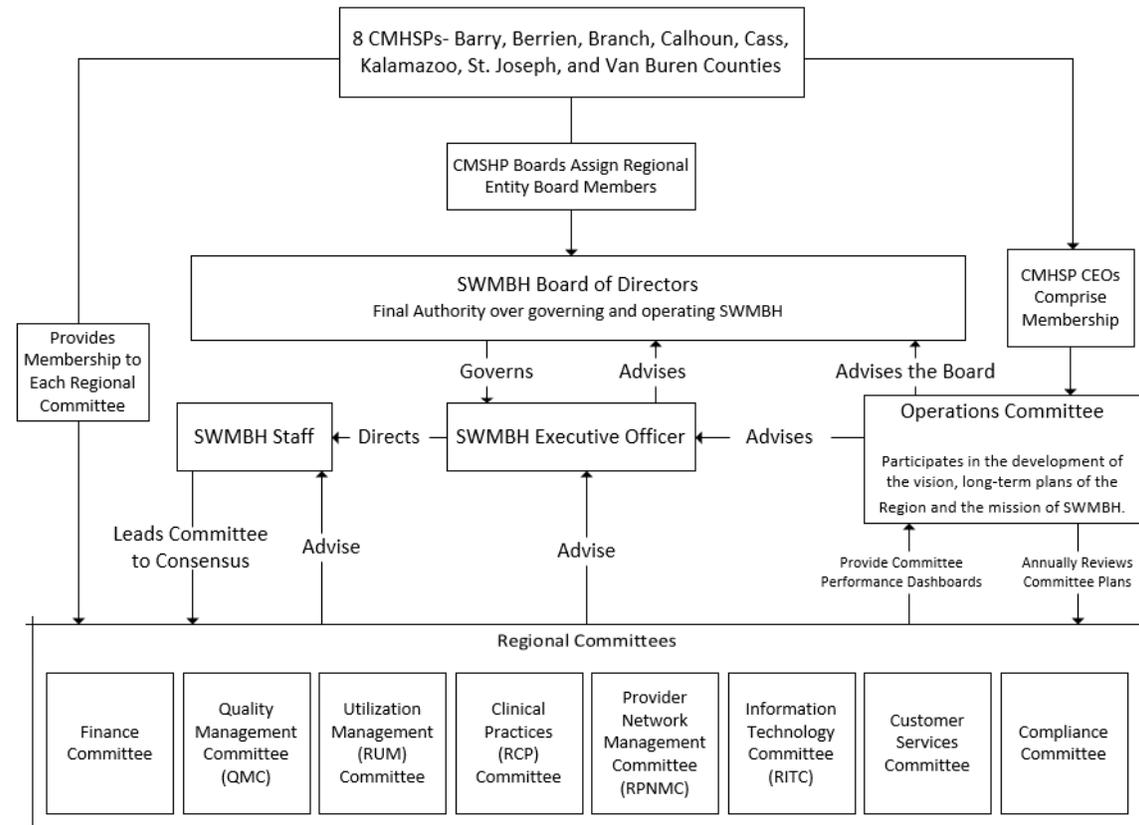
IV. Guiding Principles

The Board Ends serve as the guiding principles for the development of annual Board Ends Metrics, SWMBH Agency Metrics, Regional Committee Goals, SWMBH Department Goals, and Regional Strategic Objectives set forth by the SWMBH Board. In October 2024, the SWMBH Board adopted a revised set of Board Ends, which directs SWMBH towards the benefits to be produced, for whom, and at what cost reflecting the organization's vision and reason for being. Developing revised Board Ends included multiple contacts with each of the eight CMHSP Boards to ensure their values are expressed through the Board Ends.

Board Global End: As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation.

Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.

1. Member CMHSP boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.
2. Member CMHSPs are aware of environmental disruptors and trends and benefit from SWMBH's regional and statewide regulatory and public relations advocacy impacting the Mental Health Community.
3. Member CMHSPs have the resources needed to address their communities' individualized needs, successfully access appropriate resources and successfully meet contractual obligations *(including managed care functions)*.
4. Member CMHSPs and other providers assure and monitor ready access to appropriate programs and services for their consumers and contribute accurate data so SWMBH can create aggregated, comprehensive, and comparative regional results which supports access to maximum funding available.
5. The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefiting from lessons learned.

V. Quality Organizational Structure

The general oversight of the development and implementation of the QAPIP is given to SWMBH's Quality Management and Clinical Outcomes Department. The Chief Clinical Officer is the designated senior official responsible for overseeing the department and QAPIP implementation. The Quality Management and Clinical Outcomes Department is additionally staffed with a Quality Assurance and Performance Improvement Manager, Data Analytics and Strategy Lead, Clinical Quality Specialists, Health Care Data Analyst, a Health Equity Project Coordinator, Integrated Healthcare Specialist, and Clinical Operations Specialist. Together, the department monitors and evaluates the overall effectiveness of the QAPIP, assesses its outcomes, provides periodic reporting on the program (including Performance Improvement Projects), and chairs and facilitates the Quality Management Committee (QMC) and Regional Clinical Practices (RCP) Committee. Additionally, the Chief Clinical Officer collaborates on many of the QAPIP goals and objectives with the SWMBH Senior Leadership team and with SWMBH Regional Committees including QMC, RCP, Regional Information Technology (RIT) Committee, Regional Utilization Management (RUM) Committee, Regional Provider Network Management Committee (RPNMC), and the Regional Compliance Committee.

SWMBH also has access to the Medical Director to support and advise the department in meeting the QAPIP deliverables. The Medical Director provides supervision and oversight of all SWMBH clinical functions to include Utilization Management, Customer Services, Integrated Care, Provider Network, Substance Use Prevention and Treatment, and other clinical initiatives. The Medical Director also provides clinical expertise and programmatic consultation to the Chief Clinical Officer to ensure complete, accurate, and timely submission of clinical quality program data.

VI. Communication

To effectively adopt and communicate process and outcome improvements, SWMBH utilizes a structured approach that ensures continuous evaluation, transparency, and collaboration across all levels of the organization and region. By using this structured approach, SWMBH ensures that improvements are adopted effectively, and the results are communicated transparently to everyone involved, fostering a culture of continuous improvement. Key mechanisms include:

- **Data Monitoring and Analysis:** SWMBH places a strong emphasis on the use of data to guide treatment

and decision-making. By leveraging both quantitative and qualitative data, SWMBH continuously monitors the information, identifies trends, and tailors interventions to meet individual, organizational, and regional needs. This data-driven approach allows SWMBH to improve the effectiveness of services, ensure that improvement efforts are targeted, and provide measurable outcomes that inform decisions. SWMBH is committed to integrating research, beneficiary feedback, and clinical insights to ensure that every aspect of care is grounded in the best available information.

- **Stakeholder Involvement:** Input from beneficiaries, families, and other internal and external stakeholders is integral to the process. SWMBH engages those groups through surveys, committee meetings, and other collaborative discussions to ensure that improvements align with regional needs and goals.
- **Transparent Communication Channels:** SWMBH provides ongoing education and training for the region to ensure there is understanding of any new or updated processes and the rationale behind changes. SWMBH also uses various communication tools (member and provider newsletters, meetings, and SWMBH's website) to share progress and outcomes with all stakeholders. This ensures that everyone is aware of the improvements, their rationale, and the impact on service delivery and care.
- **Regular Feedback Loops:** After implementing improvements, SWMBH establishes continuous feedback loops to monitor progress. This includes regular check-ins, meetings, and ongoing monitoring to track outcomes, ensure understanding, and gather input from those directly involved in the process.
- **Performance Metrics:** Clear and measurable performance indicators are used to measure and assess the effectiveness, efficiency, and outcomes of specific processes, initiatives, or interventions. These metrics are communicated regularly to all stakeholders to demonstrate progress and inform future strategies.

The Quality Management and Clinical Outcomes Department interacts with all other departments within SWMBH as well as with the CMHSPs, which is a critical component to the success of the QAPIP. At least annually, the Quality Management and Clinical Outcomes Department shares the QAPIP Plan and Evaluation, beneficiary satisfaction survey results, and other relevant information in newsletter articles and on the SWMBH website for stakeholders to review.

VII.   Participation of Providers and Individuals in the QAPIP Processes

Providers and beneficiaries serve as members of SWMBH's Regional committees, sub-groups, and workgroups as appropriate. Committee and group members are expected to attend all meetings virtually, by phone, or in person. If members cannot attend a meeting, they are expected to send an alternative in their place. Members hold the responsibility of communicating all relevant information discussed during the meetings (and included in meeting materials and minutes) to the appropriate individuals and/or departments within their organizations. Members who cannot attend meetings are made aware of process and outcome improvements discussed through meeting recordings, meeting minutes, and/or other materials (PowerPoint presentations, etc.) that are made available to the full committee following the meeting.

SWMBH additionally hosts a Customer Advisory Committee (CAC) which is made up of beneficiaries actively receiving services, with representation from all CMHSPs. During CAC meetings information is shared and feedback and discussion are requested and encouraged. CAC members also attend various regional committees which affords SWMBH the opportunity to involve beneficiaries in quality management and improvement efforts.

FY 2026 Quality Assurance and Performance Improvement Program Descriptions & Work Plan

A. Performance Measures

a) Behavioral Health Quality Program (BHQP) and Michigan Mission Based Performance Indicator System (MMBPIS)

Description

In October 2023, the Bureau of Specialty Behavioral Health Services began a comprehensive review of the existing quality assessment and performance improvement program toward the goal of developing and implementing a new program. The updated program is designed to be clearer, more comprehensive, and aligned with state and national standards, with a phased rollout from 2025–2027. The first year (2025) focused on aligning reporting requirements for PIHPs with CMS Core Set Reporting. In 2026, PIHPs are responsible for reporting the last remaining MMBPIS indicator, with a fiscal year measurement period, while MDHHS is responsible for year one and two measures in the BHQP. It is recommended that all BHQP measures in the table below are stratified by race/ethnicity, also, with a calendar year measurement period.

SWMBH is responsible for ensuring that its CMHSPs and SUD Providers measure performance through MMBPIS via the contract with MDHHS. SWMBH maintains a dashboard tracking system to monitor individual CMHSP and regional progress indicators throughout the year. Each CMHSP is responsible for the review and submission of valid and reliable performance indicator data to SWMBH via the SWMBH Commons every month for analysis. SWMBH promotes data integrity by using electronic controls within the MMBIP data reporting spreadsheets. SWMBH has a staff dedicated to reviewing the data to ensure it is complete and accurate based on the MMBPIS PIHP Code Book, prior to submission to MDHHS. SWMBH submits regional outcomes to MDHHS quarterly as

established in the contract schedule. When State-indicated benchmarks are missed or other issues are identified, SWMBH requests the CMHSPs complete a Corrective Action Plan (CAP). SWMBH Subject Matter Experts (SMEs) also review performance indicator compliance and are incorporated in approval of MMBPIS-related CAPs. The PIHP ensures the action plans are achieved and improvements are recognized. Status updates are given, and regional trends are identified and discussed at relevant committees such as the Quality Management Committee (QMC), Regional Utilization Management (RUM), Regional Clinical Practices (RCP), and the Operations Committee for further planning and coordination. SWMBH also participates in the MDHHS Quality Improvement Council (QIC) and associated sub-work groups and communicates any changes with indicator measurements or reporting requirements to stakeholders.

SWMBH utilizes the QAPIP to ensure it achieves minimum performance levels on performance measures as established by MDHHS and defined in the contract and analyzes the causes of statistical outliers when they occur. Oversight and monitoring are conducted by SWMBH through the monthly review of MMBPIS reports and analysis by QMC. The administrative and delegated function CMHSP site reviews occur annually. The SWMBH Quality Management and Clinical Outcomes (QMCO) Department completes a review of MMBPIS Performance Indicator (PI) data, primary source verification documentation, and protocols during this annual site audit, CAPs may be requested from any CMHSPs with a site review score of two or less for each PI-related standard.

FY26 Goals

In FY26, SWMBH will meet or exceed the MDHHS-indicated benchmark for MMBPIS Indicator 2a-d (Access-Timeliness/First Request). Benchmarks outlined for year one measures in the BHQP are informational only for FY26. While MDHHS is responsible for reporting year one and two measures included in the BH Quality Program, SWMBH will monitor measured outcomes internally and with relevant stakeholders. The tables below indicate measure benchmarks as made available by MDHHS.

Measure	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
MMBPIS Indicator 2a - Percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service by four sub-populations: MI-adults, MI-children, I/DD-adults, I/DD-children **(>=62%).**	QMCO	QMC	Quarterly
Behavioral Health Quality Measures Year One (2025) Benchmarks published by MDHHS 10/31/25, Benchmarks are 'Informational Only' for FY26.			
ADD - Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase **(>=52.6%)**	QMCO	QMC	Quarterly
ADD - Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Continuation Phase **(>=61.2%)**			
FUH-30CH - Follow-Up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Between the Ages of 6 and 17 Years Old **(>=79%, assigned benchmark)**	QMCO	QMC	Quarterly

FUH-30AD - Follow-Up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Between the Ages of 18 and 64 Years Old **(>=62%, assigned benchmark)**	QMCO	QMC	Quarterly
FUH-30 - Follow-up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Age 6 Years or Older			
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing **(>=27.6%)**	QMCO	QMC	Quarterly
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics **(>=65.6)**	QMCO	QMC	Quarterly
FUA- 30CH - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Between the Ages of 13 and 17 Years Old **(>=35.6%, CMS average)**	QMCO	QMC	Quarterly
FUA- 30AD - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Age 18 Years or Older **(>=36.3%)**			
FUA-30 - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Age 13 Years or Older			
FUM - Follow-Up After Emergency Department Visit for Mental Illness - Within 30 Days, Age 6 Years or Older (NCQA) or Age 18 and Older **(CMS)** **(>=60.80%)**	QMCO	QMC	Quarterly
IET14- TOT - Initiation and Engagement Into Substance Use Disorder Treatment - Initiation Total Within 14 Days of Diagnosis **(>=40%, assigned benchmark)**	QMCO	QMC	Quarterly
IET34-TOT - Initiation and Engagement Into Substance Use Disorder Treatment - Engagement Total Within 34 Days, Age 13 Years or Older (NCQA) or Age 18 Years or Older **(CMS) (>=15%, assigned benchmark)**			
Behavioral Health Quality Measures Year Two (2026) **Benchmarks not yet published.**			
SDD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	QMCO	QMC	Quarterly
HPCMI - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	QMCO	QMC	Quarterly
OUD - Use of Pharmacotherapy for Opioid Use Disorder	QMCO	QMC	Quarterly
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia	QMCO	QMC	Quarterly

*Red indicates that this benchmark is the median calculated using 2023 PIHP data.

*Blue indicates CY2023 statewide average.

b) Performance Bonus Incentive Program (PBIP)

Description

Contract quality withholds are established by MDHHS to support initiatives as identified in the MDHHS Comprehensive Quality Strategy. The quality withhold program is called the Performance Bonus Incentive Program (PBIP). The Criteria for the PBIP payments will include, but is not limited to, assessment of performance in quality of care, access to care, and administrative functions. PBIP withhold monies will be distributed as follows:

- Contractor-only Pay for Performance Measures: 45% of withhold
- Contractor Narrative Report: 25% of withhold
- MHP/Contractor Joint Metrics: 30% of withhold

FY26 Measures

Contractor-only Pay for Performance (P4P) Measures

Measure	Description	Deliverable
Implement data driven outcomes measurement to address social determinants of health. (18% of the P4P Measures)	Analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BHTEDS record during the measurement period, look back to most recent prior update or admission record.	SWMBH will conduct an analysis and submit a narrative report of findings and project plans aimed at improving outcomes, no longer than two pages, by July 31, 2026. Narrative must address beneficiary changes in employment and housing and actions taken to improve housing and employment outcomes.
Adherence to antipsychotic medications for individuals with schizrenia (SAA-AD). (9% of the P4P Measures)	Percentage of adults aged 18 and older with Schizophrenia or Schizoaffective Disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	Region 4 will be measured against a minimum standard of 62%. Measurement period will be calendar year (CY) 2025.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). (18% of the P4P Measures)	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	Region 4 will be measured against a minimum of 40% at initiation and 15% at engagement. Points will be divided evenly between Initiation and Engagement measures. Measurement period will be CY25.
PA 107 of 2013 Sec. 105d (18): Increased participation in patient	Narrative report summarizing participation in patient-centered medical homes (or characteristics	SWMBH must submit a narrative report of no more than 10 pages by November 15th, 2026, summarizing prior FY efforts, activities, and

centered medical homes. (25% of total withhold)	thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	achievements of SWMBH and CMHSPs to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

MHP/Contractor Joint Metrics

Measure	Description	Deliverable
Implementation of Joint Care Management Processes. (10% of the Joint Measures)	Collaboration between entities for the ongoing coordination and integration of services.	Each Medicaid Health Plan and SWMBH will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the SWMBH-MHP Collaboration Work Group in consultation with the State. SWMBH must demonstrate joint care planning specific to child and adult populations. SWMBH must document joint care plans in CC360 for at least 25% of qualified adult Enrollees.
Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS (Healthcare Effectiveness Data and Information Set) descriptions. (10% of the Joint Measures)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 days.	1. Region 4 must meet set standards for follow-up within 30 days for each rate (ages 6-17 and ages 18 and older). Region 4 will be measured against an adult minimum standard of 62% and a child minimum standard of 79%. Measurement period will be CY24. The points will be awarded based on MHP/SWMBH combination performance measure rates. 2. Data will be stratified by race/ethnicity and provided to plans. Region 4 will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of CY24 with CY25. The points will be awarded based on Region 4 performance measure rates. The points for overall standard (item 1 above) will be awarded based on MHP/ Region 4

		combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or Region 4 performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.
Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment. (5% of the Joint Measures)	Adult beneficiaries who had new SUD episodes that result in treatment initiation and engagement. 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 calendar days of the initiation visit	1. Region 4 will be measured against an initiation (IET 14) minimum standard of 40% and an engagement (IET 34) minimum standard of 15%. Measurement period will be calendar year 2025. 2. Data will be stratified by race/ethnicity and provided to plans. Region 4 will be incentivized to reduce the disparity between the index population and at least on minority group (if necessary, minority groups will be combined to achieve a sufficient numerator/denominator). Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2024 with calendar year 2025. The points for the overall standard (item 1 above) will be awarded based on MHP/PIHP combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or Region 4 performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.
Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence. (5% of the Joint Measures)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence (AOD) that had a follow-up visit within 30 days.	Data will be stratified by the State by race/ethnicity and provided to SWMBH. Region 4 will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of CY24 with CY25. The points will be awarded based on Region 4 performance measure rates. The total potential points will be the same regardless of the number of MHP/PIHP combinations for Region 4.

B. Performance Improvement Projects (PIPs)

Description

MDHHS requires SWMBH to conduct and submit performance improvement projects (PIPs) annually to meet the requirements of the Medicaid Managed Care rules, 42 CFR Part 438. According to the managed care rules, the quality of health care delivered to Medicaid beneficiaries in PIHPs must be tracked, analyzed, and reported annually. SWMBH's QAPIP includes affiliation-wide performance improvement projects that achieve thorough ongoing measurement and intervention, and demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and individual satisfaction. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that SWMBH serves.

Each year, one PIP is reviewed by the Health Services Advisory Group (HSAG). The goal of HSAG's PIP validation is to ensure that MDHHS and key stakeholders can have confidence that the PIHP executed a methodologically sound improvement project, and any reported improvement is related to and can be reasonably linked to the Quality Improvement (QI) strategies and activities conducted by the PIHP during the PIP.

The following are steps used to identify, implement, and evaluate the progress of a PIP.

Protocol Steps	
Step Number	**Description**
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

There are currently two primary Performance Improvement Projects that SWMBH has targeted for FY25:

1. Reducing Racial Disparities in Follow-Up After Emergency Department Visits (ED) for Alcohol and Other Drug Use (AOD). This is a high-risk service area, where improved continuity and coordination of care is needed; this project serves as the clinical PIP.
2. Improve the timeliness of service authorization decisions by reducing the percentage of untimely authorization decisions, both approvals and denials (expedited and standard) and improve the utilization of extensions, when applicable. Timely decisions ensure members do not experience delays in service delivery and are not denied member rights or the opportunity for appeals; this project serves as the non-clinical PIP.

The details of each of the two identified PIPs can be found below.

FY26 PIPs

PIP	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring

Performance Improvement Project #1 (Clinical)
 	
Reducing Racial Disparities in Follow-Up After Emergency Department Visits (ED) for Alcohol and Other Drug Use (AOD).
 	
Goal: "To eliminate the statistically significant disparity between African American/Black and White rates of follow up after Emergency Department (ED) visits for alcohol and other drug use, from baseline (2021) to remeasurement 1 (2023), 2 (2024), and 3 (2025), without a corresponding decrease in White follow up rates."
 	
Monitoring:
Remeasurement 3 (2025) results will be available in June 2026. SWMBH will assess performance on the following measures to determine whether the region met the PIP goal for 2025:
 	
  1. 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.
  2. The percentage of White beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence.
 	
In FY26, SWMBH will collaborate with the Project ASSERT teams in the three largest counties to increase referrals from EDs and to follow-up on referrals when individuals present to the ED for substance use needs, with specific attention to the Black/African American population.
	Quality Management and Clinical Outcomes (QMCO)	Regional Clinical Practices (RCP) Committee and Regional Quality Management Committee (QMC)	Bi-Annual

Performance Improvement Project #2 (Non-Clinical) Improve the timeliness of service authorization decisions within the region. Goal: "Reduce the percentage of untimely authorization decisions according to federal standards	QMCO	Regional Clinical Practices (RCP) and Regional Utilization Management (RUM)	Quarterly

and increase CMH utilization of extensions, where applicable." Monitoring: Service authorizations (approvals and denials) will be reviewed quarterly to evaluate decision timeliness against federal requirements. Denials will be evaluated by the existing quarterly reporting process with trends identified for length of standard and expedited denials and utilization of extensions, as applicable. In anticipation of the reduction in allowed days for (standard) authorization decisions from 14 to 7 days on 10/1/2026, this monitoring will assist the region in ensuring process improvement initiatives can occur. SWMBH will request CMHSPs also submit a quarterly report of service authorization approvals for review and analysis. During the first two quarters of FY26, SWMBH will review 2025 service authorization decision data and complete a causal barrier analysis to evaluate factors contributing to untimely denials, and approvals, as appropriate. FY26 data will also be collected quarterly for analysis. By the end of FY26 Q3, SWMBH will develop and implement interventions to address the barriers in timeliness of service authorization decisions, and therefore access to services. The interventions will be utilized to decrease the percentage of untimely authorization decisions. 2025 service auth data was utilized to establish benchmarks and indicates 2.07% (standard) and 7.11% (expedited) denial decisions were made untimely. Remeasurement will occur in 2027.			

C. Critical Incident, Sentinel Event, and Risk Event Management

Description

SWMBH's process for identifying, reporting, and following up on incidents and events that put individuals at risk of harm is outlined in SWMBH policy - Incident Event Reporting and Monitoring. The five reportable critical incidents for beneficiaries as defined by MDHHS are suicide, non-suicide death, hospitalization due to injury or

medication error, emergency medical treatment (EMT) due to injury or medication error, and arrest. Hospitalization and EMT due to an injury are further classified to include whether the injury resulted from physical management or due to a fall.

CMHSP Process

Specialized residential treatment providers prepare and file incident reports to the contracted CMHSP when incidents occur. The CMHSPs are responsible for reviewing and classifying the incident reports and submitting the reportable incidents to SWMBH as outlined in policy. SWMBH is then responsible for reporting qualifying incidents to MDHHS in a timely manner, as defined in the contract language, via the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). SWMBH is also responsible for ensuring that MDHHS requests for further information, details related to the remediation of an incident, and any other requests are responded to timely. Risk Event data is made available to MDHHS upon request. SWMBH delegates the responsibility of the process for identification, review, and follow-up of immediate events, sentinel events (SEs), critical incidents (CIs), and risk events (REs) to its eight contracted CMHSPs.

SWMBH requires that CMHSPs notify SWMBH within 36 hours of any immediate event that is "newsworthy" and/or subject of a recipient right, licensing, and/or police investigation. SWMBH reports those events to MDHHS within 48 hours of PIHP notification via the BH CRM. Following an immediate event notification, SWMBH additionally submits to the MDHHS, within 60 days after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within 1 year of the individual's discharge from a State-operated service.

A sentinel event is an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase "or risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. A root cause analysis (RCA) (JCAHO) or investigation (per the Centers for Medicare and Medicaid Services (CMS) approval and MDHHS contractual requirements) is "a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance." (JCAHO, 1998). The CMHSPs have 3 business days after an incident occurs to determine if it is a sentinel event, and if so, two subsequent business days to commence the RCA. The CMHSPs work with the residential treatment provider, when applicable, to complete the root cause analysis. All unexpected deaths (UDs) are classified as SEs and are defined as deaths resulting from suicide, homicide, undiagnosed conditions, accidents, or suspected possible abuse or neglect, for beneficiaries who at the time of their deaths were receiving specialty supports and services. SWMBH reviews a random sample of SEs during the annual administrative and delegated function CMHSP site reviews to ensure that all events that meet the criteria outlined above are reviewed and the review includes:

- Screens of individual deaths with standard information (e.g., coroner's report, death certificate).
- Involvement of medical personnel in the mortality reviews. SWMBH ensures that individuals involved in the review of SEs have the appropriate credentials to review the scope of care (e.g. deaths or serious medical conditions involve a review by a physician or nurse).
- Documentation of the mortality review process, findings, and recommendations.
- Following completion of a RCA, or investigation, the CMHSP or SUD Provider developed and implemented either a plan of correction or an intervention to prevent further occurrence or recurrence of the adverse event or documented the rationale of why corrective actions were not needed.
- Use of mortality information to address quality of care.

SWMBH analyzes CIs, SEs, and REs at least quarterly during the regional Quality Management Committee (QMC) meetings. The REs reviewed minimally include those that put individuals at risk of harm including actions taken by individuals who receive services that cause harm to themselves, actions taken by individuals who receive services that cause harm to others, and two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period. The quantitative data and the qualitative details of specific incidents or patterns of events are reviewed and discussed to remediate the problem or situation and prevent the occurrence of similar incidents or events in the region. Documentation of the review and discussion is maintained the meeting PowerPoint presentation and minutes which are saved on the SWMBH Commons and available to all QMC members. It is the expectation that members that cannot attend the meetings will review the presentations and minutes, and that all members communicate information from the meetings to the appropriate people within their organizations.

SUD Residential Treatment Provider Process
SWMBH holds contracts with SUD residential treatment providers for the region. SWMBH delegates the responsibility of the process for the identification, review, and follow-up of SUD SEs to those providers. If an SUD SE occurs, the provider is required to notify SWMBH of the incident immediately. SWMBH then reports those events to MDHHS within 24 hours via email to mdhhs-bhdda-contracts-mgmt@michigan.gov and additionally reports the SE in the BH CRM.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will report any SUD Sentinel Event that occurs at a contracted residential treatment provider via email to MDHHS and in the BH CRM within 24 hours.	Quality Management and Clinical Outcomes (QMCO)	Through submission to MDHHS via email and in the BH CRM	As SUD SEs Occur
The rate for the region, per 1000 persons served, of suicide deaths will demonstrate a decrease from the previous year.	QMCO	QMC	Quarterly
SWMBH will demonstrate a decrease in unresolved unknown cause of death critical incidents for FY26, compared to FY25.	QMCO	QMC	Quarterly

D. Behavioral Treatment Review

Description
MDHHS requires data to be collected based on the definitions and requirements within the MDHHS Technical Requirement Behavioral Treatment Plans policy and the MDHHS Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans policy. Only techniques that are permitted by the Technical Requirement and have been approved during person-centered planning may be used. SWMBH delegates the responsibility for monitoring and collecting and analyzing data to each local CMHSP Behavior Treatment Review Committee (BTRC). Each BTRC reviews and approves or disapproves behavior treatment plans (BTPs) that propose the use of restrictive or intrusive interventions, as defined by the technical requirement. Each CMHSP is required to submit their BTRC data to SWMBH quarterly. SWMBH focuses on and analyzes data related to intrusive and restrictive techniques, physical management, and/or incidents resulting in 911 calls for

emergency behavioral crisis. The data submitted includes the numbers of interventions and length of time the interventions were used per person. Monitoring this data is important for the oversight and protection of vulnerable individuals, including those receiving long term supports and services (LTSS). The data is made available to MDHHS upon request. SWMBH provides oversight by analyzing the data on a quarterly basis to identify and address any trends or opportunities for improvement. Based on the analysis, SWMBH requests the behavior plans on an individual level as needed to review further. The criteria for further review may include, but are not limited to, those with restrictive and/or intrusive interventions, 911 calls, self-injurious behavior, hospitalizations, harm from physical management, etc. During the annual CMHSP Site Reviews SWMBH completes an audit of the data and a sample of behavior treatment plans to ensure accurate reporting and adherence to the Behavior Treatment Review Standards by each CMHSP.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
The region will achieve 90% or higher on the Behavior Treatment Plan section of the non-SUD clinical file review tool for the annual CMHSP Site Review.	Quality Management and Clinical Outcomes (QMCO)	CMHSP Administrative and Delegated Function Site Review, Clinical File Review Tool	Annually

E. Member Experience with Services

a) Customer Satisfaction Survey

Description

SWMBH's Quality Management and Clinical Outcomes (QMCO) Department administers an annual Customer Satisfaction Survey on behalf of the region. The primary objective of the survey is to identify opportunities for improvement at the CMHSP and PIHP levels, and to improve outcomes in comparison to the previous year's results. SWMBH ensures the incorporation of beneficiaries receiving long-term support or services (LTSS), case management services, and Medicaid services into the review and analysis of the survey results obtained from quantitative and qualitative methods. Respondents are requested to specify the services and support they, or the individual they are representing, currently receive. This information is used to identify beneficiaries receiving LTSS. CMHSPs are also required to identify target populations within their sample provided for the survey, and responses are tracked and analyzed based on that information.

SWMBH utilizes a hybrid Mental Health Statistics Improvement Program (MHSIP), Youth Surveillance Survey (YSS), and the Experience of Care and Health Outcomes (ECHO) Survey. All adopted survey methods and categories are certified as best practice survey tools to gauge beneficiary experience of care and were approved by MDHHS. Prior to implementation, survey tools are evaluated to ensure required data is collected from beneficiaries and their guardians/family where appropriate. SWMBH's Consumer Advisory Committee members also provide feedback on the survey process, questions and content, and the distribution plan during standing committee meetings. During 2026, the SWMBH Quality Management and Clinical Outcomes Department plans to collect beneficiary survey responses throughout the year with the goal of achieving at least 2,100 completed surveys. Surveys will be accessible electronically to beneficiaries via postings with quick-response (QR) codes and tablets in the CMHSP waiting/lobby areas, through the SWMBH website, by text message, and by email. Additionally, CMHSPs will offer the survey on paper as requested. CMHSPs are responsible for using a systematic process to enter any paper survey responses they receive into the electronic survey tool.

The survey includes space for respondents to comment on their services, allowing for deeper analysis and

qualitative assessment. Respondents can also request follow-up from their CMHSP within the survey. When they do, an automated notification is sent to the appropriate CMHSP in real-time, and CMHSP Customer Services staff are responsible for completing the follow-up.

At the conclusion of the survey project, a full analysis report is produced, providing qualitative and quantitative analysis for each of the Adult and Youth survey categories measured. The quantitative analysis includes a review of the numerical data, and the qualitative analysis includes a review of the comments and additional information respondents provide. Starting in 2025, SWMBH provides further analysis of service delivery and health outcomes from year-to-year as anonymous IDs are optionally assigned to each participant to track respondents' answers over time. The results and survey analysis are shared with internal/external stakeholders which include SWMBH's Regional Clinical Practices (RCP) Committee, Regional Utilization Management (RUM) Committee, the Operations Committee, Customer Advisory Committee (CAC), Quality Workgroups, and the Board of Directors. The results are also shared via the SWMBH website, newsletter and within the annual QAPIP Evaluation.

The QAPIP Evaluation outlines the results of the survey project, identifies any barriers, and provides recommendations for improvement for the following years' survey project. The effects of activities implemented to improve satisfaction, from the previous year's recommendations, are evaluated and discussed during the Regional QMC meeting. The survey analysis addresses issues of quality and availability of services. Sources of beneficiary dissatisfaction are identified and each CMHSP is required to develop improvement plans, specific to the findings/results/analysis from their locations. Systemic steps will be outlined to follow up on the findings.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Achieve at least 1500 completed MHSIP surveys and 600 completed YSS surveys by making the survey more available/accessible, utilizing email, text, QR code, mobile device, tablet, and paper survey.	QMCO	QMC	Annually
The FY26 MHSIP (Adult) survey will reflect improvements in the region's overall Social Connectedness score—following its decline from FY24 to FY25—and in the previously lowest-scoring domain, Outcomes and Functioning.	QMCO	QMC, RCP, CAC	Annually
The FY26 YSS (youth) survey will see an improvement in the region's overall score within the previously lowest-scoring domain (Outcomes).	QMCO	QMC, RCP, CAC	Annually

b) Recovery Self-Assessment, Person in Recovery version (RSA-r) Survey

Description
SWMBH's Quality Management and Clinical Outcomes (QMCO) Department, in conjunction with the SUD Department, administers the Recovery Self-Assessment Survey, Person in Recovery version (RSA-r) to Medicaid and SUD Block Grant beneficiaries within the region. The primary objective of the survey is to identify areas of strength and opportunities for improvement in recovery-oriented care provided within Region 4 and improve scores in comparison to the previous year's results. At the conclusion of the survey project, a full analysis report is produced, providing qualitative and quantitative analysis for each of the six subcategories measured: Life Goals, Involvement, Diversity of Treatment, Choice, Individually Tailored Services, Inviting Space. Survey results and analysis are disseminated to both internal and external stakeholders, including the SWMBH Consumer Advisory Committee (CAC), Regional Clinical Practices (RCP), the Regional Operations Committee, the Quality

Management Committee (QMC), and the SUD Program Director's Workgroup. Feedback-informed strategies are implemented as appropriate. Findings are also shared through the SWMBH website, newsletters, the annual QAPIP Evaluation, and other SWMBH annual publications.

The Evaluation Report outlines the results of the survey project, identifies any barriers, and provides recommendations for improvement for the following year's survey project. The effects of activities implemented to improve satisfaction, from the previous year's recommendations, are evaluated and discussed during the Quality Management Committee and the SUD Director's Subgroup meetings. The survey analysis addresses issues of quality and availability of care. Sources of beneficiary dissatisfaction are identified. SWMBH requests that participating SUD and CMHSPs review results internally and develop improvement plans, specific to the findings/results/analysis from their locations. Systemic steps are outlined to follow up on the findings.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Increase survey participation compared to the previous year, as evidenced by more participating providers and/or more surveys completed.	QMCO, SUD	QMC, SUD Directors Subgroup	Annually
Achieve at least 90% consumer satisfaction with SUD services as indicated by survey results.	QMCO, SUD	QMC, SUD Directors Subgroup	Annually

F. Verification of Medicaid Services

Description

SWMBH's Program Integrity and Compliance department performs the Medicaid Services Verification review to verify whether services reimbursed by Medicaid were furnished to beneficiaries by its Participant CMHSPs, providers, and subcontractors. This review is performed pursuant to MDHHS-PIHP Master Contract Schedule A Section C.4 and in conformity with the MDHHS Medicaid Verification Process technical requirement. SWMBH performs this review after the end of each Fiscal Year Quarter, typically within 30 days depending on the accepted encounter volume, to have real time results and an opportunity to effectuate change quickly. SWMBH submits its findings from this process to MDHHS annually along with follow up actions that were taken as a result. SWMBH also presents the findings to the Board of Directors.

For completing the fiscal year verification of sampled Medicaid claims, SWMBH uses the random number function of the Office of Inspector General's (OIG) statistical software package, RAT-STAS, and conducts quarterly audits of claim encounters for each CMHSP, contracted substance use disorder (SUD) providers, and Participant CMHSPs' Network Providers. SWMBH utilizes a standardized verification tool, which includes the following elements against which all selected encounters and claims are evaluated:

1. Was the person eligible for Medicaid coverage on the date of service?
2. Is the code billed eligible for payment under Medicaid?
3. Was the service identified included in the beneficiary's individual plan of service/treatment plan?
4. Does the treatment plan contain a goal/objective/intervention for the service billed?
5. Is there documentation on file to support that the service was provided to the consumer?
6. Was the provider qualified to deliver the services provided?
7. Is the appropriate claim amount paid (contracted rate or less)?

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
The overall Medicaid claims verification compliance rate for Region 4 will be above 90%	Program Integrity/Compliance	SWMBH Corporate Compliance Coordinating Committee & SWMBH Board Regulatory Compliance Committee	Quarterly

G. Provider Network

a)   Provider Network Adequacy Evaluation

Description

SWMBH completes an evaluation of the adequacy of its current fiscal year's provider network during the first quarter of each fiscal year, assessing provider network adequacy and accessibility according to the most current MDHHS Network Adequacy Standards. The areas that are assessed include enrollee-to-provider ratios, crisis residential beds-to-enrollee ratios, time and distance standards, SUD services based on American Society of Addiction Medicine Level of Care (ASAM LOC), timely appointments, languages spoken, cultural competence, and physical accessibility. Each section contains a regional analysis and identifies opportunities for improvement that will be addressed throughout the fiscal year. The data from SWMBH's internal network adequacy analysis and opportunities for improvement report is then added to the MDHHS Network Adequacy Reporting Template and submitted to MDHHS by the required due date specified in Schedule E of the MDHHS-PIHP contract.

MDHHS contracts with HSAG to conduct the annual performance measures and included network adequacy validation activities, ensuring all reported performance indicator rates are calculated following the state's measure specifications and reporting requirements, and that network standards, as defined by the state, were met.

SWMBH also maintains the Provider Directory on behalf of the region, which is located on SWMBH website. The CMHSPs submit new/update/delete request forms through SWMBH Commons when there has been a change to their network providers and SWMBH makes the change to the directory within 30 days.

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will complete an evaluation of provider network adequacy and accessibility according to the most current MDHHS Network Adequacy Standards. The report will be submitted to MDHHS by the MDHHS-required due date.	Provider Network	SWMBH Assessment of Medicaid Network Adequacy Report	Annually

b)   Administrative and Delegated Function Site Reviews

Description

SWMBH either directly performs or ensures that its Participant CMHSPs perform annual monitoring of all providers in its network. This monitoring occurs through the annual site review process, during which standardized tools are used to evaluate Participant CMHSPs' and contracted providers' (both SUD and non-SUD) compliance with administrative requirements and clinical service quality.

Participant CMHSP Site Reviews

SWMBH performs annual Site Reviews of its Participant CMHSPs. These reviews consist of a review of each CMHSP's administrative processes and procedures in the following functional areas: Access and Utilization Management, Claims, Compliance, Credentialing, Customer Services, Grievances & Appeals, Provider Network, Quality, Staff Training, and SUD EBP Fidelity and Administration.

In addition to reviewing administrative processes, the annual site review process also includes file reviews for the following administrative functions:

- Denial File Review (performed quarterly)
- 2nd Opinion File Review
- Credentialing and Re-credentialing File Review
- Grievances File Review (performed quarterly)
- Appeals File Review (performed quarterly)
- MMBPIS and Critical Incident File Review
- Staff Training File Review

To monitor clinical service quality, SWMBH performs a Clinical Quality (non-SUD) clinical record review of CMHSP directly operated services that is focused on a specific population or service (consistent across all Participant CMHSPs). The population or service focus is determined annually by SWMBH's Quality Management and Clinical Outcomes Department based on several factors which may include State or PIHP-audit results, beneficiary complaints, or other identified concerns. SWMBH also performs an SUD Clinical Quality clinical record review of CMHSP directly operated SUD services.

SUD Providers

SWMBH does not allow for subcontracting of SUD services, and therefore directly holds each contract with its network SUD Providers. SWMBH directly performs annual site reviews for each of its contracted SUD providers. These reviews consist of a review of each SUD Provider's administrative operations and includes administrative file reviews of Credentialing and Re-credentialing, and Staff Training, to monitor SUD Provider completion of these activities in compliance with SWMBH Policies, and to ensure that staff are qualified to perform the services being delivered.

To monitor clinical service quality, SWMBH performs a clinical file review as part of the annual site review process.

Network Providers

For non-SUD network providers that are contracted with one or more of SWMBH's Participant CMHSPs, SWMBH ensures that monitoring is performed annually either directly by SWMBH or by a Participant CMHSP. SWMBH directly performs the annual site reviews for the following provider types:

- Autism Service Providers
- Crisis Residential Service Providers
- Inpatient Psychiatric Service Providers (utilizing the State Inpatient Reciprocity Tool and process)
- Financial Management Services (FMS) Providers

SWMBH's Participant CMHSPs perform annual monitoring of the remaining provider types. SWMBH's Regional Provider Network Management Committee (RPNMC) annually reviews standardized network provider review tools which are used for completion of network provider site reviews to ensure consistency and foster reciprocity. The RPNMC also maintains a spreadsheet of all "shared providers", network providers that are contracted with more than one Participant CMHSP and assigns a responsible Participant CMHSP to perform the annual site review each year to reduce the burden on shared providers. Completed reviews are uploaded to SWMBH's Portal so they are accessible to all Participant CMHSPs.

Network provider site reviews consist of a review of each provider's administrative operations and includes administrative file reviews of Credentialing and Re-credentialing, and Staff Training, to monitor provider completion of these activities in compliance with SWMBH Policies, and to ensure that staff are qualified to perform the services being delivered and/or perform their job functions (for unlicensed/direct-care staff).

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Ensure consistent use of regional monitoring tools.	Provider Network	Annual CMH Site Review process	Annually

H. Credentialing and Re-Credentialing

Description

SWMBH either directly performs or ensures that its Participant CMHSPs and network providers perform credentialing and re-credentialing in compliance with SWMBH's Credentialing and Re-credentialing Policies, which are annually approved by the SWMBH Board of Directors. The credentialing process (inclusive of re-credentialing) ensures that organizations, physicians, and other licensed health care professionals are qualified to perform their services. SWMBH utilizes the MDHHS Universal Credentialing application and CRM process throughout its Region to ensure consistent application of required standards. SWMBH also utilizes a regional checklist to assist in processing credentialing/re-credentialing applications in a consistent and compliant manner. The checklist includes, among other things, the following components for re-credentialing files:

- QI Data Check
  - Compliance fraud/waste/abuse (F/W/A) or other billing issues
  - Customer Services issues (in addition to formal Grievances/Appeals)
  - Utilization Management issues/concerns

SWMBH directly performs credentialing for the following in its network:
- Applicable SWMBH employees/contractors (individual credentialing)
- Participant CMHSPs (organizational credentialing)
- SUD Providers (organizational credentialing)
- Autism Service Providers (organizational credentialing on behalf of the Region)
- Financial Management Service Providers (organizational credentialing on behalf of the Region)
- Crisis Residential Providers (organizational credentialing on behalf of the Region)
- Inpatient Psychiatric Service Providers (organizational credentialing on behalf of the Region)
- Large Specialized Residential Providers – Beacon, Residential Opportunities Inc. (ROI), Turning Leaf, and Hope Network
  - SWMBH performs organizational credentialing of each Specialized Residential Site, on behalf of the Region.

SWMBH delegates, under Delegation memorandum of understanding (MOUs), credentialing activities to its Participant CMHSPs for the following:
- CMHSP network providers, other than those listed above.

SWMBH includes credentialing requirements consistent with its policies in its subcontracts with its Participant CMHSPs, SUD providers, and network providers via the CMH-provider subcontract boilerplate, for the following:
- Compliance with SWMBH or CMH organizational re-credentialing activities, including provider timely submission of credentialing applications and proofs; and
- Provider completion of individual practitioner credentialing of directly employed/contracted staff.

Monitoring Activities - Licensed/Credentialed Staff

SWMBH and its Participant CMHSPs monitor compliance with credentialing requirements through the annual site review process. Each site review includes a file review of a sample of the provider's credentialing files. See "Provider Network Monitoring" for additional information on the annual site review process. Additionally, SWMBH and its Participant CMHSPs require clinician information for any clinician to be listed as a "rendering provider" in the applicable agency's billing system. This is another way SWMBH and its Participant CMHSPs monitor to ensure licensed professionals are qualified to perform their services. While it is not "credentialing", when SWMBH receives a request from a provider to have a clinician added to the billing system as a rendering provider, SWMBH performs basic screening checks including exclusions screening and licensure verification to ensure that the clinician is only assigned billing rights to service codes they are qualified to deliver.

Monitoring Activities – Non-licensed Providers

SWMBH and its Participant CMHSPs monitor non-licensed provider staff qualifications through the annual site review process. Standardized site review tools for all provider types include a Staff Training file review, which evaluates whether a sample of the provider's staff completed all required trainings within required timeframes. Standardized site review tools that are specific to providers employing non-licensed staff (example - Ancillary and Community Services tool) include review elements that evaluate the provider's process for ensuring non-licensed direct care staff meet the minimum qualifications to perform their jobs as articulated in the Medicaid Provider Manual.

Through the annual site review process SWMBH ensures, regardless of funding mechanism:
- Staff (licensed or non-licensed) possess the appropriate qualification as outlined in their job descriptions, including the qualifications for all the following:
  - Education background

- o Relevant work experience
- o Cultural competence
- o Certification, registration, and licensure as required by law (where applicable)

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Continue monitoring of credentialing and recredentialing files to ensure quality and adherence to MDHHS requirements.	Provider Network	Monitoring will occur during site review process of CMHSPs, SUD, Inpatient hospitals, and ABA providers during annual site reviews.	Annually with potential implementation of quarterly monitoring to improve policy adherence.
Develop Technical assistance (TA) training for ongoing transition to MDHHS Universal Credentialing System for providers.	Provider Network	Monitoring reports in MDHHS CRM system to review and address status of Region 4 by (RCC) Responsible Credentialing Coordinator of credentialing files. PIHP credentialing leads/MDHHS meetings, and CMHSP credentialing leads/PIHP meetings.	Quarterly .

I. Clinical Practice Guidelines

Description

SWMBH reviews, disseminates, and implements clinical practice guidelines that are consistent with the regulatory requirements of the MDHHS Specialty Services Contract and Medicaid Managed Care rules. SWMBH and its Medicaid subcontracted provider network have adopted these guidelines. SWMBH ensures that information related to the guidelines is made available to beneficiaries and providers.

It is policy that the employees of SWMBH, the CMHSPs, and the provider network must ensure that decisions with respect to utilization management, beneficiary education, coverage of services, and other areas are consistent with the guidelines found here: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines

SWMBH's Clinical Protocols and Practice Guidelines meet the following requirements:
- Are based upon valid and reliable clinical evidence or a consensus of healthcare professionals in the field.
- Consider the needs of SWMBH beneficiaries.
- Are adopted in consultation with contracting providers and staff who utilize the protocols and

guidelines.
- Are reviewed and updated periodically as needed, with final approval by the Medical Director and/or the Chief Clinical Officer.
- Guidelines are disseminated to all applicable providers through provider orientation/the provider manual and to beneficiaries upon request.
- Guidelines are posted on the SWMBH website and are referenced in the provider and member handbooks.
- Implementation of new guidelines and/or review of existing guidelines is published in the provider and member newsletters.
- Any decisions with respect to utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

SWMBH's adopted practice guidelines include:
- Inclusion Practice Guideline
- Person-Centered planning Practice Guideline
- Housing Practice Guideline
- Consumerism Practice Guideline
- Personal Care in Non-Specialized Residential Settings Practice Guideline
- Family-Driven and Youth-Guided Policy and Practice Guideline
- Employment Works! Policy

Practices Guidelines are adopted, developed, and implemented by the Regional Clinical Practices (RCP) Committee, which consists of representatives from SWMBH and the eight CMHSPs in Region 4. The group works together to decide which guidelines are most relevantly matched to the individuals in the region by eliciting responses from CMHSP representatives who are close to the issues. The group ensures that the essence and intention of these guidelines are filtered through the behavioral health system via meaningful discussion, policy, procedure, training, and auditing/monitoring. Practice guidelines are monitored and evaluated through SWMBH's Administrative and Delegated Function Site Review process to ensure Participant CMHSPs and SUD providers, at a minimum, are incorporating mutually agreed upon practice guidelines within the organization via measures agreed upon by leadership across the region.

