



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

April 10, 2026

9:30 am to 11:30 am

(d) means document provided

Draft: 4/1/26

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.1**
- 3. Financial Interest Disclosure Handling**
 - None Scheduled
- 4. Consent Agenda**
 - a. March 13, 2026, SWMBH Board Meeting Minutes (d) pg.3
 - b. March 6, 2026, Board Finance Committee Meeting Minutes (d) pg.7
 - c. March 11, and 25, 2026, Operations Committee Meeting Minutes (d) pg.9
- 5. Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis**
 - a. G. Guidry (d) pg.19
 - 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**
 - Executive Officer Update (S. Sherban)
- 8. Ends Metrics Updates (*Requires motion)**

Proposed Motion: The Board accepts the interpretations as reasonable.

 - a. *Interpretations of End Metrics Revisions (d) pg.31
 - b. CMH Board Ownership Linkage Survey Results (d) pg.37
 - c. Michigan Consortium for Healthcare Excellence Update (M. Todd) – SE 2
 - d. Clinical Protocols: LTSS Protocol and utilization Management Protocol – CLS Tools & updated Level of Care Guidelines (A. Lacey) (d) pg.43 – SE 5
 - e. Regional Professional Norms (M. Todd) (d) pg.48 – SE 1

f. Fiscal Year 2025 Customer Satisfaction Survey Results (A. Lacey) (d) pg.49 – SE 3; SE 4

9. Board Actions to be Considered

- a. Election of Officers
- b. Appoint Board members to the Board Regulatory Compliance Committee
- c. May Board Planning Session (d) pg.57

10. Board Policy Review

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

- 3.4 Annual Board Planning Cycle (d) pg.59

11. Executive Limitations Review

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

- 2.6 Investments (d) pg.61

12. Board Education

- None

13. Communication and Counsel to the Board

- a. PIHP Litigation and PIHP Post Procurement Cancellation Updates (M. Todd)
- b. FY25 Performance Bonus Incentive Program (PBIP) Results (A. Lacey) (d) pg.64
- c. 1915 (c) Home and Community – Based Services (HCBS) Waivers and 1915(i) State Plan Amendment (iSPA) 90-Day Site Review (A. Lacey) (d) pg.69
- d. Quarterly Retention Plan Update (M. Todd)
- e. May Board Policy Direct Inspection – None

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

May 8, 2026

9:30 am - 11:30 am

Board Planning Session

May 8, 2026

12:00 pm – 3:00 pm



Board Meeting Minutes

March 13, 2026

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

9:30 am-11:30 am

Draft: 3/13/26

Members Present: Sherii Sherban, Tom Schmelzer, Michael Seals, Tina Leary, Carol Naccarato, Edward Meny

Members Present via MS Teams: Lorraine Lindsey

Members Absent: Allen Edelfson, Joyce Locke

Guests Present: Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Ella Philander, Executive Project Manager, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Alison Strasser, Interim Compliance Officer, SWMBH; Jeff Patton, ISK; Beth Ann Meints, ISK; Jeannie Goodrich, Summit Pointe

Guests Present via MS Teams:

Gail Patterson-Gladney, Jon Houtz, Cameron Bullock, Pivotal; Ric Compton, Riverwood; Debbie Hess, Van Buren CMH; Michael Mallory, Woodlands

Welcome Guests

Sherii Sherban called the meeting to order at 9:27am and introductions were made.

Public Comment

None

Agenda Review and Adoption

Motion Tom Schmelzer moved to approve the agenda with revisions of moving the Ends Metrics to April, adding CMHAM special assessment and Executive Officer Update.

Second Michael Seals

Motion Carried

Financial Interest Disclosure (FID) Handling

None scheduled

Consent Agenda

Motion Tom Schmelzer moved to approve February 13, 2026; February 6, 2026, Board Finance Committee meeting minutes; February 11 and February 25, 2026, Operations Committee meeting minutes as presented.

Second Michael Seals

Motion Carried

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

- Monday, March 2 SWBMH filed the final Fiscal Year 2025 financials with a deficit of \$13,623,936
- Call with MDHHS regarding negative ISF filing. The penalty for filing a negative ISF is \$120,000. SWMBH does not have the funds to cover the deficit.
- Mila Todd noted a recent meeting with Kristen Morningstar of MDHHS which was collaborative. MDHHS understood the reasons for filing a negative ISF. MDHHS requested Fiscal Year 2026 projections and a willingness to be flexible, but not committal. Another meeting will be scheduled soon.
Discussion followed.

Garyl Guidry presented Period 4 financial statements as documented and noted:

- Period 4 surplus is \$8.6 million with an annualized projection of \$26 million in surplus which is \$14 million short of what Milliman said would be paid
- Eligibles declined in January and increased slightly in February. Eligibles are down from what Milliman projected
- SWMBH expenses for January are higher due to 3 payrolls, 3 claim payments and a retention payment
- HSW rates are still being paid at the 2025 rates and is expected to occur in the month of March as indicated by MDHHS. SWMBH will follow up with MDHHS if the issue is not resolved.
Discussion followed.

Operations Committee Update

Jeannie Goodrich distributed a handout covering key topics from recent Operations Committee meetings. Discussion followed.

