



Southwest Michigan Behavioral Health Board Meeting
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002
War Hawk Room
March 8, 2024
9:30 am to 11:30 am
(d) means document provided
Draft: 2/29/24

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - Tina Leary (Van Buren County)
4. **Consent Agenda (5 minutes)**
 - February 9, 2024 SWMBH Board Meeting Minutes (d) pg.3
5. **Required Approvals (0 minutes)**
 - None scheduled
6. **Ends Metrics Updates (*Requires motion) (15 minutes)**

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

 - a. *Fiscal Year 2023 Behavioral Health Treatment Episode Date Set (BH TEDS) (N. Spivak) pg.8
 - b. *Fiscal Year 2023 Michigan Mission Based Performance Indicator System Results (A. Lacey) (d) pg.10
7. **Board Actions to be Considered (20 minutes)**
 - a. Board Audit Committee
 - b. Board Member on the SWMBH Regional Finance Committee (d) pg.11
 - c. May 10 Board Planning Session (d) pg.15
8. **Board Policy Review (0 minutes)**

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

 - None scheduled

9. Executive Limitations Review (0 minutes)

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

- None scheduled

10. Board Education (20 minutes)

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.16
- b. Fiscal Year 2024 Financial Projections (G. Guidry) (d) pg.22
- c. Fiscal Year 2023 Financial Statements (G. Guidry) (hand out – to be displayed)
- d. Fiscal Year 2023 Quality Assurance and Performance Improvement Program Evaluation (A. Lacey) (hand out – to be displayed)

11. Communication and Counsel to the Board (15 minutes)

- a. Investments Update (G. Guidry)
- b. Conflict Free Access and Planning (A. Lacey)
- c. Disability Rights of Michigan and Medicaid Services (d) pg.23
- d. April Board Policy Direct Inspection – BEL-001 Budgeting (C. Naccarato); April Election of Officers

12. Public Comment

13. Adjournment

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

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

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

**Next Board Meeting
April 12, 2024
9:30 am - 11:30 am
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002**



Board Meeting Minutes

February 9, 2024

Air Zoo Aerospace & Science Museum, 6151 Portage Rd, Portage, MI 49002

9:30 am-11:30 am

Draft: 2/19/24

Members Present: Tom Schmelzer, Louie Csokasy, Susan Barnes, Erik Krogh, Carol Naccarato, Sherii Sherban, Nancy Johnson

Members Absent: Edward Meny, Mark Doster

Guests Present: Brad Casemore, Chief Executive Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Alena Lacey, Director of Quality Management and Clinical Outcomes, SWMBH; Ella Philander, Executive Project Manager, SWMBH; Cameron Bullock, Pivotal; Richard Thiemkey, Barry CMH, Cathi Abbs, Pivotal Board Alternate, Debbie Hess, VanBuren CMH, Tina Leary, Jeannie Goodrich, Summit Pointe, Ric Compton, Riverwood; John Ruddell, Woodlands; Jonathan Current, Kalamazoo County

Welcome Guests

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

Public Comment

None

Agenda Review and Adoption

- Motion Carol Naccarato moved to approve the agenda with the additions of Conflict Free Access and Planning, Performance Bonus Incentive Program and current meeting location.
- Second Louie Csokasy
- Motion Carried

Financial Interest Disclosure (FID) Handling

Mila Todd stated that there were none for the Board's consideration today.

Consent Agenda

- Motion Louie Csokasy moved to approve the December 8, 2023 Board minutes with corrections to BEL-006 Investments under Board Actions to be Considered to restate his comments on investments to: Louie Csokasy is waiting on independent analysis of investment and advisor expenses before revisions to BEL-006 Investments can be drafted for the Board's consideration.
- Second Nancy Johnson
- Motion Carried

November 29, 2023, December 20, 2023 and January 10, 2024 Operations Committee Meeting minutes were included in the packet for the Board's information. No questions from the Board.

Motion Susan Barnes moved to approve the Operations Committee minutes as listed above.
Second Louie Csokasy
Motion Carried

Required Approvals

Financial Risk Management Plan

Garyl Guidry reported as documented noting one addition and one deletion. Discussion followed.

Motion Susan Barnes moved to approve the Financial Risk Management Plan as presented.
Second Louie Csokasy
Motion Carried

Financial Management Plan

Garyl Guidry reported as documented.

Motion Sherii Sherban moved to approve the Financial Management Plan as presented.
Second Carol Naccarato
Motion Carried

Cost Allocation Plan

Garyl Guidry reported as documented. Discussion followed.

Motion Nancy Johnson moved to approve the Cost Allocation Plan as presented.
Second Susan Barnes
Motion Carried

Fiscal Year 2024 Quality Assurance and Performance Improvement Plan

Alena Lacey, Director of Quality Management and Clinical Outcomes presented the 2024 Quality Assurance and Performance Improvement Plan (QAPIP) to the SWMBH Board on February 9, 2024. During the presentation one Board member inquired about changes from last year's plan. Alena Lacey answered that a few goals were changed. The Board is satisfied with the plan.

Motion Louie Csokasy moved to approve the 2024 Quality Assurance and Performance Improvement Plan as presented.
Second Carol Naccarato
Motion Carried

Ends Metrics

Substance Use Disorder Initiation and Engagement Metric Results

Alena Lacey reported as documented.

Motion Erik Krogh moved to accept the interpretation of the Ends Metric as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.
Second Susan Barnes
Motion Carried

Board Actions to be Considered

Board Governance Process Policy Replacement Set

Brad Casemore reviewed history and Governance Policy work performed by Susan Radwan and the proposed changes in the meeting packet for the Board's consideration. Discussion followed and the Board agreed to table this topic until Susan Radwan completes her visits to all eight Community Mental Health (CMH) Boards. Brad Casemore also reviewed an additional memo/status from Susan Radwan on summary of completed CMH Board visits and a timeline of project completion.

Calendar Year 2024 Board Policy Review Calendar

Tom Schmelzer noted the 2024 Board Policy Review Calendar as documented.

Motion Nancy Johnson moved to approve the 2024 Board Policy Review Calendar as presented.

Second Carol Naccarato

Motion Carried

Board as Board Compliance Committee

Mila Todd reported as documented and reviewed 42 CFR 438.608(a)(1)(iii) Program Integrity Managed Care Federal Rules, specifically the standard requiring the establishment of a Board Regulatory Compliance Committee, as well as pending OIG-proposed MDHHS-PIHP contract language with specific requirements for the Board Regulatory Compliance Committee. Mila Todd offered several different options for the Board's consideration to satisfy the Federal rules and potential contractual requirements. Discussion followed. The Board motioned to establish a Regulatory Compliance Committee that will meet quarterly consisting of three Board members Louie Csokasy, Sherri Sherban and Edward Meny with the SWMBH Chief Compliance Office as the Chair. At the April Board meeting a Board Regulatory Compliance Committee Charter and a revision to Board Committee Policy will be presented for the Board's approval/consideration. All Board Members agreed.

May 10 Board Planning Session

Brad Casemore reported as documented initiating Board deliberations on proposed Planning Session topics, facilitator(s) and presenter(s). Michelle Jacobs noted the May 10th Board Planning Session will be held at Bay Pointe Inn, 11456 Marsh Rd. Shelbyville, MI 49344 with an optional dinner on May 9th from 5:30pm-7:30pm at the Bay Pointe Bar & Grille (up to a maximum 25 with Board Members and Board Alternates offered first option). The Board Meeting and Planning Session on May 10th 9:30am-3:30pm in the Fireside Room at Bay Pointe Inn. Hotel Rooms for May 9th for Board Members and spouse will be covered by SWMBH. Please let Michelle Jacobs know if you need a room reserved by February 29th.

SWMBH Board Meeting Location

Michelle Jacobs reviewed the process of current meeting location. The Board would like to continue the same meeting location with a switch to another room to allow for more space and improved acoustics.