Audits are conducted and reviewed as part of SWMBH's annual clinical audit process, or delegated to the CMHSPs, as required by SWMBH. Practice Guidelines and the expectation of their use are included in provider contracts. Practice guidelines are reviewed and updated annually or as needed and are disseminated to appropriate providers through relevant committees/councils/workgroups.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH, with the CMHSPs, will develop improvement strategies to address any deficiencies and identify goals to improve the Person-Centered Planning Process in FY26.	Quality Management & Clinical Outcomes (QMCO)	RCP	Quarterly
SWMBH will formalize its process for obtaining SUD provider feedback when reviewing and adopting SUD Practice Guidelines.	QMCO, SUD	RCP, SUD Directors Subgroup	Annually

J. Care Management Program

Description

SWMBH provides a robust care management program to all Medicaid beneficiaries with behavioral health needs who require intensive care management, including but not limited to, child and adult beneficiaries who have significant behavioral health issues and complex physical comorbidities.

The purpose of SWMBH's care management program is to help beneficiaries gain optimal health outcomes, improve functional capacity, and support whole-person recovery. Care management includes but is not limited to care planning, preventative health education, patient communication, medication management, risk stratification, and population management. Care coordination between behavioral and physical health providers is an essential competent of care management involving the organization, coordination, and communication of healthcare services for beneficiaries.

SWMBH works with the Medicaid Health Plans (MHPs) to own joint care management responsibilities with shared MHP beneficiaries, consistent with MDHHS policy and contractual direction. Monthly integrated care team (ICT) meetings are held with the MHPs represented in Region 4 to address the needs of beneficiaries with multiple or complex conditions as well as high ED use and inpatient (IP) admissions. Mutually shared beneficiaries are identified through risk stratification conducted in CareConnect 360 (CC360). An Integrated Healthcare Specialist provides comprehensive assessment of the beneficiary's condition, determination of available benefits and resources, and development and implementation of a care management plan with patient-centered goals, monitoring, and follow-up in conjunction with the MHP care management teams. An integrated care plan is created in CC360 to monitor care coordination activities and health outcomes.

Transition of care monitoring is a key component of care management that focuses on closely monitoring and supporting beneficiaries as they move between different care settings, such as moving from an inpatient admission to the community, ensuring a smooth transition and minimizing potential complications by providing coordinated care during a critical period in a beneficiary's care. Discharge planning is an integral part of treatment. Consideration of the continuum of care and long-term recovery needs of the member should direct transition planning. Transition of care monitoring intends to improve quality of care, improve outcomes and control costs by assuring plan coordination in which primary and specialty mental health, SUD, and healthcare providers inform each other regarding their treatment of an individual and collaboration regarding the needs of the beneficiary.

To further bolster performance measures including FUH and FUA, SWMBH employs grant funded Transition Navigators. The SWMBH UM department identifies beneficiaries not actively engaged in services with a CMHSP, Certified Community Behavioral Health Clinic (CCBHC), or SUD treatment program that, if not otherwise engaged in aftercare, would have a high risk of readmission following an IP admit or ED visit. Transition Navigators conduct outreach to promote treatment engagement, eliminate barriers to engagement, link beneficiaries to resources as needed, and provide health education.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will meet or exceed the Joint Care Management expectation for adult enrollees, that 25% of complex beneficiaries identified through risk stratification will have a joint care plan created or updated in CC360. Additional assessment of integrated	Quality Management & Clinical Outcomes (QMCO)	ICT meetings, SWMBH Departmental Meetings	Quarterly

care plans activity will be conducted by producing a monthly CC360 ICP Analysis report that generates the status of all care plans and provides MHP case stratification findings.			
SWMBH will follow the Joint Care Management process for child enrollees and produce a monthly member report. SWMBH will assess members with open/closed ICP's and delineate by MHP cases that will be recommended for integrated health care coordination based on CC360 Child Easy Tab Risk Stratification criteria. Additional assessment of integrated care plans activity will be conducted by producing a monthly CC360 ICP Analysis report that generates the status of all care plans and provides MHP case stratification findings.	QMCO	ICT meetings, SWMBH Departmental Meetings	Quarterly

K. Long-Term Services and Supports (LTSS)

Description

LTSS refers to services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice, which may include the individual's home, a worksite, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting (42 CFR 438.2).

LTSS are provided to persons with disabilities who need additional support due to: (42 CFR §438.208(c)(1)(2)):
- Advancing age; or
- Physical, cognitive, developmental, or chronic health conditions; or
- Other functional limitations that restrict their abilities to care for themselves; and
- Receive care in home and community-based settings or facilities such as nursing homes.

MDHHS identifies Medicare and Medicaid participants in its HCBS Waivers as recipients of LTSS. HCBS is defined as Home and Community Based Services which provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. SWMBH manages funding for Michigan's specialty behavioral health Medicaid population through delegation and contracting with the eight CMHSPs and their provider networks in Region 4. SWMBH and its network serves beneficiaries receiving LTSS through the following HCBS Waivers:
- Children's Waiver Program (CWP)
- Waiver for Children with Serious Emotional Disturbances (SED)
- Habilitative Supports Waiver (HSW)
- 1915 (i)SPA

Additionally, SWMBH identifies beneficiaries who receive the following services as LTSS recipients:
- Care Coordination/Targeted Care Management
- Respite Services
- Community Living Supports (to promote participation in the community)

- Home Modifications
- Nursing Services
- Personal Emergency Response Systems
- Family and Non-Family Training
- Enhanced Pharmacy
- Overnight Health and Safety Supports

SWMBH is dedicated to ensuring the quality and appropriateness of care to all beneficiaries. People receiving LTSS are some of the region's most vulnerable individuals, therefore, additional analyses of the quality and appropriateness of care for the LTSS populations in Michigan are warranted by both quantitative and qualitative means. The quality, appropriateness, availability, and accessibility of care furnished to beneficiaries receiving LTSS is quantitatively and qualitatively assessed using an analysis of adult and youth (MHSIP and YSS) satisfaction surveys. SWMBH's Quality Management and Clinical Outcomes (QMCO) Department incorporated a question into the annual surveys to identify individuals who received LTSS in FY23 and this has allowed for a separate analysis of the LTSS population.

The CMHSP Clinical Quality File Review Tool that is utilized in Region 4 annually, also includes items to monitor the quality and appropriateness of care for beneficiaries receiving LTSS. For reference, some of the items from the SWMBH annual CMHSP site review tool are:
- In the event there has been a significant change (for example: inpatient admission, inpatient discharge, medication change, significant adverse event, significant change in services, termination of services or death) there is evidence of coordination of care with the primary care physician.
- If the member is a recipient of LTSS, there is an assessment of care between settings.
- Needs, priorities, and a professional analysis of service needs and recommendations are documented.
  - All identified needs are included and addressed in the Individual Plan of Service (IPOS).
- Level of Care (LOC) is appropriately evaluated and identifies a functional deficit requiring intervention/treatment. LOC assessment is completed annually and when there is significant change in individual's status.
- The IPOS is individualized based upon assessment of the beneficiary's needs and preferences. The plan (or assessment) describes their strengths, abilities, plans, hopes, interests, preferences and natural supports.
  - Health/safety risks are identified.
  - Beneficiary choice is documented.
  - Natural supports that will be used to assist the beneficiary in being able to accomplish goals and objectives are identified.
  - The plan contains clear, concise, and measurable statements of the objectives the beneficiary will be attempting to achieve.
- Individuals are provided with ongoing opportunities to provide feedback on supports and services they are receiving, perceived barriers or strengths during treatment, and their progress towards goal attainment.
  - May be documented in progress notes and/or periodic reviews.
- Services and interventions identified in the IPOS are provided as specified –
  - Goals and objectives are measurable.
  - The plan specifies the type, amount, scope, duration, frequency, and timeframe for implementing services.
  - The individual has received all services as authorized in the plan.
  - If services are not being utilized as planned, and an appropriate reason for the lack of service

provision is not present in the documentation, the IPOS has been amended. (Lack of provider is not an acceptable reason for not providing a medically necessary service.)

Aggregated annual audit outcomes are regularly monitored and analyzed by the QMCO Department at both the CMHSP and PIHP levels. Results are used to inform annual provider training that is offered to the LTSS provider network. Additional quality improvement training is provided at the CMHSP-level as needed or required.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will use the Customer Satisfaction Survey results to assess the quality, appropriateness, availability, and accessibility of care of beneficiaries receiving LTSS. Improvement areas will be identified based on the analysis of the results in Q4 of FY26.	QMCO	QMC, RCP	Annually
During the annual Administrative and Delegated Function Site Reviews, SWMBH will evaluate the region's effectiveness in demonstrating that LTSS members have had an assessment of care between settings. Improvement areas and best practices will be identified from the FY26 results.	QMCO	QMC, RCP	Annually

L. Utilization Management (UM)

Description

The purpose of the UM Program is to maximize the quality of care provided to beneficiaries while effectively managing the Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waivers, LTSS recipients (defined in LTSS section of the QAPIP), and SUD Community Grant resources of the Plan while ensuring uniformity of benefit. SWMBH is responsible for monitoring the provision of delegated UM managed care administrative functions related to the delivery of behavioral health and substance use disorder services to beneficiaries enrolled in Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waiver, LTSS recipients, and SUD Community Grant. SWMBH is responsible to ensure adherence to UM related statutory, regulatory, and contractual obligations associated with the MDHHHS Medicaid Specialty Services and SUD contracts, Medicaid Provider Manual, mental health and public health codes/rules and applicable provisions of the Medicaid Managed Care Regulations, the Affordable Care Act and 42 CFR. The PIHP must ensure services identified in 42 CFR §438.210(a)(1) must be furnished in an amount, duration, and scope for the same services furnished to beneficiaries under Fee for Service (FFS) Medicaid, as set forth in §440.230, and for beneficiaries under the age of 21, as set forth in subpart B of part 441.

The UM program consists of functions that exist solely to ensure that the right person receives the right service at the right time for the right cost with the right outcome, while promoting recovery, resiliency, integrated and self-directed care. The most important aspects of the UM plan are to effectively monitor population health and manage scarce resources for those persons who are deemed eligible while supporting the concepts of financial alignment and uniformity of benefit. Ensuring that these identified tasks occur is contingent upon uniformity of

benefit, commonality and standardized application of Intensity of Service/Severity of Illness criteria and functional assessment tools across the Region, authorization and linkage, utilization review, sound level of care and care management practices, implementation of evidenced based clinical practices, promotion of recovery, self-determination, involvement of peers, cross collaboration, outcome monitoring and discharge/transition/ referral follow-up.

Utilization Management Activities

Based on an annual review by SWMBH cross collaborative departments utilizing clinical and data model audits, an annual UM Program is developed, and UM oversight and monitoring activities are conducted across the region and provider network to assure the appropriate delivery of services. Participant CMHSP's are delegated most utilization management functions for mental health under their Memorandum of Understanding (MOU) and some CMHSP's are delegated UM functions for a limited scope of SUD services. SWMBH provides, through a central care management process, UM functions for all services delivered by SUD providers and all acute/high intensity SUD services inclusive of detox, residential and MAT/Methadone. Based upon the UM Program review, annual audits and report findings, modifications are made systemically through the UM annual work plan/goals and policy/procedure. Specific changes may be addressed through corrective action plans with the applicable CMHSP's, providers, or SWMBH departments.

Provider Network practitioners and participant CMHSP clinical staff review and provide input regarding policy, procedure, clinical protocols, evidence-based practices, regional service delivery needs and workforce training. Each CMHSP is required to have their own utilization management/review process. The Medical Director and a Physician board-certified in addiction medicine meet weekly with SWMBH UM staff to review challenging cases, monitor trends in service, and provide oversight of application of medical necessity criteria. Case consultation with the Medical Director who holds an unrestricted license is available 24 hours a day. SWMBH provides review of over and underutilization of services and all delegated UM functions. Inter-rater reliability (IRR) testing is conducted annually for any SWMBH clinical staff making medical necessity determinations through the centralized care management or outlier management processes.

Determination of Medical Necessity

Treatment under the beneficiary's behavioral health care benefit plan is based upon a person-centered process and meets medical necessity criteria/standards before being authorized and/or provided. Medical necessity criteria for Healthy Michigan Plan and Medicaid for mental health, IDD, and substance abuse supports and services and provider qualifications are found in the MDHHS Medicaid Provider Manual. For the purposes of utilization control, SWMBH ensures all services furnished can reasonably achieve their purpose and the services supporting individuals with ongoing or chronic conditions or who require long-term services and supports are authorized in a manner that reflects the beneficiary's ongoing need for such services and supports. SWMBH utilizes the MCG (Milliman Care Guidelines) as the medical necessity criteria for Inpatient Psychiatric Hospitalization, Crisis Residential Treatment, and Partial Hospitalization Programs. MCG was selected for state parity purposes by MDHHS to create consistency across the state for Michigan's Medicaid beneficiaries. Levels of Care, service utilization expectations, changes (if any) in the MDHHS Medicaid criteria or professional qualifications requirements, and UM standards are reviewed annually by the Regional Utilization Management (RUM) Committee with final approval by the SWMBH Medical Director.

Services selected based upon medical necessity criteria are:
1. Delivered in a timely manner, with an immediate response to emergencies in a location that is accessible to the beneficiary.
2. Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant

manner.

3. Provided in the least restrictive appropriate setting; (inpatient and residential treatment shall be used only when less restrictive levels of treatment have been unsuccessful or cannot be safely provided).
4. Delivered consistent with national standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, as defined by standard clinical references, generally accepted practitioner practice or empirical practitioner experience.
5. Provided in a sufficient amount, duration, and scope to reasonably achieve their purpose – in other words, are adequate and essential.
6. Provided with consideration for and attention to integration of physical and behavioral health needs.

Process Used to Review and Approve the Provision of Medical Services

1. Review decisions are made by qualified medical professionals. Appropriately trained behavioral health practitioners with sufficient clinical experience and authorized by the PIHP or its delegates shall make all approval and denial determinations for requested services based on medical necessity criteria in a timely fashion. A required service will not be arbitrarily denied or reduced by amount, duration, or scope based solely on a diagnosis, type of illness, or condition of the beneficiary.
2. Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an individual who has appropriate expertise in addressing the beneficiary's medical, behavioral health, and/or long-term services and supports needs.
3. Efforts are made to obtain all necessary information, including pertinent clinical information, and consultation with treating physician as appropriate.
4. The reasons for decisions and the criteria on which decisions are made are clearly documented and available to the beneficiary and provider.
5. Well-publicized and readily available appeals mechanisms for both providers and beneficiaries exist. Notification of a denial includes a description of how to file an appeal and on which criteria the denial is based.
6. Decisions and appeals are made in a timely manner as required by the exigencies of the situation.
7. There are mechanisms to evaluate the effects of the program using data on beneficiary satisfaction, provider satisfaction or other appropriate measures.
8. Utilization management functions that are delegated to a CMHSP may not be sub-delegated without prior approval and pre-delegation assessment by SWMBH.

Review Process

A Prospective Review involves evaluating the appropriateness of a service prior to the onset of the service. A Concurrent Review involves evaluating the appropriateness of a service throughout the course of service delivery. Retrospective Review involves evaluating the appropriateness of a service after the services have already been provided. Determinations are made within the previously identified timeframes.

UM staff obtain review information from any reasonably reliable source. The purpose of the review is to obtain the most current, accurate, and complete clinical presentation of the beneficiary's needs and whether the services requested are appropriate, sufficient, and cost-effective to achieve positive clinical outcomes. Only information necessary to make the authorization admission, services, length of stay, frequency and duration is requested.

Access Standards

1. The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *(MMBPIS #2) (*Standard = 73.15%)*

2. Achieve a call abandonment rate of 5% or less.
3. Average call answer time 30 seconds or less.

Level of Intensity of Service Determination

Level of Intensity	Definition	Expected Decision/Response Time
Emergent-Psychiatric	The presence of danger to self/others; or an event(s) that changes the ability to meet support/personal care needs including a recent and rapid deterioration in judgment	Within 3 hours; Prior authorization not necessary for the screening event. Authorization required for an inpatient admission within 3 hours of request
Urgent – Psychiatric	At risk of experiencing an emergent situation if support/service is not given	Within 72 hours of request; prior authorization required; if services are denied/appealed and deemed urgent, Expedited Appeal required within 72 hours of denial
Routine	At risk of experiencing an urgent or emergent situation if support/service is not given	Within 14 days; Prior authorization required * *Effective 10/01/2027, routine (standard) prior authorization requests must receive determination notifications within 7 days. The 42 CFR 438.210 changes have a start date of 1/1/2026; however, MDHHS was approved for an exception to begin at the next state fiscal year.*
Retrospective	Accessing appropriateness of medical necessity on a case-by- case or aggregate basis after services were provided	Within 30 calendar days of request
Post-stabilization	Covered specialty services that are related to an emergency medical condition and that are provided after a beneficiary is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition	Within 1 hour of request

Coordination and Continuity of Care

SWMBH is committed to ensuring each beneficiary receives services designed to meet each individual special health need as identified through a functional assessment tool and a Biopsychosocial Assessment. The screening and assessment process contains mechanisms to identify needs and integrate care that can be addressed with specialty behavioral health and substance abuse treatment services as well as integrated physical health needs and needs that may be accessed in the community including, but not limited to, employment, housing, financial and assistance. The assessment is completed or housed in a uniform managed care information system with collection of common data elements which also contains a functional assessment tool that generates population-specific level of care guidelines. To assure consistency, the tools utilized are the same version across the SWMBH region and include the Level of Care Utilization System (LOCUS) for Adults with Mental Illness or Co-Occurring Disorder, MichiCANS (Michigan Child and Adolescent Needs and Strengths) for identifying the needs of the child/youth and family, and the ASAM-PPC (American Society for Addiction Medicine-Patient Placement

Criteria) for persons with a Substance Use Disorder. Effective March 2023, MDHHS made the decision not to renew the contract to continue use of the SIS (Supports Intensity Scale) as a level of care assessment tool for individuals with Intellectual and Developmental Disabilities. MDHHS made the decision to utilize the WHODAS (Word Health Organization Disability Assessment Schedule) that had a tentative state-wide implementation date of October 1, 2026. Components of the assessments generate a needs list which is used to guide the treatment planning process. Assessments are completed by appropriate clinical professionals. Treatment plans are developed through a person-centered planning process with the beneficiary's participation and with consultation from any specialists providing care to the beneficiary.

SWMBH ensures adherence to statutory, regulatory, and contractual obligations through four primary Utilization Management Functions.

1. Access and Eligibility: To ensure timely access to services, SWMBH provides oversight and monitoring of local access, triage, screening, and referral (see Policy Access Management). SWMBH ensures that the Access Standards are met, including MMBPIS.
2. Clinical Protocols: To ensure Uniform Benefit for beneficiaries, consistent functional assessment tools, medical necessity, level of care, and regional clinical protocols have been or will be identified and implemented for service determination and service provision (see Policy Clinical Protocols and Practice Guidelines).
3. Service Authorization: Service Authorization procedures will be efficient and responsive to beneficiaries while ensuring sound benefits management principles consistent with health plan business industry standards. The service determination/authorization process is intended to maximize access and efficiency on the service delivery level, while ensuring consistency in meeting federal and state contractual requirements. Service authorization utilizes level of care principles in which intensity of service is consistent with severity of illness.
4. Utilization Management: Through the outlier management and level of care service utilization guidelines for behavioral health and outlier management, level of care service utilization guidelines and central care management processes for substance use disorders, an oversight and monitoring process will be utilized to ensure utilization management standards are met, such as appropriate level of care determination and medically necessary service provision and standard application of Uniformity of Benefit (see Policy Utilization Management).

The SWMBH UM plan is designed to maximize timely local access to services for beneficiaries while providing an outlier management process to reduce over and underutilization (financial risk) for each partner CMHSP and the substance use disorder provider network. The Regional UM Plan endorses two core functions.

1. Outlier management of identified high cost, high risk service outliers or those with under- utilized services.
2. The Outlier Management process provides real-time service authorization determination and applicable appeal determination for identified service outliers. The policies and procedures meet accreditation standards for the SWMBH Health Plan for Behavioral Health services (Specialty Behavioral Health Medicaid and SUD Medicaid and Community Grant). Service authorization determinations are delivered real-time via a managed care information system or a telephonic review process (prospective, concurrent, and retrospective reviews). Outlier Management and level of care guideline methodology is based upon service utilization across the region. The model is flexible and consistent based upon utilization and funding methodology. Oversight and monitoring of delegated UM functions.

The Utilization Review process uses monthly review of outlier management reports and an annual review with specialized audit tools that monitor contractual, statutory, and regulatory requirements. The reports

and UR tool speak to ensuring intensity of service matching level of care with services and typical service utilization as well as any additional external audit findings (MDHHS, EQRO, etc.). Should any performance area be below the established benchmark standard, the Utilization Review process requires that a Corrective Action Plan be submitted to address any performance deficits. SWMBH clinical staff monitor the implementation of the Corrective Action Plans. The outlier management process and subsequent reports to manage it, including Over and underutilization and uniformity of benefit, are based on accurate and timely assessment data and scores of agreed tools and service determination transactions being submitted to the SWMBH warehouse, implementation of level of care guidelines and development of necessary reports for review.

Outlier Management
An integral part of SWMBH's PI based UM Program is continued development and implementation of its outlier management methodology. This process is a key strategy for identifying and correcting over and underutilization of services. This strategy provides the foundation for systemic performance improvement focus by the PIHP versus intensive centralized utilization controls. The design encompasses review of resource utilization of all plan beneficiaries covered by the PIHP. The intent of the outlier management approach is to identify issues of material under-utilization or over-utilization and explore and resolve it collaboratively with involved CMHSP(s).

1) **Outlier Definition**
"Outlier" is generally defined as significantly different from the norm. SWMBH defines "outlier" in relation to UM as follows: A pattern or trend of under- or over-utilization of services (as delivered or as authorized), compared to the typical pattern of service utilization. Over or under- utilization trends can be identified at a variety of comparative levels, including but not limited to the population, CMH, state, service type, or provider levels.

2) **Outlier Identification**
Multiple tools are available to SWMBH for monitoring, analyzing, and addressing outliers. SWMBH's Performance Indicator Reports (MDHHS required performance standards), service utilization data, and cost analysis reports are available to staff and committees for review and comparison of overall performance. The service use analysis reports are developed to allow detailed analysis of resource utilization at macro and micro levels. Outlier reviews are organized to focus extreme outliers in contrast to regionally normative patterns. Specific outlier reports are available and generated in the MCIS and reviewed by SWMBH Utilization Management to provide adequate oversight of service utilization and potential issues of uniformity of benefit.

3) **Outlier Management Procedures**
    1. As outliers are identified, protocol driven analysis will occur at SWMBH and the regional committee level to determine whether the utilization is problematic and in need of intervention. Data identified for initial review will be at aggregate levels for identification of statistical outliers. Additional information will be accessed as needed to understand the utilization patterns and detail.
    2. Identified outliers are evaluated to determine whether further review is needed to understand the utilization trend pattern. If warranted, active communication between the SWMBH staff and the regional committee or the CMHSP will ensure understanding of the utilization trends or patterns.
    3. If the utilization trends or patterns are determined to require intervention at the CMHSP or the individual level, collaborative corrective action plans are jointly discussed with the CMHSP by SWMBH staff with defined timelines for completion.

Data Management

Data management, standardized functional assessment tools, and subsequent reporting tools are an integral piece to utilization management and application of uniform benefit. Utilization mechanisms identify and correct under-utilization as well as over-utilization.

Management/monitoring of common data elements are critical to identify and correct overutilization and underutilization as well as identify opportunities for improvement, patient safety, call rates, Access standards and beneficiary quality outcomes. A common Managed Care Information System with Functionality Assessment and Level of Care Tool scores drives Clinician/Local Care Manager/Central Care Manager review and action of type, amount, scope, and duration of services. As such there is a need for constant capture and analyses of beneficiary level and community level health measures and maximization of automated, data-driven approaches to UM and to address population health management.

The purpose of data management is to evaluate the data that is collected for completeness, accuracy, and timeliness and use that data to direct individual and community level care. As part of data management, Levels of Care for beneficiaries can be assigned. This work allows beneficiaries to be assigned categories of expected services and addresses a uniform benefit throughout the region. It is a goal of UM to identify the levels of care and subsequent reports to manage utilization and uniform benefit.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will identify and/or develop relevant UM Reports to share with the Region to help monitor utilization and uniform benefit using data informed practices. SWMBH will review UM data to identify trends and service improvement recommendations, identify best practice standards, and ensure valid and consistent UM data collection techniques.	UM, Quality Management & Clinical Outcomes (QMCO)	RUM, Regional Clinical Practices (RCP)	Quarterly
SWMBH will review Service Authorization Denial files for trends, ongoing through the end of FY26. ▪ Service authorization denial trends will be reviewed quarterly. CMHSPs and SWMBH will complete quarterly denial monitoring meetings.	UM, Customer Services	RUM, Regional Customer Service Committee	Quarterly

M. Customer Services

Description

SWMBH's Customer Services Department provides a welcoming environment and orientation to services. This includes providing beneficiaries with information about benefits, available providers in network, how to access behavioral health, substance use disorders, primary health, and other community resources. Customer Services assists beneficiaries with obtaining information about how to access their due process rights when services are

denied, reduced, suspended, or terminated. This includes helping beneficiaries with the Grievance and Appeal (G&A) process. Customer Services tracks and reports patterns of problems for each organization and regionally. This trending information is reviewed quarterly at regional committees and annually with the Board. Customer Service also addresses information requirements and enrollee rights and protections. This includes how materials are presented and provided to beneficiaries. It ensures beneficiaries receive interpretation services and translated documents when requested. Enrollee rights and protections address how beneficiaries are entitled to be treated.

SWMBH delegates Customer Service functions including information requirements, enrollee rights and protections, due process, grievances, and appeals to the CMHSPs. As such, a Memorandum of Understanding (MOU) between SMWBH and each CMHSP is implemented. The MOU specifies the delegated functions and expectations of the CMHSP. Adherence to the MOU is crucial to ensure all beneficiaries have access to customer service rights. This ensures federal and state requirements are met, while ensuring the services are provided in a uniform manner throughout Region 4 for continuity of care.

SWMBH also employs a Veteran Navigator within the Customer Services Department, and their role is to listen, support, offer guidance, and help connect Veterans to services they need. The Veteran Navigator facilitates and attends community outreach events throughout the region to increase awareness and connection to services.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH and regional CMHs will implement updates from the Customer Service Standards contract attachment by end of FY26.	Customer Service	Regional Customer Service Committee	Annually
Committee will review Grievance and Appeal files for trends, ongoing through the end of FY26.	Customer Service	Regional Customer Service Committee	Quarterly

N. Integrated Health Initiatives

Description

Health Home models aim to improve the health and well-being of individuals served by using comprehensive and integrated approaches to care. In Region 4, the Certified Community Behavioral Health Clinic (CCBHC), Substance Use Disorder Health Home (SUDHH), and Behavioral Health Home (BHH) models are represented. Each of these models, though different, converge to provide comprehensive mental health and substance use disorder care, coordination between behavioral and physical health, as well as address areas of social need, support service delivery across the lifespan, and improve access to services through interdisciplinary care teams and flexible funding structures.

CCBHC

Effective 10/1/25, seven of the eight CMHSPs within Region 4 are participating as CCBHC demonstration sites. The CMS CCBHC Demonstration requires certified sites to provide nine core services and Michigan CCBHCs have twelve required and seven recommended evidence-based practices they must use. The nine core services are:
1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.

5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for beneficiaries of the armed forces and veterans, particularly those beneficiaries and veterans located in rural areas.

CCBHC General Requirements
As of 10/1/25, all responsibility for oversight of CCBHC demonstration sites was moved from the PIHPs to MDHHS; this includes all oversight and payment.

SUDHH and BHH
Both the SUDHH and BHH models provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions. Beneficiaries eligible for SUDHH will have a qualifying diagnosis related to alcohol, stimulant, or opioid use disorder. Beneficiaries eligible for BHH must have a Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). The models are staffed with an interdisciplinary care team that addresses the beneficiary's behavioral and physical health needs. Each model must provide six core health services:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care
5. Individual and Family Support
6. Referral to Community and Social Support Services

PIHP Requirements
PIHPs operating as the Lead Entity (LE), for both the SUDHH and BHH models, must:
- Have the capacity to evaluate, select, and support providers who meet the standards for Health Home Program (HHP)s including:
  o Identification of providers who meet the HHP standards
  o Provision of infrastructure to support HHPs in care coordination
  o Collecting and sharing member-level information regarding health care utilization and medications
  o Providing quality outcome protocols to assess HHP effectiveness
  o Developing training and technical assistance activities that will support HHPs in effective delivery of health home services
- Maintain a network of providers that support the HHPs to service beneficiaries with a substance use disorder (SUDHH) or SMI and SED (BHH).
- Reimburse HHPs for providing health home services.
- The LE must be contracted with MDHHS to execute the enrollment, payment, and administration of the SUDHH and BHH with providers; MDHHS will retain overall oversight and direct administration of the LE; the LE will also serve as part of the Health Homes team by providing care management and care coordination services.

FY26 SUDHH Quality Metrics

Performance Measure Number	Measure Name and NQF # (if applicable)	Measure Steward	State Baseline	Allocation % of P4P Budget
1	90% Compliance with State 5515 Consent and Care Plan requirements	State Determined	TBD	50%
2	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (FUA-AD), Follow-up within 7 days after discharge	NCQA	TBD	30%
3	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	CMS	TBD	20%

FY26 BHH Quality Metrics

Performance Measure Number	Measure Name and NQF # (if applicable)	Measure Steward	Allocation % of P4P Budget
1	Follow up After Hospitalization (FUH-7)	NCQA	50%
2	Increase in Controlling High Blood Pressure (CBP-HH)	NCQA	20%
3	Access to Preventative/Ambulatory Health Services	NCQA	30%

O. External Monitoring and Audits

Description

SWMBH is responsible for the coordination, organization, submission, and responses related to all external audit requests. External auditing includes any requests from MDHHS, HSAG, CMS, and other organizations. Audit results are reviewed, analyzed, and shared with relevant SWMBH regional committees and the SWMBH Board of Directors, as appropriate. Regional and internal Corrective Action Plans (CAPs) are developed for reviews/audits that do not achieve specified benchmarks or established targets.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will achieve an overall compliance score of >95% on the annual HSAG Performance Measure Validation Review (PMV).	Quality Management and Clinical Outcomes (QMCO), IT	Quality Management Committee (QMC) and SWMBH Senior Leadership Meetings	Annually
SWMBH will achieve an overall compliance score of >90% during the 2025 HSAG Network Adequacy Validation (NAV) audit.	Provider Network	RPNMC and SWMBH Senior Leadership Meetings	Annually
SWMBH will see a reduction, measured in percentage, of Corrective Action Plans requiring second revision during the 2026 MDHHS Waiver Audit compared to 2025.	QMCO	QMC	Annually

P. Cultural Competency

Description

SWMBH is dedicated to ensuring that the supports and services provided throughout Region 4 demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all beneficiaries. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.

To effectively demonstrate such commitment to cultural competence and demonstrate compliance with the MDHHS/PIHP contract, SWMBH has the following five components in place:
1. Community Assessment
2. Policy and Procedure
3. Service Assessment and Monitoring
4. Ongoing Training
5. Culturally Contextual Services/Supports

Community Assessment

SWMBH uses the annual regional Network Adequacy assessment and consumer satisfaction surveys to assess for a culturally competent provider network and consumer involvement throughout the region. Languages spoken throughout the provider network are gathered through the Region's credentialing process.

At the county level, MDHHS requires each CMHSP to conduct a nominal Needs Assessment at least every two years. Michigan also launched as a CCBHC Demonstration state in 2021, and MDHHS requires all local CCBHC sites to complete a Needs Assessment. These community health needs assessments provide current demographic data and involve extensive stakeholder surveys spanning both provider agencies and persons served. The CMHSPs analyze stakeholder survey responses alongside data points for a combined qualitative and quantitative view of cultural competence and needs in each county. These data points are discussed, analyzed, and organized via county level workgroups and presentations. Community needs assessments are used to create a foundational equity framework that is specific to the county level, complete with root cause analysis and subsequent strategic planning.

Policy and Procedure

SWMBH Policy - Cultural & Linguistic Competency and SWMBH Procedure - SWMBH Cultural Competency Plan, reflect SWMBH's values and practice expectations toward cultural competency. SWMBH has adopted the Culturally and Linguistically Appropriate Standards (CLAS) as general guidelines for the region. These policies apply to the entire SWMBH network.

Service Assessment and Monitoring

SWMBH is fully dedicated to improving health equity within Region 4, as evidence by having a Health Equity Project Coordinator position that is entirely dedicated to reducing health equity disparities for minorities. It is a grant funded position that will continue to plan and develop region wide programming to increase the access and participation of minority populations in behavioral health services in FY26. The position facilitates a Regional Health Equity Focus Group consisting of representation from all 8 counties in the Region 4. The workgroup meets quarterly and helps to identify regional and county barriers. Likewise, the workgroup participants bring advice from frontline partnerships for further coordination and support, provide feedback on training and anti-stigma campaign efforts. Cultural competency is further assessed and monitored through current PBIP, the Behavior Health Quality Program, and other metrics geared toward ensuring cultural competence and fairness in service delivery.

Training

SWMBH requires ongoing training to assure that staff are aware of, and able to effectively implement cultural competency policies and procedures. SWMBH requires all provider-level staff that are in-network to have cultural competency training and SWMBH reviews that requirement as part of the Staff Training File Review in the annual administrative and delegated function site review process. SWMBH Policy - Cultural & Linguistic Competency and SWMBH Procedure SWMBH Cultural Competency Plan, are trained annually during a Quality Management Committee (QMC) meeting.

Culturally Contextual Services/Supports

SWMBH strives to ensure that supports and services are provided within the cultural contexts for all beneficiaries. SWMBH's community-sponsored events are selected by the Community Outreach Committee, which is dedicated to finding opportunities to better reach underserved and minority populations.

FY26 Goals

Goals	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will evaluate language spoken by network providers vs. enrollees for FY25. SWMBH believes capturing more Provider data regarding languages spoken, cultural competency and physical accessibility of office space will assist each CMHSP Provider Network Department in ensuring the Region's member needs are met in this capacity.	Provider Network	Customer Services, Provider Network and Clinical Practices Committees	Annually

ATTACHMENT A – VALUE FRAMEWORK

Value Framework

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

	Quality of Life	Improved Health	Exceptional Care	Mission and Value-Driven	Quality and Efficiency
Mega Ends	Persons with Intellectual Developmental Disabilities, Serious Mental Illness, Autism Spectrum Disorder, Serious Emotional Disturbances and Substance Use Disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.	Individual mental health, physical health and functionality are measured and improved.	Persons and families served are highly satisfied with the care they receive.	CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.	The SWMBH region is a learning region where quality and cost are measured, improved and reported.

Triple Aim	**Improving Patient Experience of Care	Improving Population Health	Reducing Per Capita Cost**

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

ATTACHMENT B – SWMBH BOARD ROSTER

2026 Board of Directors Roster

Barry County

- Lorraine Lindsey
- Bob Becker (Alternate)

Berrien County

- Allen Edlefson
- Edward Meny (Alternate)

Branch County

- ***Tom Schmelzer, Vice-Chair***
- Jon Houtz (Alternate)

Calhoun County

- ***Sherii Sherban, Chair***
- *Vacant* (Alternate)

Cass County

- Joyce Locke
- Kayla Wisniewski (Alternate)

Kalamazoo County

- Michael Seals
- Karen Longanecker (Alternate)

St. Joseph County

- ***Carol Naccarato, Secretary***
- Cathi Abbs (Alternate)

Van Buren County

- Tina Leary
- Gail Patterson-Gladney (Alternate)

Assessment of Medicaid

Network Adequacy

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Fiscal Year 2026

Approved by Regional Provider Network Management Committee: **Draft reviewed & discussed at RPNMC 12/19/25; finalized version distributed to RPNMC in 2026.**

SWMBH did not submit this report to MDHHS, per MDHHS request of the Network Adequacy Reporting Template covering FY25 Network Adequacy data.

Southwest Michigan Behavioral Health

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Assessment of Medicaid Network Adequacy

Contents

Fiscal Year 2026 Network Adequacy Analysis

This report assesses SWMBH's Fiscal Year 2026 provider network adequacy and accessibility during quarter one of the *current* fiscal year, according to the 2025 MDHHS Network Adequacy Standards and the FY25 Network Adequacy Reporting Template that was sent out by MDHHS on December 12, 2025. The report data is gathered from all eight Community Mental Health Specialty Partners within Region 4, which are as follows: Barry County Community Mental Health Authority; Berrien County Community Mental Health Authority DBA Riverwood Center; Branch County Community Mental Health Authority DBA Pines Behavioral Health; Calhoun County Community Mental Health Authority DBA Summit Pointe; Cass County Community Mental Health Authority DBA Woodlands Behavioral Healthcare Network; Kalamazoo County Community Health Authority DBA Integrated Services of Kalamazoo County; Community Mental Health & Substance Abuse Services of St. Joseph County DBA Pivotal; Van Buren County Community Mental Health.

SWMBH's Data Analyst used Quest Analytics Software to geocode addresses (not just zip codes) of individuals who were enrolled in Medicaid or Healthy Michigan in Region 4 as of December 2025. However, there were no known addresses found for 6% of current Medicaid enrollees and just zip codes were used for those cases. The total number of SWMBH enrollees is divided by individuals 21 years of age and older (adults), individuals under the age of 21 for all pediatric services included in this report besides Wraparound Services, which includes individuals under the age of 18 (adolescents/children). SWMBH enrollment in December 2025 (which included all FY26 Q1 enrollee data) included 126,056 adults and 80,284 adolescents/children (younger than 18). These numbers show a slight increase from SWMBH's December 2024 enrollment numbers in the FY25 Network Adequacy Report for adult enrollees (123,047 adults in FY25) and a slight decrease for adolescents/children enrollees (80,347 adolescents/children in FY25).

Enrollee-to-Provider Ratios

MDHHS Network Adequacy standards establish minimum enrollee-to-provider ratios for certain adult and pediatric services.

SWMBH assessed its adult enrollee-to-provider ratios by comparing the number of December 2025 enrollees with Region 4 available providers. Provider counts for specified services were provided by SWMBH's Provider Network Department, and include provider and bed counts as of December 2025. Full-time employee (FTE) counts for Home-based, Wraparound services, Intensive Crisis Stabilization, Respite Services, Parent Support Partners and Youth Peer Supports were reported by CMHs in November and December 2025.

Ratios are reported below as both a Regional total and broken out by each SWMBH Participant CMHSP for Assertive Community Treatment (Teams), Psychosocial Rehabilitation (Clubhouse), Home-based Services, Wraparound Services, and Adult and Pediatric Crisis Residential bed counts.

Table 1. Adult Enrollee to Provider Ratios

Service	MDHHS Standard Ratio	Providers Required to Meet Standard *(based on 126,056 adult enrollees)*	SWMBH Providers	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard)*	SWMBH Status	Opportunities for Improvement
Assertive Community Treatment (ACT)	30,000:1	5	10	13,000:1	**Standard met**	No
Psychosocial Rehabilitation (Clubhouse)	45,000:1	3	2	63,000:1	**Standard Not met**	Yes
Opioid Treatment Programs (Methadone Programs)	35,000:1	4	10	13,000:1	**Standard met**	No

Region 4 meets the MDHHS standard ratios for Assertive Community Treatment and Opioid Treatment Program services overall, and does not meet the Psychosocial Rehabilitation standard ratio by one clubhouse.

The tables below break out the data by each of SWMBH's Participant CMHSPs for ACT and Clubhouse services. SWMBH does not delegate Provider Network Management for substance use disorder services, therefore, SWMBH's SUD network is not divided by Participant CMHSP counties.

Table 1.1 Assertive Community Treatment (ACT) by County

County	MDHHS Standard Ratio	Enrollees *(based on 126,056 adult enrollees)*	ACT Teams	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard)*	SWMBH Status
Barry	30,000:1	6,308	1	6,000:1	**Standard met**
Berrien	30,000:1	24,949	1	25,000:1	**Standard met**
Branch	30,000:1	6,779	1	7,000:1	**Standard met**
Calhoun	30,000:1	24,569	1	25,000:1	**Standard met**
Cass	30,000:1	7,230	1	7,000:1	**Standard met**
Kalamazoo	30,000:1	35,941	2	18,000:1	**Standard met**
St. Joseph	30,000:1	9,041	1	9,000:1	**Standard met**
Van Buren	30,000:1	12,113	2	6,000:1	**Standard met**

(SWMBH collected ACT Services FTE counts for FY25; however, there was no standard ratio for this in the MDHHS Network Adequacy Standards. MDHHS clarified the ACT Standard is Medicaid enrollee to Provider (Teams) ratio, not individual FTEs. Therefore, the ACT FTE table included in

the FY25 Network Adequacy Report has been removed for FY26 and ACT FTE counts were not collected in FY26.)

Table 1.2 Psychosocial Rehabilitation (Clubhouse) by County

County	MDHHS Standard Ratio	Enrollees *(based on 126,056 adult enrollees)*	Providers	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard)*	SWMBH Status
Barry	45,000:1	6,308	0	N/A	**Standard not met**
Berrien	45,000:1	24,949	0	N/A	**Standard not met**
Branch	45,000:1	6,779	1**	7,000:1	**Standard Met**
Calhoun	45,000:1	24,569	1**	25,000:1	**Standard Met**
Cass	45,000:1	7,230	0	N/A	**Standard not met**
Kalamazoo	45,000:1	35,941	0	N/A	**Standard not met**
St. Joseph	45,000:1	9,041	1	9,000:1	**Standard Met**
Van Buren	45,000:1	12,113	1*	12,000:1	**Standard Met**

**Pines Behavioral Healthcare Services (Branch County CMHA) and Summit Pointe (Calhoun County CMHA) both use the same Clubhouse program through Adapt, a network provider. *Van Buren has a signed MOU with Pivotal's (CMHA of St. Joseph County) directly-operated Clubhouse.

Evaluation.

There were no changes to the Clubhouse provider network from Q2-Q4 of FY25 to Q1 of FY26. SWMBH has two Clubhouses within the Regional network, which does not meet the State Standard of 3 based on the adult enrollee count in September 2025. FY25 Q2-Q4 (did not include Q1 FY25 encounters as SWMBH's Region had one additional CMHSP directly-operated Clubhouse during that timeframe) encounter data shows approximately 128,380 units (compared to 166,700 units in FY24) of H2030 Clubhouse between four Participant CMHSPs that either directly-operate or contract for Clubhouse services. Barry, Berrien, Calhoun, Cass and Kalamazoo Counties reported zero encounters for Clubhouse services in FY25. So far in Q1 of FY26, there are eight encounters from Branch County utilizing Adapt Inc. and five encounters from St. Joseph County. The five Participant CMHSPs that do not either directly-operate or hold contracts for Clubhouse services have ensured reasonably comparative service availability as outlined below, and two Participant CMHSPs have arrangements with existing Clubhouse programs if services are requested.

- Barry County CMH
  - Contracts with Lighthouse on the Lake for drop-in services and reports these services are utilized by customers "quite a bit".
  - Currently holds a SCA with Adapt Outlook Clubhouse for one individual that lives nearby, but unfortunately, this clubhouse location is too far away for Barry County enrollees to hold a full contract.

- o Would make Clubhouse services available through a Single Case Agreement with Sheldon House in Grand Rapids. This has been done in the past and Barry CCMHA maintains periodic contact with this provider but does not have the demand for services to support a full contract.
- Riverwood Center (Berrien County CMH)
  - o Contracts with Mi-Journey for drop-in services and reports it is utilized often.
  - o Has a referral form and process to utilize Sheldon House and/or Adapt if Clubhouse services are requested. If a referral is accepted, Riverwood Center would assist the customer with transportation resources to access this service.
- Summit Pointe (Calhoun County CMH)
  - o Contracts with Share Center for drop-in services and reports it is utilized often. The 2025 Year in Review report from Share Center has not been made available yet to view updated data. The FY24 Year in Review reported 82,852 visits by 1,749 people. Of the 82,852 visits, 29,697 visits were made by 1,135 new clients in FY24.
- Integrated Services of Kalamazoo (Kalamazoo County CMHA)
  - o Contracts with Recovery Institute of Southwest Michigan for drop-in services. Recovery Institute of Southwest Michigan, Inc. is a nonprofit organization offering peer support to people who have mental health and/or substance use concerns. It provides this service in the form of groups, classes, one-on-ones and social outings. Recovery Institute is unique among the range of service providers because it is peer-run and peer-delivered. The Recovery Institute Board of Directors is formed entirely of individuals who use its services and who self-identify as being in recovery. Every member of the organization began as a peer who was looking for more.
  - o If Clubhouse services were requested, ISK would handle this through a Single Case Agreement process.

Van Buren CMH closed its directly operated clubhouse program in December 2024 based on low utilization and challenges in securing Clubhouse International re-accreditation. This closure left Region 4 with 2 Clubhouse locations, no longer meeting the MDHHS Standard of 3.

- Van Buren CMH
  - o Since Van Buren CMH's Clubhouse closure, Van Buren reports signing an MOU with Pivotal for their directly-operated Clubhouse. They also offer transportation and are willing to take any individuals that might have an interest to visit this clubhouse location.

Opportunities for Improvement:

Region 4 has determined that member needs are being met with the current Clubhouse service providers and an additional program is unnecessary at this time. However, ensuring members are educated about Clubhouse services and members' right to receive such services if they so choose, and documenting this education, is an opportunity for improvement and is especially pertinent to the five Participant CMHSPs that do not have Clubhouse services in their current provider networks. The following steps will be taken:

- SWMBH will include information about Clubhouse services in its next Member Newsletter and

periodically thereafter.

Table 2. Pediatric Enrollee to Provider Ratios

Service	MDHHS Standard Ratio	Providers Required to Meet Standard *(based on 80,284 under-18 enrollees and 93,872 under-21 enrollees)*	SWMBH FTEs	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard ratio)*	SWMBH Status	Opportunities for Improvement
Home-based	2,000:1	48	32	3,000:1	**Standard not met**	**Yes**
Wraparound	5,000:1	17	29	3,000:1	**Standard met**	No
Intensive Crisis Stabilization	N/A	N/A	40.5	2,000:1	N/A	N/A
Respite Services	N/A	N/A	378.3	200:1	N/A	N/A
Parent Support Partners	N/A	N/A	13.5	7,000:1	N/A	N/A
Youth Peer Supports	N/A	N/A	8.5	11,000:1	N/A	N/A

SWMBH utilized the data being requested on the MDHHS Network Adequacy Reporting Template Instructions tab to collect the FTE counts from each CMHSP for FY26, which included Home-based Services Therapists, Home-based services Staff, Wraparound Service Supervisors, Wraparound Services Facilitators, Intensive Crisis Stabilization Services for children staff, Individual Respite Service Direct Care Workers (including Family and friends), Parent Support Partners, and Youth Peer Supports.