CMH Board Updates

Barry-Lorraine Lindey is resigning from the CMH Board

Berrien-SWMBH survey format of questions was not well received. Several new Board members

Branch-Concerned with finances and appreciation of the quarterly SWM

Calhoun-Completed SWMBH survey and stated it can be hard to understand the survey questions if you don't "speak the language"

Cass-N/A

Kalamazoo-SWMBH survey completed and format of questions was not well received. Concerned about

finances. New CEO, Beth Ann Meints. ISK received high marks for crisis stabilization response and services

St. Joseph- local hospital was hit by recent tornado and satellite office was closed. New building construction continues

Van Buren-N/A

Required Approvals

None scheduled

Ends Metrics Updates

Sub End Revisions

Topic moved to April Board meeting.

Board Actions to be Considered

Moving Board Meeting time

Discussion about moving the SWMBH Board meeting time to avoid parking congestion with lower level meetings happening at the same time. Discussion followed and topic will be discussed again at the October Board meeting.

Board Policy Review

3.5 Board Chair Role

Sherii Sherban reported as documented.

Motion Tom Schmelzer moved that the Board is in compliance with policy 3.5 Board Chair Role and the policy does not need revision.

Second Michael Seals

Motion Carried

Executive Limitations Review

None scheduled

Board Education

None scheduled

Communication and Counsel to the Board

PIHP Procurement

Mila Todd reported as documented and noted the following:

- MDHHS formally cancelled the RFP on January 30th
- January 31st, MDHHS through counsel filed a Motion for Summary Disposition requesting our lawsuit be dismissed on the grounds of it being “moot”. Moot is a legal status where there is no longer an issue upon which the court can grant any type of relief
- We (the plaintiffs collectively – SWMBH included) filed a response objecting to the Motion for Summary Disposition. This matter is scheduled for a hearing on Monday April 13th in Lansing, in front of Judge Yates. I plan to attend live
- There is still a filing against MDHHS around the legality of redrawing PIHP areas
- Recent dialogue/listening session meetings with MDHHS and PIHPs and MDHHS and CMHs. Those meetings were not productive
- Rumor of MDHHS reissuing an RFP in the Spring of 2026
Discussion followed

April Board Policy Direct Inspection

2.5 Investments (Board Finance Committee) beginning to review with a full review at the April 3rd meeting.

Executive Officer Update

Process ongoing with attorneys reviewing the contract. This topic will be added to the April Board meeting.

CMHAM Special Assessment

Mila Todd noted that CMHAM paid the legal fees of \$1.2 million for the RFP lawsuit litigation. CMHAM is asking for funding to replenish those funds expended. SWMBH will contribute \$10,600 to CMHAM.

Motion Tom Schemlzer moved to approved SWMBH’s contribution to CMHAM of \$10,600

Second Michael Seals

Motion Carried

Public Comment

Ed Meny stated his appreciation for the SWMBH staff and his appreciation for Jeff Patton’s leadership, expertise and guidance over the many years. Tom Schemlzer echoed those sentiments.

Adjournment

Motion Tom Schmelzer moved to adjourn the meeting at 10:44am

Second Michael Seals

Motion Carried



Board Finance Committee Meeting Minutes

March 6, 2026

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

1:00-2:00 pm

Draft: 3/6/26

Members Present: Tom Schmelzer, Carol Naccarato, Michael Seals

Guests: Amy Rottman

Members Absent: Allen Edlefsen

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

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 gave an update on Fiscal Year 2025 financials as follows:

- Monday, March 2 SWBHMH filed the final Fiscal Year 2025 financials with a deficit of \$13,623,936
- Call with MDHHS regarding negative ISF filing. MDHHS understood but would not commit to anything prior to their legal teams reviewing. The penalty for filing a negative ISF is \$120,000
- A second meeting with MDHHS scheduled in 2 weeks
- Period 4 FY26 financials were sent to the MDHHS per their request
- A draft financial audit should be ready on March 27, Garyl will keep BFC updated
- Michael Seals stated his appreciation for SWMBH with the final deficit submission was in line with what was projected which means that SWMBH has a good handle on the finances

Garyl Guidry presented Period 4 financial statements as documented and noted:

- January and February eligibles are slightly down and slightly up
- Period 4 surplus is \$8.6 million with an annualized projection of \$26 million in surplus which should be higher
- SWMBH expenses for January are higher due to 3 payrolls, 3 claim payments and a retention payment
- A Service Use Analysis project should be completed by the end of the month
- Cost settlements for each CMH with CCBHC broken out reviewed

Discussion followed.

SWMBH Revenue Variance Report

Garyl Guidry reported as follows:

- February eligibles slightly down and slightly up
- HSW payments are still at the FY25 rate
- Revenue is \$14 million short of what Milliman said to expect
- HMP continues to trend down
- SWMBH is requesting a mid-year rate adjustment

Discussion followed.

SWMBH Check Registers

Garyl Guidry reported as documented. Joel Smith answered questions regarding SUD payments.

Discussion followed.

SWMBH Cash Flow Analysis

Garyl Guidry reported as documented. Discussion followed.

Financial Audit

Garyl Guidry reported as follows:

- Audit ongoing
- A draft should be ready by the 3/27 meeting
- Garyl will keep the committee posted
- No findings anticipated
- Prior year adjustment for FY22 liability down to \$4.4 million from \$7 million

CMHAM Special Assessment

Garyl reviewed request from CMHAM's special assessment to cover legal fees incurred from recent litigation. Discussion followed.

2.6 Investments

Garyl to review possible additions to the policy. CEO response coming with a BFC review on April 3.