Board Policy Review

BG-004 Board Ends and Accomplishments

Tom Schmelzer reported as documented.

Motion Carol Naccarato moved that the Board accepts the interpretation of Policy BG-004 Board Ends and Accomplishments as meeting the test of any reasonable interpretation and the data shows Board compliance with the interpretation.

Second Susan Barnes

Motion Carried

BG-007 Code of Conduct

Tom Schmelzer reported as documented. Discussion followed.

Motion Carol Naccarato moved that the Board accepts the interpretation of Policy BG-007 Code of Conduct as meeting the test of any reasonable interpretation and the data shows Board compliance with the interpretation.

Second Susan Barnes

Motion Carried

Executive Limitations Review

None scheduled

Board Education

Fiscal Year 2024 Year to Date Financial Statements

Garyl Guidry reported as documented noting actual financial statements from all eight Community Mental Health Service Providers (CMHSP) and revenue, expenses and deficits. Brad Casemore shared that there is both a revenue and an expense problem and emphasized the need for action from all CMHSPs and SWMBH. Discussion followed.

Consultant Costs

Garyl Guidry reported 2023 consultant costs from Leading Edge Mentoring (Susan Radwan) of \$12,693.

Conflict Free Access and Planning

Alena Lacey stated that the MDHHS workgroup disbanded in November of 2023 and there is nothing new to report. The State is working with an outside firm to develop a model. The PIHPs are required to implement the designated model by 10/1/24.

Performance Bonus Incentive Program (PBIP)

Brad Casemore reviewed history of the Department's .75 withhold of Medicaid revenue which is approximately \$2.75 million per year that our region has to earn back. Each year the PBIP metrics change per MDHHS. SWMBH is reviewing CMHSP feedback and development is under consideration.

Communication and Counsel to the Board

Investments Update

Garyl Guidry reported on SWMBH rolling CDs with return rates and projected earnings. Garyl also reported on recent meetings with independent investments advisors. SWMBH is reviewing all data and information from those meetings and will bring those findings to the Board at a future meeting.

Fiscal Year 2023 Medicaid Services Verification Report

Mila Todd reported as documented noting summary of findings.

2023 Board Member Attendance to Community Mental Health Service Providers (CMHSP)

Brad Casemore reported as documented noting that this report is sent to CMHSPs annually.

Public Comment

None

Adjournment

Motion Louie Csokasy moved to adjourn.

Second Sherii Sherban

Motion Carried

Meeting adjourned 11:40am

FY2023 BHTEDS Completion Rates

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 09/30/2023*			BH-TEDS: 07/01/2021 - 01/10/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2021	
CMH Partnership of SE MI	00XT	12,249	101	99.18%
Detroit/Wayne	00XH	61,346	4,149	93.24%
Lakeshore Regional Entity	00ZI	21,686	508	97.66%
Macomb	00GX	14,579	366	97.49%
Mid-State Health Network	0107	45,182	1,231	97.28%
NorthCare Network	0101	6,518	26	99.60%
Northern MI Regional Entity	0108	13,541	287	97.88%
Oakland	0058	26,182	617	97.64%
Region 10	0109	21,901	21	99.90%
Southwest MI Behavioral Health	0102	26,062	257	99.01%
Statewide		249,246	7,563	96.97%
Key				
95.00+ = Compliant		*Encounters = All MH encounters excluding: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0425, A0427, H0002, H2011, H2034, Q3014, S0209, S0215, S0280, S0281, S9484, T1023, T1040, T2001-T2005, 90839, 90840, 99304-99310		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 Crisis Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 09/30/2023**			BH-TEDS: 07/01/2021 - 01/10/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2021	
CMH Partnership of SE MI	00XT	3,111	46	98.52%
Detroit/Wayne	00XH	10,209	87	99.15%
Lakeshore Regional Entity	00ZI	6,703	58	99.13%
Macomb	00GX	2,150	72	96.65%
Mid-State Health Network	0107	12,700	310	97.56%
NorthCare Network	0101	2,149	3	99.86%
Northern MI Regional Entity	0108	4,775	85	98.22%
Oakland	0058	3,387	11	99.68%
Region 10	0109	3,643	6	99.84%
Southwest MI Behavioral Health	0102	4,161	0	100.00%
Statewide		52,988	678	98.72%
Key				
95.00+ = Compliant		**Encounters include H2011, S9484, T1023, 90839, 90840		
90.00-94.99				
85.00-89.99				
<85.00				

FY2023 BHTEDS Completion Rates p.2

FY23 SUD Encounters w/BH-TEDS records				
SUD Encounters from 10/01/2022-09/30/2023***			Does Not Have Open Admission at Time of Encounter as of 01/10/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	
CMH Partnership of SE MI	00XT	2,957	16	99.46%
Detroit/Wayne	00XH	8,076	2	99.98%
Lakeshore Regional Entity	00ZI	5,793	67	98.84%
Macomb	00GX	3,837	12	99.69%
Mid-State Health Network	0107	9,810	6	99.94%
NorthCare Network	0101	1,896	1	99.95%
Northern MI Regional Entity	0108	3,986	37	99.07%
Oakland	0058	3,233	1	99.97%
Region 10	0109	5,039	13	99.74%
Salvation Army	002Y	171	48	71.93%
Southwest MI Behavioral Health	0102	5,825	147	97.48%
Statewide		50,623	350	99.31%
Key				
95.00+ = Compliant		***Encounters = All SUD encounters excluding H0002, H0038, H2034, S0280, S0281, & T1040		
90.00-94.99				
85.00-89.99				
<85.00				

Board Ends Metric 7: Motion Requested – The Ends Metric is Partially Met

Metric: Michigan Mission Based Performance Indicator System (MMBPIS) Data, Tracking and Analysis

Description: The PIHP must include performance measures established by MDHHS in the areas of access, efficiency and outcomes. The PIHP must track and perform analysis to ensure each performance indicator is meeting the minimum performance benchmark/standard. Currently (7) Indicators have targeted benchmarks.

Deliverable/Goal:

- a. 24/28 indicators meet the State Benchmark, throughout all FY23 for 4 consecutive quarters
- b. Indicator 3, achieve a 3% combined improvement (*through FY 23 all 4 Quarters*) over 2022 baseline 64.08%

Results: Metric Partially Achieved

a. 2023: 26/28 indicators met

Q1: 5/7

Q2: 7/7

Q3: 7/7

Q4: 7/7

b. 2023 Results: 56.78%

Q1: 57.12%

Q2: 53.44%

Q3: 54.26%

Q4: 62.30%



February 24, 2024

TO: SMBBH Board of Directors
FROM: Susan Radwan, Policy Governance Consultant
RE: Committees in the Policy Governance Model

In response to a request to conduct a model perspective on Committees, I offer the following, beginning with a literature review:

Principles 3 and 8 of Policy Governance's 10 Principles states:

Principle 3 Board Holism:

The authority of the board is held and used as a body. The board speaks with one voice in that instructions are expressed by the board as a whole. Individual board members have no authority to instruct staff.

As stated in the Model Consistency Framework, published by Govern for Impact, regarding Principle 3:

"This includes at least:

- All decisions of the board are spoken with "one voice" which is arrived at after appropriate deliberation.
- The board's "one voice" takes the form of written policy, or in the case of decisions which have only a one-time action associated with them, a minuted board decision.
- Board members recognize they can respectively disagree individually, but must honor and not sabotage or disrupt fulfillment by others of Board expectations.
- No member or subset of the board, officers and committees included, exercises any authority unless granted by the full board.
- Neither the Chair nor any other member or subset of the board supervises or directs the CEO.
- No board member evaluates the CEO.
- No board member instructs or evaluates any staff reporting to the CEO.
- Board Committees are not assigned to "help" in areas delegated to the CEO.
- The Chair has no authority over the board itself other than authority granted by the board."

Principle: "8. Clarity and Coherence of Delegation: The identification of any delegatee must be unambiguous as to authority and responsibility. No subparts of the board, such as committees or officers, can be given jobs that interfere with, duplicate, or obscure the job given to the CEO."