Based on SWMBH's increased Medicaid enrollee count in FY26, the required amount of home-based FTE's to meet the standard increased from 40 in FY25 to 48 in FY26 and SWMBH's home-based FTE count decreased from 36 in FY25 to 32 in FY26. However, in addition to the reported home-based FTE count above, the CMHSPs reported additional home-based services staff that are working less than full-time and helping to meet the needs of their enrollees receiving home-based services. See evaluation section for more detail.

The tables below break out the data by each of SWMBH's Participant CMHSPs for Home-based and Wraparound services.

Table 2.1 Home-based by County

County	MDHHS Standard Ratio	Enrollees (based on 93,872 under-22 enrollees)	CMH FTE Home-based	SWMBH Ratio (rounded to 1000; Goal to be under MDHHS standard)	SWMBH Status	Caseload – Fidelity to the Model
Barry	2,000:1	5,104	2	**3,000:1**	**Standard not met**	Yes
Berrien	2,000:1	17,550	5	**4,000:1**	**Standard not met**	Yes
Branch	2,000:1	5,815	2	**3,000:1**	**Standard not met**	Yes
Calhoun	2,000:1	17,965	6	**3,000:1**	**Standard not met**	Yes
Cass	2,000:1	5,474	3	2,000:1	**Standard Met**	Yes
Kalamazoo	2,000:1	25,620	20.75	1,000:1	**Standard Met**	Yes
St. Joseph	2,000:1	7,552	5	2,000:1	**Standard Met**	Yes
Van Buren	2,000:1	9,451	3	**3,000:1**	**Standard not met**	Yes

Evaluation.

The Region 4 network is currently short 15 full-time home-based employees, according to the State standard, which is a drastic decrease from FY25 being short 4 full-time employees. Summit Pointe (Calhoun) reported 1 staff working at 25%, Woodlands (Cass) reported 1 staff working at 50% and another at 10%, Integrated Services of Kalamazoo (Kalamazoo) reported 3 staff at 50% and 1 at 25% of the time with home-based services. ISK (Kalamazoo) and Woodlands (Cass) reported one vacant home-based services position in FY25, which have been filled or are no longer a need in FY26. Van Buren County reported 2 vacant home-based clinician positions as well as a Family Advocate position for home-based services, all which they are actively hiring for.

The four Participant CMHSPs that do not meet the State standard – River Wood Center (Berrien), Pines Behavioral Health (Branch), Summit Pointe (Calhoun), and Van Buren – report that home-based caseloads are within the required limits with their current staffing, and no additional staff are needed at this time.

Summit Pointe (Calhoun) has added a DCO to expand service capacity for home-based services.

Riverwood Center (Berrien) followed up with SWMBH in January 2026 (2 months after the above data was collected) to report their current Home-based caseload is over the fidelity to the model at 21 cases; however, they are proposing adding a position which will need to go through the appropriate process at their CMH.

Opportunities for Improvement:

Region 4 has a network deficiency of 15 home-based staff. The following steps will be taken:

- Participant CMHSPs will ensure that caseloads remain in fidelity to the Home-based model and will report to SWMBH Provider Network when fidelity cannot be maintained with current staffing.

Table 2.2 Wraparound by County

County	MDHHS Standard Ratio	Enrollees *(based on 80,284under-18 enrollees)*	CMH FTE Wraparound	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard)*	SWMBH Status	Caseload-Fidelity to the Model
Barry	5,000:1	4,433	2	2,000:2	**Standard Met**	Yes
Berrien	5,000:1	14,923	2	**7,000:1**	**Standard not met**	Yes
Branch	5,000:1	5,026	2	3,000:1	**Standard Met**	Yes
Calhoun	5,000:1	15,455	5	3,000:1	**Standard Met**	Yes
Cass	5,000:1	4,653	2	2,000:1	**Standard Met**	Yes
Kalamazoo	5,000:1	21,767	6	4,000:1	**Standard Met**	Yes
St. Joseph	5,000:1	6,506	2	3,000:1	**Standard Met**	Yes
Van Buren	5,000:1	8,070	8	1,000:1	**Standard Met**	Yes

Evaluation.

Region 4 meets the MDHHS standard ratio for Wraparound services overall with 29 FTEs compared to the State Standard of 17. This is an increase from FY25 when SWMBH reported 20 Wraparound services FTEs compared to the State Standard of 16. When broken out by county, Riverwood (Berrien) does not currently have enrollee-to-provider ratios below the State standard.

Riverwood (Berrien) reported 1 FTE Children's Supervisor as well as a Facilitator that works 50% as WRAP Coordinator and the other 50% as a Children's Case Manager. This is an improvement from FY25 when Riverwood reported 0 Wraparound services FTEs. Riverwood reports the current FTE count is sufficient and maintains a caseload of 11, which is in fidelity to the model (12 allowed if 2 are transitioning).

Opportunities for Improvement:

Region 4 meets the State standard for Wraparound service ratios overall. While one CMH does not meet the ratio standards individually, all CMHs confirmed that current caseloads are within the required limits for fidelity to the Wraparound model, and additional staff are not needed.

Crisis Residential Beds-to-Enrollee Ratios

MDHHS has specified minimum Crisis Residential Beds-to-Enrollee ratios for adult and pediatric Crisis Residential settings (Table 3). SWMBH met the applicable standard for both age groups as a Region, and also in each county per CMHSP, as shown in Tables 3.1 and 3.2.

Table 3. Crisis Residential Beds-to-Enrollee Ratios

Service	MDHHS Standard Ratio	Beds Required to Meet Standard	SWMBH Beds	SWMBH Ratio *(Goal to be at or above MDHHS standard ratio)*	SWMBH Status
Adult Crisis Residential	16 beds per 500,000 population	4	23	88 beds per 500,000 population	**Standard Met**
Pediatric Crisis Residential	8-12 beds per 500,000 population	2	12	72 beds per 500,000	**Standard Met**

Table 3.1 Adult Crisis Residential beds by County

County	MDHHS Standard Ratio	Enrollees *(based on 126,056 adult enrollees)*	Beds by County/ CMH	SWMBH Ratio *(rounded to 100; Goal to be under MDHHS standard)*	SWMBH Status
Barry	16 per 500,000	6,308	18	1400 per 500,000	**Standard Met**
Berrien	16 per 500,000	24,949	18	400 per 500,000	**Standard Met**
Branch	16 per 500,000	6,779	23	1700 per 500,000	**Standard Met**
Calhoun	16 per 500,000	24,569	23	500 per 500,000	**Standard Met**
Cass	16 per 500,000	7,230	18	1200 per 500,000	**Standard Met**
Kalamazoo	16 per 500,000	35,941	18	300 per 500,000	**Standard Met**
St. Joseph	16 per 500,000	9,041	18	1000 per 500,000	**Standard Met**
Van Buren	16 per 500,000	12,113	18	700 per 500,000	**Standard Met**

Table 3.2 Pediatric Crisis Residential beds by County

County	MDHHS Standard Ratio	Enrollees *(based on 80,284 under-18 enrollees)*	Beds by County/ CMH	SWMBH Ratio *(rounded to 1000; Goal to be under MDHHS standard)*	SWMBH Status
Barry	8-12 per 500,000	4,433	12	1300 per 500,000	**Standard Met**
Berrien	8-12 per 500,000	14,923	12	400 per 500,000	**Standard Met**
Branch	8-12 per 500,000	5,026	12	1200 per 500,000	**Standard Met**
Calhoun	8-12 per 500,000	15,455	12	400 per 500,000	**Standard Met**
Cass	8-12 per 500,000	4,653	12	1300 per 500,000	**Standard Met**
Kalamazoo	8-12 per 500,000	21,767	12	300 per 500,000	**Standard Met**
St. Joseph	8-12 per 500,000	6,506	12	900 per 500,000	**Standard Met**
Van Buren	8-12 per 500,000	8,070	12	700 per 500,000	**Standard Met**

Time and Distance Analysis

MDHHS has specified minimum time and distance expectations for enrollees to access certain services. The Quest Analytics network adequacy software suite was used to calculate the average time and distance for SWMBH enrollees to access different types of providers. SWMBH utilized the MDHHS proposed Time and Distance standards that included Micro and Metro designations for each CMHSP in Region 4 (Attachment A). Quest Analytics classifies locations into the micro and metro categories based on zip code. MDHHS time and distance standards appropriate to enrollees' zip codes are applied when assessing time and distance.

For the majority of the services assessed, over 95% of SWMBH enrollees live within the time and distance standards set by MDHHS. There were two exceptions. Access to Adult Crisis Residential services in the 7 counties with Metro designations is at 62.6% (which is an increase from 57.4% in FY25) and access to Pediatric Crisis Residential services in both Micro and Metro designated counties is below 2%, which will be addressed as a region in the December Regional Provider Network Management Committee meeting. The second exception was access to Clubhouse services for Metro designations within Region 4 is at 44.6% (which is a drastic decrease from 73.7% in FY25).

The attached Quest analytics output (Attachment A - 'Network Adequacy FY26 Q1 Report') contains additional detail including maps and zip-code level time and distance results.

Table 4. Time and Distance Standards

Adult Service	MDHHS Micro Standard (Branch)	SWMBH Enrollees: Percent with Access	Enrollees: Average Distance to Closest Provider	MDHHS Metro Standard (Remaining CMHs)	SWMBH Enrollees: Percent with Access	SWMBH Enrollees: Average Distance to Closest Provider
Assertive Community Treatment (ACT)	70 Minutes 53 Miles	100.0%	7.4 mins 6.8 miles	45 Minutes 30 Miles	99.7%	9.4 mins 8.4 miles
Psychosocial Rehabilitation (Clubhouse)	70 Minutes 53 Miles	100.0%	6.9 mins 6.4 miles	45 Minutes 30 Miles	44.7%	37.8 mins 33.9 miles
Opioid Treatment Programs	70 Minutes 53 Miles	100.0%	32.3 mins 29.6 miles	45 Minutes 30 Miles	95.5%	13.0 mins 11.4 miles
Crisis Residential	70 Minutes 53 Miles	99.7%	47.0 mins 42.4 miles	45 Minutes 30 Miles	62.6%	29.2 mins 26.3 miles
Inpatient Psychiatric (Adult & Pediatric)	100 Minutes 75 Miles	100.0%	6.8 mins 6.3 miles	70 Minutes 45 Miles	100.0%	12.7 mins 11.3 miles

Pediatric Service	MDHHS Micro Standard	SWMBH Enrollees: Percent with Access	Enrollees: Average Distance to Closest Provider	MDHHS Metro Standard	SWMBH Enrollees: Percent with Access	SWMBH Enrollees: Average Distance to Closest Provider
Home-based (21 and younger)	70 Minutes 53 Miles	100.0%	7.2 mins 6.7 miles	45 Minutes 30 Miles	99.8%	9.6 mins 8.6 miles
Wraparound (17 and younger)	70 Minutes 53 Miles	100.0%	7.1 mins 6.5 miles	45 Minutes 30 Miles	99.8%	9.6 mins 8.6 miles
Crisis Residential (17 and younger)	70 Minutes 53 Miles	0.0%	155.3 mins 110.1 miles	45 Minutes 30 Miles	0.0%	203.8 mins 140.1 miles

Evaluation.

Region 4 met all State time and distance standards except for pediatric and adult crisis residential services as well as Clubhouse services within the Metro designated counties. For pediatric crisis residential services, the percent of Region 4 enrollees with access within the established time and distance standards decreased significantly from FY24 (68.3%) to FY25 (.7%-1.4%) and again to 0% in FY26. This drastic decline in access is a result of the closures of Pine Way Group North Children's Crisis Residential Services located in Kalamazoo in the beginning of calendar year 2024 and Samuel's House, part of Hope Network, in Grand Rapids, MI in February of 2024 and lastly Beacon Home at Sandhurst in Lansing, MI in March of 2024. SWMBH maintains a good working relationship with Safehaus Crisis Residential homes in Warren, MI, and facilitates SCAs as needed on behalf of the CMHSPs.

SWMBH's adult crisis residential providers are not within the Time and Distance Standards for metro designated counties in Region 4 as only 62.6% of SWMBH adult enrollees have access within the time and distance standards established by MDHHS, which is an increase from 57.4% in FY25. Hope Network Behavioral Health Services had to close Robert Brown Crisis home in June 2025, and Pine Rest Centerpointe I and II homes (each having 5 beds) moved in June 2025 to a new location still within Kalamazoo, MI and now has 6 beds total, leaving a gap in adult crisis residential services. SWMBH still maintains an agreement with Beechwood, under the Pine Rest Contract for FY26; however, this site is located in Grand Rapids, which is outside of the Region 4 geographic footprint. SWMBH also facilitates a contract with LifeWay in Jackson, MI on behalf of Branch and Calhoun Counties, but this site is also outside of the Region 4 geographic footprint.

Based on SWMBH encounter data for Crisis Res Service code H0018, there was a total of 6 units billed in Q1 of FY26, all six units were utilized at Pine Rest Centerpointe in Kalamazoo by Barry County CMH; which serves adult enrollees. Out of 980 units utilized in total for FY25, only 52 units were at Safehaus, an adolescent crisis residential home in Warren, MI.

Participant CMHSPs confirmed that CMH will assist or arrange for transportation for members to crisis residential when natural supports are unavailable. This includes contracts with transportation providers, arranging and paying for public transportation through taxis/buses, and using a grant through SWMBH for transportation through Area Wide Transport.

Opportunities for Improvement:

Region 4 meets the State-issued time and distance standards for all services except crisis residential (both pediatric and adult) and Clubhouse services in metro designated counties.

SWMBH feels Region 4 is meeting the needs of its enrollees and will put a SCA in place for a crisis residential provider as necessary.

Substance Use Disorder (SUD) Treatment Organization's Services based on ASAM LOC

Per the MDHHS-PIHP contract, "the contractor [PIHP] must enter into subcontracts for SUD treatment with organizations that provide services based on the ASAM LOC only" and "must ensure that to the extent licensing allows, all the following LOCs are available for adult and adolescent populations": ASAM Levels 0.5, 1, 2.1, 2.5, 3.1, 3.3 (excluding adolescents), 3.5, 3.7, OTP Level 1, 1-WM, 2-WM, 3.2-WM, and 3.7-WM. BPHASA continues to interpret this contract language as requiring a contracted provider for all PIHP beneficiaries, regardless of the location of the provider relative to the PIHPs geographic footprint." Table 6. below includes SWMBH's network SUD treatment service providers/sites with each approved ASAM LOC.

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Table 6. SUD Treatment Providers ASAM LOC Breakdown by Provider/Site

Provider & Sites	OTP	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3.1	Level 3.3	Level 3.5	Level 3.7	Level 1 WM	2 WM	3.2 WM	3.7 WM
Barry County CMH - 500 Barfield Drive, Hastings, MI 49058		X	X	X									
Bear River Health (BRH)													
BRH Outreach 2329 Center Street, Boyne Falls, MI 49713						X	X	X	X			X	
BRH Outreach 1619 West M-32 Gaylord, MI 49735			X	X	X	X	X	X					
BRH Outreach 8486 M-119, Harbor Springs, MI 49740			X	X									
BRH 2594 Springvale Rd., Boyne Falls, MI 49713						X	X	X	X			X	X
BRH 218 Walter St., Cheboygan, MI 49721		X	X	X	X								
Calhoun County CMH - Summit Pointe													
140 W. Michigan Avenue, Battle Creek, MI 49017		X	X										
105 S. Superior, Albion, MI 49224		X	X										
3630 Capital SW Ste. 1, Battle Creek, MI 49015		X	X										
215 E Roosevelt Ave, Battle Creek, MI 49017		X	X										
Cherry Street													
Cherry Street - 2303 Kalamazoo SE, Grand Rapids, MI 49507	X												
Cherry Street - 1611 Oak Ave, Muskegon, MI 49442	X		X										
Community Healing Center													
CHC 2615 Stadium Drive, Kalamazoo, MI 49008	lk	X	X	X									
CHC 1910 Shaffer Road, Kalamazoo, MI 49001		X	X	X		X	X	X	X				
CMH and Substance Abuse Services of St. Joseph County - 677 E. Main Street, Ste. A, Centreville, MI 49032			X	X									
Enlightened Recovery - 1430 Alamo Ave., Kalamazoo, MI 49006								X					X
Harbor Hall, Inc - 704 Emmet Street, Petoskey, MI 49770				X		X		X				X	
Harbortown - 1022 E. Main St., Benton Harbor, MI 49022	X		X	X									
HTC/Nairad - 3134 Niles Rd., Suite C/D, St. Joseph, MI 49085		X	X										
Integrated Services of Kalamazoo (Kalamazoo County CMH) - 2030 Portage St., Kalamazoo, MI 49001			X										
KPEP (Kalamazoo Probation Enrichment Program)													
497 Waukonda, Benton Harbor, MI 49022		X	X	X		X		X					
203 Brigden, Battle Creek, MI 49014		X	X	X		X		X					
537 Chicago Avenue, Kalamazoo, MI 49048		X	X	X		X	X	X					
48327								X					X
Odyssey House													
529 Martin Luther King Jr. Ave., Flint, MI 48502						X		X				X	X
1108 Lapeer Rd. Flint, MI 48503		X	X	X	X								
505 W. Court St. Flint, MI 48503		X	X	X	X								
49503			X					X					
Pines Behavioral Health (Branch County CMH) - 200 Vista Dr., Coldwater, MI 49036		X	X	X									
Recovery Services Unlimited - 2150 W. Columbia Ave, Battle Creek, MI 49015			X										
Riverwood Center (Berrien County CMH)													
1485 M-139, Benton Harbor, MI 49022		X	X	X									
3950 Hollywood Road Suite 245, St. Joseph, MI 49085		X	X	X									
115 South St. Joseph St., Niles, MI 49120		X	X	X									
Sacred Heart Rehabilitation													
6416 Dean Hills, Berrien Center, MI 48102		X	X					X					X
400 Stoddard Road, Richmond, MI 48062		X	X					X					X
Salvation Army Turning Point - 1215 E. Fulton Avenue, Grand Rapids, MI 49503								X					X
Van Buren Community Mental Health - 801 Hazen Street, Ste. C, POB 249, Paw Paw, MI 49079		X	X	X									
Victory Clinical Services													
401 Howard St., Kalamazoo, MI 49008	X	X	X	X						X			
842 E. Columbia Ave., Battle Creek, MI 49014	X	X	X							X			
3300 Lansing Ave., Jackson, MI 49202	X	X	X							X			
WMU Behavioral Health Services - 1000 Oakland Drive, Kalamazoo MI 49008		X	X	X									
Woodlands Behavioral Health (Cass) - 960 M-60 East, Cassopolis, MI 49031		X	X										

Based on data found here: ASAM LOC gathered from Approved Questionnaires in CRM System

Evaluation.

Region 4 has providers/sites that offer all ASAM levels of care, except Levels 2 - Withdrawal Management. SWMBH has a longstanding contractual relationship with Sacred Heart and would secure Level 2 WM via a Single Case Agreement if medically necessary.

Opportunities for Improvement.

None identified. SWMBH maintains network providers for each ASAM level of care or, as described above, has in-network providers that offer additional ASAM levels of care that SWMBH would utilize through single case agreements. While rarely utilized, SWMBH does experience challenges when an

adolescent requires withdrawal management and/or residential services – especially if the adolescent is female. This is due to a Statewide lack of providers that provide these services. In these instances, SWMBH will enter into a single case agreement with any willing, qualified provider for the needed service(s).

Timely Appointments

In past Network Adequacy Reports, SWMBH utilized MMBPIS Indicators submitted by the CMHSPs to calculate timeliness data in the table below. However, since MMBPIS data is no longer being collected, SWMBH utilized encounter data this year that was pulled from SWMBH's Auditable Claims Universe. SWMBH Provider Network collected Assessment codes that are utilized for each service below, according to each CMHSP in SWMBH's region. MDHHS has proposed they will measure timeliness of service on a regular basis based on encounter data, as referenced in *Attachment C – MDHHS Network Adequacy Procedure Document v1.6* MDHHS emailed out on 12/12/25, which would take effect in the FY26 Network Adequacy Reporting Template covering FY25 dates of service.

Table 7.1 Timeliness FY26 Q1 Data – Broken out by Service type & by County

Service	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joseph	Van Buren
Percentage of Enrollees during FY25 Starting ACT (H0039) Services Within 14 Days of Completing Assessment	40%	50%	60%	50%	50%	45.16%	57.14%	50%
Percentage of Enrollees during FY25 Starting Clubhouse (H2030) Within 14 Days of Completing Assessment	N/A	0%	0%	100%	N/A	0%	11.11%	N/A
Percentage of Enrollees during FY25 Starting Homebased (H0036, H2033) Services Within 14 Days of Completing Assessment	28.57%	46.15%	60%	14.81%	75%	67.96%	0%	41.17%
Percentage of Enrollees during FY25 Starting Wraparound (H2021, H2022) Services Within 14 Days of Completing Assessment	0%	14.28%	N/A	0%	N/A	35.13%	0%	33.33%
Percentage of Enrollees during FY25 Starting Respite (T1005, H0045, S5151) Services Within 14 Days of Completing Assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of Enrollees during FY25 Starting Parent Support Partner (S5111-WP) Services Within 14 Days of Completing Assessment	N/A	N/A	N/A	0%	N/A	0%	0%	N/A
Percentage of Enrollees during FY25 Starting Youth Peer Support (H0038-WT) Services Within 14 Days of Completing Assessment	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A

Evaluation.

It is hard to evaluate the above timeliness data without any standards or benchmarks to compare it to as SWMBH did in the FY25 Network Adequacy Report. With MMBPIS Indicators gone in FY26, there wasn't clear guidance on how to capture what MDHHS is requesting for timeliness in the Network Adequacy report. MDHHS also proposed changes to the above table (taken from the FY25 Network Adequacy Reporting Template) as referenced in *Attachment C – MDHHS Network Adequacy Procedure Document v1.6* on page 4 of the document, and also pasted below.

Timely Access Standards 438.68(e)

Service	Standard
Crisis Residential Program	Within 24 hours of authorization
Inpatient Psychiatric Services	Within 24 hours of authorization
Pre-Admission Screen	Disposition completed within 3 hours
Intensive Crisis Stabilization Services Mobile Crisis	Schedule E reporting – 1 hour urban, 2 hours rural
Assertive Community Treatment	Within 7 business days of assessment
Intensive Care Coordination with Wraparound	Within 10 business days of disposition* date
Home-based	Within 10 business days of disposition* date
Respite Services	Within 10 business days of disposition* date
Parent Support Partners	Within 10 business days of disposition* date
Youth Peer Supports	Within 10 business days of disposition* date
Autism Services (97155)	Within 10 business days of 97151 assessment

*Individuals with a disposition of 1 will be included.

Opportunities for Improvement:

SWMBH will utilize the updated Timely Access Standards (above) when filling in the MDHHS Network Adequacy Reporting Template for FY26, covering FY25 dates of service, as well as for SWMBH's FY27 Network Adequacy Report.

Additional Considerations

SWMBH believes capturing more Provider data regarding languages spoken, cultural competency and physical accessibility of office space will assist Participant CMHSPs in ensuring the Region 4 member needs are being met.

Languages Spoken

Languages spoken by SWMBH's Provider Network are now gathered through the CRM's Universal Credentialing process since that went live in 2025.

SWMBH updates the information in the Region's Provider Directory - located on SWMBH's Website www.swmbh.org under the "Find a Provider" tab on the Members Page – upon receipt of new information from CMHSPs or directly from providers.

According to SWMBH's Provider Directory, Region 4 has a larger provider that speaks Hindi, Malayalam, Portuguese, Sinhalese, Spanish, Tanul, as well as American Sign Language and these

languages are listed under each site, which resulted in higher percentages for the counties where the sites are located, as shown in Table 8 below. Branch and St. Joseph Counties also have higher percentages as a larger provider with multiple sites reported Spanish as a secondary language at each site.

Table 8. Spanish Speaking breakdown per County

County	County Population % Spanish Speaking	# Provider Sites with 1+ Spanish Speaking Clinician	% Provider Sites with 1+ Spanish Speaking Clinician
Barry	1.6%	0	0.0%
Berrien	4.0%	8	15.4%
Branch	4.3%	11	64.7%
Calhoun	3.0%	1	2.1%
Cass	1.9%	0	0.0%
Kalamazoo	3.2%	3	3.0%
St. Joseph	6.9%	10	52.6%
Van Buren	8.6%	8	14.0%
Outside Region 4	~	8	4.3%
SWMBH	3.9%	53	10.7%

Cultural competence

SWMBH requires all providers' staff that are in-network to have cultural competency training and reviews this item as part of the Staff Training File Review in the annual site review process. This information is also gathered through the CRM's Universal Credentialing process.

SWMBH follows the same process for updates to Cultural Competency as is outlined above for Languages Spoken.

Physical accessibility

The below "Facility/Office Accessibility" section of SWMBH's Credentialing Application (see below clip) ensured data was being collected on physical accessibility of office locations. The accessible features each site checks/includes have been added to SWMBH's Online Provider Directory and SWMBH continues to add them when notified of changes or updates. SWMBH's Online Provider Directory has a search option "Accessibility for Disabilities" with a drop-down menu for "Yes", "Unknown", and "No". SWMBH's IT Department added a Free Text option to add in the accessible features each site(s) indicates. SWMBH's Provider Network Department recently realized that this data is NOT being collected through the CRM's Universal Credentialing process. This was discussed at the November 2025 RPNMC meeting and it was determined a member of SWMBH's Provider Network would take

this concern back to MDHHS's Universal Credentialing Workgroup to be addressed before brainstorming other ways this data could be captured if needed.

Facility/Office Accessibility

Does your facility/office have accommodations for people with physical disabilities ☐YES ☐NO

If "YES", please select all the accessible features your site(s) include ☐ handicap parking ☐ wide entries ☐ wheelchair access ☐ accessible waiting area and rooms ☐ lifts ☐ accessible bathrooms ☐ grab bars ☐ other equipment (Specify): _____

The following clip is an example of how Accessibility Features are represented in SWMBH's Provider Directory:

Community Healing Center (10 Sites)

Elizabeth UpJohn
2615 Stadium Dr.
Kalamazoo, MI 49008
Phone: (269) 343-1651
Hours:

- Sunday: Closed
- Monday: 08:00 AM - 05:00 PM
- Tuesday: 08:00 AM - 05:00 PM
- Wednesday: 08:00 AM - 05:00 PM
- Thursday: 08:00 AM - 05:00 PM
- Friday: 08:00 AM - 05:00 PM
- Saturday: Closed

Accreditation: CARF

Accreditation Website: ACCREDITATION

Counties Served: All Region, Kalamazoo
Services Offered: Applied Behavior Analysis (ABA), Home-based Services, Substance Use Services: Outpatient Therapy, Substance Use Services: Residential Services, Substance Use Services: Sub-Acute Detoxification, Targeted Case Management
Specialty: Behavioral Health,Outpatient Services,SUD Treatment
Cultural Competency: Yes
Accommodations For Physical Disabilities: Yes
Accessibility Features: Elevator, Grab bars, Wheelchair access, Wide halls

Website: WEBSITE

Secondary Language: None Reported
Accepting Beneficiaries: Yes

The following clips show the CRM Universal credentialing application for reference:

Organization Details

Tax ID # ⓘ ▮▮▮	NPI # ▮▮▮
Group Affiliation ⓘ ▮▮▮	Website ▮▮▮
Email ▮▮▮	Please indicate if you have a specialty known for ✓
Specialties — Other	Specialty (Other) — ABA
Enrollment in Medicaid? ✓	Enrollment in Medicare? ☐
Is the organization accredited? ☐	Languages Spoken — English
Have you been trained in cultural competency? Yes	Please indicate whether interpretation services are offered ☐

Service Locations

▼ ▮▮▮

Site Name ▮▮▮	Site Address ▮▮▮
Facility License Expiration	Facility License Number
Facility License Status	Hours of Operation Monday- Friday; 8:30am-4:30pm
Licensed Facility	Service Location Status ● Active

Services

Service Name	Service Status
Psychological Testing Assessments	● Active
ABA Behavioral Health Treatment Services	● Active

Education

Post Graduate Medical Training

Hospital Affiliations

> Practitioner License/Certification

Professional Background

Specialties	Other Specialty
Certificate of Liability Expiration Date	Certificate of Liability Status
Languages Spoken — English	Have you been trained in cultural competency?
Current Malpractice Insurance Coverage	Explanation (Current Malpractice?)
Malpractice Insurance Expiration	Malpractice Insurance Coverage Status

Work History

Five year work history ⓘ ☐

6+ month gap in employment since professionally licensed?

6+ Month Gap Start Date	6+ Month Gap End Date
6+ Month Gap Activity	6+ Month Gap Reason

Provider Directory Usability Testing

Provider Directory Usability Testing was conducted in October 2025 at SWMBH's Regional Customer Advisory Committee (CAC) meeting. A member of SWMBH's Provider Network team attended the meeting and displayed the SWMBH Provider Directory from SWMBH's website for all meeting attendees to view, and solicited input on the following elements:

- Reading Level (is the Provider Directory language easy to read and understand?)
- Content Organization (can you find what you're looking for with Filter/Search bar/Dropdowns?)
- Navigation (is it easy or difficult to navigate the Directory?)
- Usability across different devices (Computers/Cell phones/Tablets)
- Overall experience (has the Directory improved since we last reviewed it in November 2024?)

SWMBH's Provider Network team member reminded the CAC attendees of the different ways to search providers by geographical location vs. contracted CMHs (see below clips).

The search feature "Contracted CMHs by County" shows results for each CMHSP (within the counties listed in the dropdown – SWMBH's Region) that holds an active contract with the providers in the search results, regardless of the providers' geographic location. By way of example, if someone searches for Kalamazoo County, all providers contracted with Integrated Services of Kalamazoo will show up in the search results, regardless of whether those providers are physically located within Kalamazoo County. This search feature includes a dropdown of the following options - All Region, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren.

The search feature "Provider Geographical Location by County" shows results for the physical location of each provider based on the address of the Provider/Site.

Provider Directory Search/Filter Result as example – this Provider holds an active contract with Summit Pointe (Calhoun County) and is physically located in Kalamazoo County:

The CAC attendees provided feedback on the search feature "accepting Beneficiaries" as they were unsure what "beneficiaries" meant and suggested using the term "New Referrals" instead. SWMBH Provider Network discussed this internally within the Provider Network Department as well as with SWMBH's Website Workgroup to gather additional feedback. It was agreed upon that "Accepting New Referrals" makes the most sense and Provider Network requested this change from SWMBH's IT Department, which was completed very quickly as shown below:

Furthermore, SWMBH included another blurb in the January 2026 edition of the Provider Newsletter regarding the Provider Directory, as shown below:

HSAG Network Adequacy Validation (NAV) 2025 Audit Results

In July 2025 HSAG evaluated SWMBH's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support the MDHHS network adequacy monitoring efforts. The results were disseminated via email on 1/13/2026 and are summarized below:

- **Strength #1:** SWMBH had clear processes and procedures in place for capturing required eligibility/enrollment within its systems. SWMBH had good communication in place to contact MDHHS to ensure any discrepancy in member data were resolved timely.
- **Strength #2:** SWMBH demonstrated a strong provider data management system by maintaining comprehensive and accurate provider information within SmartCare, supported by standardized update procedures such as change request forms. SWMBH's process included rigorous oversight of delegated entities to ensure overall provider data accuracy and completeness, aligning with MDHHS' requirements and supporting reliable network adequacy reporting.
- **Opportunity #1:** SWMBH did not have a documented process of ensuring the review of the network adequacy reporting template before submitting to MDHHS [annually in April]. The reporting template was compiled manually with all the information received from each CMHSP, which increases the chances of data entry error.
- **Recommendation:** HSAG recommends that SWMBH implement a standardized process to verify provider data line by line during the completion of the network adequacy reporting template. This could include developing clear guidelines and checklists for address validation and incorporating automated tools where it is possible, to ensure accuracy and consistency in future submissions.
- **Opportunity #2:** HSAG identified service types in which the percentage of members with access within the required time and distance standards was below 50 percent, as well as at least one service type that did not achieve compliance with provider-to-member ratio standards, indicating significant capacity deficiencies for those service types.
- **Recommendation:** HSAG recommends that SWMBH collaborate proactively with its CMHSPs and MDHHS to identify and evaluate gaps in the provider network, with particular focus on significantly underserved service types. This partnership should aim to co-develop targeted mitigation strategies such as leveraging telehealth, mobile services, or shared provider resources to address limited provider availability. Implementing such strategies could help ensure continuity of care and improve member access in areas where necessary services are not accessible within the existing network.

SWMBH will discuss these results internally and evaluate if action steps are necessary based on HSAG's recommendations.

Attachments:
A. Network Adequacy FY26 Q1 Report – Quest Analytics Suite access analysis output assessing time and distance access standards.
B. Total FTE Count totals – SWMBH Provider Network totaled the FTE counts provided by each CMHSP.
C. MDHHS Network Adequacy Procedure Document v1.6 – Proposed changes to the MDHHS Network Adequacy Standards emailed out by MDHHS on 12/12/25.

Attachment A

Network Analysis

January 12, 2026

Pages 24-76

Contents

Report Contents

Separator Page

Access Overview - ACT

January 12, 2026

Access Analysis
  ACT

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    ACT

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - 18+
  (Metro)) employees accessing:
    1 (ACT) provider in 30 miles and 45
    minutes

Overall Access[1]

119,360 Employees
8 providers at 8 locations (ACT)

- ■ 119,035 (99.7%) Employees with access
- ■ 325 (0.3%) Employees without access
- ☐ 0 (0.0%) Employees excluded

ACT
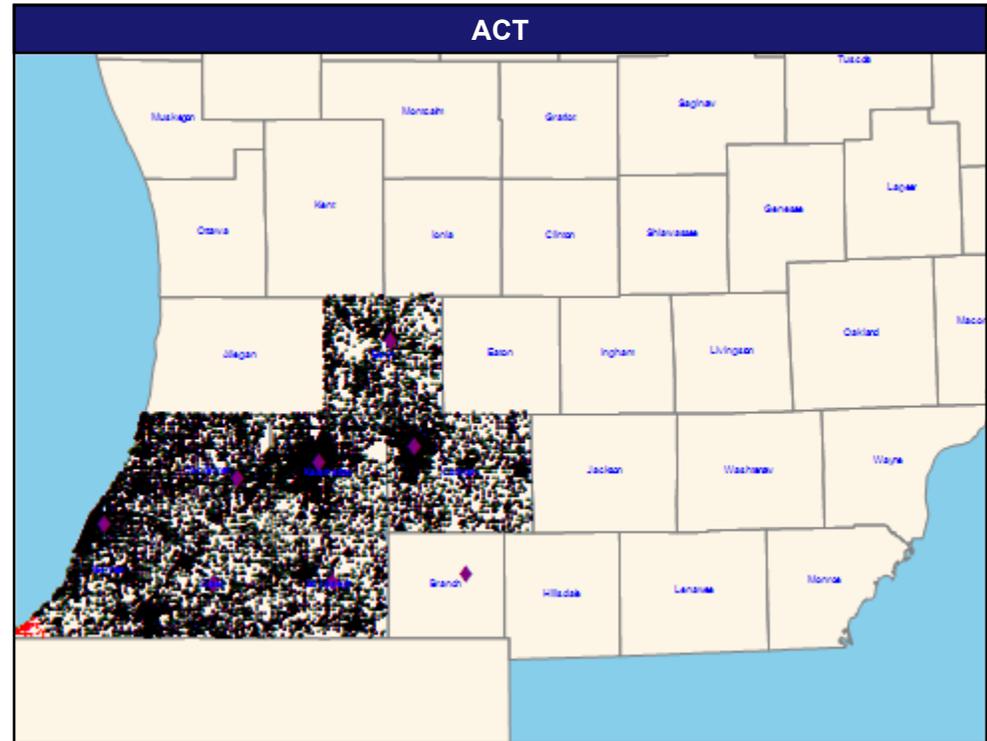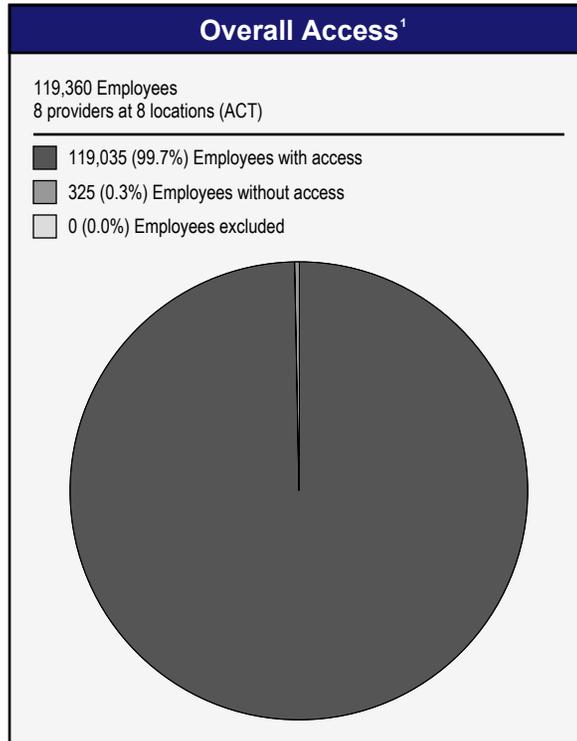
Distances/Times

	Average
Distance/Time to 1st closest provider	8.4 miles 9.4 mins
Distance/Time to 2nd closest provider	22.2 miles 25.1 mins
Distance/Time to 3rd closest provider	29.0 miles 32.8 mins

Access Standard Comparison

Percentage of employees

Miles to a choice of providers

Access Overview - ACT

January 12, 2026

Access Analysis
    ACT

Employee / Provider Groups
    FY26 Q1 Medicaid Enrollees - 18+
    (Micro)
        ACT

Access Map
Employee locations
    ◆ With access
    ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
    ☐ 1st closest
    ☐ 2nd closest
    ☐ 3rd closest

[1] The Access Standard is defined as
    (FY26 Q1 Medicaid Enrollees - 18+
    (Micro)) employees accessing:
    1 (ACT) provider in 53 miles and 70
    minutes

Overall Access[1]

6,643 Employees
8 providers at 8 locations (ACT)

■ 6,643 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
☐ 0 (0.0%) Employees excluded

ACT

Distances/Times

	Average
Distance/Time to 1st closest provider	6.8 miles 7.4 mins
Distance/Time to 2nd closest provider	25.8 miles 28.1 mins
Distance/Time to 3rd closest provider	32.0 miles 34.9 mins

Access Standard Comparison

Miles to a choice of providers

Access Overview - Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Crisis Res

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as (FY26 Q1 Medicaid Enrollees (Metro)) employees accessing:
  1 (Crisis Res) provider in 30 miles and 45 minutes

Overall Access[1]

194,807 Employees
3 providers at 5 locations (Crisis Res)

■ 121,533 (62.4%) Employees with access
■ 73,274 (37.6%) Employees without access
□ 0 (0.0%) Employees excluded

Crisis Residential

Distances/Times

	Average
Distance/Time to 1st closest provider	26.3 miles 29.1 mins
Distance/Time to 2nd closest provider	52.3 miles 72.6 mins
Distance/Time to 3rd closest provider	73.6 miles 93.7 mins

Access Standard Comparison

Miles to a choice of providers

Access Overview - Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Micro)
    Crisis Res

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
(FY26 Q1 Medicaid Enrollees (Micro))
employees accessing:

  1 (Crisis Res) provider in 53 miles and
  70 minutes

Overall Access[1]

11,596 Employees
3 providers at 5 locations (Crisis Res)

■ 11,560 (99.7%) Employees with access
■ 36 (0.3%) Employees without access
☐ 0 (0.0%) Employees excluded

Crisis Residential
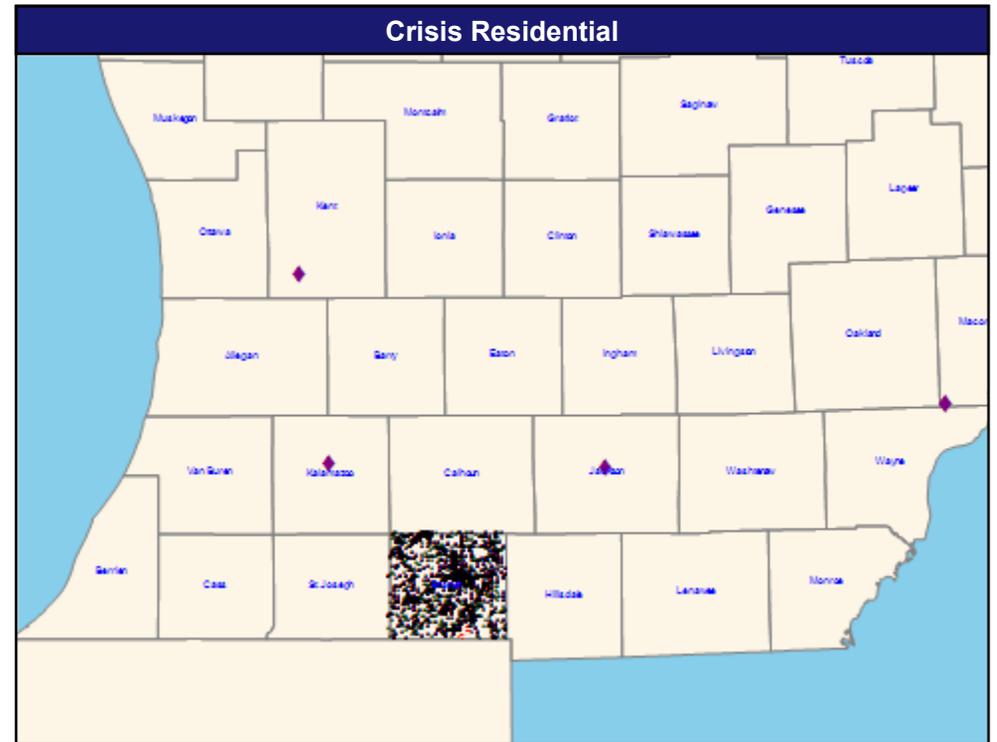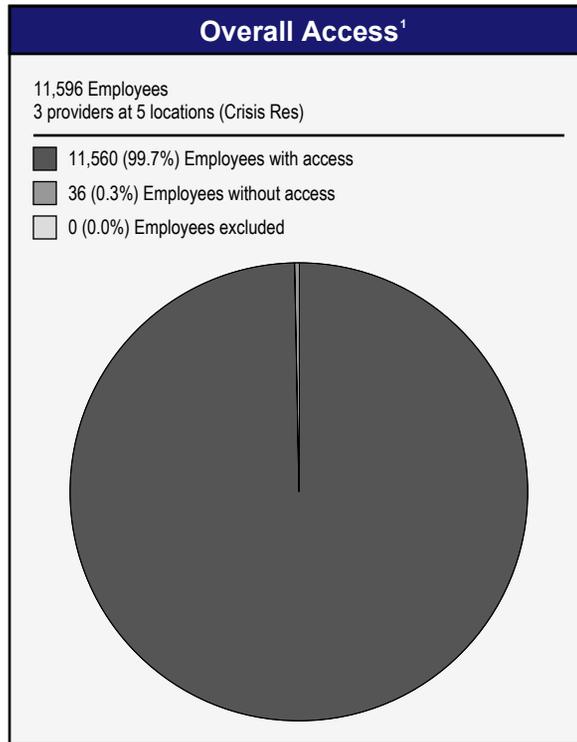
Distances/Times

	Average
Distance/Time to 1st closest provider	42.5 miles 47.0 mins
Distance/Time to 2nd closest provider	48.1 miles 56.8 mins
Distance/Time to 3rd closest provider	75.1 miles 106.0 mins

Access Standard Comparison

Percentage of employees (y-axis, 0–100)
Miles to a choice of providers (x-axis, 1–20)

Access Detail By Zip Code - Crisis Residential

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Avg Dist 1	Avg Dist 2	Avg Dist 3
Albion, MI	49224	4,092	1 in 30 miles and 45 mins	4,092	100.0	0	0.0	18.0	40.8	71.2
Allegan, MI	49010	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	22.1	32.6	73.2
Athens, MI	49011	469	1 in 30 miles and 45 mins	469	100.0	0	0.0	26.1	45.4	60.0
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	27.1	48.6	60.8
Augusta, MI	49012	457	1 in 30 miles and 45 mins	457	100.0	0	0.0	14.6	42.2	49.2
Bangor, MI	49013	2,165	1 in 30 miles and 45 mins	676	31.2	1,489	68.8	30.6	51.0	88.5
Baroda, MI	49101	582	1 in 30 miles and 45 mins	0	0.0	582	100.0	59.0	82.3	110.9
Battle Creek, MI	49014	6,305	1 in 30 miles and 45 mins	6,301	99.9	4	0.1	21.4	38.3	53.3
	49015	7,133	1 in 30 miles and 45 mins	7,133	100.0	0	0.0	17.9	41.1	51.5
	49016	258	1 in 30 miles and 45 mins	258	100.0	0	0.0	19.6	40.4	50.9
	49017	6,052	1 in 30 miles and 45 mins	6,052	100.0	0	0.0	21.5	40.3	50.4
	49037	9,916	1 in 30 miles and 45 mins	9,916	100.0	0	0.0	19.0	42.4	48.6
Bedford, MI	49020	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	22.2	44.5	45.4
Bellevue, MI	49021	553	1 in 30 miles and 45 mins	245	44.3	308	55.7	30.3	40.9	48.8
Benton Harbor, MI	49022	14,335	1 in 30 miles and 45 mins	0	0.0	14,335	100.0	49.8	73.6	105.8
	49023	35	1 in 30 miles and 45 mins	0	0.0	35	100.0	51.3	75.0	107.6
Berrien Center, MI	49102	221	1 in 30 miles and 45 mins	0	0.0	221	100.0	50.7	74.0	99.7
Berrien Springs, MI	49103	2,387	1 in 30 miles and 45 mins	0	0.0	2,387	100.0	53.7	77.0	103.6
	49104	16	1 in 30 miles and 45 mins	0	0.0	16	100.0	53.3	76.7	104.0
Bloomingdale, MI	49026	470	1 in 30 miles and 45 mins	470	100.0	0	0.0	26.1	41.3	81.1
Breedsville, MI	49027	23	1 in 30 miles and 45 mins	23	100.0	0	0.0	29.3	47.4	86.3
Bridgman, MI	49106	862	1 in 30 miles and 45 mins	0	0.0	862	100.0	62.5	85.8	114.7
Bronson, MI	49028	1,504	1 in 53 miles and 70 mins	1,504	100.0	0	0.0	40.5	56.6	74.4
Buchanan, MI	49107	2,285	1 in 30 miles and 45 mins	0	0.0	2,285	100.0	61.0	83.3	107.0
Burlington, MI	49029	451	1 in 30 miles and 45 mins	229	50.8	222	49.2	29.5	38.3	63.5
Burr Oak, MI	49030	541	1 in 30 miles and 45 mins	37	6.8	504	93.2	34.7	61.6	71.9
		38	1 in 53 miles and 70 mins	38	100.0	0	0.0	38.7	62.0	75.1
Caledonia, MI	49316	19	1 in 30 miles and 45 mins	19	100.0	0	0.0	11.6	33.9	72.5
Cassopolis, MI	49031	1,860	1 in 30 miles and 45 mins	0	0.0	1,860	100.0	44.4	69.8	87.6
Centreville, MI	49032	822	1 in 30 miles and 45 mins	819	99.6	3	0.4	25.2	64.8	66.0
Ceresco, MI	49033	209	1 in 30 miles and 45 mins	209	100.0	0	0.0	24.6	35.1	59.1
Charlotte, MI	48813	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	27.2	42.2	60.4
Climax, MI	49034	317	1 in 30 miles and 45 mins	317	100.0	0	0.0	12.4	47.2	49.5
Cloverdale, MI	49035	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	23.6	30.8	57.1
Coldwater, MI	49036	7,303	1 in 53 miles and 70 mins	7,268	99.5	35	0.5	45.1	46.6	76.3
Coloma, MI	49038	1,987	1 in 30 miles and 45 mins	0	0.0	1,987	100.0	41.7	64.8	99.3
Colon, MI	49040	712	1 in 30 miles and 45 mins	422	59.3	290	40.7	29.8	56.1	65.7
		39	1 in 53 miles and 70 mins	39	100.0	0	0.0	30.0	52.7	64.6
Comstock, MI	49041	22	1 in 30 miles and 45 mins	22	100.0	0	0.0	2.1	40.8	59.9
Constantine, MI	49042	1,220	1 in 30 miles and 45 mins	86	7.0	1,134	93.0	32.8	70.0	74.9