Meeting adjourned at 2:20pm

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

Date:	3/11/26
Time:	9:00 am – 11:00 am
Facilitator:	Jeannie
Minute Taker:	Cameron
Meeting Location:	MS Teams only Click here to join the meeting

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Ric Compton (Riverwood) | <input checked="" type="checkbox"/> Jeff Patton (ISK) | <input checked="" type="checkbox"/> Mila Todd (SWMBH) |
| <input checked="" type="checkbox"/> Sue Germann (Pines BHS) | <input checked="" type="checkbox"/> Cameron Bullock (Pivotal) | <input checked="" type="checkbox"/> Garyl Guidry (SWMBH) |
| <input checked="" type="checkbox"/> Jeannie Goodrich (Summit) | <input checked="" type="checkbox"/> Debbie Hess (Van Buren) | <input checked="" type="checkbox"/> Beth Ann Meintz (ISK) |

Guests: Kevin Fischer (NAMI); Sherri Boyd (Arc MI)

Version 03/09/26

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (d)		
2. Prior Meeting Minutes Review (d)		<ul style="list-style-type: none"> • Approved Via E-Mail.
3. Public BH System Discussion with Advocates – Kevin Fischer (virtual) & Sherri Boyd (virtual)		<ul style="list-style-type: none"> • General Comments and Conversation <ul style="list-style-type: none"> ○ Better working relationships ○ Listen to Provider networks, where we could be more efficient, and where we can do better. ○ Stop saying “do better”, and actually do better. ○ Workforce needs to be worked out between CMH/PIHP and the State – Actuarially sound.

- Consistency across the counties/PIHP.
- Duplication of Paperwork, reduce barriers.
 - Self D – plans are prewritten and not discussed. No flexibility.
 - Person-Centered Planning-
- Rate structure/Lack of accountability – MDHHS Director stated to Kevin is the reasoning for the RFP.
 - Use advocacy groups to help advocate for actuarially sound rates.
Collaboration is necessary as an offensive, not a reactive strategy.
- Education of the Legislature to ensure understanding.
 - Lunch and learns, etc.
 - MDHHS needs to be held accountable.
- Governance
 - Advocacy groups are not happy with the optics.

		<ul style="list-style-type: none"> ○ MHF – ARC does not support. ○ Transparency <ul style="list-style-type: none"> ▪ Who is waiting for services <ul style="list-style-type: none"> • CLS in-home help, etc. ○ How to be better partners <ul style="list-style-type: none"> ▪ Being invited to the conversation ▪ Helping advocacy groups understand the challenges as a proactive approach vs a reactive approach.
<p>4. Financial Stability a. SWMBH Period 04 financials (d) b. State/Milliman Meeting Updates c. Rehmann financial oversight</p>	<ul style="list-style-type: none"> • FY25 Final FSR Submission • FY25 deficit handling update 	<ul style="list-style-type: none"> • Eligibles dropped in January, and there was a small uptick in February. • \$122 million in revenue, \$99.7 million in healthcare expenses, and \$13.2 mil in admin expense for a total of \$113.3 mil. total expense through P04. Surplus is \$8.6 mil., annualized surplus is \$26M • Eligibles are less than projected, which results in a loss of \$14 mil, estimated, which could in turn restore our ISF. If the state waives the

		<p>contract requirement, we would be able to pay out, reducing the ISF's funding by \$13 million.</p> <p>PY 06 is still the estimated timeframe in which we will get the new Rehmann template.</p>
5. FY26 SWMBH Budget	<ul style="list-style-type: none"> • Revenue Monitoring Report • Regional rate development review 	<ul style="list-style-type: none"> •
6. Assets & Liabilities Workgroup	<ul style="list-style-type: none"> • On hold pending additional information from RFP process. • Annual review of Financial Management Plan, Financial Risk Management Plan, Cost Allocation Plan 	<ul style="list-style-type: none"> • No Update.
7. PIHP Competitive Procurement	<ul style="list-style-type: none"> • Regional Entity Roles and Future – CMH expectations • FY27 responsibilities – CFAP, MHF, Authorization time frames, etc. 	N/A
8. CCBHC Direct Payment Methodology		<ul style="list-style-type: none"> • No significant updates • Meridian cancelled the ISK health plan, and is now considered an off-panel provider. <ul style="list-style-type: none"> ○ State is meeting with Meridian.

<p>9. PCE</p>		<ul style="list-style-type: none"> ● Formal return on investment ● Spent an hour with Midstate Network about how the system was functioning. Understanding of how the system works and the pros and cons. <ul style="list-style-type: none"> ○ More real-time data aspects ○ Mila Ask <ul style="list-style-type: none"> ■ Specific issues to be able to address. Send an email to her by next Friday, 3/20/26 <ul style="list-style-type: none"> ● Duplicate entry ● Same language
<p>10. OC Projects Revisit</p>	<ul style="list-style-type: none"> ● Examples: PCE, SUE, rate development analysis, etc. 	
<p>11. Next Meeting- March 25th March Facilitator- Jeannie April Facilitator- Jeff May – Sue</p>		
<p>12. 11-12 pm CMH CEOs</p>		

Date:	3/25/26
Time:	9:00 am – 11:00 am
Facilitator:	Jeannie
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) Beth Ann Meintz (ISK)

Version 03/24/26

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (d)		
2. Prior Meeting Minutes Review (d)		
3. Financial Stability a. SWMBH Period 05 financials (d) b. State/Milliman Meeting Updates c. Rehmann financial oversight	<ul style="list-style-type: none"> • FY25 deficit handling update • FY25 SUE development update • Regional Rate development – calculation evaluation (SWMBH/ISK) 	<ul style="list-style-type: none"> • HAB Waiver payments have started to be paid out at the FY 26 rates. • Waiting on Summit Pointe for their financials for P05 • Still projecting \$25ish million surplus. • The regional rate development process is on hold until the SUE project is completed. <ul style="list-style-type: none"> ○ Dashboards need to be tested and then can go live.