As stated in the Model Consistency Framework, published by Govern for Impact, regarding Principle 8:

“This includes at least:

- The board’s expectation in policy covering the domain being delegated must be clear concerning to whom the policy is directed.
- No subparts of the board, such as committees or officers, (as positions of the board), can be given jobs that duplicate, interfere, obscure, or overlap the job of another delegatee, such as the CEO.
- Within the Policy Governance framework Ends and EL policies are directed at the CEO, if there is one. Governance Process and Board- Management Delegation policies are directed at the board, its officers, members and committees (though they may also be used as informative to third parties, such as the ownership).
- Board instruments such as committees, are delegated work that pertains only to board responsibilities, not operational or means work delegated to the CEO.”
- The delegatee is monitored according only to those policies directed to them. For example, the CEO must not be monitored for someone else’s assigned accountabilities from the board.

SWMBH’s own policies that address this concern:

BG-002 states: **POLICY:** The Board’s sole official connection to the operational organization, its achievements and conduct will be through its chief executive officer, titled Executive Officer. *The Fiscal Officer and Chief Compliance Officer shall have direct access to the Board.

BG-002 **STANDARDS:**

*Verbatim from Bylaws: 7.1 Executive Officer. The Regional Entity shall have at a minimum an Executive Officer, and a Fiscal Officer. The Regional Entity Board shall hire the Executive Officer; and the Executive Officer shall hire and supervise the Fiscal Officer. Both positions shall have direct access to the Regional Entity Board

BG-007 **POLICY:**

It shall be the policy of SWMBH Board that SWMBH Board Members represent the interests of Southwest Michigan Behavioral Health. This accountability supersedes any potential conflicts of loyalty to other interests including advocacy or interest groups, membership on other Boards, relationships with others or personal interests of any Board Member.

EO-001 **POLICY:**

The EO is accountable to the board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

EO-001 **STANDARDS:** Accordingly:

1. The Board will not give instructions to persons who report directly or indirectly to the EO.
2. The Board will not evaluate, either formally or informally, any staff other than the EO.

SWMBH Operating Agreement provisions

Section: Operational Structure, paragraph 4.

“This Operating Agreement reinforces the responsibility for governance of the Regional Entity to the SWMBH Board, and management of the Regional Entity to its Executive Officer (EO).”

Section: SWMBH Board Committees and Oversight Boards

Operations Committee: The SWMBH Operations Committee is comprised of the Participant CEOs/Executive Directors, or their designees, and the SWMBH EO. The SWMBH EO participates in an ex-officio capacity without vote. The Operations Committee, in collaboration with the EO and SWMBH Board, participates in the development of the vision, mission and long-term plans of SWMBH. The Operations Committee, in a manner consistent with SWMBH Board directives, contributes to the hiring and evaluation process of the EO. The EO, in concert with the Operations Committee, develops and recommends priorities for the SWMBH Board’s consideration and makes recommendations to the SWMBH Board with respect to policy and fiscal matters. The EO collaborates with the Operations Committee in the development of the contracts between the Participants and SWMBH. Each CMHSP CEO is charged with assuring that its CMHSP complies with applicable federal and state standards and regulations. The Operations Committee is advisory to both the EO and SWMBH Board. Any items requiring approval from the Operations Committee requires a super majority (75% of present members) vote.

As listed in the Operating Agreement the Operations Committee reserved for itself 14 tasks, below are the first three:

Advises both the EO and SWMBH Board.

Participates in the development of the vision, mission, and long-term plans of SWMBH and ensures alignment with common CMHSP goals.

Reviews the annual operating and capital budget, Financial Management Plan, Cost Allocation Plan and Financial Risk Management Plan prior to presentation and approval by the SWMBH Board....

Summary of Findings

After a review of the Policy Governance Model’s 10 principles, the Govern for Impact’s Model Consistency Framework, SWMBH Board Policy, and SWMBH’s Operating Agreement, I offer this summary and conclusion:

- The Board only acts a collective entity on matters of governance. No Board member has individual authority to direct any function that has been delegated to the EO.
- **Model Consistency Framework:** “No member or subset of the board, officers and committees included, exercises any authority unless granted by the full board.”
- **SWMBH Policy:** Individual board members have no authority to instruct staff.
- **SWMBH Policy:** SWMBH Board Members represent the interests of Southwest Michigan Behavioral Health. This accountability supersedes any potential conflicts of

loyalty to other interests including advocacy or interest groups, membership on other Boards, relationships with others or personal interests of any Board Member.

- **SWMBH POLICY EO-001:** The EO is accountable to the board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

Conclusion: (Source: *The Board Member's Playbook*, by Miriam Carver and Bill Charney)

In Policy Governance model consistency, individual board members do not volunteer to serve on operational committees and are not appointed by the Board to serve on operational committees. The Board should refuse such requests for operational responsibility.

However, IF an individual board member has expertise in a management area, then the only appropriate response in alignment with the principles of the model is for the Board to ask the expert member to bring forward whatever worries are held about possible unacceptable actions or conditions that are not sufficiently covered by existing Executive Limitations policies. This knowledge could help the board strengthen its policies without interfering in the delegation between the board and EO.

Further, as identified in the Operational Agreement, the SWMBH EO works in concert with the Operations Committee to make recommendations to the SWMBH Board with respect to policy and fiscal matters.

It should also be noted that SWMBH has two levels of oversight built into the system of accountability:

- The Operations Committee reviews the annual operating and capital budget, Financial Management Plan, Cost Allocation Plan and Financial Risk Management Plan prior to presentation and approval by the SWMBH Board....
- The SWMBH Board assesses whether the interpretations of Board Policy meet the test of ANY reasonable interpretation and whether the data demonstrates compliance.

Obviously, having two different SWMBH entities involved in oversight, far exceeds the opinion of one expert member. AND there is nothing to prevent the expert member from exercising his/her obligation to bring forward anticipated concerns that are not covered in Board policy for Board consideration as a collective whole.



May 10, 2024 Board Planning Session

Bay Pointe Inn 11456 Marsh Rd, Shelbyville, MI 49344 (269) 672-8111

Facilitator Scott Dzurka (proposed)

Draft: 3/1/24

Purpose: To fulfill planning process per BG-004. To discuss policy and funding environment. To establish key Board imperatives and priorities.

10:15 am - 10:45 Purpose, Objectives, Board Member Statements (Scott)

10:45 - 11:45 Environmental Scan and Strategic Imperatives Discussion

11:45 - 12:15 pm Nominal group process, breakout sessions

12:15 - 12:45 Lunch

12:45 - 2:30

- Integrated Care, Medicaid Health Plans, Duals - Special Needs Plans
- DHHS revisions to PIHP and CMHSP/CCBHC roles and authorities
- Mission, Capital, Market, Growth, Products, Alliances

2:30 - 3:00 Summary and Next Steps (Scott)