City	Zip Code	Employee #	Provider Standard	With Access #	%	Without Access #	%	Average Distance 1	2	3
Covert, MI	49043	970	1 in 30 miles and 45 mins	0	0.0	970	100.0	38.0	58.8	96.2
Decatur, MI	49045	1,610	1 in 30 miles and 45 mins	453	28.1	1,157	71.9	31.2	56.8	83.2
Delton, MI	49046	1,265	1 in 30 miles and 45 mins	1,265	100.0	0	0.0	22.0	31.7	56.4
Dowagiac, MI	49047	4,492	1 in 30 miles and 45 mins	0	0.0	4,492	100.0	42.8	66.8	91.0
Dowling, MI	49050	240	1 in 30 miles and 45 mins	165	68.8	75	31.2	28.7	39.7	49.5
East Leroy, MI	49051	363	1 in 30 miles and 45 mins	363	100.0	0	0.0	20.5	43.0	55.5
Eau Claire, MI	49111	837	1 in 30 miles and 45 mins	0	0.0	837	100.0	47.7	71.4	99.3
Edwardsburg, MI	49112	1,893	1 in 30 miles and 45 mins	0	0.0	1,893	100.0	50.9	77.3	92.2
Freeport, MI	49325	232	1 in 30 miles and 45 mins	232	100.0	0	0.0	21.7	39.4	65.1
Fulton, MI	49052	179	1 in 30 miles and 45 mins	179	100.0	0	0.0	21.3	49.3	56.4
Galesburg, MI	49053	1,548	1 in 30 miles and 45 mins	1,548	100.0	0	0.0	6.9	42.7	52.4
Galien, MI	49113	428	1 in 30 miles and 45 mins	0	0.0	428	100.0	67.2	89.5	114.1
Gobles, MI	49055	1,217	1 in 30 miles and 45 mins	1,217	100.0	0	0.0	21.2	37.9	75.9
Grand Junction, MI	49056	945	1 in 30 miles and 45 mins	369	39.0	576	61.0	30.8	45.7	86.4
Harbert, MI	49115	11	1 in 30 miles and 45 mins	0	0.0	11	100.0	67.9	90.9	119.3
Hartford, MI	49057	2,612	1 in 30 miles and 45 mins	0	0.0	2,612	100.0	34.4	58.4	91.5
Hastings, MI	49058	4,057	1 in 30 miles and 45 mins	2,969	73.2	1,088	26.8	28.8	34.4	58.5
Hickory Corners, MI	49060	187	1 in 30 miles and 45 mins	187	100.0	0	0.0	17.4	36.8	52.8
Homer, MI	49245	1,067	1 in 30 miles and 45 mins	971	91.0	96	9.0	25.9	41.0	75.2
		16	1 in 53 miles and 70 mins	16	100.0	0	0.0	32.4	42.3	75.9
Jones, MI	49061	408	1 in 30 miles and 45 mins	0	0.0	408	100.0	36.8	68.1	80.0
Kalamazoo, MI	49001	8,949	1 in 30 miles and 45 mins	8,949	100.0	0	0.0	2.3	40.6	60.0
	49003	58	1 in 30 miles and 45 mins	58	100.0	0	0.0	2.0	40.7	59.8
	49004	3,568	1 in 30 miles and 45 mins	3,568	100.0	0	0.0	5.4	36.5	60.1
	49005	19	1 in 30 miles and 45 mins	19	100.0	0	0.0	3.3	38.8	60.5
	49006	5,448	1 in 30 miles and 45 mins	5,448	100.0	0	0.0	5.7	38.4	63.0
	49007	6,224	1 in 30 miles and 45 mins	6,224	100.0	0	0.0	4.3	38.3	61.1
	49008	3,446	1 in 30 miles and 45 mins	3,446	100.0	0	0.0	4.5	40.3	62.1
	49009	7,419	1 in 30 miles and 45 mins	7,419	100.0	0	0.0	8.7	39.4	65.5
	49019	18	1 in 30 miles and 45 mins	18	100.0	0	0.0	2.2	40.8	59.9
	49048	8,621	1 in 30 miles and 45 mins	8,621	100.0	0	0.0	3.1	39.3	58.1
Lacota, MI	49063	10	1 in 30 miles and 45 mins	0	0.0	10	100.0	34.8	47.3	89.7
Lake Odessa, MI	48849	81	1 in 30 miles and 45 mins	64	79.0	17	21.0	28.4	46.2	61.0
Lakeside, MI	49116	13	1 in 30 miles and 45 mins	0	0.0	13	100.0	70.6	93.5	121.8
Lawrence, MI	49064	990	1 in 30 miles and 45 mins	876	88.5	114	11.5	28.1	52.8	85.4
Lawton, MI	49065	1,432	1 in 30 miles and 45 mins	1,432	100.0	0	0.0	21.9	49.8	74.7
Leonidas, MI	49066	185	1 in 30 miles and 45 mins	185	100.0	0	0.0	24.8	53.8	60.7
Litchfield, MI	49252	7	1 in 30 miles and 45 mins	7	100.0	0	0.0	27.2	46.6	80.6
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	33.7	45.1	78.2
Marcellus, MI	49067	1,014	1 in 30 miles and 45 mins	767	75.6	247	24.4	29.1	58.4	75.5

Access Detail By Zip Code - Crisis Residential

				All Employees							
City	Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City	Zip Code	#	Standard	#	%	#	%	1	2	3
Marshall, MI	49068	2,375	1 in 30 miles and 45 mins	2,275	95.8	100	4.2	28.0	31.0	63.7
Mattawan, MI	49071	1,553	1 in 30 miles and 45 mins	1,553	100.0	0	0.0	15.3	44.2	71.5
Mendon, MI	49072	555	1 in 30 miles and 45 mins	555	100.0	0	0.0	20.6	58.7	60.4
Middleville, MI	49333	1,605	1 in 30 miles and 45 mins	1,605	100.0	0	0.0	17.7	31.5	67.8
Montgomery, MI	49255	113	1 in 53 miles and 70 mins	112	99.1	1	0.9	48.9	58.9	87.8
Nashville, MI	49073	1,194	1 in 30 miles and 45 mins	0	0.0	1,194	100.0	37.5	40.6	50.5
Nazareth, MI	49074	17	1 in 30 miles and 45 mins	17	100.0	0	0.0	4.3	38.7	61.6
New Buffalo, MI	49117	466	1 in 30 miles and 45 mins	0	0.0	466	100.0	76.3	98.8	126.8
New Troy, MI	49119	19	1 in 30 miles and 45 mins	0	0.0	19	100.0	64.8	87.7	115.2
Niles, MI	49120	10,193	1 in 30 miles and 45 mins	0	0.0	10,193	100.0	58.0	80.2	101.0
Nottawa, MI	49075	27	1 in 30 miles and 45 mins	27	100.0	0	0.0	26.8	62.8	66.1
Olivet, MI	49076	122	1 in 30 miles and 45 mins	82	67.2	40	32.8	28.5	38.0	59.5
Oshtemo, MI	49077	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	8.0	40.7	65.6
Otsego, MI	49078	38	1 in 30 miles and 45 mins	38	100.0	0	0.0	18.7	31.2	69.8
Paw Paw, MI	49079	2,996	1 in 30 miles and 45 mins	2,996	100.0	0	0.0	20.4	46.7	77.1
Plainwell, MI	49080	593	1 in 30 miles and 45 mins	593	100.0	0	0.0	14.9	28.1	62.2
Portage, MI	49002	3,339	1 in 30 miles and 45 mins	3,339	100.0	0	0.0	5.7	44.7	59.9
	49024	4,080	1 in 30 miles and 45 mins	4,080	100.0	0	0.0	7.8	43.6	62.5
	49081	35	1 in 30 miles and 45 mins	35	100.0	0	0.0	6.4	42.9	61.8
Quincy, MI	49082	1,129	1 in 53 miles and 70 mins	1,129	100.0	0	0.0	41.1	48.4	79.8
Reading, MI	49274	22	1 in 53 miles and 70 mins	22	100.0	0	0.0	47.1	56.2	85.6
Richland, MI	49083	870	1 in 30 miles and 45 mins	870	100.0	0	0.0	11.0	36.5	55.1
Riverside, MI	49084	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	43.8	66.2	101.9
Saint Joseph, MI	49085	2,362	1 in 30 miles and 45 mins	0	0.0	2,362	100.0	53.5	77.2	108.7
Sawyer, MI	49125	342	1 in 30 miles and 45 mins	0	0.0	342	100.0	65.2	88.2	116.1
Schoolcraft, MI	49087	715	1 in 30 miles and 45 mins	715	100.0	0	0.0	15.6	50.1	65.8
Scotts, MI	49088	280	1 in 30 miles and 45 mins	280	100.0	0	0.0	10.7	48.4	54.1
Shelbyville, MI	49344	196	1 in 30 miles and 45 mins	196	100.0	0	0.0	21.2	22.7	64.1
Sherwood, MI	49089	441	1 in 53 miles and 70 mins	441	100.0	0	0.0	30.9	49.8	64.4
Sodus, MI	49126	313	1 in 30 miles and 45 mins	0	0.0	313	100.0	50.2	74.0	104.1
South Haven, MI	49090	2,796	1 in 30 miles and 45 mins	0	0.0	2,796	100.0	39.1	54.1	95.6
Springport, MI	49284	121	1 in 30 miles and 45 mins	121	100.0	0	0.0	23.7	42.7	63.3
Stevensville, MI	49127	1,506	1 in 30 miles and 45 mins	0	0.0	1,506	100.0	56.3	79.9	110.4
Sturgis, MI	49091	5,326	1 in 30 miles and 45 mins	224	4.2	5,102	95.8	34.7	67.6	74.0
Tekonsha, MI	49092	410	1 in 30 miles and 45 mins	7	1.7	403	98.3	34.3	35.8	69.3
		80	1 in 53 miles and 70 mins	80	100.0	0	0.0	36.6	39.3	72.0
Three Oaks, MI	49128	538	1 in 30 miles and 45 mins	0	0.0	538	100.0	70.4	92.8	119.6
Three Rivers, MI	49093	4,797	1 in 30 miles and 45 mins	4,551	94.9	246	5.1	24.9	62.3	69.3
Union City, MI	49094	156	1 in 30 miles and 45 mins	66	42.3	90	57.7	30.0	41.1	63.6
		893	1 in 53 miles and 70 mins	893	100.0	0	0.0	32.6	43.7	65.4

Access Detail By Zip Code - Crisis Residential

			All Employees							
		Employee	**Provider**	**With Access**		**Without Access**		**Average Distance**		
City	**Zip Code**	**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**
Union Pier, MI	49129	54	1 in 30 miles and 45 mins	0	0.0	54	100.0	72.5	95.2	123.4
Union, MI	49130	285	1 in 30 miles and 45 mins	0	0.0	285	100.0	43.6	75.4	85.2
Vandalia, MI	49095	422	1 in 30 miles and 45 mins	0	0.0	422	100.0	38.9	67.2	82.4
Vicksburg, MI	49097	1,584	1 in 30 miles and 45 mins	1,584	100.0	0	0.0	11.9	51.1	58.8
Watervliet, MI	49098	1,721	1 in 30 miles and 45 mins	0	0.0	1,721	100.0	39.0	62.7	96.2
Wayland, MI	49348	405	1 in 30 miles and 45 mins	405	100.0	0	0.0	16.9	27.1	68.2
White Pigeon, MI	49099	1,305	1 in 30 miles and 45 mins	0	0.0	1,305	100.0	36.2	73.4	77.2
Woodland, MI	48897	230	1 in 30 miles and 45 mins	24	10.4	206	89.6	31.3	44.9	57.7
Grand Totals		194,807	1 in 30 miles and 45 mins	121,533	62.4	73,274	37.6	26.3	52.3	73.6
		11,596	1 in 53 miles and 70 mins	11,560	99.7	36	0.3	42.5	48.1	75.1

Access Overview - Adult Crisis Residential

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    Crisis Res - Adult

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - 18+
  (Metro)) employees accessing:
    1 (Crisis Res - Adult) provider in 30
    miles and 45 minutes

Overall Access[1]

119,360 Employees
2 providers at 3 locations (Crisis Res - Adult)

- ■ 74,763 (62.6%) Employees with access
- ■ 44,597 (37.4%) Employees without access
- ☐ 0 (0.0%) Employees excluded

Crisis Residential

Distances/Times

	Average
Distance/Time to 1st closest provider	26.3 miles 29.2 mins
Distance/Time to 2nd closest provider	52.3 miles 72.7 mins
Distance/Time to 3rd closest provider	73.6 miles 93.8 mins

Access Standard Comparison

Access Overview - Adult Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Micro)
    Crisis Res - Adult

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
(FY26 Q1 Medicaid Enrollees - 18+
(Micro)) employees accessing:
  1 (Crisis Res - Adult) provider in 53
  miles and 70 minutes

Overall Access[1]

6,643 Employees
2 providers at 3 locations (Crisis Res - Adult)

■ 6,620 (99.7%) Employees with access
■ 23 (0.3%) Employees without access
□ 0 (0.0%) Employees excluded

Crisis Residential

Distances/Times

	Average
Distance/Time to 1st closest provider	42.4 miles 47.0 mins
Distance/Time to 2nd closest provider	48.1 miles 56.8 mins
Distance/Time to 3rd closest provider	75.1 miles 106.0 mins

Access Standard Comparison

Miles to a choice of providers

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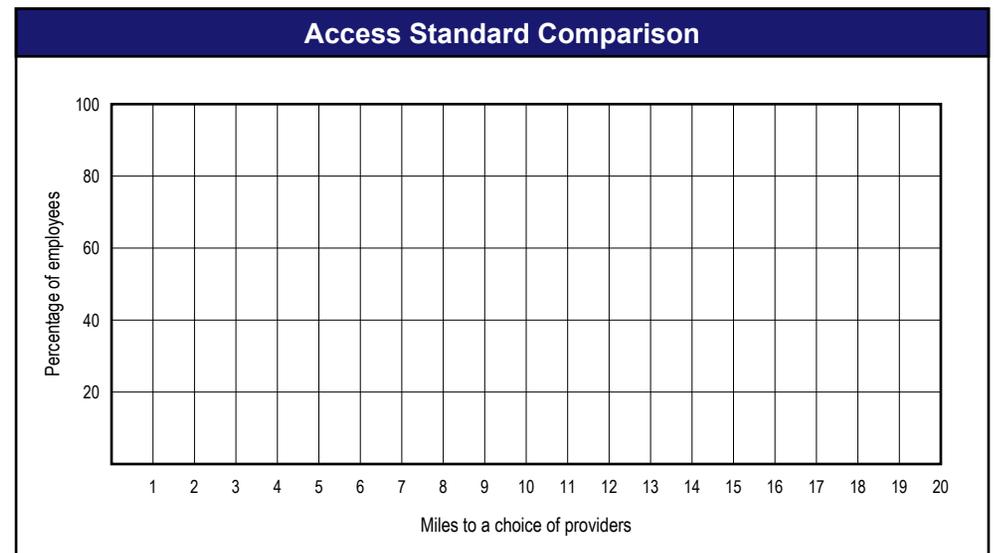
Access Detail By Zip Code - Adult Crisis Residential

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+ (Metro)
    Crisis Res - Adult
  FY26 Q1 Medicaid Enrollees - 18+ (Micro)
    Crisis Res - Adult

				All Employees						
		Employee	Provider	With Access		Without Access		Average Distance		
City	Zip Code	#	Standard	#	%	#	%	1	2	3
Albion, MI	49224	2,419	1 in 30 miles and 45 mins	2,419	100.0	0	0.0	18.0	40.8	71.2
Allegan, MI	49010	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	22.1	32.7	73.3
Athens, MI	49011	287	1 in 30 miles and 45 mins	287	100.0	0	0.0	26.1	45.4	59.9
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	27.1	48.6	60.8
Augusta, MI	49012	292	1 in 30 miles and 45 mins	292	100.0	0	0.0	14.7	42.1	49.3
Bangor, MI	49013	1,280	1 in 30 miles and 45 mins	403	31.5	877	68.5	30.7	51.1	88.6
Baroda, MI	49101	357	1 in 30 miles and 45 mins	0	0.0	357	100.0	59.0	82.3	110.9
Battle Creek, MI	49014	3,904	1 in 30 miles and 45 mins	3,901	99.9	3	0.1	21.4	38.3	53.3
	49015	4,173	1 in 30 miles and 45 mins	4,173	100.0	0	0.0	17.9	41.1	51.5
	49016	203	1 in 30 miles and 45 mins	203	100.0	0	0.0	19.6	40.4	50.9
	49017	3,799	1 in 30 miles and 45 mins	3,799	100.0	0	0.0	21.5	40.3	50.4
	49037	6,137	1 in 30 miles and 45 mins	6,137	100.0	0	0.0	19.0	42.4	48.6
Bedford, MI	49020	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	22.2	44.5	45.4
Bellevue, MI	49021	322	1 in 30 miles and 45 mins	150	46.6	172	53.4	30.3	40.7	49.1
Benton Harbor, MI	49022	8,828	1 in 30 miles and 45 mins	0	0.0	8,828	100.0	49.8	73.6	105.8
	49023	30	1 in 30 miles and 45 mins	0	0.0	30	100.0	51.3	75.0	107.6
Berrien Center, MI	49102	137	1 in 30 miles and 45 mins	0	0.0	137	100.0	50.8	74.1	99.9
Berrien Springs, MI	49103	1,490	1 in 30 miles and 45 mins	0	0.0	1,490	100.0	53.7	77.0	103.6
	49104	15	1 in 30 miles and 45 mins	0	0.0	15	100.0	53.3	76.7	104.0
Bloomingdale, MI	49026	313	1 in 30 miles and 45 mins	313	100.0	0	0.0	26.1	41.2	81.0
Breedsville, MI	49027	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	29.3	47.4	86.3
Bridgman, MI	49106	562	1 in 30 miles and 45 mins	0	0.0	562	100.0	62.4	85.7	114.6
Bronson, MI	49028	824	1 in 53 miles and 70 mins	824	100.0	0	0.0	40.5	56.6	74.4
Buchanan, MI	49107	1,431	1 in 30 miles and 45 mins	0	0.0	1,431	100.0	61.0	83.3	107.0
Burlington, MI	49029	272	1 in 30 miles and 45 mins	136	50.0	136	50.0	29.5	38.3	63.5
Burr Oak, MI	49030	309	1 in 30 miles and 45 mins	20	6.5	289	93.5	34.7	61.6	71.9
		23	1 in 53 miles and 70 mins	23	100.0	0	0.0	39.1	62.5	75.6
Caledonia, MI	49316	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	11.6	33.8	72.5
Cassopolis, MI	49031	1,229	1 in 30 miles and 45 mins	0	0.0	1,229	100.0	44.5	69.8	87.6
Centreville, MI	49032	493	1 in 30 miles and 45 mins	491	99.6	2	0.4	25.2	64.9	66.0
Ceresco, MI	49033	126	1 in 30 miles and 45 mins	126	100.0	0	0.0	24.6	35.2	59.1
Charlotte, MI	48813	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	27.2	42.2	60.4
Climax, MI	49034	210	1 in 30 miles and 45 mins	210	100.0	0	0.0	12.4	47.3	49.5
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	23.6	30.8	57.1
Coldwater, MI	49036	4,166	1 in 53 miles and 70 mins	4,144	99.5	22	0.5	45.1	46.6	76.3
Coloma, MI	49038	1,224	1 in 30 miles and 45 mins	0	0.0	1,224	100.0	41.6	64.7	99.3
Colon, MI	49040	407	1 in 30 miles and 45 mins	219	53.8	188	46.2	29.8	56.0	65.8
		21	1 in 53 miles and 70 mins	21	100.0	0	0.0	29.8	52.5	64.4
Comstock, MI	49041	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	2.1	40.8	59.9
Constantine, MI	49042	701	1 in 30 miles and 45 mins	56	8.0	645	92.0	32.8	70.0	74.9

Access Detail By Zip Code - Adult Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+ (Metro)
    Crisis Res - Adult
  FY26 Q1 Medicaid Enrollees - 18+ (Micro)
    Crisis Res - Adult

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Covert, MI	49043	564	1 in 30 miles and 45 mins	0	0.0	564	100.0	38.0	58.9	96.3
Decatur, MI	49045	983	1 in 30 miles and 45 mins	291	29.6	692	70.4	31.1	56.7	83.0
Delton, MI	49046	763	1 in 30 miles and 45 mins	763	100.0	0	0.0	22.0	31.6	56.5
Dowagiac, MI	49047	2,699	1 in 30 miles and 45 mins	0	0.0	2,699	100.0	42.7	66.8	91.0
Dowling, MI	49050	142	1 in 30 miles and 45 mins	97	68.3	45	31.7	28.7	40.1	49.2
East Leroy, MI	49051	222	1 in 30 miles and 45 mins	222	100.0	0	0.0	20.5	43.1	55.5
Eau Claire, MI	49111	485	1 in 30 miles and 45 mins	0	0.0	485	100.0	47.6	71.4	99.4
Edwardsburg, MI	49112	1,105	1 in 30 miles and 45 mins	0	0.0	1,105	100.0	50.8	77.3	92.1
Freeport, MI	49325	119	1 in 30 miles and 45 mins	119	100.0	0	0.0	22.0	39.6	64.9
Fulton, MI	49052	115	1 in 30 miles and 45 mins	115	100.0	0	0.0	21.4	49.2	56.4
Galesburg, MI	49053	951	1 in 30 miles and 45 mins	951	100.0	0	0.0	6.9	42.6	52.5
Galien, MI	49113	242	1 in 30 miles and 45 mins	0	0.0	242	100.0	67.2	89.2	114.0
Gobles, MI	49055	749	1 in 30 miles and 45 mins	749	100.0	0	0.0	21.3	37.9	75.9
Grand Junction, MI	49056	544	1 in 30 miles and 45 mins	215	39.5	329	60.5	30.7	45.7	86.3
Harbert, MI	49115	10	1 in 30 miles and 45 mins	0	0.0	10	100.0	67.9	90.9	119.3
Hartford, MI	49057	1,407	1 in 30 miles and 45 mins	0	0.0	1,407	100.0	34.4	58.4	91.5
Hastings, MI	49058	2,484	1 in 30 miles and 45 mins	1,801	72.5	683	27.5	28.9	34.4	58.4
Hickory Corners, MI	49060	105	1 in 30 miles and 45 mins	105	100.0	0	0.0	17.2	36.7	53.0
Homer, MI	49245	645	1 in 30 miles and 45 mins	591	91.6	54	8.4	26.0	40.9	75.2
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	32.4	42.3	75.9
Jones, MI	49061	246	1 in 30 miles and 45 mins	0	0.0	246	100.0	36.7	67.9	79.9
Kalamazoo, MI	49001	5,306	1 in 30 miles and 45 mins	5,306	100.0	0	0.0	2.3	40.6	60.0
	49003	28	1 in 30 miles and 45 mins	28	100.0	0	0.0	2.0	40.7	59.8
	49004	2,156	1 in 30 miles and 45 mins	2,156	100.0	0	0.0	5.4	36.5	60.2
	49005	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	3.3	38.8	60.5
	49006	3,373	1 in 30 miles and 45 mins	3,373	100.0	0	0.0	5.7	38.4	63.0
	49007	4,214	1 in 30 miles and 45 mins	4,214	100.0	0	0.0	4.2	38.3	61.1
	49008	2,292	1 in 30 miles and 45 mins	2,292	100.0	0	0.0	4.4	40.4	62.0
	49009	4,660	1 in 30 miles and 45 mins	4,660	100.0	0	0.0	8.8	39.4	65.5
	49019	12	1 in 30 miles and 45 mins	12	100.0	0	0.0	2.2	40.8	59.9
	49048	5,239	1 in 30 miles and 45 mins	5,239	100.0	0	0.0	3.1	39.3	58.1
Lacota, MI	49063	7	1 in 30 miles and 45 mins	0	0.0	7	100.0	34.8	47.3	89.7
Lake Odessa, MI	48849	55	1 in 30 miles and 45 mins	45	81.8	10	18.2	28.4	46.1	61.1
Lakeside, MI	49116	9	1 in 30 miles and 45 mins	0	0.0	9	100.0	70.7	93.5	121.9
Lawrence, MI	49064	603	1 in 30 miles and 45 mins	538	89.2	65	10.8	28.1	52.8	85.5
Lawton, MI	49065	895	1 in 30 miles and 45 mins	895	100.0	0	0.0	21.9	49.7	74.8
Leonidas, MI	49066	101	1 in 30 miles and 45 mins	101	100.0	0	0.0	24.8	53.7	60.7
Litchfield, MI	49252	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	28.2	45.5	79.4
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	33.7	45.1	78.2
Marcellus, MI	49067	571	1 in 30 miles and 45 mins	430	75.3	141	24.7	29.1	58.4	75.5

Access Detail By Zip Code - Adult Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    Crisis Res - Adult
  FY26 Q1 Medicaid Enrollees - 18+
  (Micro)
    Crisis Res - Adult

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Marshall, MI	49068	1,535	1 in 30 miles and 45 mins	1,478	96.3	57	3.7	28.0	31.0	63.7
Mattawan, MI	49071	930	1 in 30 miles and 45 mins	930	100.0	0	0.0	15.2	44.1	71.5
Mendon, MI	49072	330	1 in 30 miles and 45 mins	330	100.0	0	0.0	20.5	58.7	60.4
Middleville, MI	49333	852	1 in 30 miles and 45 mins	852	100.0	0	0.0	17.7	31.4	67.9
Montgomery, MI	49255	60	1 in 53 miles and 70 mins	59	98.3	1	1.7	49.3	59.0	87.9
Nashville, MI	49073	704	1 in 30 miles and 45 mins	0	0.0	704	100.0	37.5	40.6	50.5
Nazareth, MI	49074	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	4.3	38.7	61.6
New Buffalo, MI	49117	330	1 in 30 miles and 45 mins	0	0.0	330	100.0	76.3	98.8	126.9
New Troy, MI	49119	15	1 in 30 miles and 45 mins	0	0.0	15	100.0	64.8	87.7	115.2
Niles, MI	49120	6,378	1 in 30 miles and 45 mins	0	0.0	6,378	100.0	58.1	80.2	101.0
Nottawa, MI	49075	21	1 in 30 miles and 45 mins	21	100.0	0	0.0	26.8	62.8	66.1
Olivet, MI	49076	77	1 in 30 miles and 45 mins	54	70.1	23	29.9	28.4	38.1	59.6
Oshtemo, MI	49077	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	8.0	40.7	65.6
Otsego, MI	49078	24	1 in 30 miles and 45 mins	24	100.0	0	0.0	18.6	31.0	69.6
Paw Paw, MI	49079	1,827	1 in 30 miles and 45 mins	1,827	100.0	0	0.0	20.4	46.7	77.2
Plainwell, MI	49080	361	1 in 30 miles and 45 mins	361	100.0	0	0.0	14.6	28.2	62.1
Portage, MI	49002	2,205	1 in 30 miles and 45 mins	2,205	100.0	0	0.0	5.8	44.7	59.9
	49024	2,500	1 in 30 miles and 45 mins	2,500	100.0	0	0.0	7.8	43.7	62.5
	49081	25	1 in 30 miles and 45 mins	25	100.0	0	0.0	6.4	42.9	61.8
Quincy, MI	49082	646	1 in 53 miles and 70 mins	646	100.0	0	0.0	41.1	48.4	79.8
Reading, MI	49274	12	1 in 53 miles and 70 mins	12	100.0	0	0.0	47.3	56.4	85.6
Richland, MI	49083	477	1 in 30 miles and 45 mins	477	100.0	0	0.0	11.1	36.6	55.0
Riverside, MI	49084	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	43.8	66.2	101.9
Saint Joseph, MI	49085	1,614	1 in 30 miles and 45 mins	0	0.0	1,614	100.0	53.5	77.2	108.7
Sawyer, MI	49125	225	1 in 30 miles and 45 mins	0	0.0	225	100.0	65.2	88.2	116.2
Schoolcraft, MI	49087	421	1 in 30 miles and 45 mins	421	100.0	0	0.0	15.5	50.0	65.7
Scotts, MI	49088	151	1 in 30 miles and 45 mins	151	100.0	0	0.0	10.6	48.4	54.3
Shelbyville, MI	49344	139	1 in 30 miles and 45 mins	139	100.0	0	0.0	21.2	22.7	64.1
Sherwood, MI	49089	279	1 in 53 miles and 70 mins	279	100.0	0	0.0	30.8	49.8	64.3
Sodus, MI	49126	194	1 in 30 miles and 45 mins	0	0.0	194	100.0	50.2	74.0	104.1
South Haven, MI	49090	1,691	1 in 30 miles and 45 mins	0	0.0	1,691	100.0	39.1	54.0	95.6
Springport, MI	49284	69	1 in 30 miles and 45 mins	69	100.0	0	0.0	24.1	42.7	63.0
Stevensville, MI	49127	968	1 in 30 miles and 45 mins	0	0.0	968	100.0	56.3	80.0	110.5
Sturgis, MI	49091	2,881	1 in 30 miles and 45 mins	131	4.5	2,750	95.5	34.7	67.6	74.0
Tekonsha, MI	49092	278	1 in 30 miles and 45 mins	7	2.5	271	97.5	34.3	35.9	69.3
		45	1 in 53 miles and 70 mins	45	100.0	0	0.0	36.4	39.3	72.0
Three Oaks, MI	49128	352	1 in 30 miles and 45 mins	0	0.0	352	100.0	70.4	92.8	119.7
Three Rivers, MI	49093	2,998	1 in 30 miles and 45 mins	2,835	94.6	163	5.4	25.0	62.4	69.3
Union City, MI	49094	100	1 in 30 miles and 45 mins	42	42.0	58	58.0	30.1	41.1	63.6
		544	1 in 53 miles and 70 mins	544	100.0	0	0.0	32.6	43.8	65.5

Access Detail By Zip Code - Adult Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Adult

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+ (Metro)
    Crisis Res - Adult
  FY26 Q1 Medicaid Enrollees - 18+ (Micro)
    Crisis Res - Adult

		Employee	Provider	With Access		Without Access		Average Distance		
All Employees										
City	Zip Code	#	Standard	#	%	#	%	1	2	3
Union Pier, MI	49129	45	1 in 30 miles and 45 mins	0	0.0	45	100.0	72.5	95.2	123.4
Union, MI	49130	171	1 in 30 miles and 45 mins	0	0.0	171	100.0	43.6	75.4	85.2
Vandalia, MI	49095	252	1 in 30 miles and 45 mins	0	0.0	252	100.0	39.0	67.3	82.4
Vicksburg, MI	49097	944	1 in 30 miles and 45 mins	944	100.0	0	0.0	11.9	51.1	58.8
Watervliet, MI	49098	1,050	1 in 30 miles and 45 mins	0	0.0	1,050	100.0	39.0	62.7	96.1
Wayland, MI	49348	197	1 in 30 miles and 45 mins	197	100.0	0	0.0	17.2	26.9	68.0
White Pigeon, MI	49099	772	1 in 30 miles and 45 mins	0	0.0	772	100.0	36.2	73.4	77.2
Woodland, MI	48897	120	1 in 30 miles and 45 mins	17	14.2	103	85.8	31.0	44.7	58.0
Grand Totals		119,360	1 in 30 miles and 45 mins	74,763	62.6	44,597	37.4	26.3	52.3	73.6
		6,643	1 in 53 miles and 70 mins	6,620	99.7	23	0.3	42.4	48.1	75.1

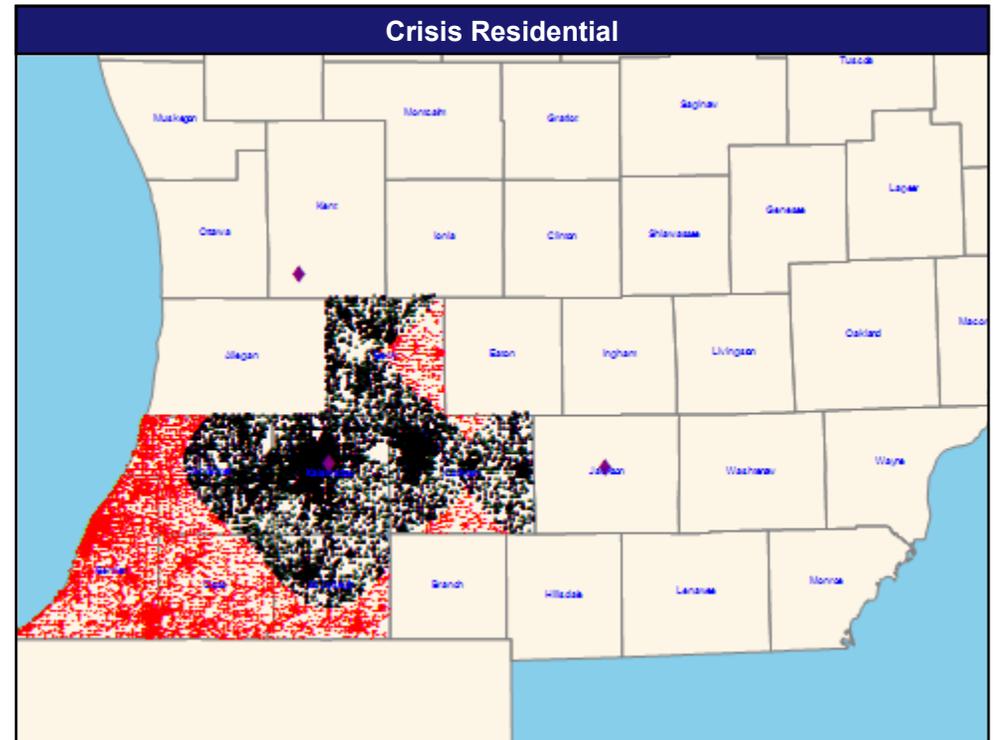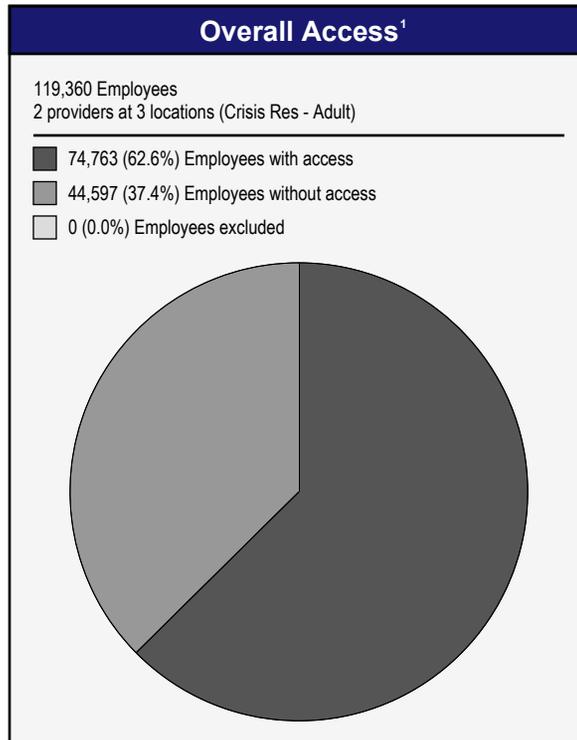# Access Overview - Children Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Children

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18
  (Metro)
    Crisis Res - Children

Access Map
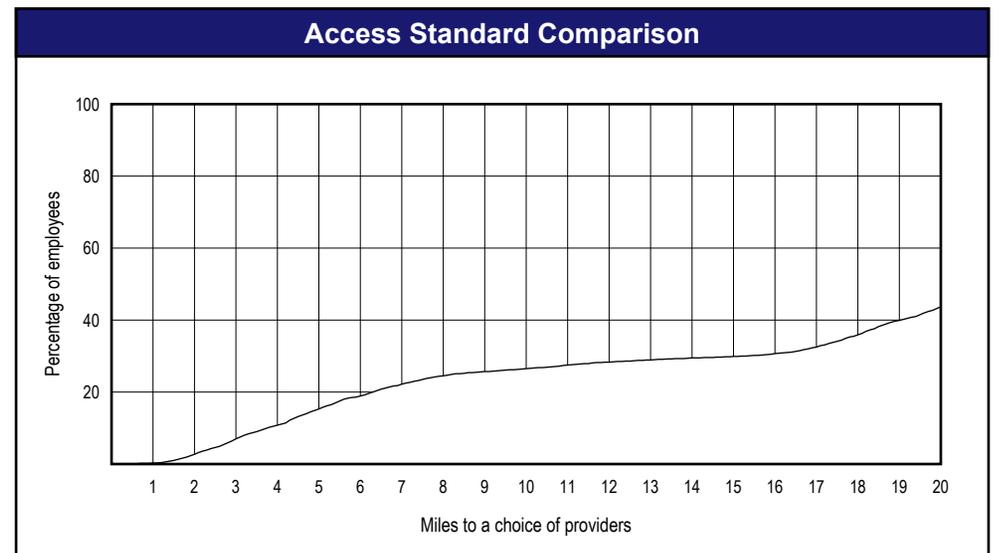Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - <18
  (Metro)) employees accessing:
    1 (Crisis Res - Children) provider in 30
    miles and 45 minutes

Overall Access[1]

75,447 Employees
1 providers at 2 locations (Crisis Res - Children)

■ 0 (0.0%) Employees with access
■ 75,447 (100.0%) Employees without access
□ 0 (0.0%) Employees excluded

Crisis Residential

Distances/Times

	Average
Distance/Time to 1st closest provider	140.1 miles 203.8 mins
Distance/Time to 2nd closest provider	140.1 miles 203.9 mins
Distance/Time to 3rd closest provider	---

Access Standard Comparison

Percentage of employees (y-axis)
Miles to a choice of providers (x-axis)

Access Overview - Children Crisis Residential
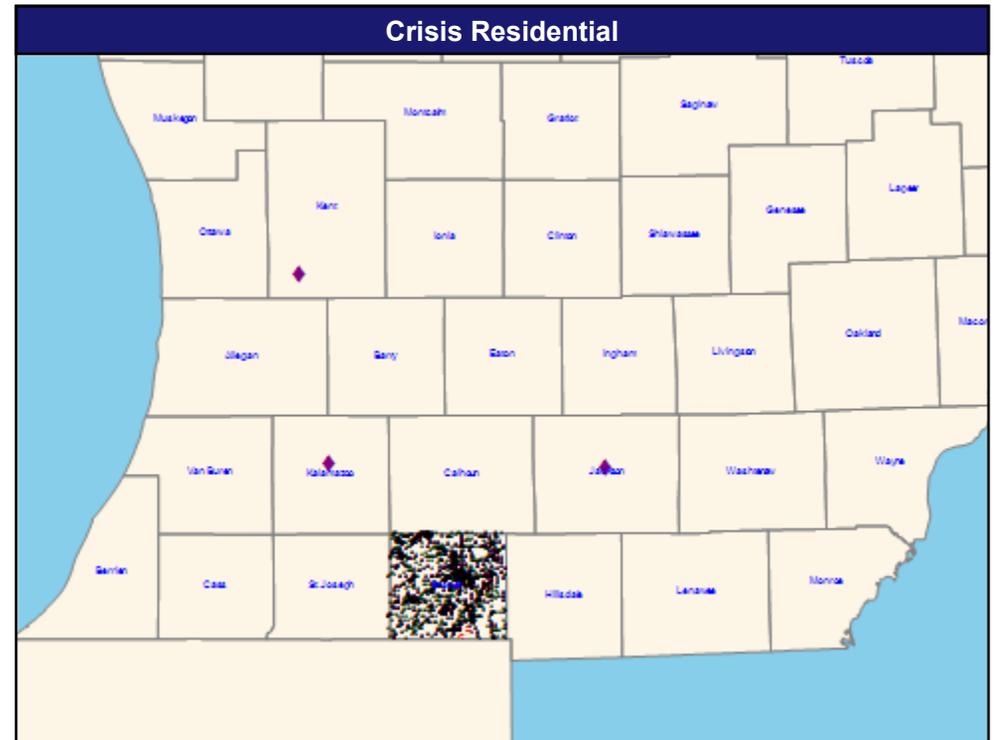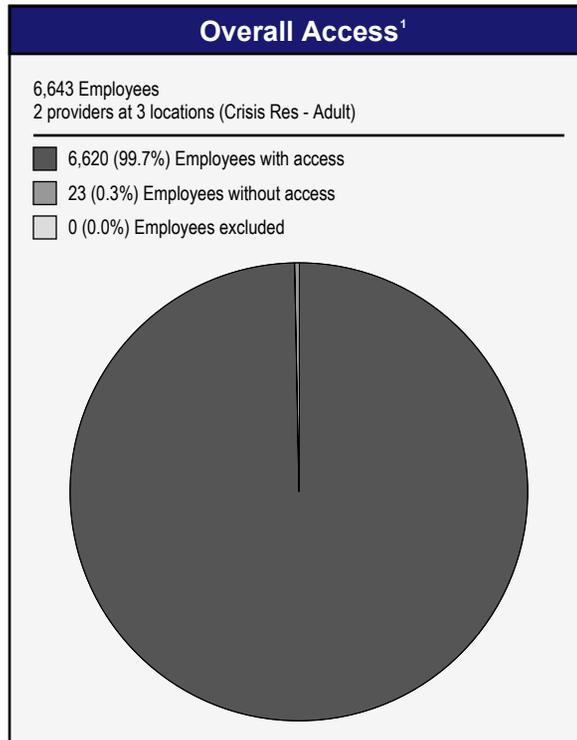
January 12, 2026

Access Analysis
  Crisis Residential - Children

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18
  (Micro)

    Crisis Res - Children

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
(FY26 Q1 Medicaid Enrollees - <18
(Micro)) employees accessing:
  1 (Crisis Res - Children) provider in 53
  miles and 70 minutes

Overall Access[1]

4,953 Employees
1 providers at 2 locations (Crisis Res - Children)

■ 0 (0.0%) Employees with access
■ 4,953 (100.0%) Employees without access
■ 0 (0.0%) Employees excluded

Crisis Residential

Distances/Times

	Average
Distance/Time to 1st closest provider	110.1 miles 155.3 mins
Distance/Time to 2nd closest provider	110.1 miles 155.3 mins
Distance/Time to 3rd closest provider	---

Access Standard Comparison

Percentage of employees (y-axis)
Miles to a choice of providers (x-axis)

Access Detail By Zip Code - Children Crisis Residential

January 12, 2026

				All Employees							
		Employee	**Provider**	**With Access**		**Without Access**		**Average Distance**			
City	**Zip Code**	**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**	
Albion, MI	49224	1,673	1 in 30 miles and 45 mins	0	0.0	1,673	100.0	90.1	90.1	---	
Allegan, MI	49010	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	143.1	143.1	---	
Athens, MI	49011	182	1 in 30 miles and 45 mins	0	0.0	182	100.0	116.1	116.1	---	
		2	1 in 53 miles and 70 mins	0	0.0	2	100.0	118.6	118.6	---	
Augusta, MI	49012	165	1 in 30 miles and 45 mins	0	0.0	165	100.0	119.4	119.4	---	
Bangor, MI	49013	885	1 in 30 miles and 45 mins	0	0.0	885	100.0	159.8	159.8	---	
Baroda, MI	49101	225	1 in 30 miles and 45 mins	0	0.0	225	100.0	183.6	183.6	---	
Battle Creek, MI	49014	2,401	1 in 30 miles and 45 mins	0	0.0	2,401	100.0	109.5	109.5	---	
	49015	2,960	1 in 30 miles and 45 mins	0	0.0	2,960	100.0	112.6	112.6	---	
	49016	55	1 in 30 miles and 45 mins	0	0.0	55	100.0	111.4	111.4	---	
	49017	2,253	1 in 30 miles and 45 mins	0	0.0	2,253	100.0	110.8	110.8	---	
	49037	3,779	1 in 30 miles and 45 mins	0	0.0	3,779	100.0	113.0	113.0	---	
Bedford, MI	49020	1	1 in 30 miles and 45 mins	0	0.0	1	100.0	113.3	113.3	---	
Bellevue, MI	49021	231	1 in 30 miles and 45 mins	0	0.0	231	100.0	107.2	107.2	---	
Benton Harbor, MI	49022	5,507	1 in 30 miles and 45 mins	0	0.0	5,507	100.0	178.3	178.3	---	
	49023	5	1 in 30 miles and 45 mins	0	0.0	5	100.0	180.0	180.0	---	
Berrien Center, MI	49102	84	1 in 30 miles and 45 mins	0	0.0	84	100.0	172.1	172.1	---	
Berrien Springs, MI	49103	897	1 in 30 miles and 45 mins	0	0.0	897	100.0	176.2	176.2	---	
	49104	1	1 in 30 miles and 45 mins	0	0.0	1	100.0	176.6	176.6	---	
Bloomingdale, MI	49026	157	1 in 30 miles and 45 mins	0	0.0	157	100.0	151.9	151.9	---	
Breedsville, MI	49027	10	1 in 30 miles and 45 mins	0	0.0	10	100.0	157.3	157.3	---	
Bridgman, MI	49106	300	1 in 30 miles and 45 mins	0	0.0	300	100.0	187.7	187.7	---	
Bronson, MI	49028	680	1 in 53 miles and 70 mins	0	0.0	680	100.0	119.6	119.6	---	
Buchanan, MI	49107	854	1 in 30 miles and 45 mins	0	0.0	854	100.0	179.6	179.6	---	
Burlington, MI	49029	179	1 in 30 miles and 45 mins	0	0.0	179	100.0	108.8	108.8	---	
Burr Oak, MI	49030	232	1 in 30 miles and 45 mins	0	0.0	232	100.0	126.5	126.5	---	
		15	1 in 53 miles and 70 mins	0	0.0	15	100.0	124.6	124.6	---	
Caledonia, MI	49316	6	1 in 30 miles and 45 mins	0	0.0	6	100.0	129.8	129.8	---	
Cassopolis, MI	49031	631	1 in 30 miles and 45 mins	0	0.0	631	100.0	159.1	159.1	---	
Centreville, MI	49032	329	1 in 30 miles and 45 mins	0	0.0	329	100.0	134.7	134.7	---	
Ceresco, MI	49033	83	1 in 30 miles and 45 mins	0	0.0	83	100.0	106.9	106.9	---	
Charlotte, MI	48813	2	1 in 30 miles and 45 mins	0	0.0	2	100.0	90.2	90.2	---	
Climax, MI	49034	107	1 in 30 miles and 45 mins	0	0.0	107	100.0	119.8	119.8	---	
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	0	0.0	2	100.0	121.4	121.4	---	
Coldwater, MI	49036	3,137	1 in 53 miles and 70 mins	0	0.0	3,137	100.0	108.5	108.5	---	
Coloma, MI	49038	763	1 in 30 miles and 45 mins	0	0.0	763	100.0	171.5	171.5	---	
Colon, MI	49040	305	1 in 30 miles and 45 mins	0	0.0	305	100.0	123.9	123.9	---	
		18	1 in 53 miles and 70 mins	0	0.0	18	100.0	120.9	120.9	---	
Comstock, MI	49041	9	1 in 30 miles and 45 mins	0	0.0	9	100.0	131.7	131.7	---	
Constantine, MI	49042	519	1 in 30 miles and 45 mins	0	0.0	519	100.0	143.7	143.7	---	