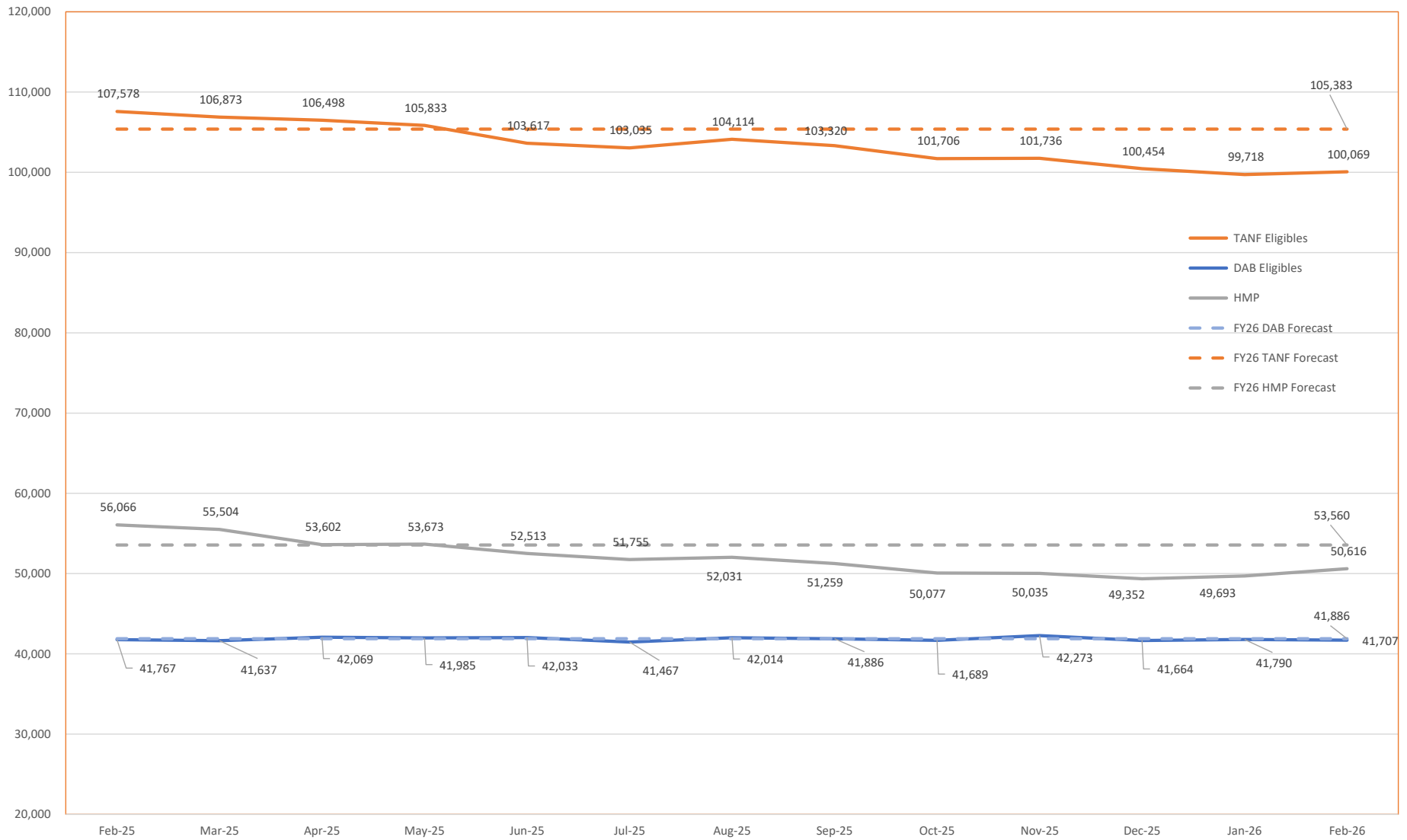
		<ul style="list-style-type: none"> • Rehmann is still projected for a P06 go-live via SWMBH to use the new template. • MDHHS meeting that was scheduled for March 20th was rescheduled for April 8th, 2026. No reason given. • Regional CFO's met together and are making another payment push to Milliman based on FY 26 eligibles. • Rehmann/Richard made a request for SWMBH to go back to CEO's for detailed encounter data for all services, deidentified, for a statewide Service Use Model to go against Milliman's template. SWMBH has agreed to participate.
<p>4. FY26 Regional Budget</p>	<ul style="list-style-type: none"> • Revenue Monitoring Report • WBHN cashflow & solvency 	<ul style="list-style-type: none"> • SWMBH/Cass have met multiple times to discuss issues. Cash advances against settlement will be ok for a while, but they will essentially run out of cash even with the advances. • Conversations regarding SWMBH using Local Funds to help support for FY 26 vs reducing cash flow of other CMH's. • SWMBH and Woodlands continue to have conversations.