3:00 Adjourn

	A	B	C	D	E	F	G	H	I	J	K	L
1	Southwest Michigan Behavioral Health											
2	Summary Income Statement											
3	For the Fiscal YTD Period Ended 1/31/2024											
4		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
5												
6		Medicaid Specialty Services										
7	Contract Revenue	\$ 84,675,420	\$ 5,289,603	\$ 79,385,817	\$ 4,086,930	\$ 15,191,394	\$ 4,104,874	\$ 14,636,854	\$ 5,137,137	\$ 22,841,963	\$ 5,119,208	\$ 8,267,457
8	Budget v Actual	\$ 5,622,228	\$ (3,736,358)	\$ 9,358,586	\$ 1,226,882	\$ 1,494,043	\$ 616,441	\$ 2,099,755	\$ 404,836	\$ 2,471,149	\$ 838,300	\$ 207,181
9	% Variance - Fav / (Unfav)	7.1%	-41.4%	13.4%	42.9%	10.9%	17.7%	16.7%	8.6%	12.1%	19.6%	2.6%
10												
11	Healthcare Cost	\$ 83,102,307	\$ 3,201,652	\$ 79,900,655	\$ 2,478,591	\$ 16,031,833	\$ 2,911,592	\$ 13,701,244	\$ 6,620,630	\$ 23,933,754	\$ 5,665,745	\$ 8,557,264
12	Budget v Actual	\$ (8,743,858)	\$ 508,454	\$ (9,252,311)	\$ (329,415)	\$ (2,143,322)	\$ 496,671	\$ (3,141,128)	\$ (943,971)	\$ (1,202,610)	\$ (1,469,349)	\$ (519,186)
13	% Variance - Fav / (Unfav)	-11.8%	13.7%	-13.1%	-15.3%	-15.4%	14.6%	-29.7%	-16.6%	-5.3%	-35.0%	-6.5%
14	MLR	98.1%	60.5%	100.6%	60.6%	105.5%	70.9%	93.6%	128.9%	104.8%	110.7%	103.5%
15												
16	Managed Care Administration	\$ 9,568,635	\$ 2,081,770	\$ 7,486,865	\$ 397,172	\$ 1,484,602	\$ 350,544	\$ 1,438,688	\$ 504,008	\$ 2,107,520	\$ 492,828	\$ 711,503
17	Budget v Actual	\$ (592,490)	\$ 170,783	\$ (763,273)	\$ 22,750	\$ (347,179)	\$ 39,424	\$ 175,236	\$ (47,297)	\$ (555,500)	\$ (189,307)	\$ 138,600
18	% Variance - Fav / (Unfav)	-6.6%	7.6%	-11.4%	5.4%	-30.5%	10.1%	10.9%	-10.4%	-35.8%	-62.4%	16.3%
19	ACR	10.3%	2.2%	8.1%	13.8%	8.5%	10.7%	9.5%	7.1%	8.1%	8.0%	7.7%
20												
21	Total Contract Cost	\$ 92,670,941	\$ 5,283,422	\$ 87,387,520	\$ 2,875,763	\$ 17,516,435	\$ 3,262,136	\$ 15,139,933	\$ 7,124,637	\$ 26,041,274	\$ 6,158,574	\$ 9,268,767
22	Budget v Actual	\$ (9,336,348)	\$ 679,237	\$ (10,015,585)	\$ (306,665)	\$ (2,490,501)	\$ 536,095	\$ (2,965,892)	\$ (991,268)	\$ (1,758,110)	\$ (1,658,657)	\$ (380,586)
23	Variance - Favorable / (Unfavorable)	-11.2%	11.4%	-12.9%	-11.9%	-16.6%	14.1%	-24.4%	-16.2%	-7.2%	-36.9%	-4.3%
24												
25												
26	Net before Settlement	\$ (7,995,522)	\$ 6,181	\$ (8,001,703)	\$ 1,211,167	\$ (2,325,041)	\$ 842,738	\$ (503,078)	\$ (1,987,501)	\$ (3,199,312)	\$ (1,039,365)	\$ (1,001,310)
27	Budget v Actual	\$ (3,714,120)	\$ (3,057,121)	\$ (656,999)	\$ 920,216	\$ (996,458)	\$ 1,152,536	\$ (866,137)	\$ (586,432)	\$ 713,038	\$ (820,357)	\$ (173,405)
28	Variance - Favorable / (Unfavorable)	86.8%	-99.8%	8.9%	316.3%	75.0%	-372.0%	-238.6%	41.9%	-18.2%	374.6%	20.9%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
30	Date: 2/27/2024											
31												

	A	B	C	D	E	F	G	H	I	J	K	L
32	Southwest Michigan Behavioral Health											
33	Summary Income Statement											
34	For the Fiscal YTD Period Ended 1/31/2024											
35		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
36		-	-	-	-	-	-	-	-	-	-	-
37	Healthy Michigan Plan (HMP)											
38	Contract Revenue	\$ 11,733,712	\$ 3,845,448	\$ 7,888,263	\$ 57,991	\$ 1,524,114	\$ 298,240	\$ 1,678,177	\$ 593,265	\$ 2,144,960	\$ 599,831	\$ 991,686
39	Budget v Actual	\$ (4,468,590)	\$ 2,573,311	\$ (7,041,900)	\$ (646,342)	\$ (1,526,877)	\$ (308,953)	\$ (1,108,272)	\$ (499,268)	\$ (2,115,858)	\$ (372,546)	\$ (463,784)
40	% Variance - Fav / (Unfav)	-27.6%	202.3%	-47.2%	-91.8%	-50.0%	-50.9%	-39.8%	-45.7%	-49.7%	-38.3%	-31.9%
41												
42	Healthcare Cost	\$ 10,814,019	\$ 4,212,529	\$ 6,601,490	\$ 175,620	\$ 1,270,909	\$ 285,854	\$ 1,594,236	\$ 555,217	\$ 1,411,025	\$ 596,150	\$ 712,478
43	Budget v Actual	\$ 803,122	\$ 393,447	\$ 409,674	\$ 167,321	\$ (365,418)	\$ (58)	\$ 260,868	\$ (203,310)	\$ (77,072)	\$ 325,364	\$ 301,980
44	% Variance - Fav / (Unfav)	6.9%	8.5%	5.8%	48.8%	-40.4%	0.0%	14.1%	-57.8%	-5.8%	35.3%	29.8%
45	MLR	92.2%	109.5%	83.7%	302.8%	83.4%	95.8%	95.0%	93.6%	65.8%	99.4%	71.8%
46												
47	Managed Care Administration	\$ 1,049,177	\$ 250,203	\$ 798,974	\$ 28,142	\$ 172,739	\$ 52,806	\$ 230,878	\$ 51,315	\$ 124,512	\$ 71,031	\$ 67,552
48	Budget v Actual	\$ 27,593	\$ 73,752	\$ (46,159)	\$ 43,952	\$ (121,209)	\$ 9,459	\$ 24,778	\$ 2,340	\$ (33,433)	\$ (17,808)	\$ 45,763
49	% Variance - Fav / (Unfav)	2.6%	22.8%	-6.1%	61.0%	-235.2%	15.2%	9.7%	4.4%	-36.7%	-33.5%	40.4%
50	ACR	8.8%	2.1%	6.7%	13.8%	12.0%	15.6%	12.7%	8.5%	8.1%	10.6%	8.7%
51												
52	Total Contract Cost	\$ 11,863,197	\$ 4,462,732	\$ 7,400,464	\$ 203,762	\$ 1,443,648	\$ 338,660	\$ 1,825,113	\$ 606,532	\$ 1,535,537	\$ 667,181	\$ 780,030
53	Budget v Actual	\$ 12,693,911	\$ 4,929,932	\$ 7,763,979	\$ 415,034	\$ 957,022	\$ 348,061	\$ 2,110,759	\$ 405,562	\$ 1,425,032	\$ 974,737	\$ 1,127,773
54	% Variance - Fav / (Unfav)	6.5%	9.5%	4.7%	50.9%	-50.8%	2.7%	13.5%	-49.6%	-7.8%	31.6%	30.8%
55												
56												
57	Net before Settlement	\$ (129,485)	\$ (617,284)	\$ 487,799	\$ (145,771)	\$ 80,466	\$ (40,421)	\$ (146,937)	\$ (13,267)	\$ 609,423	\$ (67,350)	\$ 211,656
58	Budget v Actual	\$ (3,637,875)	\$ 3,040,510	\$ (6,678,385)	\$ (435,070)	\$ (2,013,503)	\$ (299,553)	\$ (822,627)	\$ (700,238)	\$ (2,226,364)	\$ (64,991)	\$ (116,041)
59	% Variance - Fav / (Unfav)	-103.7%	-83.1%	-93.2%	-150.4%	-96.2%	-115.6%	-121.7%	-101.9%	-78.5%	2754.5%	-35.4%
60	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
61	Date: 2/27/2024											