Access Detail By Zip Code - Children Crisis Residential

January 12, 2026

Access Analysis
  Crisis Residential - Children

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18 (Metro)
    Crisis Res - Children
  FY26 Q1 Medicaid Enrollees - <18 (Micro)
    Crisis Res - Children

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Avg Dist 1	Avg Dist 2	Avg Dist 3
			All Employees							
Covert, MI	49043	406	1 in 30 miles and 45 mins	0	0.0	406	100.0	167.7	167.7	---
Decatur, MI	49045	627	1 in 30 miles and 45 mins	0	0.0	627	100.0	155.8	155.8	---
Delton, MI	49046	502	1 in 30 miles and 45 mins	0	0.0	502	100.0	121.7	121.7	---
Dowagiac, MI	49047	1,793	1 in 30 miles and 45 mins	0	0.0	1,793	100.0	163.4	163.4	---
Dowling, MI	49050	98	1 in 30 miles and 45 mins	0	0.0	98	100.0	114.1	114.1	---
East Leroy, MI	49051	141	1 in 30 miles and 45 mins	0	0.0	141	100.0	114.9	114.9	---
Eau Claire, MI	49111	352	1 in 30 miles and 45 mins	0	0.0	352	100.0	171.8	171.8	---
Edwardsburg, MI	49112	788	1 in 30 miles and 45 mins	0	0.0	788	100.0	163.3	163.3	---
Freeport, MI	49325	113	1 in 30 miles and 45 mins	0	0.0	113	100.0	118.3	118.3	---
Fulton, MI	49052	64	1 in 30 miles and 45 mins	0	0.0	64	100.0	120.8	120.8	---
Galesburg, MI	49053	597	1 in 30 miles and 45 mins	0	0.0	597	100.0	123.9	123.9	---
Galien, MI	49113	186	1 in 30 miles and 45 mins	0	0.0	186	100.0	186.8	186.8	---
Gobles, MI	49055	468	1 in 30 miles and 45 mins	0	0.0	468	100.0	146.6	146.6	---
Grand Junction, MI	49056	401	1 in 30 miles and 45 mins	0	0.0	401	100.0	157.1	157.1	---
Harbert, MI	49115	1	1 in 30 miles and 45 mins	0	0.0	1	100.0	192.0	192.0	---
Hartford, MI	49057	1,205	1 in 30 miles and 45 mins	0	0.0	1,205	100.0	163.6	163.6	---
Hastings, MI	49058	1,573	1 in 30 miles and 45 mins	0	0.0	1,573	100.0	116.7	116.7	---
Hickory Corners, MI	49060	82	1 in 30 miles and 45 mins	0	0.0	82	100.0	121.1	121.1	---
Homer, MI	49245	422	1 in 30 miles and 45 mins	0	0.0	422	100.0	94.6	94.6	---
		9	1 in 53 miles and 70 mins	0	0.0	9	100.0	98.4	98.4	---
Jones, MI	49061	162	1 in 30 miles and 45 mins	0	0.0	162	100.0	150.7	150.7	---
Kalamazoo, MI	49001	3,643	1 in 30 miles and 45 mins	0	0.0	3,643	100.0	131.8	131.8	---
	49003	30	1 in 30 miles and 45 mins	0	0.0	30	100.0	131.6	131.6	---
	49004	1,412	1 in 30 miles and 45 mins	0	0.0	1,412	100.0	131.1	131.1	---
	49005	4	1 in 30 miles and 45 mins	0	0.0	4	100.0	132.1	132.1	---
	49006	2,075	1 in 30 miles and 45 mins	0	0.0	2,075	100.0	134.5	134.5	---
	49007	2,010	1 in 30 miles and 45 mins	0	0.0	2,010	100.0	132.6	132.6	---
	49008	1,154	1 in 30 miles and 45 mins	0	0.0	1,154	100.0	134.0	134.0	---
	49009	2,759	1 in 30 miles and 45 mins	0	0.0	2,759	100.0	137.1	137.1	---
	49019	6	1 in 30 miles and 45 mins	0	0.0	6	100.0	131.7	131.7	---
	49048	3,382	1 in 30 miles and 45 mins	0	0.0	3,382	100.0	129.7	129.7	---
Lacota, MI	49063	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	160.0	160.0	---
Lake Odessa, MI	48849	26	1 in 30 miles and 45 mins	0	0.0	26	100.0	109.9	109.9	---
Lakeside, MI	49116	4	1 in 30 miles and 45 mins	0	0.0	4	100.0	194.6	194.6	---
Lawrence, MI	49064	387	1 in 30 miles and 45 mins	0	0.0	387	100.0	157.3	157.3	---
Lawton, MI	49065	537	1 in 30 miles and 45 mins	0	0.0	537	100.0	146.9	146.9	---
Leonidas, MI	49066	84	1 in 30 miles and 45 mins	0	0.0	84	100.0	123.7	123.7	---
Litchfield, MI	49252	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	91.0	91.0	---
Marcellus, MI	49067	443	1 in 30 miles and 45 mins	0	0.0	443	100.0	147.3	147.3	---
Marshall, MI	49068	840	1 in 30 miles and 45 mins	0	0.0	840	100.0	99.9	99.9	---

Access Detail By Zip Code - Children Crisis Residential

January 12, 2026

Access Analysis
    Crisis Residential - Children

Employee / Provider Groups
    FY26 Q1 Medicaid Enrollees - <18 (Metro)
        Crisis Res - Children
    FY26 Q1 Medicaid Enrollees - <18 (Micro)
        Crisis Res - Children

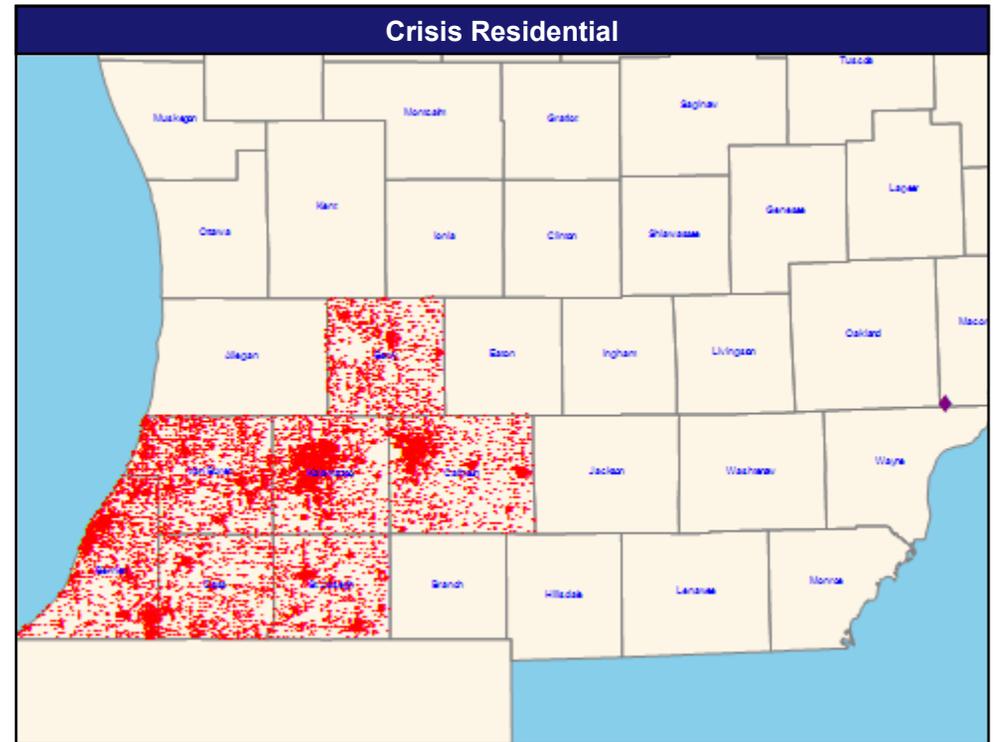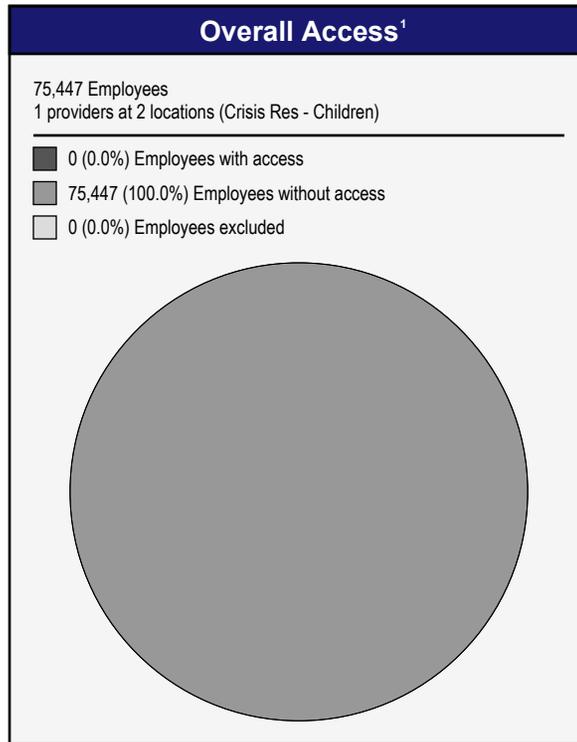|											
			All Employees								
		Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City			**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**
Mattawan, MI	49071		623	1 in 30 miles and 45 mins	0	0.0	623	100.0	143.5	143.5	---
Mendon, MI	49072		225	1 in 30 miles and 45 mins	0	0.0	225	100.0	129.9	129.9	---
Middleville, MI	49333		753	1 in 30 miles and 45 mins	0	0.0	753	100.0	126.0	126.0	---
Montgomery, MI	49255		53	1 in 53 miles and 70 mins	0	0.0	53	100.0	106.9	106.9	---
Nashville, MI	49073		490	1 in 30 miles and 45 mins	0	0.0	490	100.0	107.5	107.5	---
Nazareth, MI	49074		7	1 in 30 miles and 45 mins	0	0.0	7	100.0	133.2	133.2	---
New Buffalo, MI	49117		136	1 in 30 miles and 45 mins	0	0.0	136	100.0	199.5	199.5	---
New Troy, MI	49119		4	1 in 30 miles and 45 mins	0	0.0	4	100.0	187.9	187.9	---
Niles, MI	49120		3,815	1 in 30 miles and 45 mins	0	0.0	3,815	100.0	173.2	173.2	---
Nottawa, MI	49075		6	1 in 30 miles and 45 mins	0	0.0	6	100.0	131.0	131.0	---
Olivet, MI	49076		45	1 in 30 miles and 45 mins	0	0.0	45	100.0	94.3	94.3	---
Oshtemo, MI	49077		1	1 in 30 miles and 45 mins	0	0.0	1	100.0	137.4	137.4	---
Otsego, MI	49078		14	1 in 30 miles and 45 mins	0	0.0	14	100.0	140.0	140.0	---
Paw Paw, MI	49079		1,169	1 in 30 miles and 45 mins	0	0.0	1,169	100.0	149.1	149.1	---
Plainwell, MI	49080		232	1 in 30 miles and 45 mins	0	0.0	232	100.0	129.9	129.9	---
Portage, MI	49002		1,134	1 in 30 miles and 45 mins	0	0.0	1,134	100.0	131.9	131.9	---
	49024		1,580	1 in 30 miles and 45 mins	0	0.0	1,580	100.0	134.6	134.6	---
	49081		10	1 in 30 miles and 45 mins	0	0.0	10	100.0	133.8	133.8	---
Quincy, MI	49082		483	1 in 53 miles and 70 mins	0	0.0	483	100.0	102.5	102.5	---
Reading, MI	49274		10	1 in 53 miles and 70 mins	0	0.0	10	100.0	105.6	105.6	---
Richland, MI	49083		393	1 in 30 miles and 45 mins	0	0.0	393	100.0	125.3	125.3	---
Saint Joseph, MI	49085		748	1 in 30 miles and 45 mins	0	0.0	748	100.0	181.3	181.3	---
Sawyer, MI	49125		117	1 in 30 miles and 45 mins	0	0.0	117	100.0	188.8	188.8	---
Schoolcraft, MI	49087		294	1 in 30 miles and 45 mins	0	0.0	294	100.0	137.9	137.9	---
Scotts, MI	49088		129	1 in 30 miles and 45 mins	0	0.0	129	100.0	125.8	125.8	---
Shelbyville, MI	49344		57	1 in 30 miles and 45 mins	0	0.0	57	100.0	128.4	128.4	---
Sherwood, MI	49089		162	1 in 53 miles and 70 mins	0	0.0	162	100.0	118.2	118.2	---
Sodus, MI	49126		119	1 in 30 miles and 45 mins	0	0.0	119	100.0	176.8	176.8	---
South Haven, MI	49090		1,105	1 in 30 miles and 45 mins	0	0.0	1,105	100.0	166.3	166.3	---
Springport, MI	49284		52	1 in 30 miles and 45 mins	0	0.0	52	100.0	88.5	88.5	---
Stevensville, MI	49127		538	1 in 30 miles and 45 mins	0	0.0	538	100.0	182.9	182.9	---
Sturgis, MI	49091		2,445	1 in 30 miles and 45 mins	0	0.0	2,445	100.0	132.5	132.5	---
Tekonsha, MI	49092		132	1 in 30 miles and 45 mins	0	0.0	132	100.0	103.6	103.6	---
			35	1 in 53 miles and 70 mins	0	0.0	35	100.0	103.8	103.8	---
Three Oaks, MI	49128		186	1 in 30 miles and 45 mins	0	0.0	186	100.0	192.3	192.3	---
Three Rivers, MI	49093		1,799	1 in 30 miles and 45 mins	0	0.0	1,799	100.0	139.5	139.5	---
Union City, MI	49094		56	1 in 30 miles and 45 mins	0	0.0	56	100.0	111.1	111.1	---
			349	1 in 53 miles and 70 mins	0	0.0	349	100.0	112.4	112.5	---
Union Pier, MI	49129		9	1 in 30 miles and 45 mins	0	0.0	9	100.0	196.0	196.0	---
Union, MI	49130		114	1 in 30 miles and 45 mins	0	0.0	114	100.0	154.9	154.9	---

Access Detail By Zip Code - Children Crisis Residential

Access Analysis
  Crisis Residential - Children

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18 (Metro)
    Crisis Res - Children
  FY26 Q1 Medicaid Enrollees - <18 (Micro)
    Crisis Res - Children

			All Employees							
	Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City		#	Standard	#	%	#	%	1	2	3
Vandalia, MI	49095	170	1 in 30 miles and 45 mins	0	0.0	170	100.0	153.7	153.7	---
Vicksburg, MI	49097	640	1 in 30 miles and 45 mins	0	0.0	640	100.0	130.5	130.5	---
Watervliet, MI	49098	671	1 in 30 miles and 45 mins	0	0.0	671	100.0	168.4	168.4	---
Wayland, MI	49348	208	1 in 30 miles and 45 mins	0	0.0	208	100.0	129.7	129.7	---
White Pigeon, MI	49099	533	1 in 30 miles and 45 mins	0	0.0	533	100.0	145.3	145.3	---
Woodland, MI	48897	110	1 in 30 miles and 45 mins	0	0.0	110	100.0	108.5	108.5	---
Grand Totals		75,447	1 in 30 miles and 45 mins	0	0.0	75,447	100.0	140.1	140.1	---
		4,953	1 in 53 miles and 70 mins	0	0.0	4,953	100.0	110.1	110.1	---

Access Overview - Clubhouse

January 12, 2026

Access Analysis
  Clubhouse

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    Clubhouse

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ▨ 2nd closest
  ▨ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - 18+
  (Metro)) employees accessing:
  1 (Clubhouse) provider in 30 miles and
  45 minutes

Overall Access[1]

119,360 Employees
2 providers at 2 locations (Clubhouse)

- ■ 53,366 (44.7%) Employees with access
- ■ 65,994 (55.3%) Employees without access
- ☐ 0 (0.0%) Employees excluded

Clubhouse

Distances/Times

	Average
Distance/Time to 1st closest provider	33.9 miles 37.8 mins
Distance/Time to 2nd closest provider	52.1 miles 58.1 mins
Distance/Time to 3rd closest provider	---
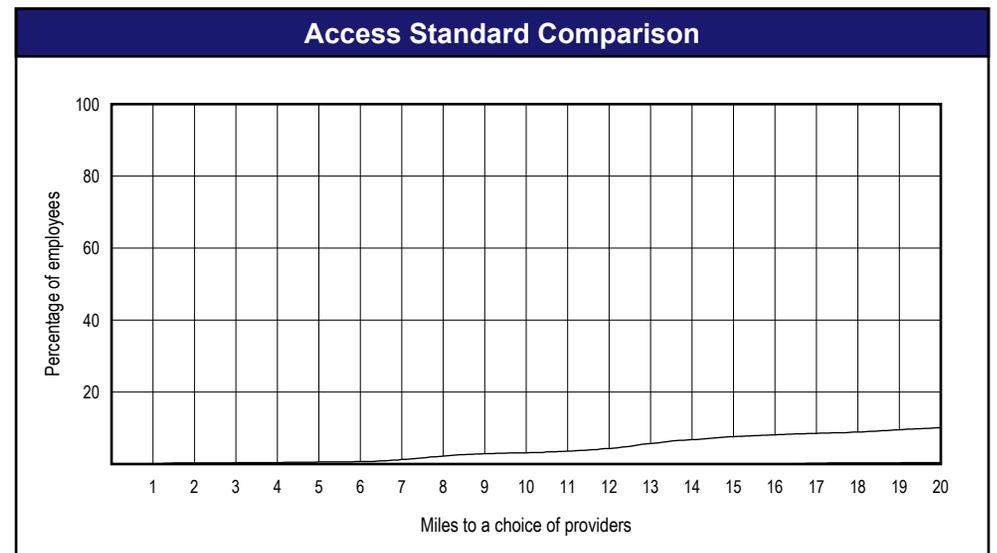
Access Standard Comparison

Access Overview - Clubhouse

January 12, 2026

Access Analysis
  Clubhouse

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+ (Micro)
    Clubhouse

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as (FY26 Q1 Medicaid Enrollees - 18+ (Micro)) employees accessing:
  1 (Clubhouse) provider in 53 miles and 70 minutes

Overall Access[1]

6,643 Employees
2 providers at 2 locations (Clubhouse)

▇ 6,643 (100.0%) Employees with access
▨ 0 (0.0%) Employees without access
☐ 0 (0.0%) Employees excluded

Clubhouse

Distances/Times

	Average
Distance/Time to 1st closest provider	6.4 miles 6.9 mins
Distance/Time to 2nd closest provider	26.4 miles 28.8 mins
Distance/Time to 3rd closest provider	---

Access Standard Comparison

Percentage of employees (y-axis: 20, 40, 60, 80, 100)
Miles to a choice of providers (x-axis: 1-20)

Access Detail By Zip Code - Clubhouse

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
			All Employees							
Albion, MI	49224	2,419	1 in 30 miles and 45 mins	505	20.9	1,914	79.1	30.8	52.1	---
Allegan, MI	49010	2	1 in 30 miles and 45 mins	0	0.0	2	100.0	42.4	62.1	---
Athens, MI	49011	287	1 in 30 miles and 45 mins	287	100.0	0	0.0	21.4	25.5	---
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	20.4	21.5	---
Augusta, MI	49012	292	1 in 30 miles and 45 mins	2	0.7	290	99.3	33.9	40.5	---
Bangor, MI	49013	1,280	1 in 30 miles and 45 mins	0	0.0	1,280	100.0	50.9	67.1	---
Baroda, MI	49101	357	1 in 30 miles and 45 mins	0	0.0	357	100.0	51.6	78.1	---
Battle Creek, MI	49014	3,904	1 in 30 miles and 45 mins	3,037	77.8	867	22.2	29.2	40.2	---
	49015	4,173	1 in 30 miles and 45 mins	1,478	35.4	2,695	64.6	30.5	36.3	---
	49016	203	1 in 30 miles and 45 mins	0	0.0	203	100.0	31.4	38.7	---
	49017	3,799	1 in 30 miles and 45 mins	0	0.0	3,799	100.0	32.6	40.5	---
	49037	6,137	1 in 30 miles and 45 mins	0	0.0	6,137	100.0	33.8	38.1	---
Bedford, MI	49020	2	1 in 30 miles and 45 mins	0	0.0	2	100.0	37.4	40.5	---
Bellevue, MI	49021	322	1 in 30 miles and 45 mins	2	0.6	320	99.4	36.8	48.3	---
Benton Harbor, MI	49022	8,828	1 in 30 miles and 45 mins	0	0.0	8,828	100.0	51.8	76.0	---
	49023	30	1 in 30 miles and 45 mins	0	0.0	30	100.0	53.3	77.8	---
Berrien Center, MI	49102	137	1 in 30 miles and 45 mins	0	0.0	137	100.0	40.5	66.9	---
Berrien Springs, MI	49103	1,490	1 in 30 miles and 45 mins	0	0.0	1,490	100.0	44.2	70.7	---
	49104	15	1 in 30 miles and 45 mins	0	0.0	15	100.0	45.0	71.4	---
Bloomingdale, MI	49026	313	1 in 30 miles and 45 mins	0	0.0	313	100.0	47.6	64.7	---
Breedsville, MI	49027	13	1 in 30 miles and 45 mins	0	0.0	13	100.0	51.6	66.9	---
Bridgman, MI	49106	562	1 in 30 miles and 45 mins	0	0.0	562	100.0	55.2	81.8	---
Bronson, MI	49028	824	1 in 53 miles and 70 mins	824	100.0	0	0.0	14.3	19.2	---
Buchanan, MI	49107	1,431	1 in 30 miles and 45 mins	0	0.0	1,431	100.0	46.4	72.7	---
Burlington, MI	49029	272	1 in 30 miles and 45 mins	272	100.0	0	0.0	16.4	32.6	---
Burr Oak, MI	49030	309	1 in 30 miles and 45 mins	309	100.0	0	0.0	13.0	21.1	---
		23	1 in 53 miles and 70 mins	23	100.0	0	0.0	18.2	21.7	---
Caledonia, MI	49316	13	1 in 30 miles and 45 mins	0	0.0	13	100.0	58.7	67.3	---
Cassopolis, MI	49031	1,229	1 in 30 miles and 45 mins	1,164	94.7	65	5.3	26.5	52.7	---
Centreville, MI	49032	493	1 in 30 miles and 45 mins	493	100.0	0	0.0	1.9	27.6	---
Ceresco, MI	49033	126	1 in 30 miles and 45 mins	126	100.0	0	0.0	22.7	39.4	---
Charlotte, MI	48813	4	1 in 30 miles and 45 mins	0	0.0	4	100.0	38.2	61.4	---
Climax, MI	49034	210	1 in 30 miles and 45 mins	195	92.9	15	7.1	27.4	34.3	---
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	0	0.0	2	100.0	44.6	51.3	---
Coldwater, MI	49036	4,166	1 in 53 miles and 70 mins	4,166	100.0	0	0.0	2.5	27.1	---
Coloma, MI	49038	1,224	1 in 30 miles and 45 mins	0	0.0	1,224	100.0	51.3	72.4	---
Colon, MI	49040	407	1 in 30 miles and 45 mins	407	100.0	0	0.0	11.6	17.1	---
		21	1 in 53 miles and 70 mins	21	100.0	0	0.0	15.9	16.9	---
Comstock, MI	49041	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	25.0	45.1	---
Constantine, MI	49042	701	1 in 30 miles and 45 mins	701	100.0	0	0.0	13.2	37.0	---

Access Detail By Zip Code - Clubhouse

January 12, 2026

Access Analysis
Clubhouse

Employee / Provider Groups
FY26 Q1 Medicaid Enrollees - 18+ (Metro)
Clubhouse
FY26 Q1 Medicaid Enrollees - 18+ (Micro)
Clubhouse

			All Employees								
	Zip Code	**Employee**	**Provider**	**With Access**		**Without Access**		**Average Distance**		
City		**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**
Covert, MI	49043	564	1 in 30 miles and 45 mins	0	0.0	564	100.0	54.1	72.4	---
Decatur, MI	49045	983	1 in 30 miles and 45 mins	78	7.9	905	92.1	33.4	54.2	---
Delton, MI	49046	763	1 in 30 miles and 45 mins	0	0.0	763	100.0	43.0	50.5	---
Dowagiac, MI	49047	2,699	1 in 30 miles and 45 mins	49	1.8	2,650	98.2	33.2	58.6	---
Dowling, MI	49050	142	1 in 30 miles and 45 mins	0	0.0	142	100.0	43.4	46.3	---
East Leroy, MI	49051	222	1 in 30 miles and 45 mins	222	100.0	0	0.0	26.2	30.3	---
Eau Claire, MI	49111	485	1 in 30 miles and 45 mins	0	0.0	485	100.0	42.3	67.8	---
Edwardsburg, MI	49112	1,105	1 in 30 miles and 45 mins	207	18.7	898	81.3	31.8	56.0	---
Freeport, MI	49325	119	1 in 30 miles and 45 mins	0	0.0	119	100.0	59.8	61.2	---
Fulton, MI	49052	115	1 in 30 miles and 45 mins	115	100.0	0	0.0	21.9	26.2	---
Galesburg, MI	49053	951	1 in 30 miles and 45 mins	942	99.1	9	0.9	27.5	41.3	---
Galien, MI	49113	242	1 in 30 miles and 45 mins	0	0.0	242	100.0	53.3	79.5	---
Gobles, MI	49055	749	1 in 30 miles and 45 mins	0	0.0	749	100.0	42.6	60.9	---
Grand Junction, MI	49056	544	1 in 30 miles and 45 mins	0	0.0	544	100.0	52.8	68.4	---
Harbert, MI	49115	10	1 in 30 miles and 45 mins	0	0.0	10	100.0	59.1	85.7	---
Hartford, MI	49057	1,407	1 in 30 miles and 45 mins	0	0.0	1,407	100.0	45.5	65.2	---
Hastings, MI	49058	2,484	1 in 30 miles and 45 mins	0	0.0	2,484	100.0	52.9	54.3	---
Hickory Corners, MI	49060	105	1 in 30 miles and 45 mins	0	0.0	105	100.0	37.1	45.7	---
Homer, MI	49245	645	1 in 30 miles and 45 mins	645	100.0	0	0.0	21.9	43.6	---
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	15.4	38.0	---
Jones, MI	49061	246	1 in 30 miles and 45 mins	246	100.0	0	0.0	18.0	43.7	---
Kalamazoo, MI	49001	5,306	1 in 30 miles and 45 mins	5,306	100.0	0	0.0	25.2	45.3	---
	49003	28	1 in 30 miles and 45 mins	28	100.0	0	0.0	25.0	45.1	---
	49004	2,156	1 in 30 miles and 45 mins	1,715	79.5	441	20.5	29.5	49.4	---
	49005	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	27.1	47.3	---
	49006	3,373	1 in 30 miles and 45 mins	3,120	92.5	253	7.5	28.5	48.8	---
	49007	4,214	1 in 30 miles and 45 mins	4,214	100.0	0	0.0	27.6	47.9	---
	49008	2,292	1 in 30 miles and 45 mins	2,292	100.0	0	0.0	26.3	46.5	---
	49009	4,660	1 in 30 miles and 45 mins	3,385	72.6	1,275	27.4	29.6	49.4	---
	49019	12	1 in 30 miles and 45 mins	12	100.0	0	0.0	25.0	45.1	---
	49048	5,239	1 in 30 miles and 45 mins	5,239	100.0	0	0.0	26.7	46.0	---
Lacota, MI	49063	7	1 in 30 miles and 45 mins	0	0.0	7	100.0	56.9	72.0	---
Lake Odessa, MI	48849	55	1 in 30 miles and 45 mins	0	0.0	55	100.0	58.4	64.1	---
Lakeside, MI	49116	9	1 in 30 miles and 45 mins	0	0.0	9	100.0	61.4	88.0	---
Lawrence, MI	49064	603	1 in 30 miles and 45 mins	0	0.0	603	100.0	42.8	60.8	---
Lawton, MI	49065	895	1 in 30 miles and 45 mins	219	24.5	676	75.5	31.1	49.3	---
Leonidas, MI	49066	101	1 in 30 miles and 45 mins	101	100.0	0	0.0	15.4	21.7	---
Litchfield, MI	49252	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	20.4	42.5	---
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	14.4	37.7	---
Marcellus, MI	49067	571	1 in 30 miles and 45 mins	571	100.0	0	0.0	20.8	43.3	---

Access Detail By Zip Code - Clubhouse

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Avg Dist 1	Avg Dist 2	Avg Dist 3
Marshall, MI	49068	1,535	1 in 30 miles and 45 mins	1,493	97.3	42	2.7	23.7	46.4	---
Mattawan, MI	49071	930	1 in 30 miles and 45 mins	90	9.7	840	90.3	32.1	50.5	---
Mendon, MI	49072	330	1 in 30 miles and 45 mins	330	100.0	0	0.0	8.7	26.1	---
Middleville, MI	49333	852	1 in 30 miles and 45 mins	0	0.0	852	100.0	55.6	62.7	---
Montgomery, MI	49255	60	1 in 53 miles and 70 mins	60	100.0	0	0.0	16.6	37.0	---
Nashville, MI	49073	704	1 in 30 miles and 45 mins	0	0.0	704	100.0	47.4	55.7	---
Nazareth, MI	49074	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	27.5	47.8	---
New Buffalo, MI	49117	330	1 in 30 miles and 45 mins	0	0.0	330	100.0	66.1	92.5	---
New Troy, MI	49119	15	1 in 30 miles and 45 mins	0	0.0	15	100.0	54.9	81.5	---
Niles, MI	49120	6,378	1 in 30 miles and 45 mins	0	0.0	6,378	100.0	40.2	66.1	---
Nottawa, MI	49075	21	1 in 30 miles and 45 mins	21	100.0	0	0.0	3.4	23.7	---
Olivet, MI	49076	77	1 in 30 miles and 45 mins	0	0.0	77	100.0	34.7	57.4	---
Oshtemo, MI	49077	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	28.5	48.3	---
Otsego, MI	49078	24	1 in 30 miles and 45 mins	0	0.0	24	100.0	39.2	59.5	---
Paw Paw, MI	49079	1,827	1 in 30 miles and 45 mins	0	0.0	1,827	100.0	37.6	54.8	---
Plainwell, MI	49080	361	1 in 30 miles and 45 mins	0	0.0	361	100.0	38.9	55.1	---
Portage, MI	49002	2,205	1 in 30 miles and 45 mins	2,205	100.0	0	0.0	21.3	41.4	---
	49024	2,500	1 in 30 miles and 45 mins	2,500	100.0	0	0.0	23.6	43.7	---
	49081	25	1 in 30 miles and 45 mins	25	100.0	0	0.0	23.8	44.0	---
Quincy, MI	49082	646	1 in 53 miles and 70 mins	646	100.0	0	0.0	7.9	33.4	---
Reading, MI	49274	12	1 in 53 miles and 70 mins	12	100.0	0	0.0	13.8	35.0	---
Richland, MI	49083	477	1 in 30 miles and 45 mins	3	0.6	474	99.4	32.7	46.6	---
Riverside, MI	49084	3	1 in 30 miles and 45 mins	0	0.0	3	100.0	54.3	75.3	---
Saint Joseph, MI	49085	1,614	1 in 30 miles and 45 mins	0	0.0	1,614	100.0	52.8	78.1	---
Sawyer, MI	49125	225	1 in 30 miles and 45 mins	0	0.0	225	100.0	56.0	82.7	---
Schoolcraft, MI	49087	421	1 in 30 miles and 45 mins	421	100.0	0	0.0	20.3	40.0	---
Scotts, MI	49088	151	1 in 30 miles and 45 mins	151	100.0	0	0.0	20.5	35.7	---
Shelbyville, MI	49344	139	1 in 30 miles and 45 mins	0	0.0	139	100.0	46.3	58.4	---
Sherwood, MI	49089	279	1 in 53 miles and 70 mins	279	100.0	0	0.0	16.3	19.2	---
Sodus, MI	49126	194	1 in 30 miles and 45 mins	0	0.0	194	100.0	47.8	73.0	---
South Haven, MI	49090	1,691	1 in 30 miles and 45 mins	0	0.0	1,691	100.0	59.4	75.3	---
Springport, MI	49284	69	1 in 30 miles and 45 mins	0	0.0	69	100.0	37.9	60.4	---
Stevensville, MI	49127	968	1 in 30 miles and 45 mins	0	0.0	968	100.0	53.0	78.9	---
Sturgis, MI	49091	2,881	1 in 30 miles and 45 mins	2,881	100.0	0	0.0	12.0	28.2	---
Tekonsha, MI	49092	278	1 in 30 miles and 45 mins	278	100.0	0	0.0	12.2	35.2	---
		45	1 in 53 miles and 70 mins	45	100.0	0	0.0	9.9	33.1	---
Three Oaks, MI	49128	352	1 in 30 miles and 45 mins	0	0.0	352	100.0	59.0	85.4	---
Three Rivers, MI	49093	2,998	1 in 30 miles and 45 mins	2,998	100.0	0	0.0	8.4	33.4	---
Union City, MI	49094	100	1 in 30 miles and 45 mins	100	100.0	0	0.0	16.3	29.3	---
		544	1 in 53 miles and 70 mins	544	100.0	0	0.0	14.2	25.9	---

Access Detail By Zip Code - Clubhouse

January 12, 2026

Access Analysis
  Clubhouse

Employee / Provider Groups
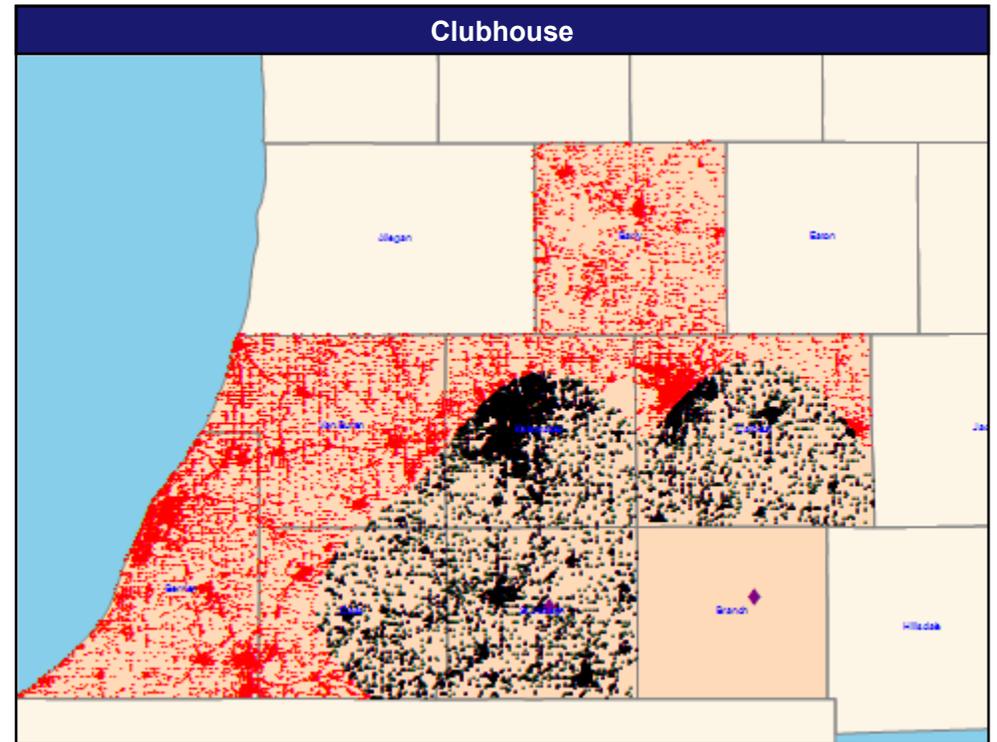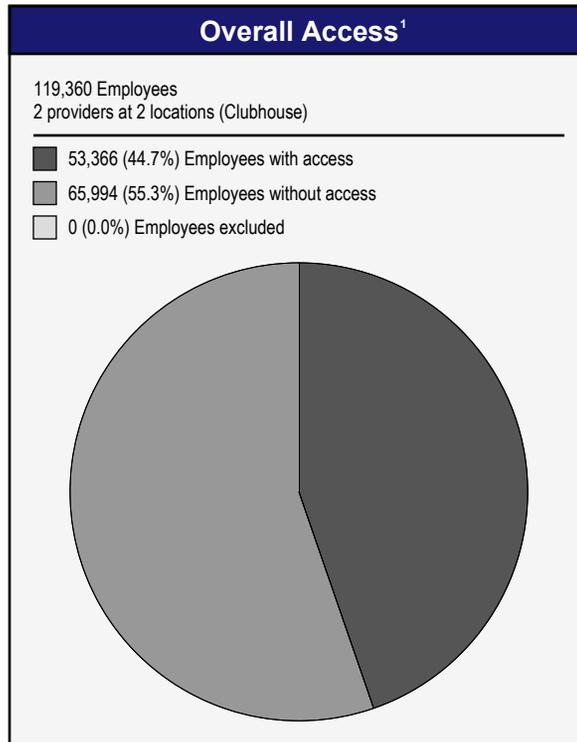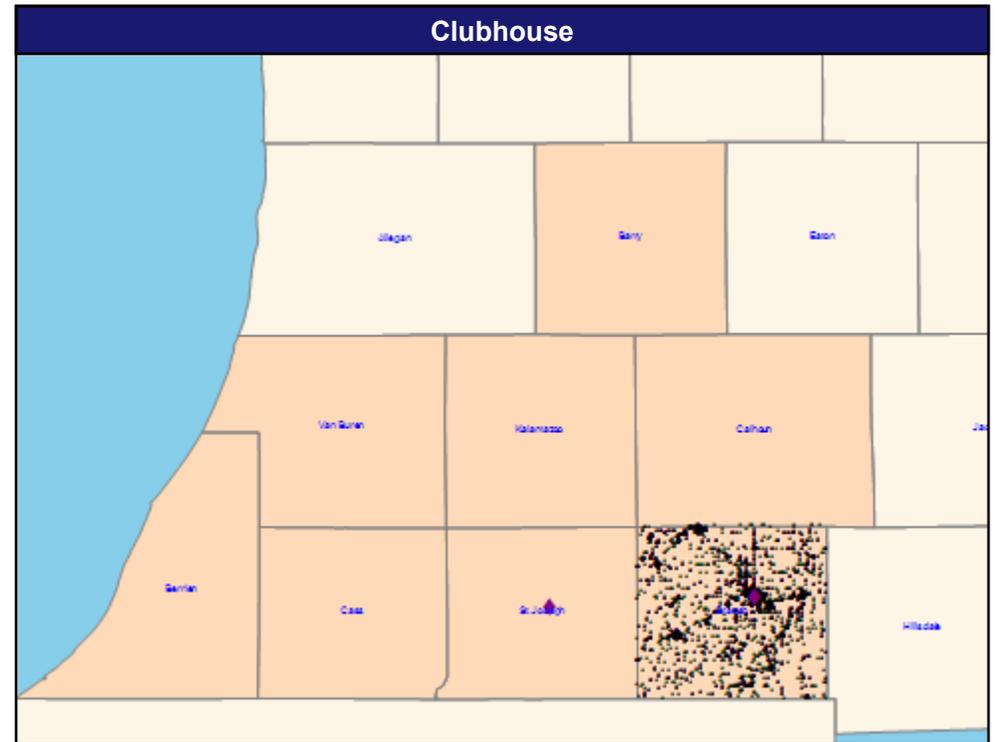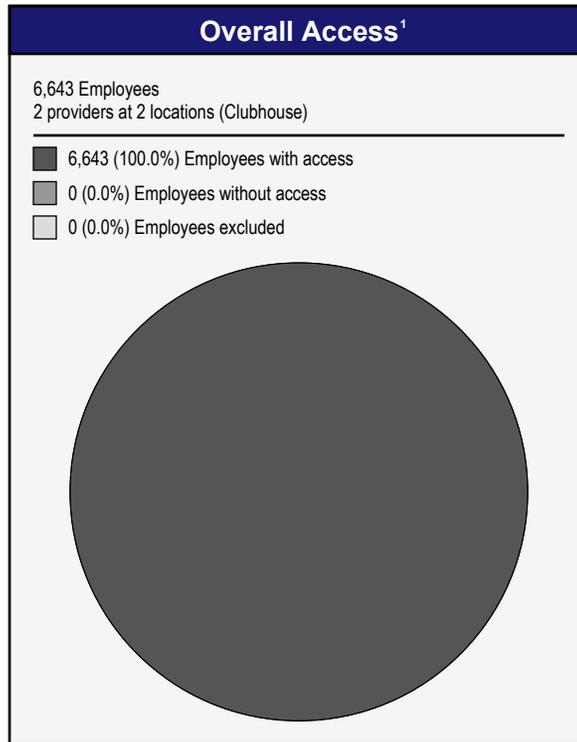 FY26 Q1 Medicaid Enrollees - 18+ (Metro)
    Clubhouse
  FY26 Q1 Medicaid Enrollees - 18+ (Micro)
    Clubhouse

			All Employees								
		Employee	Provider		With Access		Without Access		Average Distance		
City	Zip Code	#	Standard		#	%	#	%	1	2	3
Union Pier, MI	49129	45	1 in 30 miles and 45 mins		0	0.0	45	100.0	62.8	89.4	---
Union, MI	49130	171	1 in 30 miles and 45 mins		171	100.0	0	0.0	25.5	48.2	---
Vandalia, MI	49095	252	1 in 30 miles and 45 mins		252	100.0	0	0.0	20.7	47.0	---
Vicksburg, MI	49097	944	1 in 30 miles and 45 mins		944	100.0	0	0.0	15.5	34.3	---
Watervliet, MI	49098	1,050	1 in 30 miles and 45 mins		0	0.0	1,050	100.0	48.0	69.0	---
Wayland, MI	49348	197	1 in 30 miles and 45 mins		0	0.0	197	100.0	51.8	62.7	---
White Pigeon, MI	49099	772	1 in 30 miles and 45 mins		772	100.0	0	0.0	16.6	39.2	---
Woodland, MI	48897	120	1 in 30 miles and 45 mins		0	0.0	120	100.0	55.3	61.8	---
Grand Totals		119,360	1 in 30 miles and 45 mins		53,366	44.7	65,994	55.3	33.9	52.1	---
		6,643	1 in 53 miles and 70 mins		6,643	100.0	0	0.0	6.4	26.4	---

Access Overview - Homebased

January 12, 2026

Access Analysis
  Homebased

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <22
  (Metro)
    Homebased

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - <22
  (Metro)) employees accessing:
    1 (Homebased) provider in 30 miles
    and 45 minutes

Overall Access[1]

88,265 Employees
8 providers at 8 locations (Homebased)

■ 88,104 (99.8%) Employees with access
■ 161 (0.2%) Employees without access
□ 0 (0.0%) Employees excluded

Homebased

Distances/Times

	Average
Distance/Time to 1st closest provider	8.6 miles 9.6 mins
Distance/Time to 2nd closest provider	22.3 miles 25.2 mins
Distance/Time to 3rd closest provider	29.0 miles 32.8 mins

Access Standard Comparison

Percentage of employees (y-axis)
Miles to a choice of providers (x-axis: 1-20)

Access Overview - Homebased

January 12, 2026

Access Analysis
Homebased

Employee / Provider Groups
FY26 Q1 Medicaid Enrollees - <22
(Micro)
Homebased

Access Map
Employee locations
◆ With access
● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
☐ 1st closest
☐ 2nd closest
☐ 3rd closest

[1] The Access Standard is defined as
(FY26 Q1 Medicaid Enrollees - <22
(Micro)) employees accessing:
1 (Homebased) provider in 53 miles
and 70 minutes

Overall Access[1]

5,722 Employees
8 providers at 8 locations (Homebased)

■ 5,722 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
□ 0 (0.0%) Employees excluded

Homebased

Distances/Times

	Average
Distance/Time to 1st closest provider	6.6 miles 7.2 mins
Distance/Time to 2nd closest provider	25.8 miles 28.1 mins
Distance/Time to 3rd closest provider	32.1 miles 34.9 mins

Access Standard Comparison

Miles to a choice of providers

Access Detail By Zip Code - Homebased

January 12, 2026

Access Analysis
Homebased

Employee / Provider Groups
FY26 Q1 Medicaid Enrollees - <22 (Metro)
Homebased
FY26 Q1 Medicaid Enrollees - <22 (Micro)
Homebased