		<ul style="list-style-type: none"> • Ops Comm continues to have conversations on how to help support.
5. FY25 PBIP Award		<ul style="list-style-type: none"> • Earned roughly \$2.1 million total out of a possible \$2.5. There is a meeting scheduled to discuss the IET metrics and how it will be determined. • Proposal via SWMBH – SWMBH to hold centrally, and once FY 25 deficit is known, disperse. • Pivotal argues that it should be given out to CMH’s as it is needed for non-Medicaid CCBHC expenses, and ultimately, the CMH’s are on the hook for any outstanding deficits. Pivotal proposes the same split 90/10 for FY 25. • Jeannie asks if the SUD providers have PBIP language in the contract. •
6. Assets & Liabilities Workgroup	<ul style="list-style-type: none"> • On hold pending additional information from RFP process. • Annual review of Financial Management Plan, Financial Risk Management Plan, Cost Allocation Plan 	<ul style="list-style-type: none"> • No Update.
7. PIHP Competitive Procurement/System Improvement Opportunities	<ul style="list-style-type: none"> • Follow-up discussion from mtg. with Advocates/Person First Coalition 	<ul style="list-style-type: none"> • Invite Sherri and Kevin back at the end of April/May. • Options to meet quarterly with them to address any

		<p>ongoing issues. Conversations to discuss with advocates, transparency, and the data dashboard.</p> <ul style="list-style-type: none"> • Low hanging fruit: Standardizing contract language: Possibly utilizing Mid-State as a trial for making a uniform language.
8. CCBHC Direct Payment Methodology		<ul style="list-style-type: none"> • ISK is having some issues with CHAMPS. • SAL change requests become very burdensome.
9. PCE		<ul style="list-style-type: none"> • Reached out to Jeff Chang for updated pricing from the last request. • Would like to bring Jeff Chang back to the Ops Comm meeting • Mila to look back at the TBD document for any outstanding issues that may need to be addressed in the system when getting the process. • Ask Midstate to have the SME meet with the SWMBH SME to view the product in real time to see the process. • Hope to have updated pricing later next week.
10. CMS-0057 Interoperability Rule – Authorization Timeframe Reduction		<ul style="list-style-type: none"> • 10/1/2027 – PIHP Annually updates, March of 27 for previous FY 26. • Auth Timeframe for Prior Auths from 14 days to 7 days starting 10/1/2026.

		<ul style="list-style-type: none"> • Mila to send out CFR
11. OC Projects Revisit	<ul style="list-style-type: none"> • Examples: PCE, SUE, rate development analysis, etc. 	<ul style="list-style-type: none"> • N/A
12. Next Meeting- March 25th March Facilitator- Jeannie April Facilitator- Jeff May – Sue	<ul style="list-style-type: none"> • FY 25 PBIP • PCE • Financials 	
13. 11-12 pm CMH CEOs		

Southwest Michigan Behavioral Health
 Total Eligibles FEB '25 - FEB '26
 as of February 26th, 2026



SWMBH Through February	FY26	FY25	% Change YOY	\$ Change YOY
State Plan MH	36,737,401	40,572,593	-9.5%	(3,835,191)
1915i MH	40,635,124	37,624,029	8.0%	3,011,095
Autism	18,978,502	11,554,420	64.3%	7,424,082
<i>Habilitation Supports Waiver (HSW)</i>	<i>28,751,254</i>	<i>26,535,825</i>	8.3%	2,215,429
<i>Child Waiver Program (CWP)</i>	<i>374,006</i>	<i>379,073</i>	-1.3%	(5,068)
<i>Serious Emotional Disturbances (SED)</i>	<i>290,959</i>	<i>217,476</i>	33.8%	73,483
Net Capitation Payment	125,766,937	116,883,415	7.6%	8,883,521
				-
State Plan SA	2,030,828	3,282,012	-38.1%	(1,251,185)
Net Capitation Payment	2,030,828	3,282,012	-38.1%	(1,251,185)
				-
Healthy Michigan Mental Health	8,964,859	10,346,401	-13.4%	(1,381,542)
Healthy Michigan Autism	1,244	16,600	-92.5%	(15,357)
Net Capitation Payment	8,966,103	10,363,001	-13.5%	(1,396,899)
				-
Healthy Michigan Substance Abuse	3,969,390	5,671,145	-30.0%	(1,701,755)
Net Capitation Payment	3,969,390	5,671,145	-30.0%	
				-
GRAND TOTAL	140,733,257	136,199,574	3.3%	4,533,683

as of 3/26/2026

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.