	E	F	H	J	K	M	N	P	Q	R	S
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>							
2	For the Fiscal YTD Period Ended 1/31/2024		P04FYTD24	4							
3	<i>(For Internal Management Purposes Only)</i>										
4	INCOME STATEMENT										
5		TOTAL	Medicaid Contract	Healthy Michigan Contract	Opioid Health Home Contract	CCBHC	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	
6	REVENUE										
18	Contract Revenue	121,941,655	84,569,521	11,733,712	549,271	21,094,584	208,529	3,082,394	703,644	-	-
19	DHHS Incentive Payments	105,898	105,898	-	-	-	-	-	-	-	-
20	Grants and Earned Contracts	-	-	-	-	-	-	-	-	-	-
21	Interest Income - Working Capital	277,362	-	-	-	-	-	-	-	-	277,362
22	Interest Income - ISF Risk Reserve	1,155,863	-	-	-	-	-	-	-	-	135,326
23	Local Funds Contributions	429,784	-	-	-	-	-	-	-	-	429,784
24	Other Local Income	-	-	-	-	-	-	-	-	-	-
25											
26	TOTAL REVENUE	122,890,024	84,675,420	11,733,712	549,271	21,094,584	208,529	3,082,394	703,644	842,471	
27											
28	EXPENSE										
29	Healthcare Cost										
30	Provider Claims Cost	8,087,963	1,517,290	3,167,149	440,095	-	60,808	2,457,880	443,671	-	-
31	CMHP Subcontracts, net of 1st & 3rd party	105,071,634	79,900,655	6,601,490	-	18,056,823	-	512,667	-	-	-
32	Insurance Provider Assessment Withhold (IPA)	1,155,863	812,414	343,448	-	-	-	-	-	-	-
33	Medicaid Hospital Rate Adjustments	1,573,880	871,948	701,932	-	-	-	-	-	-	-
34	MHL Cost in Excess of Medicare FFS Cost	-	1,097	-	-	-	-	-	-	-	-
35											
36	Total Healthcare Cost	115,889,340	83,103,403	10,814,019	440,095	18,056,823	60,808	2,970,546	443,671	-	-
37	Medical Loss Ratio (HCC % of Revenue)	95.0%	98.1%	92.2%	80.1%	85.6%		96.4%	63.1%		
38											
40	Purchased Professional Services	71,240	-	-	-	-	-	-	-	-	71,240
41	Administrative and Other Cost	3,041,830	-	-	-	-	147,720	31,489	-	-	2,864,611
43	Depreciation	2,421	-	-	-	-	-	-	-	-	2,421
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-
45	Allocated Indirect Pooled Cost	(0)	-	-	-	-	-	-	-	-	(1,991)
46	Delegated Managed Care Admin	8,285,839	7,486,865	798,974	-	-	-	-	-	-	-
47	Apportioned Central Mgd Care Admin	(0)	2,081,770	250,203	11,272	462,487	5,341	80,468	-	-	(2,891,569)
48											
49	Total Administrative Cost	11,401,330	9,568,635	1,049,177	11,272	462,487	153,062	111,957.18	-	-	44,713
50	Admin Cost Ratio (MCA % of Total Cost)	9.0%	10.3%	8.8%	2.5%	2.5%		3.6%	0.0%		2.3%
51											
52	Local Funds Contribution	429,784	-	-	-	-	-	-	-	-	429,784
54											
55	TOTAL COST after apportionment	127,720,454	92,672,038	11,863,197	451,367	18,519,310	213,870	3,082,504	443,671	474,497	
56											
57	NET SURPLUS before settlement	(4,830,430)	(7,996,618)	(129,485)	97,904	2,575,274	(5,341)	(110)	259,972	367,974	
58	Net Surplus (Deficit) % of Revenue	-3.9%	-9.4%	-1.1%	17.8%	12.2%	-2.6%	0.0%	36.9%	43.7%	
60	Prior Year Savings	3,552,313	-	3,552,313	-	-	-	-	-	-	-
61	Change in PA2 Fund Balance	(259,862)	-	-	-	-	-	-	(259,862)	-	-
62	ISF Risk Reserve Abatement (Funding)	(135,326)	-	-	-	-	-	-	-	-	(135,326)
63	ISF Risk Reserve Deficit (Funding)	4,573,790	4,573,790	-	-	-	-	-	-	-	-
64	CCBHC Supplemental Receivable (Payable)	433,821	-	-	-	433,821	-	-	-	-	-
65	Settlement Receivable / (Payable)	(0)	6,529,827	(3,422,828)	(97,904)	(3,009,095)	-	110	(110)	-	-
66	NET SURPLUS (DEFICIT)	3,334,307	3,106,999	-	-	-	(5,341)	-	-	232,648	
67	<i>HMP & Autism is settled with Medicaid</i>										
68											
69	SUMMARY OF NET SURPLUS (DEFICIT)										
70	Prior Year Unspent Savings	2,368,209	-	2,368,209	-	-	-	-	-	-	-
71	Current Year Savings	(2,368,209)	-	(2,368,209)	-	-	-	-	-	-	-
72	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-
73	Local and Other Funds Surplus/(Deficit)	3,334,307	3,106,999	-	-	-	(5,341)	-	-	-	232,648
74											
75	NET SURPLUS (DEFICIT)	3,334,307	3,106,999	-	-	-	(5,341)	-	-	232,648	
76											