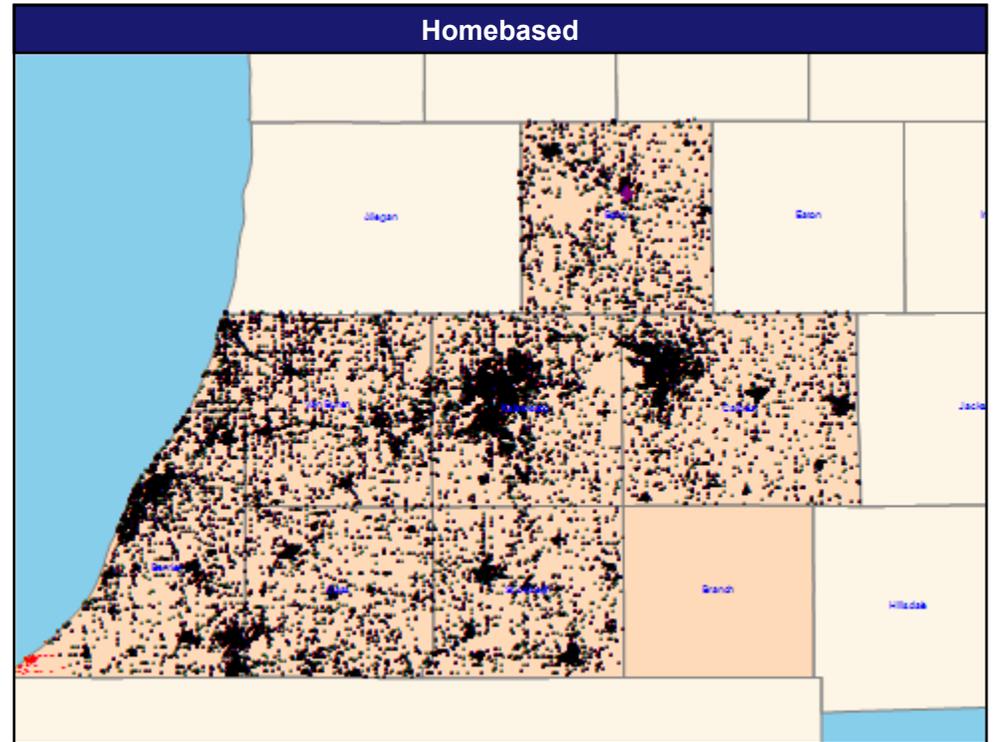|			All Employees								
		Employee	Provider	With Access		Without Access		Average Distance		
City	Zip Code	#	Standard	#	%	#	%	1	2	3
Albion, MI	49224	1,955	1 in 30 miles and 45 mins	1,955	100.0	0	0.0	24.2	29.5	42.5
Allegan, MI	49010	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	17.0	21.0	34.2
Athens, MI	49011	220	1 in 30 miles and 45 mins	220	100.0	0	0.0	16.6	22.0	24.8
		2	1 in 53 miles and 70 mins	2	100.0	0	0.0	20.1	20.5	22.0
Augusta, MI	49012	184	1 in 30 miles and 45 mins	184	100.0	0	0.0	9.9	16.1	21.4
Bangor, MI	49013	1,017	1 in 30 miles and 45 mins	1,017	100.0	0	0.0	16.2	27.9	30.0
Baroda, MI	49101	269	1 in 30 miles and 45 mins	269	100.0	0	0.0	11.9	26.6	43.1
Battle Creek, MI	49014	2,785	1 in 30 miles and 45 mins	2,785	100.0	0	0.0	3.6	23.0	26.4
	49015	3,436	1 in 30 miles and 45 mins	3,436	100.0	0	0.0	3.5	19.7	25.7
	49016	63	1 in 30 miles and 45 mins	63	100.0	0	0.0	0.3	21.4	24.2
	49017	2,621	1 in 30 miles and 45 mins	2,621	100.0	0	0.0	3.0	21.9	24.4
	49037	4,337	1 in 30 miles and 45 mins	4,337	100.0	0	0.0	2.8	20.6	22.4
Bedford, MI	49020	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	7.2	17.9	23.8
Bellevue, MI	49021	265	1 in 30 miles and 45 mins	265	100.0	0	0.0	12.0	20.2	31.7
Benton Harbor, MI	49022	6,441	1 in 30 miles and 45 mins	6,441	100.0	0	0.0	2.4	31.2	32.8
	49023	7	1 in 30 miles and 45 mins	7	100.0	0	0.0	2.7	33.0	33.6
Berrien Center, MI	49102	103	1 in 30 miles and 45 mins	103	100.0	0	0.0	15.8	17.6	35.0
Berrien Springs, MI	49103	1,058	1 in 30 miles and 45 mins	1,058	100.0	0	0.0	13.6	19.6	38.2
	49104	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	12.1	20.8	37.7
Bloomingdale, MI	49026	187	1 in 30 miles and 45 mins	187	100.0	0	0.0	13.2	24.9	32.8
Breedsville, MI	49027	12	1 in 30 miles and 45 mins	12	100.0	0	0.0	16.7	27.9	31.5
Bridgman, MI	49106	349	1 in 30 miles and 45 mins	349	100.0	0	0.0	16.6	30.0	46.8
Bronson, MI	49028	782	1 in 53 miles and 70 mins	782	100.0	0	0.0	15.5	19.1	32.3
Buchanan, MI	49107	1,013	1 in 30 miles and 45 mins	1,013	100.0	0	0.0	19.5	22.6	45.7
Burlington, MI	49029	214	1 in 30 miles and 45 mins	214	100.0	0	0.0	15.1	19.3	30.1
Burr Oak, MI	49030	275	1 in 30 miles and 45 mins	275	100.0	0	0.0	13.2	22.4	34.7
		17	1 in 53 miles and 70 mins	17	100.0	0	0.0	17.5	22.0	35.9
Caledonia, MI	49316	7	1 in 30 miles and 45 mins	7	100.0	0	0.0	20.0	34.6	41.4
Cassopolis, MI	49031	761	1 in 30 miles and 45 mins	761	100.0	0	0.0	3.9	24.9	26.8
Centreville, MI	49032	373	1 in 30 miles and 45 mins	373	100.0	0	0.0	2.0	24.5	25.6
Ceresco, MI	49033	93	1 in 30 miles and 45 mins	93	100.0	0	0.0	10.7	23.3	26.4
Charlotte, MI	48813	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	24.4	35.3	37.1
Climax, MI	49034	134	1 in 30 miles and 45 mins	134	100.0	0	0.0	12.1	14.5	27.2
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	11.8	23.9	25.5
Coldwater, MI	49036	3,604	1 in 53 miles and 70 mins	3,604	100.0	0	0.0	2.8	27.0	32.2
Coloma, MI	49038	899	1 in 30 miles and 45 mins	899	100.0	0	0.0	13.4	22.6	33.8
Colon, MI	49040	348	1 in 30 miles and 45 mins	348	100.0	0	0.0	11.5	18.4	28.9
		18	1 in 53 miles and 70 mins	18	100.0	0	0.0	15.7	17.6	25.5
Comstock, MI	49041	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	0.6	18.4	21.6
Constantine, MI	49042	618	1 in 30 miles and 45 mins	618	100.0	0	0.0	13.2	20.0	31.4

Access Detail By Zip Code - Homebased

January 12, 2026

Access Analysis
 Homebased

Employee / Provider Groups
 FY26 Q1 Medicaid Enrollees - <22 (Metro)
  Homebased
 FY26 Q1 Medicaid Enrollees - <22 (Micro)
  Homebased

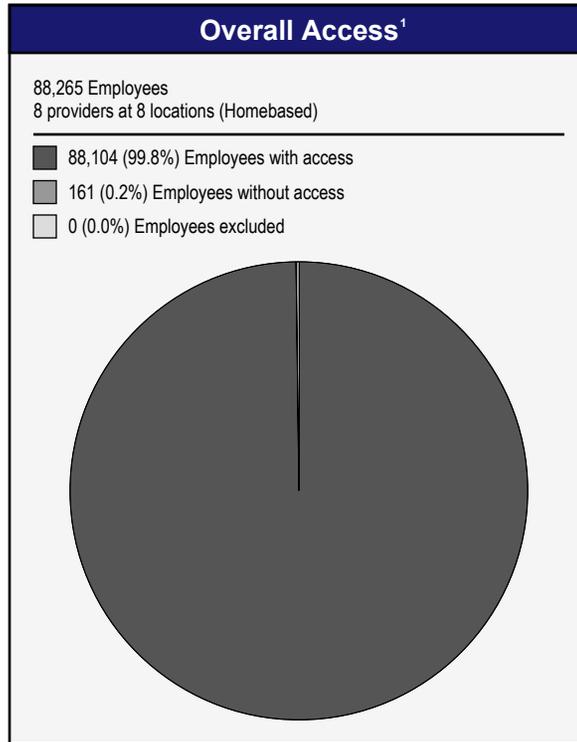|				All Employees							
		Employee	**Provider**	**With Access**		**Without Access**		**Average Distance**		
City	**Zip Code**	**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**
Covert, MI	49043	481	1 in 30 miles and 45 mins	481	100.0	0	0.0	20.3	22.3	35.3
Decatur, MI	49045	717	1 in 30 miles and 45 mins	717	100.0	0	0.0	12.1	15.5	23.5
Delton, MI	49046	571	1 in 30 miles and 45 mins	571	100.0	0	0.0	13.8	21.1	25.4
Dowagiac, MI	49047	2,119	1 in 30 miles and 45 mins	2,119	100.0	0	0.0	11.1	21.6	25.3
Dowling, MI	49050	117	1 in 30 miles and 45 mins	117	100.0	0	0.0	10.8	15.4	30.4
East Leroy, MI	49051	167	1 in 30 miles and 45 mins	167	100.0	0	0.0	11.2	21.7	26.9
Eau Claire, MI	49111	435	1 in 30 miles and 45 mins	435	100.0	0	0.0	12.6	20.5	31.4
Edwardsburg, MI	49112	919	1 in 30 miles and 45 mins	919	100.0	0	0.0	11.0	32.0	33.4
Freeport, MI	49325	127	1 in 30 miles and 45 mins	127	100.0	0	0.0	10.0	32.4	40.7
Fulton, MI	49052	80	1 in 30 miles and 45 mins	80	100.0	0	0.0	18.6	21.9	23.5
Galesburg, MI	49053	680	1 in 30 miles and 45 mins	680	100.0	0	0.0	8.8	13.7	26.1
Galien, MI	49113	207	1 in 30 miles and 45 mins	207	100.0	0	0.0	21.7	30.1	53.0
Gobles, MI	49055	546	1 in 30 miles and 45 mins	546	100.0	0	0.0	10.8	19.8	33.4
Grand Junction, MI	49056	474	1 in 30 miles and 45 mins	474	100.0	0	0.0	18.6	29.5	33.4
Harbert, MI	49115	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	23.4	33.6	52.7
Hartford, MI	49057	1,426	1 in 30 miles and 45 mins	1,426	100.0	0	0.0	14.6	20.5	26.0
Hastings, MI	49058	1,805	1 in 30 miles and 45 mins	1,805	100.0	0	0.0	3.5	25.2	35.6
Hickory Corners, MI	49060	91	1 in 30 miles and 45 mins	91	100.0	0	0.0	15.9	17.7	20.8
Homer, MI	49245	494	1 in 30 miles and 45 mins	494	100.0	0	0.0	20.5	29.1	41.8
		10	1 in 53 miles and 70 mins	10	100.0	0	0.0	14.1	32.1	38.0
Jones, MI	49061	195	1 in 30 miles and 45 mins	195	100.0	0	0.0	11.4	18.1	26.0
Kalamazoo, MI	49001	4,284	1 in 30 miles and 45 mins	4,284	100.0	0	0.0	1.2	18.4	21.7
	49003	30	1 in 30 miles and 45 mins	30	100.0	0	0.0	0.7	18.5	21.5
	49004	1,647	1 in 30 miles and 45 mins	1,647	100.0	0	0.0	5.3	19.5	22.8
	49005	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	1.8	19.3	21.1
	49006	2,528	1 in 30 miles and 45 mins	2,528	100.0	0	0.0	4.1	17.2	23.6
	49007	2,332	1 in 30 miles and 45 mins	2,332	100.0	0	0.0	2.9	19.2	21.5
	49008	1,405	1 in 30 miles and 45 mins	1,405	100.0	0	0.0	2.7	16.4	23.7
	49009	3,284	1 in 30 miles and 45 mins	3,284	100.0	0	0.0	6.9	14.4	26.4
	49019	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	0.6	18.4	21.7
	49048	3,902	1 in 30 miles and 45 mins	3,902	100.0	0	0.0	4.3	18.9	21.8
Lacota, MI	49063	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	23.3	33.5	34.1
Lake Odessa, MI	48849	33	1 in 30 miles and 45 mins	33	100.0	0	0.0	15.3	31.2	48.0
Lakeside, MI	49116	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	26.6	36.2	55.3
Lawrence, MI	49064	458	1 in 30 miles and 45 mins	458	100.0	0	0.0	8.9	22.6	25.1
Lawton, MI	49065	642	1 in 30 miles and 45 mins	642	100.0	0	0.0	7.8	19.0	24.2
Leonidas, MI	49066	93	1 in 30 miles and 45 mins	93	100.0	0	0.0	15.1	22.4	25.8
Litchfield, MI	49252	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	20.6	36.1	44.1
Marcellus, MI	49067	503	1 in 30 miles and 45 mins	503	100.0	0	0.0	15.7	17.5	21.7
Marshall, MI	49068	1,000	1 in 30 miles and 45 mins	1,000	100.0	0	0.0	14.8	23.2	32.5

Access Detail By Zip Code - Homebased

January 12, 2026

Access Analysis
    Homebased

Employee / Provider Groups
    FY26 Q1 Medicaid Enrollees - <22 (Metro)
        Homebased
    FY26 Q1 Medicaid Enrollees - <22 (Micro)
        Homebased

			All Employees							
		Employee	Provider	With Access		Without Access		Average Distance		
City	Zip Code	#	Standard	#	%	#	%	1	2	3
Mattawan, MI	49071	748	1 in 30 miles and 45 mins	748	100.0	0	0.0	6.8	13.6	28.9
Mendon, MI	49072	267	1 in 30 miles and 45 mins	267	100.0	0	0.0	8.6	21.6	26.7
Middleville, MI	49333	881	1 in 30 miles and 45 mins	881	100.0	0	0.0	13.9	32.4	36.3
Montgomery, MI	49255	60	1 in 53 miles and 70 mins	60	100.0	0	0.0	15.5	36.9	45.2
Nashville, MI	49073	561	1 in 30 miles and 45 mins	561	100.0	0	0.0	10.1	21.3	41.6
Nazareth, MI	49074	8	1 in 30 miles and 45 mins	8	100.0	0	0.0	2.8	18.2	22.3
New Buffalo, MI	49117	165	1 in 30 miles and 45 mins	4	2.4	161	97.6	33.5	41.7	61.4
New Troy, MI	49119	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	19.2	29.5	49.8
Niles, MI	49120	4,463	1 in 30 miles and 45 mins	4,463	100.0	0	0.0	17.8	26.1	40.0
Nottawa, MI	49075	9	1 in 30 miles and 45 mins	9	100.0	0	0.0	3.4	25.0	27.7
Olivet, MI	49076	54	1 in 30 miles and 45 mins	54	100.0	0	0.0	20.0	33.2	34.9
Oshtemo, MI	49077	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	6.1	12.8	27.1
Otsego, MI	49078	18	1 in 30 miles and 45 mins	18	100.0	0	0.0	17.3	19.6	31.0
Paw Paw, MI	49079	1,335	1 in 30 miles and 45 mins	1,335	100.0	0	0.0	3.1	18.3	25.1
Plainwell, MI	49080	269	1 in 30 miles and 45 mins	269	100.0	0	0.0	14.5	22.2	27.7
Portage, MI	49002	1,342	1 in 30 miles and 45 mins	1,342	100.0	0	0.0	5.1	18.1	21.3
	49024	1,857	1 in 30 miles and 45 mins	1,857	100.0	0	0.0	5.7	15.1	23.7
	49081	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	4.3	15.5	23.8
Quincy, MI	49082	566	1 in 53 miles and 70 mins	566	100.0	0	0.0	6.5	33.0	36.8
Reading, MI	49274	13	1 in 53 miles and 70 mins	13	100.0	0	0.0	12.9	35.2	43.0
Richland, MI	49083	437	1 in 30 miles and 45 mins	437	100.0	0	0.0	12.8	16.9	24.5
Saint Joseph, MI	49085	900	1 in 30 miles and 45 mins	900	100.0	0	0.0	4.4	31.4	35.9
Sawyer, MI	49125	136	1 in 30 miles and 45 mins	136	100.0	0	0.0	19.8	30.4	50.0
Schoolcraft, MI	49087	336	1 in 30 miles and 45 mins	336	100.0	0	0.0	13.0	17.9	21.1
Scotts, MI	49088	155	1 in 30 miles and 45 mins	155	100.0	0	0.0	12.4	19.0	22.2
Shelbyville, MI	49344	71	1 in 30 miles and 45 mins	71	100.0	0	0.0	15.2	22.4	32.6
Sherwood, MI	49089	191	1 in 53 miles and 70 mins	191	100.0	0	0.0	16.9	18.7	23.1
Sodus, MI	49126	135	1 in 30 miles and 45 mins	135	100.0	0	0.0	5.6	26.7	33.3
South Haven, MI	49090	1,280	1 in 30 miles and 45 mins	1,280	100.0	0	0.0	25.6	27.7	37.5
Springport, MI	49284	58	1 in 30 miles and 45 mins	58	100.0	0	0.0	24.4	36.2	39.4
Stevensville, MI	49127	628	1 in 30 miles and 45 mins	628	100.0	0	0.0	8.0	29.7	39.2
Sturgis, MI	49091	2,832	1 in 30 miles and 45 mins	2,832	100.0	0	0.0	12.1	29.1	33.0
Tekonsha, MI	49092	167	1 in 30 miles and 45 mins	167	100.0	0	0.0	11.7	23.9	34.5
		38	1 in 53 miles and 70 mins	38	100.0	0	0.0	8.9	27.2	32.7
Three Oaks, MI	49128	227	1 in 30 miles and 45 mins	227	100.0	0	0.0	25.9	34.8	56.1
Three Rivers, MI	49093	2,092	1 in 30 miles and 45 mins	2,092	100.0	0	0.0	8.3	19.5	24.1
Union City, MI	49094	67	1 in 30 miles and 45 mins	67	100.0	0	0.0	16.2	18.4	29.0
		421	1 in 53 miles and 70 mins	421	100.0	0	0.0	15.4	19.6	26.0
Union Pier, MI	49129	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	28.8	37.8	57.3
Union, MI	49130	126	1 in 30 miles and 45 mins	126	100.0	0	0.0	15.4	25.4	31.6

Access Detail By Zip Code - Homebased

January 12, 2026

Access Analysis
  Homebased

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <22
  (Metro)
    Homebased
  FY26 Q1 Medicaid Enrollees - <22
  (Micro)
    Homebased

		Employee	Provider	With Access		Without Access		Average Distance		
City	**Zip Code**	**#**	**Standard**	**#**	**%**	**#**	**%**	**1**	**2**	**3**
Vandalia, MI	49095	197	1 in 30 miles and 45 mins	197	100.0	0	0.0	6.8	20.5	22.7
Vicksburg, MI	49097	741	1 in 30 miles and 45 mins	741	100.0	0	0.0	12.4	15.9	23.4
Watervliet, MI	49098	807	1 in 30 miles and 45 mins	807	100.0	0	0.0	15.1	20.1	29.7
Wayland, MI	49348	240	1 in 30 miles and 45 mins	240	100.0	0	0.0	14.6	27.8	37.5
White Pigeon, MI	49099	616	1 in 30 miles and 45 mins	616	100.0	0	0.0	16.0	23.2	33.7
Woodland, MI	48897	121	1 in 30 miles and 45 mins	121	100.0	0	0.0	13.2	28.3	46.9
Grand Totals		88,265	1 in 30 miles and 45 mins	88,104	99.8	161	0.2	8.6	22.3	29.0
		5,722	1 in 53 miles and 70 mins	5,722	100.0	0	0.0	6.6	25.8	32.1

Table title: **All Employees**

Access Overview - Wraparound

January 12, 2026

Access Analysis
  Wraparound

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18
  (Metro)
    Wraparound

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - <18
  (Metro)) employees accessing:
    1 (Wraparound) provider in 30 miles
    and 45 minutes

Overall Access[1]

75,447 Employees
8 providers at 8 locations (Wraparound)

- ■ 75,313 (99.8%) Employees with access
- ■ 134 (0.2%) Employees without access
- ☐ 0 (0.0%) Employees excluded

Wraparound

Distances/Times

	Average
Distance/Time to 1st closest provider	8.6 miles 9.6 mins
Distance/Time to 2nd closest provider	22.3 miles 25.2 mins
Distance/Time to 3rd closest provider	29.0 miles 32.8 mins

Access Standard Comparison

Miles to a choice of providers

Access Overview - Wraparound

January 12, 2026

Access Analysis
  Wraparound

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18 (Micro)
    Wraparound

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as (FY26 Q1 Medicaid Enrollees - <18 (Micro)) employees accessing:
  1 (Wraparound) provider in 53 miles and 70 minutes

Overall Access[1]

4,953 Employees
8 providers at 8 locations (Wraparound)

■ 4,953 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
□ 0 (0.0%) Employees excluded
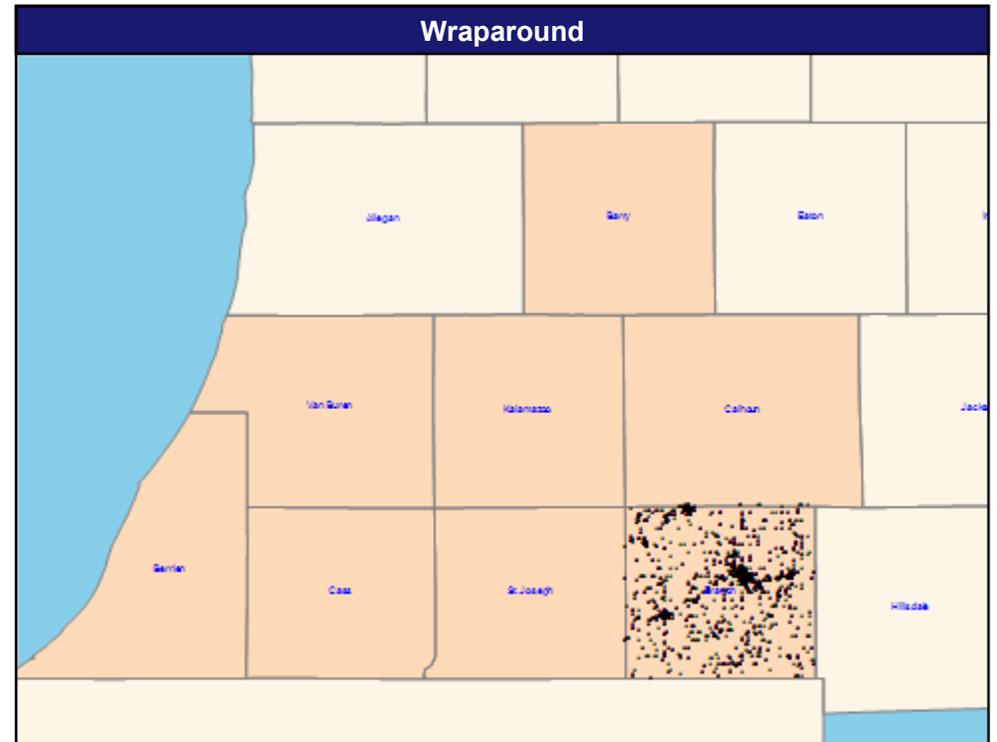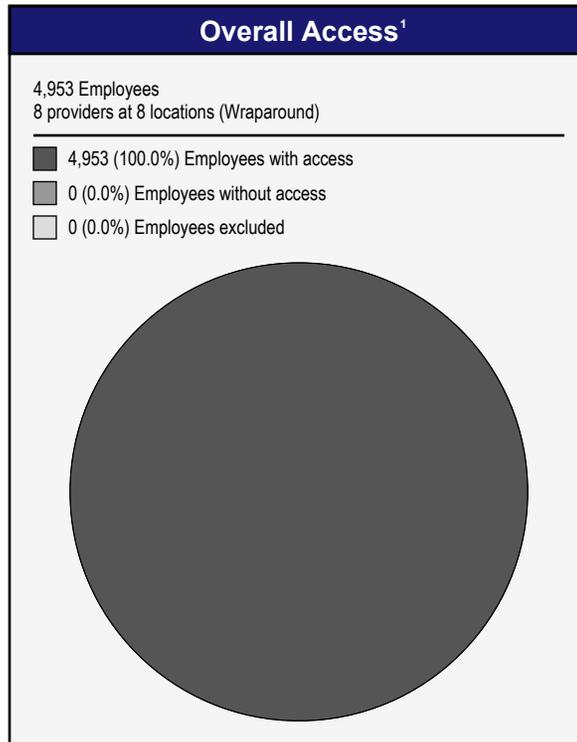
Wraparound

Distances/Times

	Average
Distance/Time to 1st closest provider	6.5 miles 7.1 mins
Distance/Time to 2nd closest provider	25.8 miles 28.1 mins
Distance/Time to 3rd closest provider	32.1 miles 35.0 mins

Access Standard Comparison

Miles to a choice of providers

Access Detail By Zip Code - Wrap Around

January 12, 2026

Access Analysis
  Wraparound

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18 (Metro)
    Wraparound
  FY26 Q1 Medicaid Enrollees - <18 (Micro)
    Wraparound

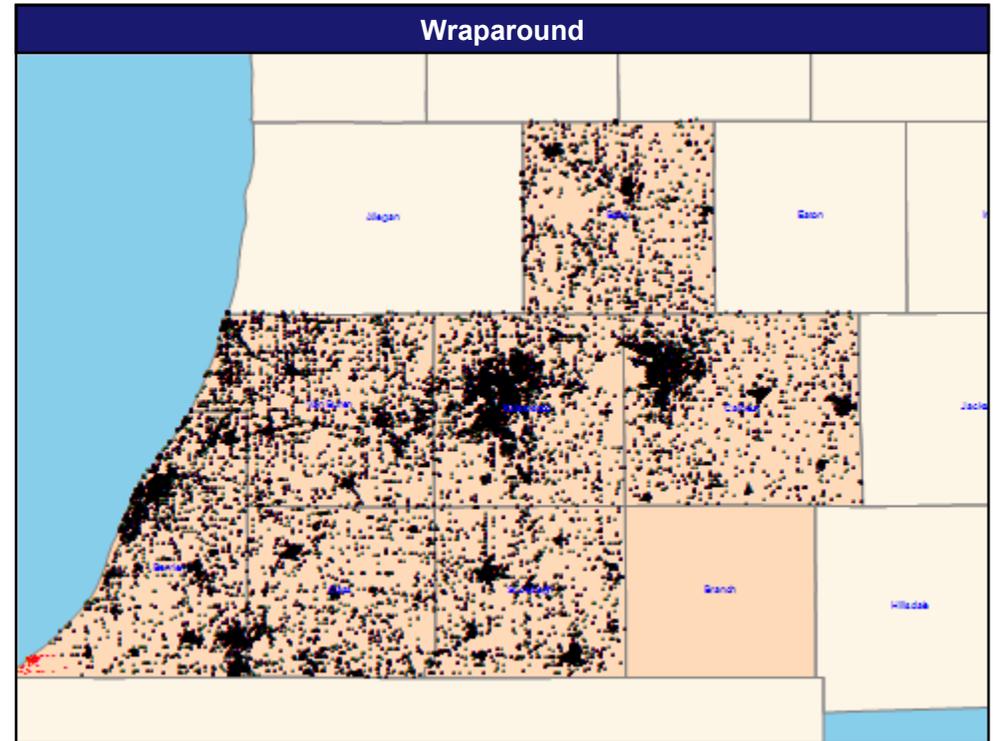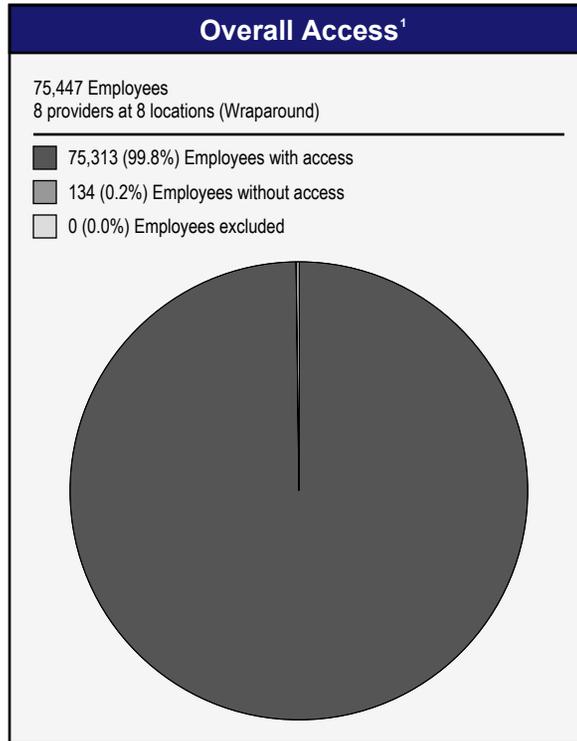| City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Albion, MI	49224	1,673	1 in 30 miles and 45 mins	1,673	100.0	0	0.0	24.2	29.5	42.5
Allegan, MI	49010	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	16.8	21.0	34.2
Athens, MI	49011	182	1 in 30 miles and 45 mins	182	100.0	0	0.0	16.5	22.0	24.9
		2	1 in 53 miles and 70 mins	2	100.0	0	0.0	20.1	20.5	22.2
Augusta, MI	49012	165	1 in 30 miles and 45 mins	165	100.0	0	0.0	9.8	16.1	21.4
Bangor, MI	49013	885	1 in 30 miles and 45 mins	885	100.0	0	0.0	16.2	28.0	30.0
Baroda, MI	49101	225	1 in 30 miles and 45 mins	225	100.0	0	0.0	11.9	26.6	43.1
Battle Creek, MI	49014	2,401	1 in 30 miles and 45 mins	2,401	100.0	0	0.0	3.6	23.0	26.4
	49015	2,960	1 in 30 miles and 45 mins	2,960	100.0	0	0.0	3.5	19.7	25.7
	49016	55	1 in 30 miles and 45 mins	55	100.0	0	0.0	0.3	21.4	24.2
	49017	2,253	1 in 30 miles and 45 mins	2,253	100.0	0	0.0	3.0	21.9	24.4
	49037	3,779	1 in 30 miles and 45 mins	3,779	100.0	0	0.0	2.8	20.6	22.4
Bedford, MI	49020	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	7.2	17.9	23.8
Bellevue, MI	49021	231	1 in 30 miles and 45 mins	231	100.0	0	0.0	11.9	20.0	31.6
Benton Harbor, MI	49022	5,507	1 in 30 miles and 45 mins	5,507	100.0	0	0.0	2.4	31.2	32.8
	49023	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	2.7	33.0	33.6
Berrien Center, MI	49102	84	1 in 30 miles and 45 mins	84	100.0	0	0.0	15.8	17.6	34.9
Berrien Springs, MI	49103	897	1 in 30 miles and 45 mins	897	100.0	0	0.0	13.6	19.6	38.2
	49104	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	12.0	20.8	37.6
Bloomingdale, MI	49026	157	1 in 30 miles and 45 mins	157	100.0	0	0.0	13.2	24.9	32.7
Breedsville, MI	49027	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	16.7	27.9	31.5
Bridgman, MI	49106	300	1 in 30 miles and 45 mins	300	100.0	0	0.0	16.7	30.0	46.8
Bronson, MI	49028	680	1 in 53 miles and 70 mins	680	100.0	0	0.0	15.6	19.1	32.3
Buchanan, MI	49107	854	1 in 30 miles and 45 mins	854	100.0	0	0.0	19.5	22.6	45.7
Burlington, MI	49029	179	1 in 30 miles and 45 mins	179	100.0	0	0.0	15.1	19.2	30.2
Burr Oak, MI	49030	232	1 in 30 miles and 45 mins	232	100.0	0	0.0	13.2	22.4	34.7
		15	1 in 53 miles and 70 mins	15	100.0	0	0.0	17.0	21.5	35.4
Caledonia, MI	49316	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	20.0	34.6	41.4
Cassopolis, MI	49031	631	1 in 30 miles and 45 mins	631	100.0	0	0.0	3.9	24.9	26.8
Centreville, MI	49032	329	1 in 30 miles and 45 mins	329	100.0	0	0.0	2.0	24.5	25.5
Ceresco, MI	49033	83	1 in 30 miles and 45 mins	83	100.0	0	0.0	10.7	23.3	26.4
Charlotte, MI	48813	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	24.4	35.3	37.1
Climax, MI	49034	107	1 in 30 miles and 45 mins	107	100.0	0	0.0	12.1	14.5	27.2
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	11.8	23.9	25.5
Coldwater, MI	49036	3,137	1 in 53 miles and 70 mins	3,137	100.0	0	0.0	2.8	27.0	32.2
Coloma, MI	49038	763	1 in 30 miles and 45 mins	763	100.0	0	0.0	13.3	22.6	33.9
Colon, MI	49040	305	1 in 30 miles and 45 mins	305	100.0	0	0.0	11.5	18.4	28.9
		18	1 in 53 miles and 70 mins	18	100.0	0	0.0	15.7	17.6	25.5
Comstock, MI	49041	9	1 in 30 miles and 45 mins	9	100.0	0	0.0	0.6	18.4	21.6
Constantine, MI	49042	519	1 in 30 miles and 45 mins	519	100.0	0	0.0	13.1	20.0	31.4

Access Detail By Zip Code - Wrap Around

January 12, 2026

Access Analysis
  Wraparound

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - <18 (Metro)
    Wraparound
  FY26 Q1 Medicaid Enrollees - <18 (Micro)
    Wraparound

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Covert, MI	49043	406	1 in 30 miles and 45 mins	406	100.0	0	0.0	20.4	22.3	35.3
Decatur, MI	49045	627	1 in 30 miles and 45 mins	627	100.0	0	0.0	12.1	15.5	23.5
Delton, MI	49046	502	1 in 30 miles and 45 mins	502	100.0	0	0.0	13.7	21.1	25.4
Dowagiac, MI	49047	1,793	1 in 30 miles and 45 mins	1,793	100.0	0	0.0	11.1	21.6	25.3
Dowling, MI	49050	98	1 in 30 miles and 45 mins	98	100.0	0	0.0	10.7	15.6	30.3
East Leroy, MI	49051	141	1 in 30 miles and 45 mins	141	100.0	0	0.0	11.2	21.6	27.0
Eau Claire, MI	49111	352	1 in 30 miles and 45 mins	352	100.0	0	0.0	12.7	20.5	31.4
Edwardsburg, MI	49112	788	1 in 30 miles and 45 mins	788	100.0	0	0.0	11.0	32.0	33.4
Freeport, MI	49325	113	1 in 30 miles and 45 mins	113	100.0	0	0.0	10.0	32.4	40.7
Fulton, MI	49052	64	1 in 30 miles and 45 mins	64	100.0	0	0.0	18.6	21.9	23.4
Galesburg, MI	49053	597	1 in 30 miles and 45 mins	597	100.0	0	0.0	8.8	13.7	26.1
Galien, MI	49113	186	1 in 30 miles and 45 mins	186	100.0	0	0.0	21.7	30.1	53.0
Gobles, MI	49055	468	1 in 30 miles and 45 mins	468	100.0	0	0.0	10.8	19.8	33.4
Grand Junction, MI	49056	401	1 in 30 miles and 45 mins	401	100.0	0	0.0	18.6	29.5	33.4
Harbert, MI	49115	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	23.4	33.6	52.7
Hartford, MI	49057	1,205	1 in 30 miles and 45 mins	1,205	100.0	0	0.0	14.6	20.4	25.9
Hastings, MI	49058	1,573	1 in 30 miles and 45 mins	1,573	100.0	0	0.0	3.5	25.2	35.6
Hickory Corners, MI	49060	82	1 in 30 miles and 45 mins	82	100.0	0	0.0	15.9	17.6	20.8
Homer, MI	49245	422	1 in 30 miles and 45 mins	422	100.0	0	0.0	20.6	29.2	41.8
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	14.0	32.1	38.0
Jones, MI	49061	162	1 in 30 miles and 45 mins	162	100.0	0	0.0	11.4	18.1	26.0
Kalamazoo, MI	49001	3,643	1 in 30 miles and 45 mins	3,643	100.0	0	0.0	1.2	18.4	21.7
	49003	30	1 in 30 miles and 45 mins	30	100.0	0	0.0	0.7	18.5	21.5
	49004	1,412	1 in 30 miles and 45 mins	1,412	100.0	0	0.0	5.3	19.5	22.7
	49005	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	1.8	19.3	21.1
	49006	2,075	1 in 30 miles and 45 mins	2,075	100.0	0	0.0	4.1	17.2	23.6
	49007	2,010	1 in 30 miles and 45 mins	2,010	100.0	0	0.0	2.9	19.2	21.5
	49008	1,154	1 in 30 miles and 45 mins	1,154	100.0	0	0.0	2.7	16.3	23.8
	49009	2,759	1 in 30 miles and 45 mins	2,759	100.0	0	0.0	6.9	14.4	26.4
	49019	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	0.6	18.4	21.7
	49048	3,382	1 in 30 miles and 45 mins	3,382	100.0	0	0.0	4.2	18.9	21.8
Lacota, MI	49063	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	23.3	33.5	34.1
Lake Odessa, MI	48849	26	1 in 30 miles and 45 mins	26	100.0	0	0.0	15.3	31.2	48.0
Lakeside, MI	49116	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	26.6	36.2	55.4
Lawrence, MI	49064	387	1 in 30 miles and 45 mins	387	100.0	0	0.0	8.9	22.6	25.0
Lawton, MI	49065	537	1 in 30 miles and 45 mins	537	100.0	0	0.0	7.8	18.9	24.2
Leonidas, MI	49066	84	1 in 30 miles and 45 mins	84	100.0	0	0.0	15.1	22.4	25.8
Litchfield, MI	49252	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	21.5	37.1	45.1
Marcellus, MI	49067	443	1 in 30 miles and 45 mins	443	100.0	0	0.0	15.7	17.5	21.7
Marshall, MI	49068	840	1 in 30 miles and 45 mins	840	100.0	0	0.0	14.8	23.2	32.5

Access Detail By Zip Code - Wrap Around

Access Analysis
Wraparound

Employee / Provider Groups
FY26 Q1 Medicaid Enrollees - <18 (Metro)
Wraparound
FY26 Q1 Medicaid Enrollees - <18 (Micro)
Wraparound

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Avg Dist 1	Avg Dist 2	Avg Dist 3
			All Employees							
Mattawan, MI	49071	623	1 in 30 miles and 45 mins	623	100.0	0	0.0	6.8	13.6	28.9
Mendon, MI	49072	225	1 in 30 miles and 45 mins	225	100.0	0	0.0	8.6	21.6	26.7
Middleville, MI	49333	753	1 in 30 miles and 45 mins	753	100.0	0	0.0	13.9	32.4	36.3
Montgomery, MI	49255	53	1 in 53 miles and 70 mins	53	100.0	0	0.0	15.4	36.9	45.2
Nashville, MI	49073	490	1 in 30 miles and 45 mins	490	100.0	0	0.0	10.1	21.3	41.6
Nazareth, MI	49074	7	1 in 30 miles and 45 mins	7	100.0	0	0.0	2.8	18.2	22.3
New Buffalo, MI	49117	136	1 in 30 miles and 45 mins	2	1.5	134	98.5	33.6	41.7	61.5
New Troy, MI	49119	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	19.2	29.5	49.8
Niles, MI	49120	3,815	1 in 30 miles and 45 mins	3,815	100.0	0	0.0	17.8	26.1	40.0
Nottawa, MI	49075	6	1 in 30 miles and 45 mins	6	100.0	0	0.0	3.4	25.0	27.7
Olivet, MI	49076	45	1 in 30 miles and 45 mins	45	100.0	0	0.0	19.9	33.0	34.8
Oshtemo, MI	49077	1	1 in 30 miles and 45 mins	1	100.0	0	0.0	6.1	12.8	27.1
Otsego, MI	49078	14	1 in 30 miles and 45 mins	14	100.0	0	0.0	17.2	19.5	31.1
Paw Paw, MI	49079	1,169	1 in 30 miles and 45 mins	1,169	100.0	0	0.0	3.1	18.3	25.1
Plainwell, MI	49080	232	1 in 30 miles and 45 mins	232	100.0	0	0.0	14.5	22.1	27.6
Portage, MI	49002	1,134	1 in 30 miles and 45 mins	1,134	100.0	0	0.0	5.0	18.0	21.3
	49024	1,580	1 in 30 miles and 45 mins	1,580	100.0	0	0.0	5.7	15.1	23.8
	49081	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	4.3	15.5	23.8
Quincy, MI	49082	483	1 in 53 miles and 70 mins	483	100.0	0	0.0	6.4	33.0	36.8
Reading, MI	49274	10	1 in 53 miles and 70 mins	10	100.0	0	0.0	12.8	35.1	43.0
Richland, MI	49083	393	1 in 30 miles and 45 mins	393	100.0	0	0.0	12.7	16.9	24.6
Saint Joseph, MI	49085	748	1 in 30 miles and 45 mins	748	100.0	0	0.0	4.3	31.5	35.9
Sawyer, MI	49125	117	1 in 30 miles and 45 mins	117	100.0	0	0.0	19.7	30.4	50.0
Schoolcraft, MI	49087	294	1 in 30 miles and 45 mins	294	100.0	0	0.0	13.1	18.0	21.1
Scotts, MI	49088	129	1 in 30 miles and 45 mins	129	100.0	0	0.0	12.3	19.0	22.2
Shelbyville, MI	49344	57	1 in 30 miles and 45 mins	57	100.0	0	0.0	15.2	22.4	32.5
Sherwood, MI	49089	162	1 in 53 miles and 70 mins	162	100.0	0	0.0	16.8	18.7	23.1
Sodus, MI	49126	119	1 in 30 miles and 45 mins	119	100.0	0	0.0	5.6	26.7	33.3
South Haven, MI	49090	1,105	1 in 30 miles and 45 mins	1,105	100.0	0	0.0	25.6	27.7	37.5
Springport, MI	49284	52	1 in 30 miles and 45 mins	52	100.0	0	0.0	24.3	36.1	39.4
Stevensville, MI	49127	538	1 in 30 miles and 45 mins	538	100.0	0	0.0	8.0	29.7	39.2
Sturgis, MI	49091	2,445	1 in 30 miles and 45 mins	2,445	100.0	0	0.0	12.1	29.1	33.1
Tekonsha, MI	49092	132	1 in 30 miles and 45 mins	132	100.0	0	0.0	11.8	23.9	34.6
		35	1 in 53 miles and 70 mins	35	100.0	0	0.0	8.9	27.4	32.8
Three Oaks, MI	49128	186	1 in 30 miles and 45 mins	186	100.0	0	0.0	25.9	34.7	56.0
Three Rivers, MI	49093	1,799	1 in 30 miles and 45 mins	1,799	100.0	0	0.0	8.4	19.5	24.1
Union City, MI	49094	56	1 in 30 miles and 45 mins	56	100.0	0	0.0	16.2	18.5	29.0
		349	1 in 53 miles and 70 mins	349	100.0	0	0.0	15.4	19.7	26.0
Union Pier, MI	49129	9	1 in 30 miles and 45 mins	9	100.0	0	0.0	28.9	37.8	57.4
Union, MI	49130	114	1 in 30 miles and 45 mins	114	100.0	0	0.0	15.4	25.4	31.6

Access Detail By Zip Code - Wrap Around

		All Employees								
City	Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
		#	Standard	#	%	#	%	1	2	3
Vandalia, MI	49095	170	1 in 30 miles and 45 mins	170	100.0	0	0.0	6.7	20.5	22.6
Vicksburg, MI	49097	640	1 in 30 miles and 45 mins	640	100.0	0	0.0	12.4	15.9	23.4
Watervliet, MI	49098	671	1 in 30 miles and 45 mins	671	100.0	0	0.0	15.0	20.1	29.8
Wayland, MI	49348	208	1 in 30 miles and 45 mins	208	100.0	0	0.0	14.6	27.8	37.5
White Pigeon, MI	49099	533	1 in 30 miles and 45 mins	533	100.0	0	0.0	16.1	23.1	33.7
Woodland, MI	48897	110	1 in 30 miles and 45 mins	110	100.0	0	0.0	13.2	28.3	46.9
Grand Totals		75,447	1 in 30 miles and 45 mins	75,313	99.8	134	0.2	8.6	22.3	29.0
		4,953	1 in 53 miles and 70 mins	4,953	100.0	0	0.0	6.5	25.8	32.1

Access Overview - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Inpatient

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as (FY26 Q1 Medicaid Enrollees (Metro)) employees accessing:

  1 (Inpatient) provider in 45 miles and 70 minutes

Overall Access[1]

194,807 Employees
27 providers at 27 locations (Inpatient)

■ 194,807 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
☐ 0 (0.0%) Employees excluded
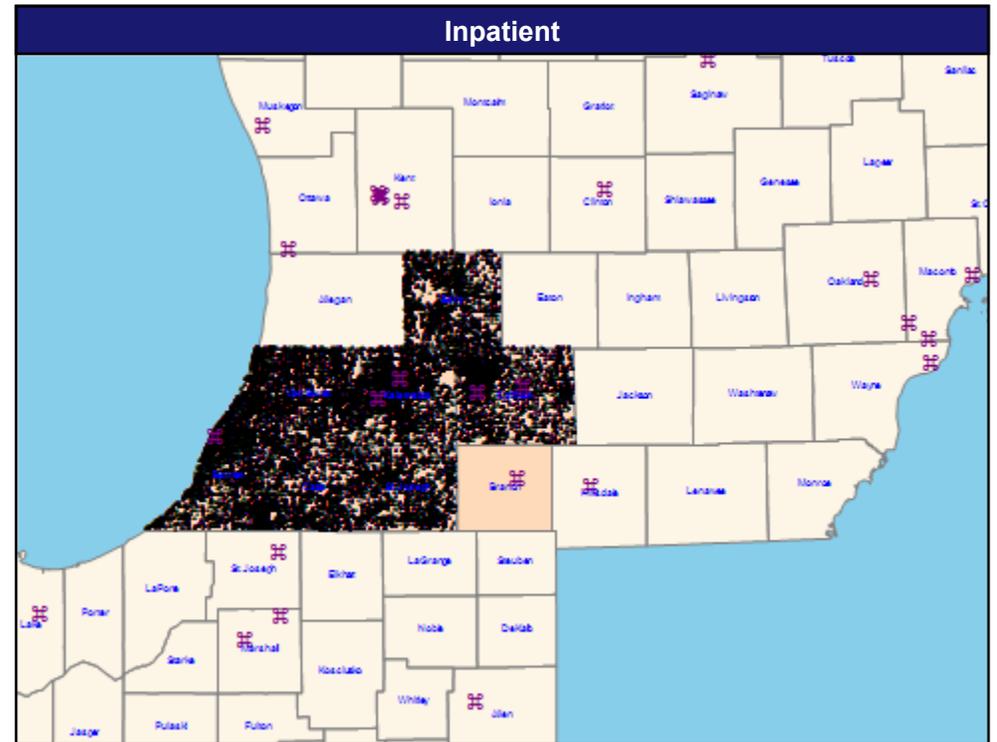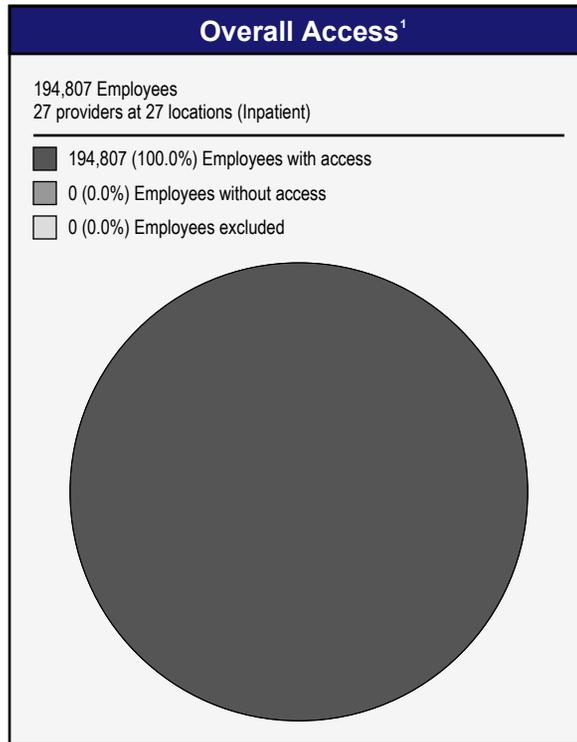
Inpatient

Distances/Times

	Average
Distance/Time to 1st closest provider	11.3 miles 12.7 mins
Distance/Time to 2nd closest provider	21.0 miles 23.7 mins
Distance/Time to 3rd closest provider	28.8 miles 32.2 mins

Access Standard Comparison

Percentage of employees (y-axis)
Miles to a choice of providers (x-axis)

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Access Overview - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Micro)
    Inpatient

Access Map
Employee locations
  ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as (FY26 Q1 Medicaid Enrollees (Micro)) employees accessing:
  1 (Inpatient) provider in 75 miles and 100 minutes

Overall Access[1]

11,596 Employees
27 providers at 27 locations (Inpatient)

■ 11,596 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
■ 0 (0.0%) Employees excluded

Inpatient

Distances/Times

	Average
Distance/Time to 1st closest provider	6.3 miles 6.8 mins
Distance/Time to 2nd closest provider	20.4 miles 22.2 mins
Distance/Time to 3rd closest provider	25.6 miles 27.9 mins

Access Standard Comparison

Percentage of employees vs. Miles to a choice of providers

Access Detail By Zip Code - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Inpatient
  FY26 Q1 Medicaid Enrollees (Micro)
    Inpatient