	E	F	I	J	K	L	M
1	Southwest Michigan Behavioral Health						
2	For the Fiscal YTD Period Ended 2/28/2026			FY26 PIHP			
3	(For Internal Management Purposes Only)						
4							
4							
6	REVENUE						
7	Contract Revenue						
8	Medicaid Capitation	256,227,043	314,064,882	106,843,352	129,010,297	309,624,712	
9	Healthy Michigan Plan Capitation	38,407,790	34,620,863	11,845,749	12,935,493	31,045,182	
10	Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	5,037,163	5,037,163	12,089,192	
11	Opioid Health Home Capitation	1,610,090	1,871,969	663,354	635,289	1,524,693	
12	Mental Health Block Grant Funding	653,000	580,000	209,041	206,801	496,321	
13	SA Block Grant Funding	7,763,190	7,795,203	3,405,544	2,773,751	6,657,002	
14	SA PA2 Funding	2,184,476	2,184,476	621,550	731,565	1,755,755	
15							
16	Contract Revenue	318,934,780	373,206,585	128,625,752	151,330,357	363,192,858	
17	CMHSP Incentive Payments	419,357	483,601	232,976	79,424	190,617	
18	PIHP Incentive Payments	2,483,291	2,134,267	889,278	-	-	
19	Interest Income - Working Capital	1,222,315	47,805	200,888	113,889	273,333	
20	Interest Income - ISF Risk Reserve	-	36,212	393,082	9	22	
21	Local Funds Contributions	852,520	852,520	355,217	355,217	852,520	
23							
24	TOTAL REVENUE	323,912,264	376,760,990	130,697,192	151,878,895	364,509,349	
25							
26	EXPENSE						
27	Healthcare Cost						
28	Provider Claims Cost	23,023,897	22,684,580	9,637,782	9,060,566	21,745,359	
29	CMHP Subcontracts, net of 1st & 3rd party	263,904,801	270,362,517	107,224,425	109,607,080	263,056,991	
30	Insurance Provider Assessment Withhold (IPA)	3,746,326	2,910,115	1,222,583	1,167,430	2,801,832	
31	Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	5,037,163	5,037,163	12,089,192	
33		-	-	-	-	-	
34	Total Healthcare Cost	302,764,215	308,046,404	123,121,952	124,872,239	299,693,374	
35	Medical Loss Ratio (HCC % of Revenue)	94.9%	82.5%	95.7%	82.5%	82.5%	
36							
37	Administrative Cost						
39	Administrative and Other Cost	12,805,756	13,112,965	4,581,854	3,905,516	9,373,238	
44	Delegated Managed Care Admin	24,714,174	33,273,408	12,858,348	13,037,500	31,289,999	
45	Apportioned Central Mgd Care Admin	(2,665,293)	-	(884,655)	-	-	
46							
47	Total Administrative Cost	34,854,637	46,386,373	16,555,548	16,943,015	40,663,237	
48	Admin Cost Ratio (MCA % of Total Cost)	10.3%	13.1%	12.4%	11.9%	11.9%	
49							
50	Local Funds Cost	852,520	852,520	355,217	355,217	852,520	
51	PBIP Transferred to CMHPs	-	1,920,841	800,350	-	-	
52							
53	TOTAL COST after apportionment	338,471,372	355,285,297	140,833,067	142,170,471	341,209,131	
54							
55	NET SURPLUS before settlement	(14,559,107)	21,475,693	(10,135,875)	9,708,424	23,300,218	
56	Net Surplus (Deficit) % of Revenue	-4.5%	5.7%	-7.8%	6.4%	6.4%	
57							
58	Prior Year Savings Utilization	-	-	-	-	-	
59	Change in PA2 Fund Balance	-	-	-	-	-	
60	ISF Risk Reserve Abatement (Funding)	-	-	-	-	-	
61	ISF Risk Reserve Utilization	1,929,280	36,212	486,885	-	-	
62	MDHHS Shared Risk Utilization	-	-	-	-	-	
63	CCBHC Supplemental Receivable (Payable)	3,813,725	-	-	-	-	
64	Settlement Receivable / (Payable)	-	-	-	-	-	
67	NET SURPLUS (DEFICIT)	(8,816,103)	21,511,905	(9,648,990)	9,708,424	23,300,218	
68	<i>HMP & Autism is settled with Medicaid</i>						
69							
173							
174							

February										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	9,836,871	5,420,968	23,284,086	6,654,722	21,728,798	7,448,386	38,204,856	7,826,519	11,712,199	132,117,405
Expense	8,566,073	3,901,452	22,553,882	4,553,038	20,152,016	9,061,159	34,061,148	7,722,896	10,422,478	120,994,141
Difference	1,270,798	1,519,516	730,204	2,101,685	1,576,782	(1,612,773)	4,143,708	103,623	1,289,722	11,123,263
HMP										
Revenue	4,465,823	523,359	2,214,269	499,778	1,913,565	573,840	3,105,965	719,512	928,859	14,944,972
Expense	6,847,447	549,257	1,714,262	332,142	2,180,271	920,635	2,962,571	588,024	482,941	16,577,549
Difference	(2,381,624)	(25,898)	500,007	167,636	(266,705)	(346,794)	143,395	131,488	445,918	(1,632,578)
Revenue and Expense										
Revenue	14,302,694	5,944,327	25,498,355	7,154,500	23,642,363	8,022,226	41,310,821	8,546,031	12,641,058	147,062,376
Expense	15,413,520	4,450,709	24,268,144	4,885,180	22,332,287	9,981,794	37,023,719	8,310,920	10,905,419	137,571,691