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 1/31/2024			4									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
6	Medicaid Specialty Services												
7	Subcontract Revenue	84,569,521	5,187,411	79,382,111	4,083,224	15,191,394	4,104,874	14,636,854	5,137,137	22,841,963	5,119,208	8,267,457	
8	Incentive Payment Revenue	105,898	102,192	3,706	3,706	-	-	-	-	-	-	-	
9	Contract Revenue	84,675,420	5,289,603	79,385,817	4,086,930	15,191,394	4,104,874	14,636,854	5,137,137	22,841,963	5,119,208	8,267,457	
10													
11	External Provider Cost	73,337,696	1,517,290	71,820,407	1,916,604	14,939,447	2,749,651	12,723,994	4,763,605	23,304,152	5,357,825	6,065,128	
12	Internal Program Cost	8,337,343	-	8,337,343	564,795	1,269,552	161,942	977,251	1,857,024	664,557	307,920	2,534,303	
13	SSI Reimb, 1st/3rd Party Cost Offset	(257,095)	-	(257,095)	(2,808)	(177,166)	-	-	-	(34,955)	-	(42,167)	
14	Insurance Provider Assessment Withhold (IPA)	1,684,362	1,684,362	-	-	-	-	-	-	-	-	-	
15	Total Healthcare Cost	83,102,307	3,201,652	79,900,655	2,478,591	16,031,833	2,911,592	13,701,244	6,620,630	23,933,754	5,665,745	8,557,264	
16	Medical Loss Ratio (HCC % of Revenue)	98.1%	60.6%	100.6%	60.6%	105.5%	70.9%	93.6%	128.9%	104.8%	110.7%	103.5%	
17													
18	Managed Care Administration	9,568,635	2,081,770	7,486,865	397,172	1,484,602	350,544	1,438,688	504,008	2,107,520	492,828	711,503	
19	Admin Cost Ratio (MCA % of Total Cost)	10.3%	2.2%	8.1%	13.8%	8.5%	10.7%	9.5%	7.1%	8.1%	8.0%	7.7%	
20													
21	Contract Cost	92,670,941	5,283,422	87,387,520	2,875,763	17,516,435	3,262,136	15,139,933	7,124,637	26,041,274	6,158,574	9,268,767	
22	Net before Settlement	(7,995,522)	6,181	(8,001,703)	1,211,167	(2,325,041)	842,738	(503,078)	(1,987,501)	(3,199,312)	(1,039,365)	(1,001,310)	
23													
24	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
25	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
26	Contract Settlement / Redistribution	6,529,827	(1,471,875)	8,001,703	(1,211,167)	2,325,041	(842,738)	503,078	1,987,501	3,199,312	1,039,365	1,001,310	
27	Net after Settlement	(1,465,695)	(1,465,695)	0	-	-	-	-	-	-	-	-	
28													
29													
30	Eligibles and PMPM												
31	Average Eligibles	169,254	169,254	169,254	9,360	31,803	9,980	32,877	9,877	44,660	13,781	16,916	
32	Revenue PMPM	\$ 125.07	\$ 7.81	\$ 117.26	\$ 109.16	\$ 119.42	\$ 102.83	\$ 111.30	\$ 130.03	\$ 127.87	\$ 92.87	\$ 122.18	
33	Expense PMPM	\$ 136.88	\$ 7.80	\$ 129.08	\$ 76.81	\$ 137.69	\$ 81.72	\$ 115.13	\$ 180.33	\$ 145.78	\$ 111.72	\$ 136.98	
34	Margin PMPM	\$ (11.81)	\$ 0.01	\$ (11.82)	\$ 32.35	\$ (18.28)	\$ 21.11	\$ (3.83)	\$ (50.31)	\$ (17.91)	\$ (18.86)	\$ (14.80)	
35													
36	Medicaid Specialty Services												
37	Budget v Actual												
38													
39	Eligible Lives (Average Eligibles)												
40	Actual	169,254	169,254	169,254	9,360	31,803	9,980	32,877	9,877	44,660	13,781	16,916	
41	Budget	182,355	182,355	182,355	10,091	34,298	10,758	35,395	10,670	47,729	15,030	18,384	
42	Variance - Favorable / (Unfavorable)	(13,101)	(13,101)	(13,101)	(731)	(2,495)	(778)	(2,518)	(793)	(3,069)	(1,249)	(1,468)	
43	% Variance - Fav / (Unfav)	-7.2%	-7.2%	-7.2%	-7.2%	-7.3%	-7.2%	-7.1%	-7.4%	-6.4%	-8.3%	-8.0%	
44													
45	Contract Revenue before settlement												
46	Actual	84,675,420	5,289,603	79,385,817	4,086,930	15,191,394	4,104,874	14,636,854	5,137,137	22,841,963	5,119,208	8,267,457	
47	Budget	79,053,192	9,025,960	70,027,231	2,860,048	13,697,351	3,488,433	12,537,099	4,732,301	20,370,814	4,280,909	8,060,276	
48	Variance - Favorable / (Unfavorable)	5,622,228	(3,736,358)	9,358,586	1,226,882	1,494,043	616,441	2,099,755	404,836	2,471,149	838,300	207,181	
49	% Variance - Fav / (Unfav)	7.1%	-41.4%	13.4%	42.9%	10.9%	17.7%	16.7%	8.6%	12.1%	19.6%	2.6%	
50													
51	Healthcare Cost												
52	Actual	83,102,307	3,201,652	79,900,655	2,478,591	16,031,833	2,911,592	13,701,244	6,620,630	23,933,754	5,665,745	8,557,264	
53	Budget	74,358,449	3,710,106	70,648,343	2,149,176	13,888,511	3,408,263	10,560,116	5,676,658	22,731,144	4,196,396	8,038,078	
54	Variance - Favorable / (Unfavorable)	(8,743,858)	(508,454)	(9,252,311)	(329,415)	(2,143,322)	(496,671)	(3,141,128)	(943,971)	(1,202,610)	(1,469,349)	(519,186)	
55	% Variance - Fav / (Unfav)	-11.8%	-13.7%	-13.1%	-15.3%	-15.4%	-14.6%	-29.7%	-16.6%	-5.3%	-35.0%	-6.5%	
56													
57	Managed Care Administration												
58	Actual	9,568,635	2,081,770	7,486,865	397,172	1,484,602	350,544	1,438,688	504,008	2,107,520	492,828	711,503	
59	Budget	8,976,145	2,252,553	6,723,592	419,922	1,137,423	389,968	1,613,924	456,711	1,552,020	303,521	850,103	
60	Variance - Favorable / (Unfavorable)	(592,490)	(170,783)	(763,273)	22,750	(347,179)	39,424	175,236	(47,297)	(555,500)	(189,307)	138,600	
61	% Variance - Fav / (Unfav)	-6.6%	-7.6%	-11.4%	5.4%	-30.5%	10.1%	10.9%	-10.4%	-35.8%	-62.4%	16.3%	
62													
63	Total Contract Cost												
64	Actual	92,670,941	5,283,422	87,387,520	2,875,763	17,516,435	3,262,136	15,139,933	7,124,637	26,041,274	6,158,574	9,268,767	
65	Budget	83,334,594	5,962,659	77,371,935	2,569,098	15,025,934	3,798,231	12,174,040	6,133,369	24,283,164	4,999,917	8,888,181	
66	Variance - Favorable / (Unfavorable)	(9,336,348)	(679,237)	(10,015,585)	(306,665)	(2,490,501)	536,095	(2,965,892)	(991,268)	(1,758,110)	(1,658,657)	(380,586)	
67	% Variance - Fav / (Unfav)	-11.2%	-11.4%	-12.9%	-11.9%	-16.6%	14.1%	-24.4%	-16.2%	-7.2%	-36.9%	-4.3%	
68													
69	Net before Settlement												
70	Actual	(7,995,522)	6,181	(8,001,703)	1,211,167	(2,325,041)	842,738	(503,078)	(1,987,501)	(3,199,312)	(1,039,365)	(1,001,310)	
71	Budget	(4,281,402)	3,063,302	(7,344,704)	290,950	(1,328,584)	(309,798)	363,059	(1,401,068)	(3,912,350)	(219,008)	(827,905)	
72	Variance - Favorable / (Unfavorable)	(3,714,120)	(3,057,121)	(656,999)	920,216	(996,458)	1,152,536	(866,137)	(586,432)	713,038	(820,357)	(173,405)	
73	% Variance - Fav / (Unfav)	86.8%	-99.8%	8.9%	316.3%	75.0%	-372.0%	-238.6%	41.9%	-18.2%	374.6%	20.9%	
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 1/31/2024			4									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
75	Healthy Michigan Plan												
76	Contract Revenue	11,733,712	3,845,448	7,888,263	57,991	1,524,114	298,240	1,678,177	593,265	2,144,960	599,831	991,686	
77			HCC%		3.9%	5.9%	5.8%	7.8%	7.1%	8.6%	11.7%	7.2%	
78	External Provider Cost	8,684,686	3,167,149	5,517,537	162,534	1,149,185	266,721	1,490,450	161,224	1,410,190	580,498	296,735	
79	Internal Program Cost	1,088,997	-	1,088,997	13,087	121,724	19,134	103,786	393,993	5,879	15,652	415,743	
80	SSI Reimb, 1st/3rd Party Cost Offset	(5,044)	-	(5,044)	-	-	-	-	-	(5,044)	-	-	
81	Insurance Provider Assessment Withhold (IPA)	1,045,380	1,045,380	-	-	-	-	-	-	-	-	-	
82	Total Healthcare Cost	10,814,019	4,212,529	6,601,490	175,620	1,270,909	285,854	1,594,236	555,217	1,411,025	596,150	712,478	
83	Medical Loss Ratio (HCC % of Revenue)	92.2%	109.5%	83.7%	302.8%	83.4%	95.8%	95.0%	93.6%	65.8%	99.4%	71.8%	
84													
85	Managed Care Administration	1,049,177	250,203	798,974	28,142	172,739	52,806	230,878	51,315	124,512	71,031	67,552	
86	Admin Cost Ratio (MCA % of Total Cost)	8.8%	2.1%	6.7%	13.8%	12.0%	15.6%	12.7%	8.5%	8.1%	10.6%	8.7%	
87													
88	Contract Cost	11,863,197	4,462,732	7,400,464	203,762	1,443,648	338,660	1,825,113	606,532	1,535,537	667,181	780,030	
89	Net before Settlement	(129,485)	(617,284)	487,799	(145,771)	80,466	(40,421)	(146,937)	(13,267)	609,423	(67,350)	211,656	
90													
91	Prior Year Savings	3,552,313	3,552,313	-	-	-	-	-	-	-	-	-	
92	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
93	Contract Settlement / Redistribution	(3,422,828)	(2,935,029)	(487,799)	145,771	(80,466)	40,421	146,937	13,267	(609,423)	67,350	(211,656)	
94	Net after Settlement	(0)	(0)	(0)	-	-	-	-	-	-	-	-	
95													
96	Eligibles and PMPM												
97	Average Eligibles	71,552	71,552	71,552	3,743	14,128	3,442	13,120	4,151	20,700	5,429	6,840	
98	Revenue PMPM	\$ 41.00	\$ 13.44	\$ 27.56	\$ 3.87	\$ 26.97	\$ 21.66	\$ 31.98	\$ 35.73	\$ 25.91	\$ 27.62	\$ 36.25	
99	Expense PMPM	41.45	15.59	25.86	13.61	25.55	24.60	34.78	36.53	18.55	30.73	28.51	
100	Margin PMPM	\$ (0.45)	\$ (2.16)	\$ 1.70	\$ (9.74)	\$ 1.42	\$ (2.94)	\$ (2.80)	\$ (0.80)	\$ 7.36	\$ (3.10)	\$ 7.74	
101													
102	Healthy Michigan Plan												
103	Budget v Actual												
104													
105	Eligible Lives (Average Eligibles)												
106	Actual	71,552	71,552	71,552	3,743	14,128	3,442	13,120	4,151	20,700	5,429	6,840	
107	Budget	80,899	80,899	80,899	4,135	15,777	3,853	14,800	4,923	23,446	6,225	7,740	
108	Variance - Favorable / (Unfavorable)	(9,347)	(9,347)	(9,347)	(392)	(1,649)	(412)	(1,680)	(771)	(2,747)	(797)	(900)	
109	% Variance - Fav / (Unfav)	-11.6%	-11.6%	-11.6%	-9.5%	-10.5%	-10.7%	-11.4%	-15.7%	-11.7%	-12.8%	-11.6%	
110													
111	Contract Revenue before settlement												
112	Actual	11,733,712	3,845,448	7,888,263	57,991	1,524,114	298,240	1,678,177	593,265	2,144,960	599,831	991,686	
113	Budget	16,202,301	1,272,137	14,930,164	704,333	3,050,990	607,193	2,786,449	1,092,533	4,260,818	972,377	1,455,470	
114	Variance - Favorable / (Unfavorable)	(4,468,590)	2,573,311	(7,041,900)	(646,342)	(1,526,877)	(308,953)	(1,108,272)	(499,268)	(2,115,858)	(372,546)	(463,784)	
115	% Variance - Fav / (Unfav)	-27.6%	202.3%	-47.2%	-91.8%	-50.0%	-50.9%	-39.8%	-45.7%	-49.7%	-38.3%	-31.9%	
116													
117	Healthcare Cost												
118	Actual	10,814,019	4,212,529	6,601,490	175,620	1,270,909	285,854	1,594,236	555,217	1,411,025	596,150	712,478	
119	Budget	11,617,141	4,605,977	7,011,164	342,941	905,491	285,796	1,855,103	351,907	1,333,953	921,514	1,014,458	
120	Variance - Favorable / (Unfavorable)	803,122	393,447	409,674	167,321	(66,582)	(9,942)	(260,867)	(196,690)	(72,928)	(325,364)	(301,980)	
121	% Variance - Fav / (Unfav)	6.9%	8.5%	5.8%	48.8%	-4.4%	-3.4%	-16.4%	-57.8%	-5.1%	-53.3%	-42.8%	
122													
123	Managed Care Administration												
124	Actual	1,049,177	250,203	798,974	28,142	172,739	52,806	230,878	51,315	124,512	71,031	67,552	
125	Budget	1,076,770	323,955	752,815	72,093	51,530	62,264	255,656	53,655	91,079	53,222	113,315	
126	Variance - Favorable / (Unfavorable)	27,593	73,752	(46,159)	43,952	(21,791)	(10,458)	(24,778)	(2,340)	(33,433)	(17,808)	(45,763)	
127	% Variance - Fav / (Unfav)	2.6%	22.8%	-6.1%	61.0%	-235.2%	-15.2%	-9.7%	-4.4%	-36.7%	-33.5%	-40.4%	
128													
129	Total Contract Cost												
130	Actual	11,863,197	4,462,732	7,400,464	203,762	1,443,648	338,660	1,825,113	606,532	1,535,537	667,181	780,030	
131	Budget	12,693,911	4,929,932	7,763,979	415,034	1,526,877	348,061	2,110,759	405,562	1,425,032	974,737	1,127,773	
132	Variance - Favorable / (Unfavorable)	830,715	467,200	363,515	211,272	(83,229)	(109,401)	(285,646)	(118,970)	(110,506)	(307,556)	(347,743)	
133	% Variance - Fav / (Unfav)	6.5%	9.5%	4.7%	50.9%	-5.4%	-31.4%	-15.5%	-29.5%	-7.6%	-31.6%	-30.8%	
134													
135	Net before Settlement												
136	Actual	(129,485)	(617,284)	487,799	(145,771)	80,466	(40,421)	(146,937)	(13,267)	609,423	(67,350)	211,656	
137	Budget	3,508,390	(3,657,795)	7,166,184	289,299	2,093,969	259,132	675,690	686,971	2,835,787	(2,359)	327,697	
138	Variance - Favorable / (Unfavorable)	(3,637,875)	3,040,510	(6,678,385)	(435,070)	(2,013,503)	(299,553)	(822,627)	(700,238)	(2,226,364)	(64,991)	(116,041)	
139	% Variance - Fav / (Unfav)	-103.7%	-83.1%	-93.2%	-150.4%	-96.2%	-115.6%	-121.7%	-101.9%	-78.5%	2754.5%	-35.4%	