			All Employees							
	Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City		#	Standard	#	%	#	%	1	2	3
Albion, MI	49224	4,092	1 in 45 miles and 70 mins	4,092	100.0	0	0.0	11.4	22.6	27.3
Allegan, MI	49010	5	1 in 45 miles and 70 mins	5	100.0	0	0.0	18.1	19.1	36.1
Athens, MI	49011	469	1 in 45 miles and 70 mins	469	100.0	0	0.0	11.9	21.6	24.8
		9	1 in 75 miles and 100 mins	9	100.0	0	0.0	15.8	21.3	28.3
Augusta, MI	49012	457	1 in 45 miles and 70 mins	457	100.0	0	0.0	13.0	15.2	22.4
Bangor, MI	49013	2,165	1 in 45 miles and 70 mins	2,165	100.0	0	0.0	25.3	28.4	31.6
Baroda, MI	49101	582	1 in 45 miles and 70 mins	582	100.0	0	0.0	10.2	33.5	43.8
Battle Creek, MI	49014	6,305	1 in 45 miles and 70 mins	6,305	100.0	0	0.0	6.0	12.0	22.0
	49015	7,133	1 in 45 miles and 70 mins	7,133	100.0	0	0.0	3.3	13.8	19.1
	49016	258	1 in 45 miles and 70 mins	258	100.0	0	0.0	4.7	14.1	19.7
	49017	6,052	1 in 45 miles and 70 mins	6,052	100.0	0	0.0	7.7	15.3	21.4
	49037	9,916	1 in 45 miles and 70 mins	9,916	100.0	0	0.0	7.4	16.3	19.0
Bedford, MI	49020	3	1 in 45 miles and 70 mins	3	100.0	0	0.0	11.5	21.0	21.2
Bellevue, MI	49021	553	1 in 45 miles and 70 mins	553	100.0	0	0.0	14.7	20.7	29.4
Benton Harbor, MI	49022	14,335	1 in 45 miles and 70 mins	14,335	100.0	0	0.0	3.7	38.3	41.9
	49023	35	1 in 45 miles and 70 mins	35	100.0	0	0.0	1.9	39.9	43.4
Berrien Center, MI	49102	221	1 in 45 miles and 70 mins	221	100.0	0	0.0	18.8	23.4	37.7
Berrien Springs, MI	49103	2,387	1 in 45 miles and 70 mins	2,387	100.0	0	0.0	15.7	26.3	39.4
	49104	16	1 in 45 miles and 70 mins	16	100.0	0	0.0	14.1	27.8	40.7
Bloomingdale, MI	49026	470	1 in 45 miles and 70 mins	470	100.0	0	0.0	23.1	23.5	31.3
Breedsville, MI	49027	23	1 in 45 miles and 70 mins	23	100.0	0	0.0	25.4	27.2	30.4
Bridgman, MI	49106	862	1 in 45 miles and 70 mins	862	100.0	0	0.0	14.3	35.4	44.6
Bronson, MI	49028	1,504	1 in 75 miles and 100 mins	1,504	100.0	0	0.0	14.8	27.2	30.8
Buchanan, MI	49107	2,285	1 in 45 miles and 70 mins	2,285	100.0	0	0.0	19.7	22.8	33.8
Burlington, MI	49029	451	1 in 45 miles and 70 mins	451	100.0	0	0.0	12.6	15.6	18.0
Burr Oak, MI	49030	541	1 in 45 miles and 70 mins	541	100.0	0	0.0	21.4	30.9	36.3
		38	1 in 75 miles and 100 mins	38	100.0	0	0.0	21.5	31.5	36.1
Caledonia, MI	49316	19	1 in 45 miles and 70 mins	19	100.0	0	0.0	13.7	19.3	19.5
Cassopolis, MI	49031	1,860	1 in 45 miles and 70 mins	1,860	100.0	0	0.0	22.0	32.1	34.8
Centreville, MI	49032	822	1 in 45 miles and 70 mins	822	100.0	0	0.0	26.2	27.4	28.7
Ceresco, MI	49033	209	1 in 45 miles and 70 mins	209	100.0	0	0.0	6.4	9.9	23.4
Charlotte, MI	48813	6	1 in 45 miles and 70 mins	6	100.0	0	0.0	18.0	29.0	37.9
Climax, MI	49034	317	1 in 45 miles and 70 mins	317	100.0	0	0.0	8.6	15.2	17.6
Cloverdale, MI	49035	4	1 in 45 miles and 70 mins	4	100.0	0	0.0	23.1	27.5	32.2
Coldwater, MI	49036	7,303	1 in 75 miles and 100 mins	7,303	100.0	0	0.0	2.4	20.3	24.7
Coloma, MI	49038	1,987	1 in 45 miles and 70 mins	1,987	100.0	0	0.0	15.5	33.9	39.5
Colon, MI	49040	712	1 in 45 miles and 70 mins	712	100.0	0	0.0	17.9	24.8	32.4
		39	1 in 75 miles and 100 mins	39	100.0	0	0.0	17.6	20.9	32.5
Comstock, MI	49041	22	1 in 45 miles and 70 mins	22	100.0	0	0.0	3.0	7.8	20.0
Constantine, MI	49042	1,220	1 in 45 miles and 70 mins	1,220	100.0	0	0.0	27.6	32.0	34.5

Access Detail By Zip Code - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Inpatient
  FY26 Q1 Medicaid Enrollees (Micro)
    Inpatient

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
			All Employees							
Covert, MI	49043	970	1 in 45 miles and 70 mins	970	100.0	0	0.0	23.3	31.6	36.2
Decatur, MI	49045	1,610	1 in 45 miles and 70 mins	1,610	100.0	0	0.0	21.6	27.0	31.2
Delton, MI	49046	1,265	1 in 45 miles and 70 mins	1,265	100.0	0	0.0	20.9	26.2	30.5
Dowagiac, MI	49047	4,492	1 in 45 miles and 70 mins	4,492	100.0	0	0.0	21.8	24.9	34.7
Dowling, MI	49050	240	1 in 45 miles and 70 mins	240	100.0	0	0.0	19.2	26.4	29.9
East Leroy, MI	49051	363	1 in 45 miles and 70 mins	363	100.0	0	0.0	6.6	18.7	22.9
Eau Claire, MI	49111	837	1 in 45 miles and 70 mins	837	100.0	0	0.0	14.2	27.4	39.2
Edwardsburg, MI	49112	1,893	1 in 45 miles and 70 mins	1,893	100.0	0	0.0	14.1	27.3	38.3
Freeport, MI	49325	232	1 in 45 miles and 70 mins	232	100.0	0	0.0	24.9	29.9	30.4
Fulton, MI	49052	179	1 in 45 miles and 70 mins	179	100.0	0	0.0	15.5	23.4	24.1
Galesburg, MI	49053	1,548	1 in 45 miles and 70 mins	1,548	100.0	0	0.0	7.9	13.8	16.2
Galien, MI	49113	428	1 in 45 miles and 70 mins	428	100.0	0	0.0	20.6	24.3	34.8
Gobles, MI	49055	1,217	1 in 45 miles and 70 mins	1,217	100.0	0	0.0	18.0	18.4	35.0
Grand Junction, MI	49056	945	1 in 45 miles and 70 mins	945	100.0	0	0.0	26.2	28.1	29.8
Harbert, MI	49115	11	1 in 45 miles and 70 mins	11	100.0	0	0.0	21.2	34.0	43.8
Hartford, MI	49057	2,612	1 in 45 miles and 70 mins	2,612	100.0	0	0.0	21.6	26.4	33.6
Hastings, MI	49058	4,057	1 in 45 miles and 70 mins	4,057	100.0	0	0.0	28.0	31.4	33.5
Hickory Corners, MI	49060	187	1 in 45 miles and 70 mins	187	100.0	0	0.0	16.6	21.0	26.4
Homer, MI	49245	1,067	1 in 45 miles and 70 mins	1,067	100.0	0	0.0	15.7	20.9	23.0
		16	1 in 75 miles and 100 mins	16	100.0	0	0.0	15.0	18.0	21.5
Jones, MI	49061	408	1 in 45 miles and 70 mins	408	100.0	0	0.0	25.8	31.9	35.9
Kalamazoo, MI	49001	8,949	1 in 45 miles and 70 mins	8,949	100.0	0	0.0	3.1	7.8	20.2
	49003	58	1 in 45 miles and 70 mins	58	100.0	0	0.0	2.9	7.9	19.9
	49004	3,568	1 in 45 miles and 70 mins	3,568	100.0	0	0.0	2.8	12.1	22.7
	49005	19	1 in 45 miles and 70 mins	19	100.0	0	0.0	1.8	9.0	21.3
	49006	5,448	1 in 45 miles and 70 mins	5,448	100.0	0	0.0	4.1	6.8	23.7
	49007	6,224	1 in 45 miles and 70 mins	6,224	100.0	0	0.0	2.1	8.9	22.1
	49008	3,446	1 in 45 miles and 70 mins	3,446	100.0	0	0.0	4.4	6.5	22.2
	49009	7,419	1 in 45 miles and 70 mins	7,419	100.0	0	0.0	4.4	8.7	26.1
	49019	18	1 in 45 miles and 70 mins	18	100.0	0	0.0	3.0	7.7	20.0
	49048	8,621	1 in 45 miles and 70 mins	8,621	100.0	0	0.0	2.6	11.6	19.5
Lacota, MI	49063	10	1 in 45 miles and 70 mins	10	100.0	0	0.0	25.8	31.7	32.3
Lake Odessa, MI	48849	81	1 in 45 miles and 70 mins	81	100.0	0	0.0	30.7	35.1	35.4
Lakeside, MI	49116	13	1 in 45 miles and 70 mins	13	100.0	0	0.0	24.6	34.0	44.2
Lawrence, MI	49064	990	1 in 45 miles and 70 mins	990	100.0	0	0.0	20.1	26.7	29.1
Lawton, MI	49065	1,432	1 in 45 miles and 70 mins	1,432	100.0	0	0.0	13.0	22.9	33.9
Leonidas, MI	49066	185	1 in 45 miles and 70 mins	185	100.0	0	0.0	21.5	23.0	27.5
Litchfield, MI	49252	7	1 in 45 miles and 70 mins	7	100.0	0	0.0	16.2	21.2	23.2
		9	1 in 75 miles and 100 mins	9	100.0	0	0.0	14.0	18.1	21.1
Marcellus, MI	49067	1,014	1 in 45 miles and 70 mins	1,014	100.0	0	0.0	19.9	29.2	35.7

Access Detail By Zip Code - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Inpatient
  FY26 Q1 Medicaid Enrollees (Micro)
    Inpatient

				All Employees							
		Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City			#	Standard	#	%	#	%	1	2	3
Marshall, MI	49068	2,375	1 in 45 miles and 70 mins	2,375	100.0	0	0.0	2.6	13.3	23.7
Mattawan, MI	49071	1,553	1 in 45 miles and 70 mins	1,553	100.0	0	0.0	6.9	16.1	31.6
Mendon, MI	49072	555	1 in 45 miles and 70 mins	555	100.0	0	0.0	23.0	24.2	26.8
Middleville, MI	49333	1,605	1 in 45 miles and 70 mins	1,605	100.0	0	0.0	19.4	25.1	25.4
Montgomery, MI	49255	113	1 in 75 miles and 100 mins	113	100.0	0	0.0	15.7	20.5	35.3
Nashville, MI	49073	1,194	1 in 45 miles and 70 mins	1,194	100.0	0	0.0	25.8	28.0	38.9
Nazareth, MI	49074	17	1 in 45 miles and 70 mins	17	100.0	0	0.0	3.1	7.8	22.3
New Buffalo, MI	49117	466	1 in 45 miles and 70 mins	466	100.0	0	0.0	31.5	33.8	44.6
New Troy, MI	49119	19	1 in 45 miles and 70 mins	19	100.0	0	0.0	17.2	31.2	40.9
Niles, MI	49120	10,193	1 in 45 miles and 70 mins	10,193	100.0	0	0.0	13.9	26.7	29.6
Nottawa, MI	49075	27	1 in 45 miles and 70 mins	27	100.0	0	0.0	24.3	29.4	30.2
Olivet, MI	49076	122	1 in 45 miles and 70 mins	122	100.0	0	0.0	13.0	24.7	34.5
Oshtemo, MI	49077	6	1 in 45 miles and 70 mins	6	100.0	0	0.0	1.8	9.0	25.6
Otsego, MI	49078	38	1 in 45 miles and 70 mins	38	100.0	0	0.0	14.5	15.7	34.2
Paw Paw, MI	49079	2,996	1 in 45 miles and 70 mins	2,996	100.0	0	0.0	12.5	20.7	34.2
Plainwell, MI	49080	593	1 in 45 miles and 70 mins	593	100.0	0	0.0	12.9	20.9	28.8
Portage, MI	49002	3,339	1 in 45 miles and 70 mins	3,339	100.0	0	0.0	6.9	7.9	20.8
	49024	4,080	1 in 45 miles and 70 mins	4,080	100.0	0	0.0	4.2	8.5	23.0
	49081	35	1 in 45 miles and 70 mins	35	100.0	0	0.0	4.0	7.1	21.9
Quincy, MI	49082	1,129	1 in 75 miles and 100 mins	1,129	100.0	0	0.0	7.2	15.1	24.4
Reading, MI	49274	22	1 in 75 miles and 100 mins	22	100.0	0	0.0	12.9	17.6	32.5
Richland, MI	49083	870	1 in 45 miles and 70 mins	870	100.0	0	0.0	10.2	19.7	21.8
Riverside, MI	49084	3	1 in 45 miles and 70 mins	3	100.0	0	0.0	14.4	36.2	42.6
Saint Joseph, MI	49085	2,362	1 in 45 miles and 70 mins	2,362	100.0	0	0.0	2.9	38.5	45.6
Sawyer, MI	49125	342	1 in 45 miles and 70 mins	342	100.0	0	0.0	17.7	32.6	42.2
Schoolcraft, MI	49087	715	1 in 45 miles and 70 mins	715	100.0	0	0.0	9.2	16.2	29.3
Scotts, MI	49088	280	1 in 45 miles and 70 mins	280	100.0	0	0.0	12.7	14.2	17.7
Shelbyville, MI	49344	196	1 in 45 miles and 70 mins	196	100.0	0	0.0	19.8	25.9	28.6
Sherwood, MI	49089	441	1 in 75 miles and 100 mins	441	100.0	0	0.0	15.6	19.2	29.8
Sodus, MI	49126	313	1 in 45 miles and 70 mins	313	100.0	0	0.0	7.5	33.2	42.3
South Haven, MI	49090	2,796	1 in 45 miles and 70 mins	2,796	100.0	0	0.0	28.2	31.1	34.9
Springport, MI	49284	121	1 in 45 miles and 70 mins	121	100.0	0	0.0	17.4	28.3	35.3
Stevensville, MI	49127	1,506	1 in 45 miles and 70 mins	1,506	100.0	0	0.0	6.2	37.4	48.0
Sturgis, MI	49091	5,326	1 in 45 miles and 70 mins	5,326	100.0	0	0.0	28.4	36.5	37.2
Tekonsha, MI	49092	410	1 in 45 miles and 70 mins	410	100.0	0	0.0	11.3	13.6	20.1
		80	1 in 75 miles and 100 mins	80	100.0	0	0.0	9.7	16.1	22.7
Three Oaks, MI	49128	538	1 in 45 miles and 70 mins	538	100.0	0	0.0	23.9	29.5	39.9
Three Rivers, MI	49093	4,797	1 in 45 miles and 70 mins	4,797	100.0	0	0.0	20.7	26.1	33.7
Union City, MI	49094	156	1 in 45 miles and 70 mins	156	100.0	0	0.0	12.9	17.3	19.7
		893	1 in 75 miles and 100 mins	893	100.0	0	0.0	14.0	16.5	22.7

Access Detail By Zip Code - Inpatient

January 12, 2026

Access Analysis
  Inpatient

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees (Metro)
    Inpatient
  FY26 Q1 Medicaid Enrollees (Micro)
    Inpatient

			All Employees							
	Zip Code	Employee	Provider	With Access		Without Access		Average Distance		
City		#	Standard	#	%	#	%	1	2	3
Union Pier, MI	49129	54	1 in 45 miles and 70 mins	54	100.0	0	0.0	26.9	33.6	44.2
Union, MI	49130	285	1 in 45 miles and 70 mins	285	100.0	0	0.0	21.2	33.8	36.2
Vandalia, MI	49095	422	1 in 45 miles and 70 mins	422	100.0	0	0.0	27.2	30.7	36.6
Vicksburg, MI	49097	1,584	1 in 45 miles and 70 mins	1,584	100.0	0	0.0	14.1	15.3	23.8
Watervliet, MI	49098	1,721	1 in 45 miles and 70 mins	1,721	100.0	0	0.0	17.1	31.0	37.0
Wayland, MI	49348	405	1 in 45 miles and 70 mins	405	100.0	0	0.0	20.0	23.6	24.5
White Pigeon, MI	49099	1,305	1 in 45 miles and 70 mins	1,305	100.0	0	0.0	29.2	31.8	37.1
Woodland, MI	48897	230	1 in 45 miles and 70 mins	230	100.0	0	0.0	32.5	33.6	35.7
Grand Totals		194,807	1 in 45 miles and 70 mins	194,807	100.0	0	0.0	11.3	21.0	28.8
		11,596	1 in 75 miles and 100 mins	11,596	100.0	0	0.0	6.3	20.4	25.6

Access Overview - Opioid Treatment Programs

January 12, 2026

Access Analysis
  Opioid

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
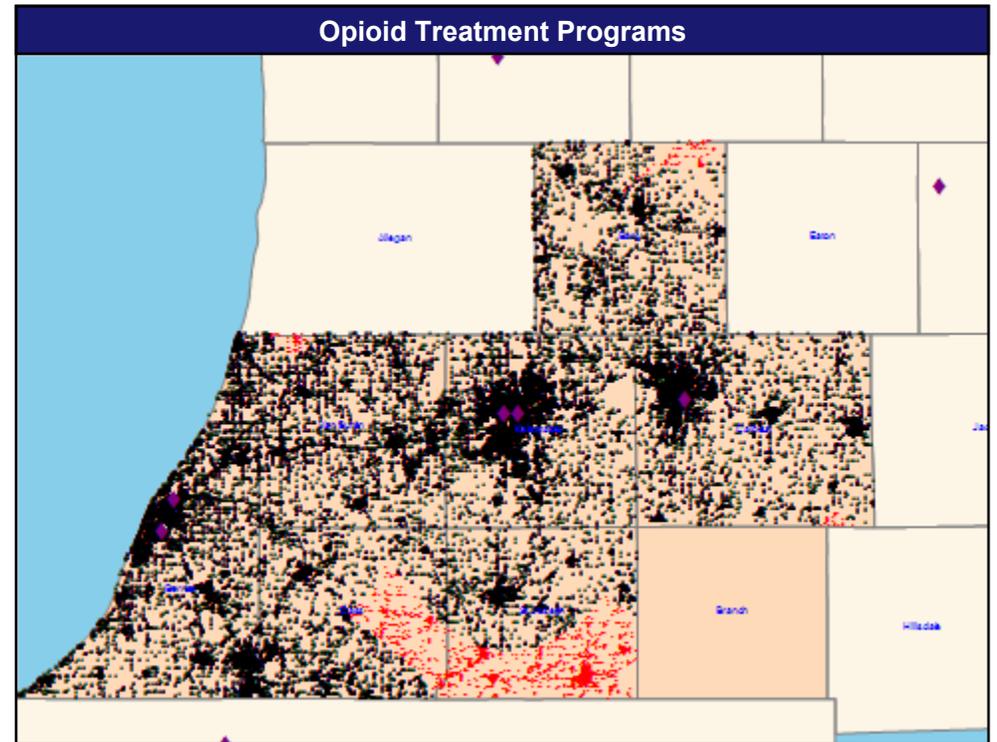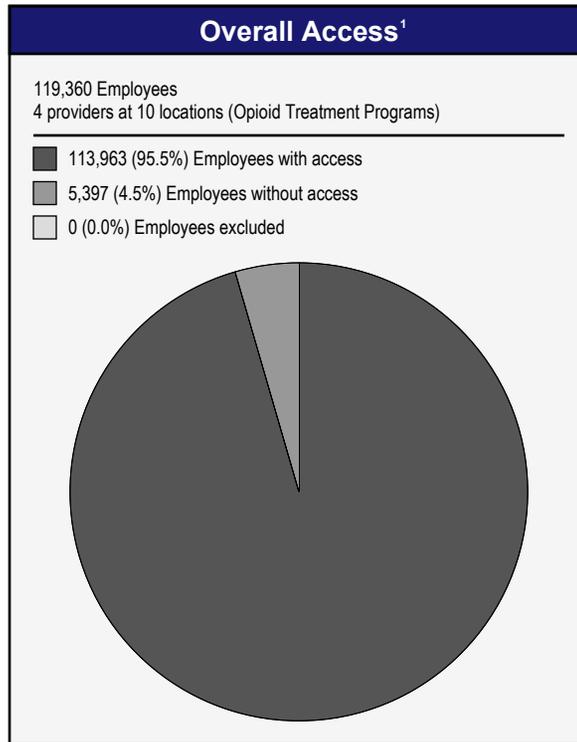 (Metro)
    Opioid Treatment Programs

Access Map
Employee locations
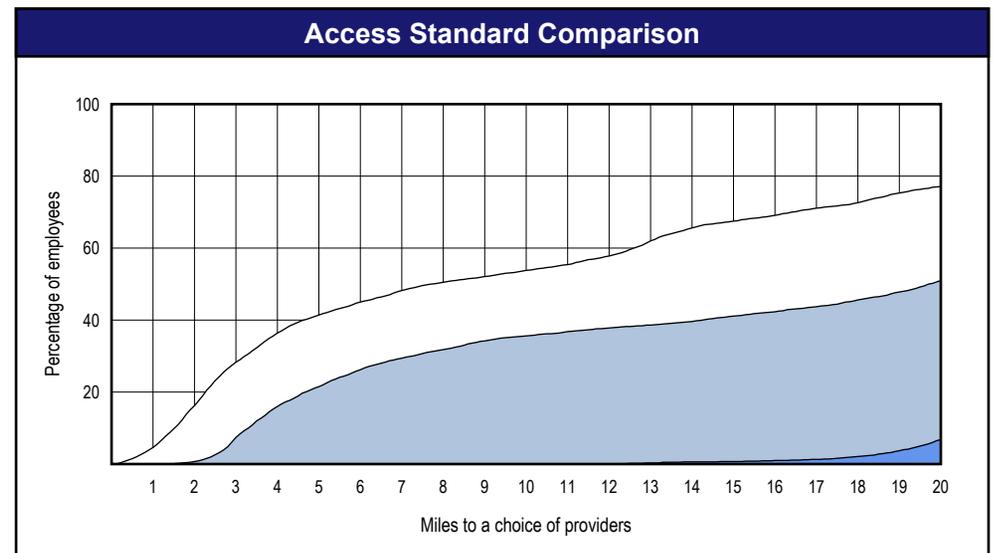 ◆ With access
  ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
  ☐ 1st closest
  ☐ 2nd closest
  ☐ 3rd closest

[1] The Access Standard is defined as
  (FY26 Q1 Medicaid Enrollees - 18+
  (Metro)) employees accessing:
    1 (Opioid Treatment Programs)
    provider in 30 miles and 45 minutes

Overall Access[1]

119,360 Employees
4 providers at 10 locations (Opioid Treatment Programs)

■ 113,963 (95.5%) Employees with access
■ 5,397 (4.5%) Employees without access
☐ 0 (0.0%) Employees excluded

Opioid Treatment Programs

Distances/Times

	Average
Distance/Time to 1st closest provider	11.4 miles 13.0 mins
Distance/Time to 2nd closest provider	17.3 miles 20.3 mins
Distance/Time to 3rd closest provider	28.3 miles 32.6 mins

Access Standard Comparison

Access Overview - Opioid Treatment Programs
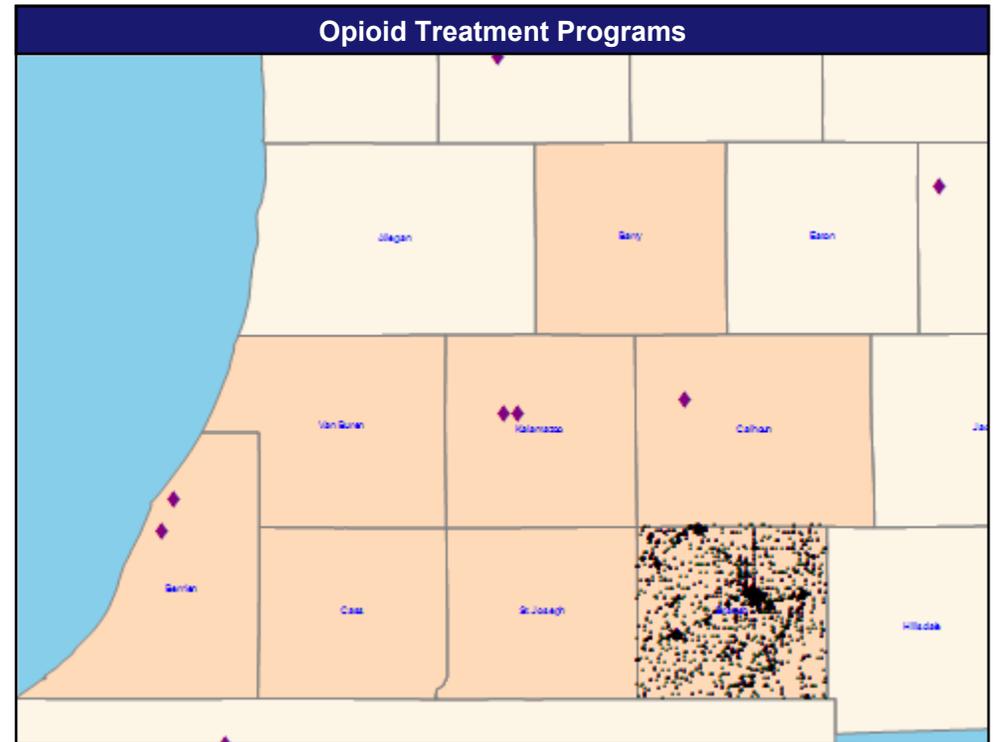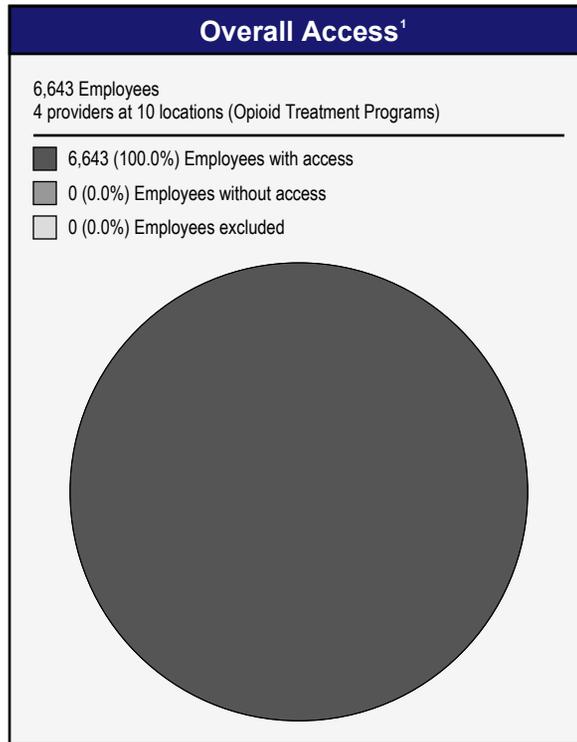
Access Analysis
   Opioid

Employee / Provider Groups
   FY26 Q1 Medicaid Enrollees - 18+
   (Micro)
      Opioid Treatment Programs

Access Map
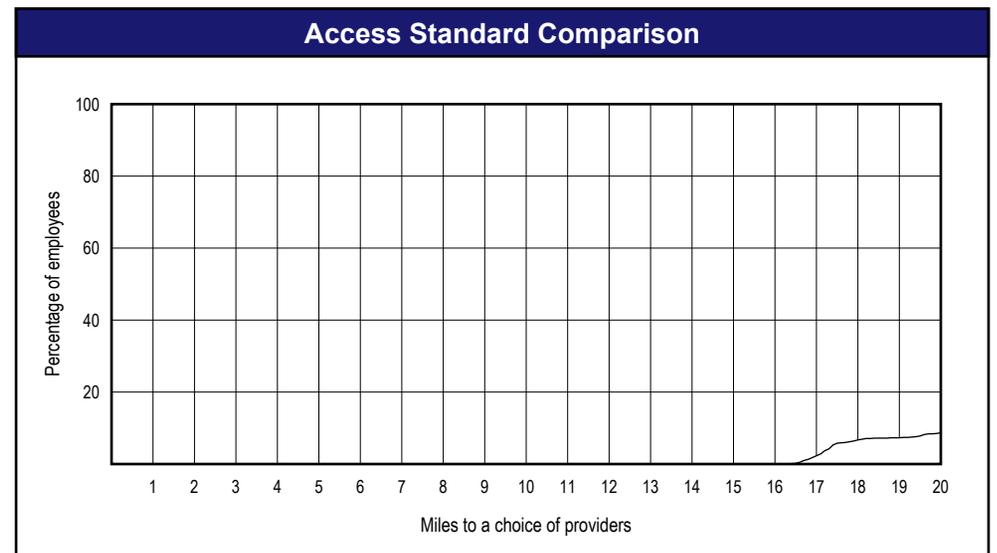Employee locations
   ◆ With access
   ● Without access

Comparison Graph
Percent of employees with access to a
choice of providers over miles
   ☐ 1st closest
   ☐ 2nd closest
   ☐ 3rd closest

[1] The Access Standard is defined as
   (FY26 Q1 Medicaid Enrollees - 18+
   (Micro)) employees accessing:
   1 (Opioid Treatment Programs)
   provider in 53 miles and 70 minutes

Overall Access[1]

6,643 Employees
4 providers at 10 locations (Opioid Treatment Programs)

■ 6,643 (100.0%) Employees with access
■ 0 (0.0%) Employees without access
□ 0 (0.0%) Employees excluded

Opioid Treatment Programs

Distances/Times

	Average
Distance/Time to 1st closest provider	29.6 miles 32.3 mins
Distance/Time to 2nd closest provider	44.3 miles 53.1 mins
Distance/Time to 3rd closest provider	46.0 miles 55.2 mins

Access Standard Comparison

Miles to a choice of providers

Access Detail By Zip Code - Opioid Treatment Programs

January 12, 2026

Access Analysis
Opioid

Employee / Provider Groups
FY26 Q1 Medicaid Enrollees - 18+
(Metro)
Opioid Treatment Programs
FY26 Q1 Medicaid Enrollees - 18+
(Micro)
Opioid Treatment Programs

City	Zip Code	Employee #	Provider Standard	With Access #	%	Without Access #	%	Average Distance 1	2	3
Albion, MI	49224	2,419	1 in 30 miles and 45 mins	2,419	100.0	0	0.0	19.0	22.9	35.4
Allegan, MI	49010	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	18.7	20.1	35.8
Athens, MI	49011	287	1 in 30 miles and 45 mins	287	100.0	0	0.0	15.3	27.9	29.1
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	19.3	29.1	30.2
Augusta, MI	49012	292	1 in 30 miles and 45 mins	292	100.0	0	0.0	12.3	16.9	18.4
Bangor, MI	49013	1,280	1 in 30 miles and 45 mins	1,280	100.0	0	0.0	25.5	27.4	29.0
Baroda, MI	49101	357	1 in 30 miles and 45 mins	357	100.0	0	0.0	8.9	13.7	26.1
Battle Creek, MI	49014	3,904	1 in 30 miles and 45 mins	3,904	100.0	0	0.0	3.0	23.9	25.6
	49015	4,173	1 in 30 miles and 45 mins	4,173	100.0	0	0.0	3.0	20.4	22.1
	49016	203	1 in 30 miles and 45 mins	203	100.0	0	0.0	2.1	22.0	23.6
	49017	3,799	1 in 30 miles and 45 mins	3,799	100.0	0	0.0	4.3	23.8	25.4
	49037	6,137	1 in 30 miles and 45 mins	6,137	100.0	0	0.0	5.0	21.3	22.9
Bedford, MI	49020	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	9.3	24.3	25.7
Bellevue, MI	49021	322	1 in 30 miles and 45 mins	322	100.0	0	0.0	13.2	32.1	33.3
Benton Harbor, MI	49022	8,828	1 in 30 miles and 45 mins	8,828	100.0	0	0.0	2.2	4.9	32.8
	49023	30	1 in 30 miles and 45 mins	30	100.0	0	0.0	2.2	3.5	33.8
Berrien Center, MI	49102	137	1 in 30 miles and 45 mins	137	100.0	0	0.0	16.1	18.2	20.6
Berrien Springs, MI	49103	1,490	1 in 30 miles and 45 mins	1,490	100.0	0	0.0	13.0	15.0	20.4
	49104	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	11.4	13.5	21.5
Bloomingdale, MI	49026	313	1 in 30 miles and 45 mins	313	100.0	0	0.0	22.7	24.0	37.6
Breedsville, MI	49027	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	25.6	27.1	31.8
Bridgman, MI	49106	562	1 in 30 miles and 45 mins	562	100.0	0	0.0	13.3	18.0	28.7
Bronson, MI	49028	824	1 in 53 miles and 70 mins	824	100.0	0	0.0	30.8	42.9	44.4
Buchanan, MI	49107	1,431	1 in 30 miles and 45 mins	1,431	100.0	0	0.0	13.4	19.0	21.5
Burlington, MI	49029	272	1 in 30 miles and 45 mins	272	100.0	0	0.0	15.0	31.4	32.7
Burr Oak, MI	49030	309	1 in 30 miles and 45 mins	12	3.9	297	96.1	33.9	36.9	38.4
		23	1 in 53 miles and 70 mins	23	100.0	0	0.0	35.5	41.1	42.6
Caledonia, MI	49316	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	15.7	34.2	34.8
Cassopolis, MI	49031	1,229	1 in 30 miles and 45 mins	1,045	85.0	184	15.0	28.4	31.7	34.2
Centreville, MI	49032	493	1 in 30 miles and 45 mins	485	98.4	8	1.6	26.0	26.8	39.2
Ceresco, MI	49033	126	1 in 30 miles and 45 mins	126	100.0	0	0.0	8.6	27.0	28.6
Charlotte, MI	48813	4	1 in 30 miles and 45 mins	4	100.0	0	0.0	25.4	26.0	28.2
Climax, MI	49034	210	1 in 30 miles and 45 mins	210	100.0	0	0.0	12.0	14.9	16.3
Cloverdale, MI	49035	2	1 in 30 miles and 45 mins	2	100.0	0	0.0	25.7	26.1	27.8
Coldwater, MI	49036	4,166	1 in 53 miles and 70 mins	4,166	100.0	0	0.0	30.5	46.9	47.8
Coloma, MI	49038	1,224	1 in 30 miles and 45 mins	1,224	100.0	0	0.0	11.6	16.6	36.6
Colon, MI	49040	407	1 in 30 miles and 45 mins	393	96.6	14	3.4	28.0	32.2	33.7
		21	1 in 53 miles and 70 mins	21	100.0	0	0.0	24.1	32.3	33.9
Comstock, MI	49041	13	1 in 30 miles and 45 mins	13	100.0	0	0.0	1.6	3.2	21.2
Constantine, MI	49042	701	1 in 30 miles and 45 mins	146	20.8	555	79.2	30.7	31.4	38.8

Access Detail By Zip Code - Opioid Treatment Programs

January 12, 2026

Access Analysis
  Opioid

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    Opioid Treatment Programs
  FY26 Q1 Medicaid Enrollees - 18+
  (Micro)
    Opioid Treatment Programs

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Covert, MI	49043	564	1 in 30 miles and 45 mins	564	100.0	0	0.0	19.5	24.0	33.8
Decatur, MI	49045	983	1 in 30 miles and 45 mins	983	100.0	0	0.0	23.3	25.2	28.1
Delton, MI	49046	763	1 in 30 miles and 45 mins	763	100.0	0	0.0	22.6	25.2	27.2
Dowagiac, MI	49047	2,699	1 in 30 miles and 45 mins	2,699	100.0	0	0.0	20.8	23.0	29.1
Dowling, MI	49050	142	1 in 30 miles and 45 mins	142	100.0	0	0.0	16.4	30.9	32.2
East Leroy, MI	49051	222	1 in 30 miles and 45 mins	222	100.0	0	0.0	10.3	22.5	23.9
Eau Claire, MI	49111	485	1 in 30 miles and 45 mins	485	100.0	0	0.0	11.6	13.8	24.9
Edwardsburg, MI	49112	1,105	1 in 30 miles and 45 mins	1,105	100.0	0	0.0	21.0	37.2	39.5
Freeport, MI	49325	119	1 in 30 miles and 45 mins	99	83.2	20	16.8	26.6	34.0	38.8
Fulton, MI	49052	115	1 in 30 miles and 45 mins	115	100.0	0	0.0	18.8	23.5	24.8
Galesburg, MI	49053	951	1 in 30 miles and 45 mins	951	100.0	0	0.0	9.3	10.9	13.5
Galien, MI	49113	242	1 in 30 miles and 45 mins	242	100.0	0	0.0	17.4	19.5	23.6
Gobles, MI	49055	749	1 in 30 miles and 45 mins	749	100.0	0	0.0	17.9	19.2	37.0
Grand Junction, MI	49056	544	1 in 30 miles and 45 mins	491	90.3	53	9.7	27.3	28.6	34.0
Harbert, MI	49115	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	20.4	24.9	28.5
Hartford, MI	49057	1,407	1 in 30 miles and 45 mins	1,407	100.0	0	0.0	18.2	23.0	30.2
Hastings, MI	49058	2,484	1 in 30 miles and 45 mins	2,430	97.8	54	2.2	26.4	33.5	36.1
Hickory Corners, MI	49060	105	1 in 30 miles and 45 mins	105	100.0	0	0.0	17.9	20.2	21.8
Homer, MI	49245	645	1 in 30 miles and 45 mins	611	94.7	34	5.3	26.4	28.6	42.5
		7	1 in 53 miles and 70 mins	7	100.0	0	0.0	30.2	34.5	44.3
Jones, MI	49061	246	1 in 30 miles and 45 mins	68	27.6	178	72.4	30.9	34.0	37.3
Kalamazoo, MI	49001	5,306	1 in 30 miles and 45 mins	5,306	100.0	0	0.0	1.6	3.3	21.3
	49003	28	1 in 30 miles and 45 mins	28	100.0	0	0.0	1.6	3.2	21.1
	49004	2,156	1 in 30 miles and 45 mins	2,156	100.0	0	0.0	5.2	6.9	21.2
	49005	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	1.7	3.5	21.2
	49006	3,373	1 in 30 miles and 45 mins	3,373	100.0	0	0.0	2.0	3.3	23.8
	49007	4,214	1 in 30 miles and 45 mins	4,214	100.0	0	0.0	1.9	3.3	21.8
	49008	2,292	1 in 30 miles and 45 mins	2,292	100.0	0	0.0	1.2	2.5	23.3
	49009	4,660	1 in 30 miles and 45 mins	4,660	100.0	0	0.0	4.8	6.4	26.8
	49019	12	1 in 30 miles and 45 mins	12	100.0	0	0.0	1.6	3.2	21.2
	49048	5,239	1 in 30 miles and 45 mins	5,239	100.0	0	0.0	5.0	6.6	19.0
Lacota, MI	49063	7	1 in 30 miles and 45 mins	0	0.0	7	100.0	31.4	32.7	32.7
Lake Odessa, MI	48849	55	1 in 30 miles and 45 mins	4	7.3	51	92.7	31.0	32.4	33.7
Lakeside, MI	49116	9	1 in 30 miles and 45 mins	9	100.0	0	0.0	23.9	28.0	28.6
Lawrence, MI	49064	603	1 in 30 miles and 45 mins	603	100.0	0	0.0	22.9	24.5	26.1
Lawton, MI	49065	895	1 in 30 miles and 45 mins	895	100.0	0	0.0	18.2	19.7	31.7
Leonidas, MI	49066	101	1 in 30 miles and 45 mins	101	100.0	0	0.0	25.0	27.3	28.8
Litchfield, MI	49252	4	1 in 30 miles and 45 mins	2	50.0	2	50.0	30.4	32.8	45.9
		9	1 in 53 miles and 70 mins	9	100.0	0	0.0	33.3	35.9	47.0
Marcellus, MI	49067	571	1 in 30 miles and 45 mins	561	98.2	10	1.8	24.8	26.5	34.5

Access Detail By Zip Code - Opioid Treatment Programs

January 12, 2026

Access Analysis
  Opioid

Employee / Provider Groups
  FY26 Q1 Medicaid Enrollees - 18+
  (Metro)
    Opioid Treatment Programs
  FY26 Q1 Medicaid Enrollees - 18+
  (Micro)
    Opioid Treatment Programs

City	Zip Code	Employee #	Provider Standard	With Access #	%	Without Access #	%	Average Distance 1	2	3
Marshall, MI	49068	1,535	1 in 30 miles and 45 mins	1,535	100.0	0	0.0	13.1	28.7	33.3
Mattawan, MI	49071	930	1 in 30 miles and 45 mins	930	100.0	0	0.0	11.3	12.9	33.3
Mendon, MI	49072	330	1 in 30 miles and 45 mins	330	100.0	0	0.0	22.5	23.9	31.8
Middleville, MI	49333	852	1 in 30 miles and 45 mins	852	100.0	0	0.0	21.7	32.6	33.7
Montgomery, MI	49255	60	1 in 53 miles and 70 mins	60	100.0	0	0.0	43.7	50.9	60.7
Nashville, MI	49073	704	1 in 30 miles and 45 mins	704	100.0	0	0.0	22.5	31.6	41.5
Nazareth, MI	49074	10	1 in 30 miles and 45 mins	10	100.0	0	0.0	1.8	2.2	22.4
New Buffalo, MI	49117	330	1 in 30 miles and 45 mins	330	100.0	0	0.0	27.4	30.9	35.1
New Troy, MI	49119	15	1 in 30 miles and 45 mins	15	100.0	0	0.0	16.2	20.8	25.1
Niles, MI	49120	6,378	1 in 30 miles and 45 mins	6,378	100.0	0	0.0	13.1	25.9	27.6
Nottawa, MI	49075	21	1 in 30 miles and 45 mins	21	100.0	0	0.0	28.5	29.8	35.8
Olivet, MI	49076	77	1 in 30 miles and 45 mins	77	100.0	0	0.0	21.1	27.2	32.8
Oshtemo, MI	49077	5	1 in 30 miles and 45 mins	5	100.0	0	0.0	3.8	5.6	26.9
Otsego, MI	49078	24	1 in 30 miles and 45 mins	24	100.0	0	0.0	14.7	16.3	32.3
Paw Paw, MI	49079	1,827	1 in 30 miles and 45 mins	1,827	100.0	0	0.0	16.4	18.0	31.5
Plainwell, MI	49080	361	1 in 30 miles and 45 mins	361	100.0	0	0.0	14.9	16.4	27.2
Portage, MI	49002	2,205	1 in 30 miles and 45 mins	2,205	100.0	0	0.0	5.6	7.1	23.8
	49024	2,500	1 in 30 miles and 45 mins	2,500	100.0	0	0.0	4.3	5.4	25.6
	49081	25	1 in 30 miles and 45 mins	25	100.0	0	0.0	3.7	3.9	24.4
Quincy, MI	49082	646	1 in 53 miles and 70 mins	646	100.0	0	0.0	34.9	43.1	50.0
Reading, MI	49274	12	1 in 53 miles and 70 mins	12	100.0	0	0.0	41.2	49.0	57.8
Richland, MI	49083	477	1 in 30 miles and 45 mins	477	100.0	0	0.0	13.6	15.2	18.6
Riverside, MI	49084	3	1 in 30 miles and 45 mins	3	100.0	0	0.0	10.5	15.3	39.4
Saint Joseph, MI	49085	1,614	1 in 30 miles and 45 mins	1,614	100.0	0	0.0	2.7	6.0	32.0
Sawyer, MI	49125	225	1 in 30 miles and 45 mins	225	100.0	0	0.0	16.8	21.4	26.8
Schoolcraft, MI	49087	421	1 in 30 miles and 45 mins	421	100.0	0	0.0	11.5	13.0	32.5
Scotts, MI	49088	151	1 in 30 miles and 45 mins	151	100.0	0	0.0	12.8	14.2	20.5
Shelbyville, MI	49344	139	1 in 30 miles and 45 mins	139	100.0	0	0.0	22.6	23.9	26.5
Sherwood, MI	49089	279	1 in 53 miles and 70 mins	279	100.0	0	0.0	21.3	33.1	34.4
Sodus, MI	49126	194	1 in 30 miles and 45 mins	194	100.0	0	0.0	4.9	7.2	27.6
South Haven, MI	49090	1,691	1 in 30 miles and 45 mins	1,642	97.1	49	2.9	25.5	29.7	35.4
Springport, MI	49284	69	1 in 30 miles and 45 mins	69	100.0	0	0.0	22.7	25.0	28.4
Stevensville, MI	49127	968	1 in 30 miles and 45 mins	968	100.0	0	0.0	4.9	10.0	30.4
Sturgis, MI	49091	2,881	1 in 30 miles and 45 mins	79	2.7	2,802	97.3	36.0	37.1	40.7
Tekonsha, MI	49092	278	1 in 30 miles and 45 mins	278	100.0	0	0.0	22.1	36.2	37.6
		45	1 in 53 miles and 70 mins	45	100.0	0	0.0	25.6	38.3	41.1
Three Oaks, MI	49128	352	1 in 30 miles and 45 mins	352	100.0	0	0.0	22.1	24.2	27.7
Three Rivers, MI	49093	2,998	1 in 30 miles and 45 mins	2,998	100.0	0	0.0	23.0	23.6	42.3
Union City, MI	49094	100	1 in 30 miles and 45 mins	100	100.0	0	0.0	15.3	31.9	33.1
		544	1 in 53 miles and 70 mins	544	100.0	0	0.0	18.0	34.4	35.5

Access Detail By Zip Code - Opioid Treatment Programs

January 12, 2026

City	Zip Code	Employee #	Provider Standard	With Access #	With Access %	Without Access #	Without Access %	Average Distance 1	Average Distance 2	Average Distance 3
Union Pier, MI	49129	45	1 in 30 miles and 45 mins	45	100.0	0	0.0	26.2	27.8	30.5
Union, MI	49130	171	1 in 30 miles and 45 mins	171	100.0	0	0.0	27.4	40.1	41.4
Vandalia, MI	49095	252	1 in 30 miles and 45 mins	1	0.4	251	99.6	32.9	34.6	35.6
Vicksburg, MI	49097	944	1 in 30 miles and 45 mins	944	100.0	0	0.0	13.4	14.9	27.3
Watervliet, MI	49098	1,050	1 in 30 miles and 45 mins	1,050	100.0	0	0.0	13.4	18.4	34.5
Wayland, MI	49348	197	1 in 30 miles and 45 mins	197	100.0	0	0.0	21.2	27.4	28.2
White Pigeon, MI	49099	772	1 in 30 miles and 45 mins	21	2.7	751	97.3	33.2	34.7	37.9
Woodland, MI	48897	120	1 in 30 miles and 45 mins	43	35.8	77	64.2	29.5	30.9	35.2
Grand Totals		119,360	1 in 30 miles and 45 mins	113,963	95.5	5,397	4.5	11.4	17.3	28.3
		6,643	1 in 53 miles and 70 mins	6,643	100.0	0	0.0	29.6	44.3	46.0

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FY26 Network Adequacy FTE Counts in October/November 2025

CMH FTE Count TOTALS

*Please report/include if there are any vacancies and if so, are there active job postings?