Capitation Deficit	9,490,685.47
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Annualized										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	23,608,490	13,010,324	55,881,806	15,971,333	52,149,115	17,876,125	91,691,653	18,783,646	28,109,279	317,081,771
Expense	20,558,574	9,363,485	54,129,317	10,927,290	48,364,838	21,746,781	81,746,755	18,534,950	25,013,947	290,385,939
Difference	3,049,916	3,646,838	1,752,490	5,044,043	3,784,276	(3,870,656)	9,944,898	248,695	3,095,332	26,695,832
HMP										
Revenue	10,717,974	1,256,062	5,314,246	1,199,468	4,592,557	1,377,217	7,454,317	1,726,829	2,229,262	35,867,932
Expense	16,433,872	1,318,217	4,114,229	797,142	5,232,650	2,209,523	7,110,169	1,411,257	1,159,059	39,786,119
Difference	(5,715,898)	(62,155)	1,200,017	402,326	(640,093)	(832,306)	344,148	315,572	1,070,202	(3,918,187)
Current Month	(2,665,982)	3,584,684	2,952,506	5,446,369	3,144,184	(4,702,962)	10,289,046	564,267	4,165,534	22,777,645
Prior Month	(1,482,813)	3,523,803	2,792,862	5,669,422	3,228,722	(4,700,626)	6,911,055	3,766,546	5,746,862	25,455,832
1Month Comparison	(1,183,169)	60,881	159,644	(223,053)	(84,539)	(2,336)	3,377,991	(3,202,278)	(1,581,328)	(2,678,187)

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 2/28/2026

(For Internal Management Purposes Only)

2/28/2026

ok

INCOME STATEMENT

**Barry County CMHA
PIHP Summary Information**

	HCC%	100%	Summary of Local CMHSP Components						CCBHC					
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid			
Capitation Payment			84.9%	0.1%	10.9%	0.0%	0.4%	3.7%						
Incentive Payment Revenue			5,366,442	54,527	415,512	107,848	15,731	389,720	483,322.00	181,109	-			
Subcontract revenue			5,366,442	54,527	415,512	107,848	15,731	389,720	483,322	181,109	-			
External provider cost			3,204,082	-	374,202	-	-	86,758	-	-	-			
Internal program cost			221,804	4,585	65,622	-	15,731	64,367	1,996,647.90	851,062	636,950			
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	(1,266,684.27)	(504,717)	96,625			
Mgd care administration			470,981	-	109,433	-	-	9,380	-	-	-			
Subcontract cost			3,896,867	4,585	549,257	-	15,731	160,505	729,964	346,345	733,575			
Net before settlement			1,469,574	49,942	(133,746)	107,848	-	229,215	(246,642)	(165,236)	(733,575)			
Other Redistributions of State GF			-	-	-	-	-	(50,859)	-	-	-			
Subcontract settlement			(1,469,574)	(49,942)	133,746	(107,848)	-	-	-	-	-			
Net after settlement			-	-	-	-	-	178,357	(246,642)	(165,236)	(733,575)			

Berrien Mental Health Authori

PIHP Summary Information

	HCC%	100.00%	Summary of Local CMHSP Components						CCBHC					
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid			
Capitation Payment			23,068,690	215,396	1,750,840	463,429	81,373	920,160	3,682,676	1,516,143	-			
Incentive Payment Revenue			5,198,819	25,579,728	23,068,690	215,396	1,750,840	463,429	81,373	920,160	3,682,676	1,516,143	-	
Subcontract revenue			5,198,819	25,579,728	23,068,690	215,396	1,750,840	463,429	81,373	920,160	3,682,676	1,516,143	-	
External provider cost			19,867,213	-	1,209,688	-	-	129,524	-	-	-			
Internal program cost			920,636	861	261,241	2,080	238,504	33,461	3,736,760	1,443,224	659,562			
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(52,722)	(45,423)	(6,830)	(82,699)			
Mgd care administration			1,765,172	-	241,253	-	-	370,332	-	-	-			
Subcontract cost			5,127,731	24,506,648	22,553,021	861	1,712,182	2,080	238,504	480,595	576,863			
Net before settlement			71,088	515,669	214,535	38,658	461,349	(157,131)	439,565	(8,661)	79,749	(576,863)		
Other Redistributions of State GF			-	-	-	-	-	(439,565)	-	-	439,564			
Subcontract settlement			(1,073,080)	(515,669)	(214,535)	(38,658)	(461,349)	157,131	-	-	-			
Net after settlement			71,088	-	-	-	-	-	(8,661)	79,749	(137,299)			

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 2/28/2026

(For Internal Management Purposes Only)