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 1/31/2024			4									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
159	Certified Community Behavioral Health Clin												
160			HCC%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	23.1%	0.0%	
161	Contract Revenue	21,094,584	1	21,094,583	1,125,628	3,924,808	1,479,689	3,930,365	-	8,543,453	2,090,641	-	
162	External Provider Cost	803,023	-	803,023	-	-	-	-	-	803,023	-	-	
164	Internal Program Cost	17,353,519	-	17,353,519	1,108,498	3,242,066	1,369,362	3,859,015	-	5,746,162	2,028,416	-	
165	SSI Reimb, 1st/3rd Party Cost Offset	(99,719)	-	(99,719)	-	-	-	-	-	-	(59,721)	-	
167	Total Healthcare Cost	18,056,823		18,056,823	1,108,498	3,242,066	1,369,362	3,859,015		6,509,186	1,968,695		
168	Medical Loss Ratio (HCC % of Revenue)	85.6%	0.0%	85.6%	98.5%	82.6%	92.6%	98.2%	0.0%	76.2%	94.2%	0.0%	
169	Managed Care Administration	462,487		462,487									
170	Admin Cost Ratio (MCA % of Total Cost)	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
171													
172	Contract Cost	18,519,310		18,056,823	1,108,498	3,242,066	1,369,362	3,859,015		6,509,186	1,968,695		
173	Net before Settlement	2,575,274		(462,486)	3,037,760	17,130	682,742	110,327		71,350	2,034,267	121,945	
174	PPS-1 Supplemental Payment Difference	-	1,400,593	(1,400,593)	(501,430)	(209,358)	8,872	(264,856)	-	-	21,571	(455,392)	-
175	Contract Settlement / Redistribution	-	(4,438,354)	4,438,354	518,560	892,100	101,455	336,205	-	2,012,696	577,337	-	-
176	Net after Settlement	-	(4,438,354)	4,438,354	518,560	892,100	101,455	336,205		2,012,696	577,337		
177													
178	SWMBH CMHP Subcontracts												
179													
198	Subcontract Revenue	117,397,817	9,032,860	108,364,957	5,266,842	20,640,315	5,882,803	20,245,396	5,730,402	33,530,376	7,809,680	9,259,143	
199	Incentive Payment Revenue	105,898	102,192	3,706	3,706	-	-	-	-	-	-	-	
200	Contract Revenue	117,503,715	9,135,052	108,368,664	5,270,549	20,640,315	5,882,803	20,245,396	5,730,402	33,530,376	7,809,680	9,259,143	
201	External Provider Cost	82,825,405	4,684,439	78,227,830	2,079,138	16,088,632	3,016,371	14,214,444	5,011,693	25,517,365	5,938,324	6,361,863	
202	Internal Program Cost	26,779,860	-	26,779,860	1,686,380	4,633,342	1,550,437	4,940,052	2,251,017	6,416,598	2,351,988	2,950,046	
203	SSI Reimb, 1st/3rd Party Cost Offset	(361,859)	-	(257,095)	(2,808)	(177,166)	-	-	-	(74,953)	(59,721)	(42,167)	
204	Insurance Provider Assessment Withhold (IPA)	2,729,743	2,729,743	-	-	-	-	-	-	-	-	-	
205	Total Healthcare Cost	111,973,149	7,414,182	104,750,594	3,762,710	20,544,808	4,566,809	19,154,495	7,262,710	31,859,010	8,230,591	9,269,742	
206	Medical Loss Ratio (HCC % of Revenue)	95.3%	81.2%	96.7%	71.4%	99.5%	77.6%	94.6%	126.7%	95.0%	105.4%	100.1%	
207	Managed Care Administration	11,080,299	2,794,460	8,285,839	425,314	1,657,341	403,349	1,669,566	555,323	2,232,032	563,859	779,055	
208	Admin Cost Ratio (MCA % of Total Cost)	9.0%	2.3%	6.7%	10.2%	7.5%	8.1%	8.0%	7.1%	6.5%	6.4%	7.8%	
209													
210	Contract Cost	123,053,448	10,208,641	113,036,433	4,188,024	22,202,149	4,970,158	20,824,061	7,818,033	34,091,042	8,794,450	10,048,797	
211	Net before Settlement	(5,549,733)	(1,073,590)	(4,667,770)	1,082,525	(1,561,834)	912,645	(578,665)	(2,087,631)	(560,666)	(984,770)	(789,654)	
212	Prior Year Savings	3,552,313	3,552,313	-	-	-	-	-	-	-	-	-	
213	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
214	Contract Settlement	3,106,999	(5,894,361)	9,001,360	(563,965)	2,453,934	(811,190)	914,871	2,087,631	2,568,318	1,562,108	789,654	
215	Net after Settlement	1,109,579	(3,415,638)	4,333,590	518,560	892,100	101,455	336,205		2,007,652	577,337	(0)	
216													
217													
218													
219													
220													
221													