Current Home-based Service **Therapists** FTE breakdown:

CMH	Total FTE
Barry	1
Berrien	5
Branch	2
Calhoun	1.25 (1 at 100%, 1 at .25%)
Cass	2 (1 at 100%, 1 at 50%, 1 at 10%)
Kalamazoo	13.75 (9 at 100%, 3 per diem, 3 at 50%, 1 at 25%)
St. Joseph	2
Van Buren	3 (& 2 Master's Level clinical vacancies)
Region 4 Total FTE Count:	30

Current Home-based Service **Staff** FTE breakdown (per MDHHS Network Adequacy Reporting Template – "*This should include paraprofessionals and therapists involved in the treatment team. Do not include administrative staff not included in the treatment team*.":

CMH	Total FTE
Barry	1
Berrien	5
Branch	0
Calhoun	5
Cass	1
Kalamazoo	7
St. Joseph	3
Van Buren	0 (1 paraprofessional family advocate vacancy)
Region 4 Total FTE Count:	22

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Current Wraparound Service **Supervisors** FTE breakdown:

CMH	Total FTE
Barry	1
Berrien	1
Branch	1
Calhoun	1
Cass	1 (90%)
Kalamazoo	1
St. Joseph	1
Van Buren	1
Region 4 Total FTE Count:	8

Current Wraparound Service **Facilitators** FTE breakdown:

CMH	Total FTE
Barry	1
Berrien	1 (50% WRAP Coordinator & 50% CM)
Branch	1
Calhoun	4 (3 at 100% and 1 at 75%)
Cass	1
Kalamazoo	5
St. Joseph	1 (contracted)
Van Buren	7 (6 at 100% and 1 at 80%)
Region 4 Total FTE Count:	21

Current Intensive Crisis Stabilization Services for Children FTE breakdown:

CMH	Total FTE
Barry	5 (4 at 100%, 3 at 25%, 1 at 10%)
Berrien	Managed through mobile crisis response
Branch	4 (3 at 100%, 1 at 50%, 1 at 25%)
Calhoun	3
Cass	7.5 (7 at 100%, 1 supervisor at 50%)
Kalamazoo	4 (3 at 100%, 1 at 80%, 2 at 40%)
St. Joseph	14 (contracted mobile crisis workers)
Van Buren	3 (3rd is combined total of 5 on-call mobile crisis workers)
Region 4 Total FTE Count:	40.5

Current Individual Respite Service Direct Care Workers (including family and friends):

CMH	Total FTE
Barry	Self Determined (HR, GT, & Stuart Wilson) = 58 individuals Contracted Providers (Real Life Living Services and Wings of Hope) = 10 individuals
Berrien	No internal respite services – contracted out
Branch	10 working part-time hours
Calhoun	27 (50% or higher) (44 under 50% reported)
Cass	2 individuals (2 clients with ~1000 hours respite authorized/year, 1 with ~500 hours)
Kalamazoo	138 youth respite staff, 125 adult respite staff
St. Joseph	2 Fiscal Intermediaries, 4 Respite Providers
Van Buren	2.3 (see VB FTE sheet for details)
Region 4 Total FTE Count:	378.3

Current Parent Support Partner Services FTE breakdown:

CMH	Total FTE
Barry	2
Berrien	1
Branch	1
Calhoun	1
Cass	Vacant, posted (seeking 50% FTE)
Kalamazoo	7.5 (7 at 100%, 1 at 50%)
St. Joseph	1
Van Buren	0 (1 PSP working at .07%)
Region 4 Total FTE Count:	13.5

Current Youth Peer Support Services FTE breakdown:

CMH	Total FTE
Barry	1
Berrien	1 (50%)
Branch	1
Calhoun	1.5 (1 at 100% and 1 at 50%)
Cass	1 (at 50%)
Kalamazoo	2 (1 at 100%, 1 at 85%)
St. Joseph	1
Van Buren	0 (1 YPS working at .25%)
Region 4 Total FTE Count:	8.5

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Procedure: MDHHS Network Adequacy Standards—Medicaid Specialty Behavioral Health Services

MDHHS Specialty Behavioral Health Network Adequacy Standards

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 requires the states holding managed care contracts to develop and implement network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the children, youth, and adult populations. Pursuant to the federal rules, Michigan's specialty behavioral health standards reflect time/distance standards and Medicaid provider-to-enrollee ratios for services congruent with community need and statewide strategic priorities. The following adult, children and youth services have been identified for reporting beginning in Fiscal Year 2026.

Adult	Children and Youth
Assertive Community Treatment (H0039)	Crisis Residential Programs (H0018)
Crisis Residential Programs (H0018)	Home-Based Services (H0036)
Opioid Treatment Programs (H0020)	Wraparound Services (H2021)
Psychosocial Rehabilitation Programs (Clubhouses) (H2030)	Intensive Crisis Stabilization Services for Children (Mobile Response with two-person team) H2011HT
Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)	Respite Services (T1005, H0045, S5151)
Community Living Supports (H2015)	Parent Support Partners (S5111-WP)
Skill Building (H2014)	Youth Peer Supports (H0038-WT)
Partial Hospitalization Programs (0912, 0913)	Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)
Targeted Case Management (T1017)	Pre-Admission Screen (T1023)
Pre-Admission Screen (T1023)	Autism Service Evaluations (90791, 90792, 96110, 96112, 96113, 96127, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, H0031)
Outpatient Clinical Mental Health (90832, 90834, 90837)	Autism Services (97153, 97154)
	Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)
	Community Living Supports (H2015)
	Partial Hospitalization Programs (0912, 0913)
	Targeted Case Management (T1017)
	Outpatient Clinical Mental Health (90832, 90834, 90837)

Time/distance standards are categorized by Large Metro, Metro, Micro, Rural, and Counties with Extreme Access Considerations (CEAC)[1]. The provider-to-enrollee ratio standards apply to all services except inpatient psychiatric services and partial hospitalization programs. In adherence to the federal rules and MSA Policy 18-49, the following standards are in effect for all PIHP contracts beginning in the Fiscal Year 2026 reporting period:

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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Time and Distance Standards:

Adults/Children and Youth

Service	CEAU	Rural	Micro	Metro	Large Metro
Inpatient Psychiatric[2] and Partial Hospitalization Programs	155 minutes/140 miles	90 minutes/75 miles	100 minutes/75 miles	70 minutes/45 miles	30 minutes/15 miles
All Other Services	118 minutes/105 miles	75 minutes/60 miles	70 minutes/53 miles	45 minutes/30 miles	20 minutes/10 miles

All other services include the following services: Psychosocial Rehabilitation, Crisis Residential, and Opioid Treatment Programs.

Medicaid Provider-to- Enrollee Ratio Standards for Select Services

Adult Standards

Service	Standard
Assertive Community Treatment	1:30,000 (Team to Medicaid Enrollee)
Psychosocial Rehabilitation (Clubhouses)	1:45,000 (Provider to Medicaid Enrollee)
Opioid Treatment Programs	1:35,000 (Provider to Medicaid Enrollee)
Crisis Residential	16 beds per 500,000 Total Population
Community Living Supports	FY25 Data Collected as Informational Only
Skill Building	FY25 Data Collected as Informational Only
Targeted Case Management	FY25 Data Collected as Informational Only
Pre-Admission Screen	FY25 Data Collected as Informational Only
Outpatient Clinical Mental Health	FY25 Data Collected as Informational Only

*Excludes Substance Use Treatment beds.

Children and Youth Standards

Service	Standard
Home-Based	1:2,000 (Provider to Medicaid Enrollee)
Intensive Care Coordination with Wraparound (ICCW)	1:5,000 (Provider to Medicaid Enrollee)
Crisis Residential Program	8-12 beds per 500,000 Total Population
Intensive Crisis Stabilization Services	FY25 Data Collected as Informational Only
Respite Services	FY25 Data Collected as Informational Only
Parent Support Partners	FY25 Data Collected as Informational Only
Youth Peer Supports	FY25 Data Collected as Informational Only
Autism Services	FY25 Data Collected as Informational Only
Community Living Supports	FY25 Data Collected as Informational Only
Targeted Case Management	FY25 Data Collected as Informational Only
Pre-Admission Screen	FY25 Data Collected as Informational Only
Outpatient Clinical Mental Health	FY25 Data Collected as Informational Only

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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Please see provider definitions for further information on how "provider" is defined for each service type.

The term "enrollee" is defined as "any new or existing Medicaid Beneficiary assigned to the PIHP. This includes all beneficiaries the PIHP is contracted to serve." For network adequacy children and youth services purposes, "children" are defined as those "who are less than 18 on the last day of the reporting period" with the exception of the following services: Respite, Home-Based, Youth Peer Supports, ICCW, ICSS, Autism Services, Targeted Case Management, and Parent Support Partners, which will utilize a subpopulation of individuals 21 years old and younger on the last day of the reporting period.

Contractors must ensure all covered and medically necessary services are delivered to beneficiaries in a timely and appropriate manner, regardless of whether those services are included in network adequacy standards.

<u>Compliance – Time/Distance and Provider-to-Enrollee Ratios</u>
- At least 85 percent of the beneficiaries residing in counties classified as micro, rural, or counties with extreme access considerations (CEAC) have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(i)
- At least 90 percent of the beneficiaries residing in large metro and metro counties have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(ii)
- Both time and distance must be met.
- Regions must meet provider-to-enrollee ratios as established by the MDHHS.
- For services with both time and distance and provider-to-enrollee ratios, both standards must be met.

<u>American Society of Addiction Medicine (ASAM) Level of Care (LOC) for Network Providers</u>
- PIHPs must enter into network provider agreements for Substance Use Disorder (SUD) Treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC).
- Contractor must ensure that to the extent licensing allows all the following LOCs are available for adult and youth populations:

Level of Care	ASAM Title
0.5	Early Intervention
1	Outpatient Long-Term Remission Monitoring
1.5	Outpatient Treatment Services
2.1	Intensive Outpatient Treatment Services
2.5	High-Intensity Outpatient Treatment Services
3.1	Clinically Managed Low Intensity Residential Services

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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3.5	Clinically Managed High Intensity Residential Services
3.7	Medically Managed Residential Treatment Services
3.7 Bio	BIO Medically Managed Biomedically Enhanced Residential Treatment
1.7	Medically Managed Outpatient Treatment
2.7	Medically Managed Intensive Outpatient Treatment
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management

Timely Access Standards 438.68(e)

Service	Standard
Crisis Residential Program	**Within 24 hours of authorization**
Inpatient Psychiatric Services	**Within 24 hours of authorization**
Pre-Admission Screen	**Disposition completed within 3 hours**
Intensive Crisis Stabilization Services Mobile Crisis	**Schedule E reporting – 1 hour urban, 2 hours rural**
Assertive Community Treatment	**Within 7 business days of assessment**
Intensive Care Coordination with Wraparound	**Within 10 business days of disposition* date**
Home-based	**Within 10 business days of disposition* date**
Respite Services	**Within 10 business days of disposition* date**
Parent Support Partners	**Within 10 business days of disposition* date**
Youth Peer Supports	**Within 10 business days of disposition* date**
Autism Services (97155)	**Within 10 business days of 97151 assessment**

*Individuals with a disposition of 1 will be included.

Compliance - Timeliness

Plans must meet at least a 90% compliance rate for timeliness standards (42 CFR 438.68(e)(2)) for all services except for Crisis Residential, Pre-Admission Screen, and Inpatient Psychiatric Services. PIHPs must meet at least 95% compliance rate for these services. MDHHS recommends review of and compliance with the Timely Access Standards above.

MDHHS will measure timeliness of services on a regular basis based on encounter data.

Reporting

The Network Adequacy Report is due annually. The Network Adequacy Standards procedure document will be provided to PIHPs in accordance with 438.68(b)(3) including, but not limited to, information on maximum time and distance, timely appointments and language, cultural competence, and physical accessibility.

Provider Definitions

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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Services	Provider Ratio Defined:
Assertive Community Treatment (H0039)	**ACT Team**
Crisis Residential Programs (H0018) *	**Bed Count**
Opioid Treatment Programs (H0020)	**Provider Sites**
Psychosocial Rehabilitation Programs (Clubhouses) (H2030)	**Facilities/Programs**
Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)	**Facilities/Sites**
Community Living Supports (H2015)	**Direct Care Worker**
Skill Building (H2014)	**Direct Care Worker**
Home-Based Services (H0036)	**Home-Based Therapist**
ICCW (H2021)	**Care Coordinator**
Intensive Crisis Stabilization Services for Children (Mobile Response with two-person team) H2011HT	**Qualified Provider**
Respite Services (T1005, H0045, S5151)	**Direct Care Worker**
Parent Support Partners (S5111-WP)	**Trained Parent**
Youth Peer Supports (H0038-WT)	**Trained Young Adult**
Autism Service Evaluations (90791, 90792, 96110, 96112, 96113, 96127, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, H0031)	**Qualified Practitioners/Clinicians performing evaluations**
Autism Services (97153, 97154)	**Behavior Technician, Licensed Behavior Analyst, Licensed Assistant Behavior Analyst**
Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)	**Licensed Behavior Analyst** **Licensed Assistant Behavior Analyst**
Partial Hospitalization Programs (0912/0913)	**Sites/Facilities**
Pre-Admission Screen (T1023)	**Qualified Provider**
Targeted Case Management (T1017)	**Case Manager**
Outpatient Clinical Mental Health (90832, 90834, 90837)	**Qualified Provider**

*Crisis Residential does not include Substance Use Treatment Residential Beds.

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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Applicable Standards by Service

Service	Population	Time/Distance	Provider To Enrollee Ratio
Assertive Community Treatment – H0039	Adult		✓
Crisis Residential Programs - H0018	Adult/Children and Youth	✓	✓
Opioid Treatment Programs/SUD MAT Methadone – H0020	Adult	✓	✓
Psychosocial Rehabilitation Programs (Clubhouses) - H2030	Adult	✓	✓
Inpatient Psychiatric Services - 0100, 0114, 0124, 0134, 0154	Adult/Children and Youth	✓	
Home-Based Services – H0036	Children and Youth		✓
ICCW – H2021	Children and Youth		✓
ICSS (Mobile Response with Two Person Team) – H2011HT	Children and Youth		✓
Respite Services – T1005, H0045, S5151	Children and Youth		✓
Parent Support Partner Services S5111-WP	Children and Youth		✓
Youth Peer Support Services H0038-WT	Children and Youth		✓
Skill Building (H2014)	Adult		✓
Community Living Supports (H2015)	Adult/Children and Youth		✓
Autism Service Evaluations (see codes above)	Children and Youth		✓
Autism Services (97153, 97154)	Children and Youth		✓
Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)	Children and Youth		✓
Partial Hospitalization Programs	Adult/Children and Youth	✓	
Targeted Case Management	Adult/Children and Youth		✓
Pre-Admission Screen	Adult/Children and Youth		✓
Outpatient Clinical Mental Health (90832, 90834, 90837)	Adult/Children and Youth	✓	

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

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Regional Quarterly Bulletin

From SWMBH CEO to Partner CMH
Boards of Directors

Southwest Michigan
BEHAVIORAL HEALTH

Letter from Mila Todd, Interim-CEO

While uncertainty about the future of the public behavioral health system has persisted in the first quarter of Fiscal Year 2026, so has our commitment to serving members, working in collaboration with our CMH partners, and supporting SWMBH staff. You will find snapshots of these efforts throughout this Bulletin, and you should feel free to contact me if you would like more information.

I will highlight just a few items that you will find in this Bulletin. Below you will find an update on the lawsuit related to the 2025 RFP issued by MDHHS. In relation to MDHHS's efforts to competitively procure the PIHPs, the SWMBH Board approved a Retention Plan at its December meeting, which is designed to ease staff anxieties about what might happen in the future. This Bulletin also includes a new Revenue Tracking Report, which is the product of increased tracking and evaluation of revenues received. This report is reviewed at the Operations Committee, SWMBH Board Finance Committee, and the full SWMBH Board monthly. Lastly, I want to highlight the collaborative projects and efforts happening in our region. This Bulletin contains a small snapshot of the valuable cross-agency work that is happening every day. This work extends beyond committee/workgroup activities even as far as a SWMBH BCBA filling in at a CMH while the CMH clinical staff person is on leave.

Please feel free to reach out to me with any questions you have or if you would like to chat further – mila.todd@swmbh.org, (269) 488-6794.

Upcoming SWMBH Board Meetings

9:30-11:30
SWMBH Board Room

January 9

February 13

March 13
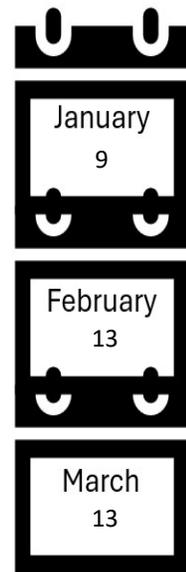
SWMBH Board

- To facilitate accessibility of the SWMBH Board meetings, a link to a livestream via TEAMs will be available soon.

- Beginning in December a new agenda item has been added to the SWMBH Board Meeting titled "CMH Board Updates". This is a designated time where SWMBH Board Members have the opportunity to provide an update from their respective CMH Board to facilitate ownership linkage and overall information sharing. We look forward to hearing monthly updates from all our CMH Boards.

- Our CMH Boards should look forward to a link to an online survey in January. The survey is intended to ensure solid understanding of SWMBH's ownership's values to ensure those values inform current and future activities and priorities. Ownership as defined in Governing Principles: An approach to Unleash the Power of Policy Governance (Craymer & Radwan, 2020):

  Legal Ownership: "The governing institutions that initially formed the organization."
  Moral Ownership: The people in our region who "demonstrably care about the mission" of SWMBH.

Reprocurement of PIHPs

A hearing was held on October 9, 2025 in the Court of Claims, Hon. Christopher P. Yates presiding. Judge Yates issued an Order on October 14, 2025, which can be found using the link below. In short, Judge Yates determined three things: 1) MDHHS has the authority to competitively procure the PIHP system; 2) MDHHS has the authority to unilaterally reduce the number of PIHP regions from ten to three; and 3) There remains a genuine issue of material fact as to whether specific provisions of the 2025 RFP violate law.

A hearing was scheduled for December 8th to allow the parties to present testimony from witnesses, as well as other evidence, about whether the terms of the 2025 RFP violate law. On November 26th, the case to which SWMBH is a plaintiff was joined with another case filed by Plaintiffs Centra Wellness Network, Northeast MI CMH, Wellvance Gogebic CMH, North Country CMH, and Manistee County. The two cases were joined because they contain a substantial and controlling common question of law and fact (i.e. each lawsuit raises the same issues). As a result of the cases being joined, the hearing scheduled for December 8th was extended and was ultimately held December 8th, 9th, and 10th. The testimony and evidence presented focused primarily on how the RFP violates portions of the Mental Health Code, including CMHs' statutory obligations surrounding Recipient Rights, managed care functions including network management, and ensuring sufficient funding to support these obligations. At the conclusion of the hearing, legal counsel for the Plaintiff group reiterated Plaintiffs' willingness to work collaboratively with MDHHS.

Update as of 1/9/2026: The Court issued an Order on January 8, 2026 (link below). In that Order, the Court found that "**the RFP, as drafted, impermissibly conflicts with Michigan law in numerous respects, especially insofar as the RFP restricts CMHSPs from entering into financial contracts for the purpose of funding CMHSPs' managed-care functions.**" The Court did not direct the State how it must fix the deficiencies noted. The Court did retain jurisdiction to ensure that its Order is acted upon. This decision is a win for the public behavioral health system. We continue in our willingness to work collaboratively with MDHHS and other stakeholders on system improvements, and wait to hear how MDHHS intends to move forward.

October 14, 2025 Order - 2025-10-14-25-000143-mb-25-order-20251014-opinion-and-order.pdf
January 8, 2026 Order - 2026-01-08-25-000143-mb-72-order-20260108-opinion-order-25-143.pdf

SWMBH Management Information – Business Intelligence Plan

This information is being provided as a quarterly update on SWMBH's Management Information Business Intelligence Plan ("MIBI" Plan) as required by SWMBH's Board Ends. Tableau is SWMBH's interactive data analysis and visualization software. The goal of using Tableau is to have accurate data with reports that are useful and accessible to end users, and provide comparative data when appropriate. End users include both SWMBH and participant CMH staff.

To improve Tableau usability, SWMBH data analysts have been reviewing the current reports and including information sheets with each report. The information sheets detail each report's purpose, filters and parameters, definitions, intended audience, report requestor and owner, quality assurance status, and a log of changes/updates and notes regarding how each report is maintained. Current reports are undergoing quality reviews to ensure the data is accurate and calculations are correct. The reports' links and filters have been reviewed to ensure they are properly working. A Tableau directory, meant to assist users in identifying reports that may be beneficial to them, is being created.

Financial Update ~ Fiscal Years 2025 and 2026

2025: Final reporting for Fiscal Year (FY) 2025 is due to the State March 2, 2026. The following is based on information submitted by the CMHSPs to SWMBH as of December 2025 and is subject to change.

	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	Pivotal	Van Buren	SWMBH	Total
Medicaid										
Revenue	10,643,586	49,426,456	13,563,396	46,211,477	17,289,956	75,947,553	16,772,181	25,073,381	24,294,862	279,222,848
Expense	7,418,541	53,021,771	13,582,111	47,355,233	20,719,576	84,992,708	18,899,444	25,031,519	19,618,902	290,639,805
Difference	**3,225,045**	**(3,595,315)**	**(18,715)**	**(1,143,756)**	**(3,429,620)**	**(9,045,155)**	**(2,127,263)**	**41,862**	**4,675,960**	**(11,416,957)**
HMP										
Revenue	886,602	4,639,003	675,822	4,965,058	1,745,156	5,062,825	1,628,968	1,848,721	13,703,802	35,155,957
Expense	1,089,463	4,125,539	1,323,419	5,499,080	2,096,706	6,003,977	1,678,848	1,918,536	16,002,402	39,737,970
Difference	**(202,861)**	**513,464**	**(647,597)**	**(534,022)**	**(351,550)**	**(941,152)**	**(49,880)**	**(69,815)**	**(2,298,600)**	**(4,582,013)**
Combined Medicaid/HMP	**3,022,184**	**(3,081,851)**	**(666,312)**	**(1,677,778)**	**(3,781,170)**	**(9,986,307)**	**(2,177,143)**	**(27,953)**	**2,377,360**	**(15,998,970)**

January 6, 2026, FY25 Rate Amendment #5 was released indicating an additional $35.7M in revenue for the state; conservative estimates are that SWMBH will receive approximately 8% of this ~ $2,856,000.

2026: To ensure clarity as we progress through FY2026, SWMBH has developed a revenue tracking of expected funds for the region. This is updated monthly and shared with the Operations Committee, Finance Committees and SWMBH Board.

Revenue Tracking of Expected Funds	FY26 Revenue						FY26 Revenue YTD					
	FY26 Budget	Actual Payment	Accrual	Actual Annualized	Variance $	Variance %	Budget YTD	Actual	Accrual	YTD	Variance $	Variance %
Medicaid	242,191,562.82	234,467,402.76	-	234,467,402.76	(7,724,160.06)	(0.03)	60,547,890.71	58,616,850.69		58,616,850.69	(1,931,040.02)	-3.2%
Habilitation Supports Waiver (HSW)	70,682,821.26	66,887,370.48	5,980,383.80	72,867,754.28	2,184,933.02	0.03	17,670,705.32	16,721,842.62	1,495,095.95	18,216,938.57	546,233.26	3.1%
Child Waiver Program (CWP)	964,208.87	892,364.00	-	892,364.00	(71,844.87)	(0.07)	241,052.22	223,091.00		223,091.00	(17,961.22)	-7.5%
Serious Emotional Disturbances (SED)	226,288.62	718,068.52	-	718,068.52	491,779.90	2.17	56,572.16	179,517.13		179,517.13	122,944.98	217.3%
Healthy Michigan Mental Health	34,620,863.28	27,835,168.68	-	27,835,168.68	(6,785,694.60)	(0.20)	8,655,215.82	6,958,792.17		6,958,792.17	(1,696,423.65)	-19.6%
Overall Net Capitation Payment	**348,685,744.85**	**330,800,374.44**	**5,980,383.80**	**336,780,758.24**	**(11,904,986.61)**	**-3.41%**	**87,171,436.21**	**82,700,093.61**	**1,495,095.95**	**84,195,189.56**	**(2,976,246.65)**	**-3.41%**

Collaborative Projects in our Region

Regional Claims and Coding Workgroup

Initiated at the request of the CMHs and facilitated by SWMBH, the purpose of this regional workgroup is to discuss billing and business process issues and ensure regional consistency to the extent practicble. This workgroup continues to meet monthly through January with CCBHC billing as the primary topic of concern. Group members have shared lessons learned in a collaborative environment and have learned quite a bit from each other. The group will assess at the January meeting if monthly meetings continue to be needed or can move to a quarterly basis moving forward.

Assets and Liabilities Workgroup

SWMBH initiated this workgroup which meets biweekly to assess regional assets and liabilities, and develop recommendations around an equitable distribution plan in the event the regional entity dissolves. Two options have been presented for consideration and potential implementation should SWMBH be dissolved. The tool can be updated with current data. The workgroup's next steps are contingent on the details of any transition plan to new PIHPs (should that be the ultimate outcome of the RFP process) and center primarily on details around debt absorption and assignment of liabilities.

Regional Data Exchange Workgroup

This workgroup is an offshoot of the Regional Information Technology Committee which meets monthly. It is facilitated by SWMBH with representatives from CMHSPs and Information Technology vendors PCE and Streamline. The purpose is to use IT expertise in the region to solve problems and improve processes. Recent topics include development of new processes for submitting CCBHC Block Grant encounters and data entry into the statewide Behavioral Health Treatment Episode Data System (BH-TEDS) for both CCBHC and non-CCBHC individuals served.

***Coming Soon* - FY25 Standard Cost Allocation—Service Use Evaluation ("SUE")**

The Operations Committee (inclusive of SWMBH) previously engaged vendor Rehmann to complete a Service Use Evaluation. The information proved valuable in identifying utilization and cost trends by CMH, allowing comparison and facilitating regional analysis and strategizing. SWMBH anticipates being able to reproduce this report for our CMHs during FY26 Q2, and adding statewide comparison data at a later date when it becomes available. Additionally and complementarily, work is beginning on reviewing Standard Cost Allocation methodologies across the region and providing comparison and benchmarking data to inform efforts around administrative costs.

Federal 2025 Reconciliation Bill ~ Implementation Dates

The upcoming changes to Medicaid as prescribed by the Big Beautiful Bill may prove to be significant environmental disruptors to our public behavioral health system. There are many changes coming and it can be difficult to remember when the various changes will be implemented and what the potential impact may be. To assist with this, SWMBH created the chart below and has shared it with the Operations Committee as an easy to read, at-a-glance reference chart.

Implementation Dates for the 2025 Reconciliation Bill / The Big Beautiful Bill

Implementation Date	Topic	Provision	Description
January 2026	Affordable Care Act	Expiration of the Enhanced Premium Tax Credits; Cease marketplace Tax Credit Eligibility for Low-Income Immigrants without Medicaid Coverage	Increase in Number of People not Covered by any Insurance
October 2026	Medicaid-Expansion	Immigrants	Federal Medical Assistance Percentage (FMAP) for Emergency Medicaid; Restricting Immigrant Eligibility for Medicaid and CHIP
December 2026	Medicaid-Expansion	6-month Eligiiblity Redeterminations	
January 2027	Medicaid	Work Requirements	May be Pushed to 12/2028 - Should only Impact TANF
	Medicaid	Limiting Retroactive Coverage to 1 Month	
	Medicaid	Budget Neutrality for Section 1115 Demonstration	
	Affordable Care Act	Further Restricts Immigrants from Accessing Marketplace Coverage	
October 2027	Medicaid	Limiting Provider Taxes	Decreases Amount of Federal Funding
January 2028	Medicaid	Reducing State Directed Payments	10 Percentage Points each Year until they Reach the Allowable Medicare-Related Payment Limit
July 2028	Medicaid	New Home & Community Based Services (HCBS) Waivers	Allows States to Establish 1915(c) HCBS waivers for people who do not need an Institutional Level of Care - Budget Neutral
October 2028	Medicaid-Expansion	New Cost Sharing Requirements for Certain Expansion Individuals	EXEMPTS: Primary Care, Mental Health, and Substance Use Disorder Services Provided by Federally Qualified Health Centers, Behavioral Health Clinics, and Rural Health Clinics.

Resource: https://www.kff.org/medicaid/implementation-dates-for-2025-budget-reconciliation-law/

Mila Todd, Interim Chief Executive Officer
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CANCELLATION OF REQUEST FOR PROPOSAL

Notice of Intent to Award Number: 260000000197

for

Request for Proposal (RFP): 250000002670

Cancellation Date: January 29, 2026

The Department of Technology, Management, and Budget, Central Procurement Services has cancelled RFP 250000002670.

Per the RFP Proposal Instructions, Section 11 (b), Reservations, the State has elected to discontinue the RFP process, and no Award will be issued.

If you have any questions, please contact the Solicitation Manager at the contact information below.

Marissa Gove

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517-449-8952

Quality Assurance and Performance Improvement Program (QAPIP)
Fiscal Year 2025 Evaluation Report

All SWMBH Medicaid Business Lines

Evaluation Period: October 1, 2024 - September 30, 2025

The Quality Assurance and Performance Improvement Program (QAPIP) 2025 Evaluation Report assesses the effectiveness of the 2025 QAPIP plan's goals and objectives. Each section contains a barrier analysis and highlights improvement efforts. The annual QAPIP evaluation helps inform the 2026 QAPIP Plan.

SWMBH has adopted a rating system to evaluate the key performance indicators and QAPIP Plan objectives. Throughout the evaluation, a five-point scoring rubric is used to rate each evaluated component as follows:

1. A score of 1 or "Poor" indicates a critically unmet need that requires immediate follow-up.
2. A score of 2 or "Subpar" is given to an area that markedly needs improvement but does not necessarily require urgent, immediate attention.
3. A score of 3 or "Acceptable" is indicative of an area that minimally meets that area's requirements.
4. A score of 4 or "Good" reflects an area that exceeds the acceptable requirements but may still contain room for minor improvements.
5. A score of 5 or "Excellent" is reserved for those areas that far exceed the acceptable requirements and need only very minor, if any, improvements.

Each year MDHHS reviews the QAPIP, and we receive a score of met or not met. In 2025 all areas were met with no additional recommendations. These are the sections evaluated:

- Performance Measures (MMBPIS Indicators)
- Performance Improvement Projects
- Critical Incident, Sentinel Event, and Risk Event Management
- Behavioral Treatment Review
- Member Experience with Services
- Practice Guidelines

- Credentialing and Re-Credentialing
- Verification of Services
- Utilization Management
- Provider Network (delegated function site reviews)
- Long-Term Services and Supports (LTSS)

2025 Results Performance Indicators:

Indicator	Where Progress was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	FY26 Recommendations
1 - Percentage of Children who receive a Prescreen within 3 hours of request (>= 95%).	QMC	Quarterly	99.67%	99.40%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
1 - Percentage of Adults who receive a Prescreen within 3 hours of request (>= 95%).	QMC	Quarterly	99.72%	99.27%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
2a - Percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service (by four sub-populations: MI-adult, MI-child, IDD-adult, IDD-child (>=62%).	QMC	Quarterly	72.92%	74.37%	5	This goal was met, will stay the same and be monitored through FY26.
2e - Percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders (>=68.2%).	QMC, SUD Directors Workgroup	Quarterly	65.97%	69.71%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
3 - percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment (by four sub-populations: MI-adult, MI-child, IDD-adult, and IDD-child) (>=72.9%).	QMC	Quarterly	59.21%	70.34%	3	This goal was not met and will not continue in FY26 due to the termination of MMBPIS.
4a(a) - Follow-Up within 7 Days of Discharge from a Psychiatric Unit-Children (>= 95%).	QMC	Quarterly	97.35%	96.50%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
4a(b) - Follow-Up within 7 Days of Discharge from a Psychiatric Unit- Adults (>= 95%).	QMC	Quarterly	97.17%	95.66%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
4b - Follow-Up within 7 Days of Discharge from a Detox Unit (>=95%).	QMC, SUD Directors Workgroup	Quarterly	98.11%	100%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
10a - Re-admission to Psychiatric Unit within 30 Days-Children (<=15%).	QMC	Quarterly	9.01%	11.74%	5	The goal was met and will not continue in FY26 due to the termination of MMBPIS.
10b - Re-admission to Psychiatric Unit within 30 Days-Adults (<=15%).	QMC	Quarterly	13.06%	14.16%	5	The goal was met, will stay the same and be monitored through FY25.

2025 Results - Performance Improvement Projects (PIP):

Clinical PIP/FUA-30: There were increases in the rates of ED follow up in 2024 (remeasurement 2) compared to 2021 (the project's baseline), with an overall follow up rate of 39.11% in 2024 compared to 20.97% in 2021. However, the statistically significant disparity between the African American/Black and White populations remained, with an African American/Black population rate of 24.84% compared to 45.82% for the White population. Barriers to successful interventions have included difficulty hiring for the peer ED outreach position in Van Buren County, and challenges with encounter reporting for peer ED follow up in counties outside of Kalamazoo. An ongoing challenge with the PIP has been that the region depends on local EDs to inform the provider network when a beneficiary in the ED requires substance-use-related follow up and EDs are not incentivized to assist PIHPs with this project. Past meetings with local EDs have not resulted in increased referrals, so SWMBH has been holding regular meetings with the Medicaid Health Plans (MHPs) in the region, to identify ways to coordinate and increase ED referral rates in partnership with the plans. SWMBH is conducting an analysis of FUA rates with the largest MHP in the region to identify which EDs have lower follow up rates and higher disparities. This analysis will drive future interventions.

Non-Clinical PIP/MMBPIS Indicator 3: The rate increased from 56.78% in FY23 to 70.32% in FY25, but it did not meet the 72.9% benchmark. In early FY25, SWMBH met with each CMHSP with results below benchmark to review local barriers and processes, as well as strategies used to drive further performance improvement in access and timeliness to services. To simplify clinician workflow and increase job satisfaction, implementation of Eleos Health, technology that automates clinical documentation, occurred region-wide in FY25. Some CMHs reported success with utilizing nursing staff to complete consumer health assessments after the biopsychosocial and blocking psychiatrist appointment slots for new consumers in the instance a consumer was referred for "medication only" services. These best practices as well as quarterly outcome monitoring were reviewed during regional QMC meetings. Improvement was noted in all four Indicator 3 subcategories (MI/DD, Adult/Children) compared to the previous fiscal year despite variations in denominators (i.e. MI-Adult= 5,124, and DD-Adult=164). Additional analysis was completed to review the quarterly mean days to treatment for both Indicators 2a and 3, measuring mean days to treatment for those requesting services who completed the BPS, and those who completed the first ongoing service after the BPS completion. The benchmark for both indicators defines compliance if the BPS and/or first service were completed within 14 days. The quarterly comparison spanning 2024-2025 indicated a steady decrease (favorable) in the average time to treatment (in days).

Goal	Where Progress was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations

Performance Improvement Project #1 (Clinical)
 	
Reducing Racial Disparities in Follow-Up After Emergency Department Visits (ED) for Alcohol and Other Drug Use (AOD).
 	
Goal: "To eliminate the statistically significant disparity between African American/Black and White rates of follow up after Emergency Department (ED) visits for alcohol and other drug use, from baseline (2021) to remeasurement 1 (2023) and 2 (2024), without a corresponding decrease in White follow up rates."
 	
Monitoring:
Remeasurement 2 (2024) results will be available in June 2025. SWMBH will assess performance on the following measures to determine whether the region met the PIP goal for 2024:
 	
   a. 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.
   b. The percentage of White beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence.
2. In FY25, SWMBH will collaborate with the Project ASSERT teams in the three largest counties to increase referrals from EDs and to follow-up on referrals when individuals present to the ED for substance use needs, with specific attention to the Black/African American population.
	Regional Clinical Practices (RCP) Committee and Regional Quality Management Committee (QMC)	Bi-Annual	Did not meet the FY25 goal of eliminating the disparity from 2021 to 2024.	3	While there was an improvement in ED follow-up overall, up 39.11% in 2024 compared to 20.97% in 2021, the statistically significant disparity between the African American/Black and White populations remained. It is recommended that this goal continue for FY26.

Performance Improvement Project #2 (Non-Clinical) Improve access and timeliness of new persons starting a service by four sub-populations: MI-adults, MI-children, I/DD-adults, and I/DD-children (MMBPIS Indicator 3). Goal: In FY25, SWMBH and its provider network will continue	Regional Clinical Practices (RCP) Committee and Regional	Annually and Quarterly	Partially Met	3	Goal was partially met as SWMBH discussed barriers within CMHSPs and shared best practices and monitored progress during QMC meetings. SWMBH's overall

| efforts to increase the percentage of new persons starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment. The goal is to reach the MDHHS set benchmark of 72.9%. Monitoring: Quarterly, the PIHP will complete continuous analysis of regional outcomes, reasons for non-compliance and the mean number of days to service per CMHSP-submitted MMBPIS data. By the end of FY25 Q1, SWMBH will complete individual meetings to discuss specific barriers and actions taken to improve access and timeliness with the 3 CMHSPs that had the lowest rates per FY24 Q4 outcomes. Best practices found in these consultations will be shared and discussed with the region during QMC/RCP meetings.
■ By the end of FY25, the PIHP will review the data and evaluate the effectiveness of the interventions and improvement strategies suggested to determine if the goal was met, and in preparation for revised access measures included in the BH Quality Transformation. | Quality Management Committee (QMC) | | | | Indicator 3 rate measures below 72.9% benchmark, at 70.34%, however, this was a significant improvement from FY24. The PIP will not continue due to MMBPIS sunsetting effective FY26. |

FY25 Results - Critical Incidents:

The rate of suicide deaths per 1,000 people served increased and while the number of unexpected deaths via suicide decreased in number (16 in 2024 and 14 in 2025), the rate per 1,000 people served increased slightly. The region discusses the outcomes of the reviews of those significant incidents quarterly to try to mitigate them.

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	FY26 Recommendations
SWMBH will report any SUD Sentinel Event that occurs at a contracted residential treatment provider via email to MDHHS and in the BH CRM within 24 hours.	Through submission to MDHHS in the new CRM	As SEs Occur	None to Report	None to Report		No SUD Sentinel Events were reported in FY25. The process for reporting and the goal will remain the same for FY26.

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
The rate for the region, per 1000 persons served, of suicide deaths will demonstrate a decrease from the previous year.	QMC	Quarterly	0.23	.48	3	This goal was partially met as SWMBH discussed barriers and monitored progress quarterly during QMC meetings, however there were 14 suicide deaths in FY25 compared to 8 in FY24. It is recommended that this goal remains for FY26.
The rate for the region, per 1000 persons served, of unexpected deaths due to overdose will demonstrate a decrease from the previous year.	QMC	Quarterly	0.46	.48	3	While the number of unexpected deaths via suicide decreased from 16 in FY24 to 14 in FY25, the rate per 1000 persons served increased from .46 to .48. This goal will be updated for FY26.

FY25 Results - Behavioral Treatment Review:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
SWMBH will complete a quality review of at least 4 behavior treatment plans per CMHSP for FY25	QMC	Quarterly	Partially Met. A total of 28 behavior treatment plans were reviewed across the region, averaging 3.5 per CMHSP.	3	The goal will remain the same for FY26. SWMBH will continue to request behavior treatment plans for review based on trends or other identified questions or concerns.
The region will achieve 90% or higher on the Behavior Treatment Plan section of the non-SUD clinical file review tool for the annual CMHSP Site Review.	CMHSP Administrative and Delegated Function Site Review, Clinical File Review Tool	Annually	Met. Regional average score in the Behavior Treatment Planning Section was 95.08%	5	The goal will remain the same for FY26. SWMBH will continue to provide technical assistance to the regions who have low scoring areas and request CAPs as needed.

FY25 Results - Member Experience with Services:

Customer Satisfaction Surveys – In 2025 SWMBH had the highest number of surveys completed since starting the survey in 2014. Analysis of MHSIP subcategory outcomes indicate no changes except for Social Connectedness with close-to-statistically significant decrease between 2024 to 2025. While overall satisfaction rates in the FY25 YSS survey did not differ significantly from FY24, statistically significant differences were found between 2023 and 2025 in the constructs of Satisfaction & Appropriateness, Access, and Outcomes.

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	Recommendations
Achieve at least 1500 completed MHSIP surveys and 600 completed YSS surveys by making the survey more available/accessible, utilizing email, text, QR code, mobile device, tablet, and paper survey.	QMC	Annually	1583 MHSIP/ 644 YSS Completed Surveys	1603 MHSIP/ 649 YSS Completed Surveys	5	This goal was met and will continue to be monitored in FY26.
The FY25 MHSIP (adult) survey will see an improvement of the region's overall score for the lowest scoring domain in the FY24 survey (Outcomes and Functioning).	QMC, RCP, CAC	Annually	83.49%	84.20%	3	This goal was partially met as the overall score for the Outcomes and Functioning domain increased; however, it was not a statistically significant difference. This goal will continue in FY26.
The FY25 YSS (youth) survey will see an improvement of the region's overall score for the lowest scoring domain in the FY24 survey (Outcomes).	QMC, RCP, CAC	Annually	77.6%	81.70%	4	This goal was met as there was a statistically significant difference between FY23 and FY25 outcomes for the Outcomes domain. This goal will continue in FY26.

FY25 Results - Verification of Medicaid Services:

Goal	FY24	FY25	Eval Score	Recommendations
The overall Medicaid claims verification compliance rate for Region 4 will be above 90%.	95.05%	94.77%	5	Goal was met in FY25 and will continue in FY26.

FY25 Results - Provider Network:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	FY26 Recommendations
SWMBH will complete an evaluation of provider network adequacy and accessibility according to the most current MDHHS Network Adequacy Standards. The report will be submitted to MDHHS by the MDHHS-required due date.	SWMBH Assessment of Medicaid Network Adequacy Report	Annually	Met	Met	**5**	Continue to monitor.

FY25 Results - Delegated Function Site Reviews:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	FY26 Recommendations
SWMBH will complete or ensure completion of site reviews for the region (for Participant CMHSPs, SUD Providers, and Network Providers), and areas of non-compliance will require a corrective action plan.	Site Review Tools and CAP Documents	Annually	Met	Met	**5**	Continue to monitor as needed, based on the outcome of the MDHHS Competitive Procurement.

FY25 Results - Credentialing and Re-Credentialing:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY24	FY25	Eval Score	FY26 Recommendations
SWMBH will provide training and technical assistance to participant CMHSP staff responsible for completing credentialing.	RPNMC	Annually	Met – Training occurred on 10/20/24,	Met – Training occurred on 07/18/25;	**5**	SWMBH will continue current activities to utilize the MDHHS CRM for Universal Credentialing and provide technical assistance

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
			10/22/24, 10/28/24, and 10/30/24	additional State led trainings on universal credentialing occurred		to Participant CMHSPs and network Providers as needed.
The credentialing and re-credentialing requirements will be reviewed for each CMHSP during the administrative and delegated Site Reviews.	Delegated Admin Function Review Tool	Annually	Combined Average from 8 FY24 CMHSP Site Reviews 96.3%	Combined Average from 8 FY25 CMHSP Site Reviews 96.9%	5	Continue to monitor.

FY25 Results - Clinical Practice Guidelines:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
SWMBH will evaluate the region's effectiveness in demonstrating the Person-Centered Planning Practice Guideline during the Administrative and Delegated Function Site Reviews.	Clinical Quality Review Tool	Annually	Met	5	The Clinical Quality CMHSP site review tool evaluates implementation of the Person-Centered Planning process. As this is an area that is evaluated and measured annually and will continue to be. Therefore, it is recommended that this be removed as a goal for FY26.
SWMBH, with the CMHSPs, will develop improvement strategies to address any deficiencies and identify goals to improve the Person-Centered Planning Process in FY25.	RCP	Quarterly	Met	5	Any area that scores less than 90% requires remediation or corrective action plan development. This is an area that showed great improvement for the region overall. The goal will continue in FY26 so any deficiencies or trends can be evaluated, addressed or remediated collaboratively as a region.

FY25 Results - Long-Term Services and Supports (LTSS):

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
SWMBH will use the Customer Satisfaction Survey results to assess the quality, appropriateness, availability, and accessibility of care of beneficiaries receiving LTSS. Improvement areas will be identified based on the analysis of the results in Q4 of FY25.	QMC, RCP	Annually	Met	5	According to the FY25 Customer Satisfaction Survey results, LTSS outcomes were favorable for youth but were not for adults within the Access and Outcomes domains. It is important to note that results may be due to a survey error leading to potential misclassification of LTSS consumers. The reduction in satisfaction for the adult LTSS population will still be evaluated to identify any other contributing factors and areas for improvement. It is recommended that this goal continue for FY26.
SWMBH will evaluate the number of Respite encounters utilized to establish a baseline of LTSS Respite service utilization. SWMBH will provide education to increase awareness of the benefit of Respite services through Regional Committees and using the member newsletter by providing a description of Respite services, and featuring a beneficiary success story from using Respite supports, by Q4 of FY25.	RCP, RUM, RPNMC, and shared via Member Newsletter	Annually	Met	4	Respite service utilization data was evaluated throughout FY25, however the data did include the entire population and not just LTSS members. Regional education was provided and there is no concern that Respite is an underutilized service. This data will continue to be evaluated. It is recommended that the goal does not continue for FY26.

FY25 Results - Utilization Management:

Goal	Where Progress Was Monitored	Frequency of Monitoring	FY25	Eval Score	FY26 Recommendations
SWMBH will aggregate and review UM data to identify trends and service improvement recommendations, identify best practice standards and thresholds, to ensure valid and consistent UM data collection techniques through the Annual CMHSP Clinical Quality Site Review Process. SWMBH will identify and/or develop relevant UM Reports to share with the Region to help monitor utilization and uniform benefit using data informed practices.	RUM, RCP	Quarterly	Met	5	A quarterly report review schedule was developed to ensure RUM and RCP were regularly discussing UM data to identify trends and improve service delivery. It is recommended that this goal continues for FY26.
SWMBH will ensure regional IRR audits are completed for consistent application and understanding of authorization of uniform benefits and medical necessity benefit criteria. ▪ IRR monitoring will continue during the annual site review process to ensure it is being completed to ensure consistent application and use of the LOCUS. The LOCUS tableau report will be utilized to review trends by assessor by CMHSPs and discussed quarterly in Regional Committees	RUM, RCP	Annually and Quarterly	Met	5	The CMHSPs were provided the reports to evaluate. SWMBH met with LOCUS fidelity team to understand best practices and implement consistent practices with LOCUS overrides. IRR monitoring was completed during the annual site review in FY25. Recommending this goal be removed for FY25. It is an ongoing part of the site review process and PIHP CMHSPs have mechanisms to ensure consistent application of review criteria for authorization decisions. The PIHP ensures that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an individual who has appropriate expertise in addressing the member's condition.

					There is a formal training plan for use of the Level of Care Utilization System (LOCUS) and MCG (for pre-admission screenings for hospitalization, crisis residential, and partial hospitalization).
SWMBH will review Service Authorization Denial files for trends, ongoing through the end of FY25. ▪ Service authorization denial trends will be reviewed quarterly. CMHSPs and SWMBH will complete quarterly denial monitoring meetings.	RUM, Regional Customer Service Committee	Quarterly	Met	5	SWMBH met with all 8 CMHSPs to discuss the service authorization denial files that were done at the end of quarters 1-3. Quarter 4 data has been received but the data is being reviewed and will not be final and reviewed with each CMH until the end of January. From these efforts there was great improvement across the region. Quarter 4 of FY24, the regional average was 79.48% and Quarter 3 of FY25 the regional average is 90.15%. It is recommended that this goal continues in FY26 to ensure improvements continue as this has proven to be a successful practice.