	E	F	I	J	K	L
1	Southwest Michigan Behavioral Health					
2	For the Fiscal YTD Period Ended 9/30/2024			FY24 Projection Medicaid and Healthy Michigan		
3	<i>(For Internal Management Purposes Only)</i>					
4						Change FY24B v
		FY24 Budget	FY24 Actual as P04	FY 24 Projection	FY24P Fav/(Unfav)	
6	REVENUE					
7	Contract Revenue					
8	Medicaid Capitation	211,146,980	76,938,835	230,816,505	19,669,525	
9	Healthy Michigan Plan Capitation	48,606,904	11,031,780	33,095,339	(15,511,565)	
10	Autism Services Capitation	19,546,840	6,758,738	20,276,215	729,375	
14	Medicaid Hospital Rate Adjustments	5,963,797	1,573,880	4,721,640	(1,242,157)	
19	DHHS Incentive Payments	501,957	105,898	317,695	(184,262)	
25						
26	TOTAL REVENUE	285,766,479	96,409,131	289,227,394	3,460,915	
27						
28	EXPENSE					
29	Healthcare Cost					
30	Provider Claims Cost	15,193,598	4,685,536	14,056,607	(1,136,990)	
31	CMHP Subcontracts, net of 1st & 3rd party	232,978,523	86,502,145	259,506,434	26,527,911	
32	Insurance Provider Assessment Withhold (IPA)	3,790,852	1,155,863	3,467,588	(323,264)	
33	Medicaid Hospital Rate Adjustments	5,963,797	1,573,880	4,721,640	(1,242,157)	
35						
36	Total Healthcare Cost	257,926,770	93,917,423	281,752,270	23,825,499	
37	Medical Loss Ratio (HCC % of Revenue)	90.4%	97.5%	97.5%		
38						
39	Administrative Cost					
41	Administrative and Other Cost	11,033,143	2,331,973	6,995,919	(4,037,224)	
46	Delegated Managed Care Admin	22,429,220	8,285,839	24,857,517	2,428,297	
48						
49	Total Administrative Cost	33,462,363	10,617,812	31,853,436	(1,608,927)	
50	Admin Cost Ratio (MCA % of Total Cost)	11.5%	10.2%	10.2%		
54						
55	TOTAL COST after apportionment	291,389,134	104,535,235	313,605,706	22,216,572	
56						
57	NET SURPLUS before settlement	(5,622,655)	(8,126,104)	(24,378,312)	(18,755,657)	
58	Net Surplus (Deficit) % of Revenue	-2.0%	-8.4%	-8.4%		
59						
60	Prior Year Savings Utilization	9,769,410	3,552,313	3,552,313	(6,217,097)	
63	ISF Risk Reserve Utilization	-	4,573,791	20,825,999	20,825,999	
66	NET SURPLUS (DEFICIT)	4,146,755	0	0	(4,146,755)	



For Immediate Release

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**Settlement Finalized in C.B. vs. Livingston County Community Mental Health
Statewide Precedent Set**

Lansing, MI –After nearly two years of litigation brought by Disability Rights Michigan (“DRM”), C.B., a 24-year-old Medicaid beneficiary, will receive \$100,000.00 for harm that a lawsuit alleges he suffered due to Livingston County Community Mental Health’s (“LCCMH”) delay in providing medically necessary Medicaid services.

C.B., an adult with severe disabilities, did not receive authorized Community Living Support and respite services for approximately two years due to LCCMH’s failure to find providers. In July 2022, an administrative law judge issued a written decision granting summary disposition in C.B.’s favor and ordering LCCMH to provide the services. When LCCMH did not provide the services within 72 hours, C.B. filed a mandamus action 1) to enforce the ALJ’s decision, and 2) for monetary damages to compensate him for the harm suffered due to LCCMH’s delay. LCCMH eventually complied with the order, but not before the Livingston Circuit Court had dismissed the case. C.B. appealed the circuit court’s dismissal.

In a published decision, the Michigan Court of Appeals held that, if an individual receives an administrative hearing decision entitling the individual to receive certain Medicaid services, 1) the individual could be entitled to monetary compensation in a lawsuit to enforce the administrative decision, even if the Medicaid entity complies with the administrative decision after the lawsuit is filed, and 2) an entity like a Community Mental Health agency cannot claim the “good faith” exception to a claim for monetary damages in such a lawsuit. The Court of Appeals remanded the case to the circuit court, after which the parties reached a settlement.

“Medicaid beneficiaries must be able to enforce Fair Hearing decisions where medically necessary services are at stake,” said Nick Gable, Senior Attorney at Disability Rights Michigan. “The Court of Appeals’ decision and this settlement are important steps toward ensuring accountability and making sure that the system works.”

Learn more about this case and other DRM litigation: [CB Appeal](#).

Disability Rights Michigan (DRM) is the independent, private, nonprofit organization designated by the governor of the State of Michigan to advocate and protect the legal rights of people with disabilities in Michigan.

www.drmich.org.

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