2/28/2026

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INCOME STATEMENT

		Summary of Local CMHSP Components							CCBHC		
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	
Pines Behavioral Health Servi		HCC%	99.99%	89.4%	0.0%	6.1%	0.0%	0.1%	4.4%	INFORMATIONAL ONLY	
PIHP Summary Information											
Capitation Payment			6,592,980	61,742	396,524	103,254	7,067	366,925	1,248,330	399,787	-
Incentive Payment Revenue	<i>CCBHC Revenue</i>	<i>PIHP Revenue</i>									
Subcontract revenue	<u>1,648,117</u>	<u>7,154,500</u>	<u>6,592,980</u>	<u>61,742</u>	<u>396,524</u>	<u>103,254</u>	<u>7,067</u>	<u>366,925</u>	<u>1,248,330</u>	<u>399,787</u>	<u>-</u>
External provider cost			4,089,874	-	276,160	-	-	85,630	-	-	-
Internal program cost			160,869	169	13,917	77	4,178	122,485	1,501,404	520,543	448,736
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	(20,754)	(6,415)	-
Mgd care administration	<i>CCBHC Cost</i>	<i>PIHP Cost</i>	302,125	-	41,989	-	-	30,613	-	-	-
Subcontract cost	<u>1,994,779</u>	<u>4,889,358</u>	<u>4,552,868</u>	<u>169</u>	<u>332,065</u>	<u>77</u>	<u>4,178</u>	<u>238,728</u>	<u>1,480,650</u>	<u>514,129</u>	<u>448,736</u>
Net before settlement	(346,662)		2,040,111	61,573	64,459	103,177	2,889	128,197	(232,320)	(114,342)	(448,736)
Other Redistributions of State GF		<i>PIHP Stmt</i>	-	-	-	-	-	(117,270)	-	-	-
Subcontract settlement			(2,040,111)	(61,573)	(64,459)	(103,177)	(2,889)	-	-	-	-
Net after settlement	(346,662)	-	-	-	-	-	-	10,927	(232,320)	(114,342)	(448,736)
Summit Pointe (Calhoun Cour		HCC%	100.00%	90.7%	0.0%	6.8%	0.0%	0.0%	2.5%	INFORMATIONAL ONLY	
PIHP Summary Information											
Capitation Payment		ESTIMATE	21,728,798	-	1,913,565	-	-	774,791	3,806,157	1,337,756	-
Incentive Payment Revenue	<i>CCBHC Revenue</i>	<i>PIHP Revenue</i>	-	-	-	-	-	-	-	-	-
Subcontract revenue	<u>5,143,913</u>	<u>23,642,363</u>	<u>21,728,798</u>	<u>-</u>	<u>1,913,565</u>	<u>-</u>	<u>-</u>	<u>774,791</u>	<u>3,806,157</u>	<u>1,337,756</u>	<u>-</u>
External provider cost			17,221,177	-	1,755,132	-	-	342,350	-	-	-
Internal program cost			732,212	-	14,983	-	-	105,575	4,257,221	1,369,588	1,033,578
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-
Mgd care administration	<i>CCBHC Cost</i>	<i>PIHP Cost</i>	2,198,627	-	410,156	-	-	40,575	-	-	-
Subcontract cost	<u>5,626,810</u>	<u>22,332,287</u>	<u>20,152,016</u>	<u>-</u>	<u>2,180,271</u>	<u>-</u>	<u>-</u>	<u>488,500</u>	<u>4,257,221</u>	<u>1,369,588</u>	<u>1,033,578</u>
Net before settlement	(482,896)		1,576,782	-	(266,705)	-	-	286,291	(451,064)	(31,832)	(1,033,578)
Other Redistributions of State GF		<i>PIHP Stmt</i>	-	-	-	-	-	(286,291)	-	-	-
Subcontract settlement			(1,576,782)	-	266,705	-	-	-	-	-	-
Net after settlement	(482,896)	-	-	-	-	-	-	-	(451,064)	(31,832)	(1,033,578)

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 2/28/2026

(For Internal Management Purposes Only)

2/28/2026

ok

INCOME STATEMENT

		Summary of Local CMHSP Components									
SWMBH TOTAL		Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant	State GF	CCBHC			
Excluding GF						Treatment		CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid	
Woodlands Behavioral Health	HCC%	100.0%	85.1%	1.2%	5.5%	3.2%	0.5%	4.6%			
<u>PIHP Summary Information</u>											
Capitation Payment			7,373,386	74,999	464,733	109,107	20,318	361,290			
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>									
Subcontract revenue	-	8,022,226	7,373,386	74,999	464,733	109,107	20,318	361,290			
External provider cost			6,883,283	-	218,348	-	-	63,529			
Internal program cost			1,344,696	115,525	317,787	304,710	43,731	378,772			
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-			
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>	717,655	-	79,791	-	-	42,385			
Subcontract cost	-	10,025,525	8,945,634	115,525	615,925	304,710	43,731	484,686			
Net before settlement	-	-	(1,572,248)	(40,526)	(151,192)	(195,602)	(23,412)	(123,396)			
Other Redistributions of State GF			-	-	-	-	-	123,396			
Subcontract settlement		<u>PIHP Stimt</u>	1,572,248	40,526	151,192	195,602	23,412	-			
Net after settlement	-	-	-	-	-	-	-	0			

		Summary of Local CMHSP Components							INFORMATIONAL ONLY		
SWMBH TOTAL		Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid	
Excluding GF						Treatment					
Integrated Services of Kalama	HCC%	100.0%	92.0%	0.0%	8.0%	0.0%	0.0%	0.0%			
<u>PIHP Summary Information</u>											
Capitation Payment			38,204,856	-	3,105,965	-	46,649	-	10,090,203	3,306,240	-
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>									
Subcontract revenue	13,396,443	41,357,470	38,204,856	-	3,105,965	-	46,649	-	10,090,203	3,306,240	-
External provider cost			28,965,950	-	2,614,095	-	-	-	-	-	-
Internal program cost			1,125,324	-	3,184	-	-	-	10,378,394	3,213,400	2,068,173
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	(564,004)
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>	3,969,874	-	345,292	-	-	-	-	-	-
Subcontract cost	13,591,794	37,023,719	34,061,148	-	2,962,571	-	-	-	10,378,394	3,213,400	1,504,169
Net before settlement	(195,351)	-	4,143,708	-	143,395	-	46,649	-	(288,190)	92,840	(1,504,169)
Other Redistributions of State GF			-	-	-	-	-	-	-	-	449,933
Subcontract settlement		<u>PIHP Stimt</u>	(4,143,708)	-	(143,395)	-	(46,649)	-	-	-	-
Net after settlement	(195,351)	-	-	-	-	-	-	-	(288,190)	92,840	(1,054,236)

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 2/28/2026

(For Internal Management Purposes Only)

2/28/2026

ok

INCOME STATEMENT

CMH of St Joseph County

PIHP Summary Information

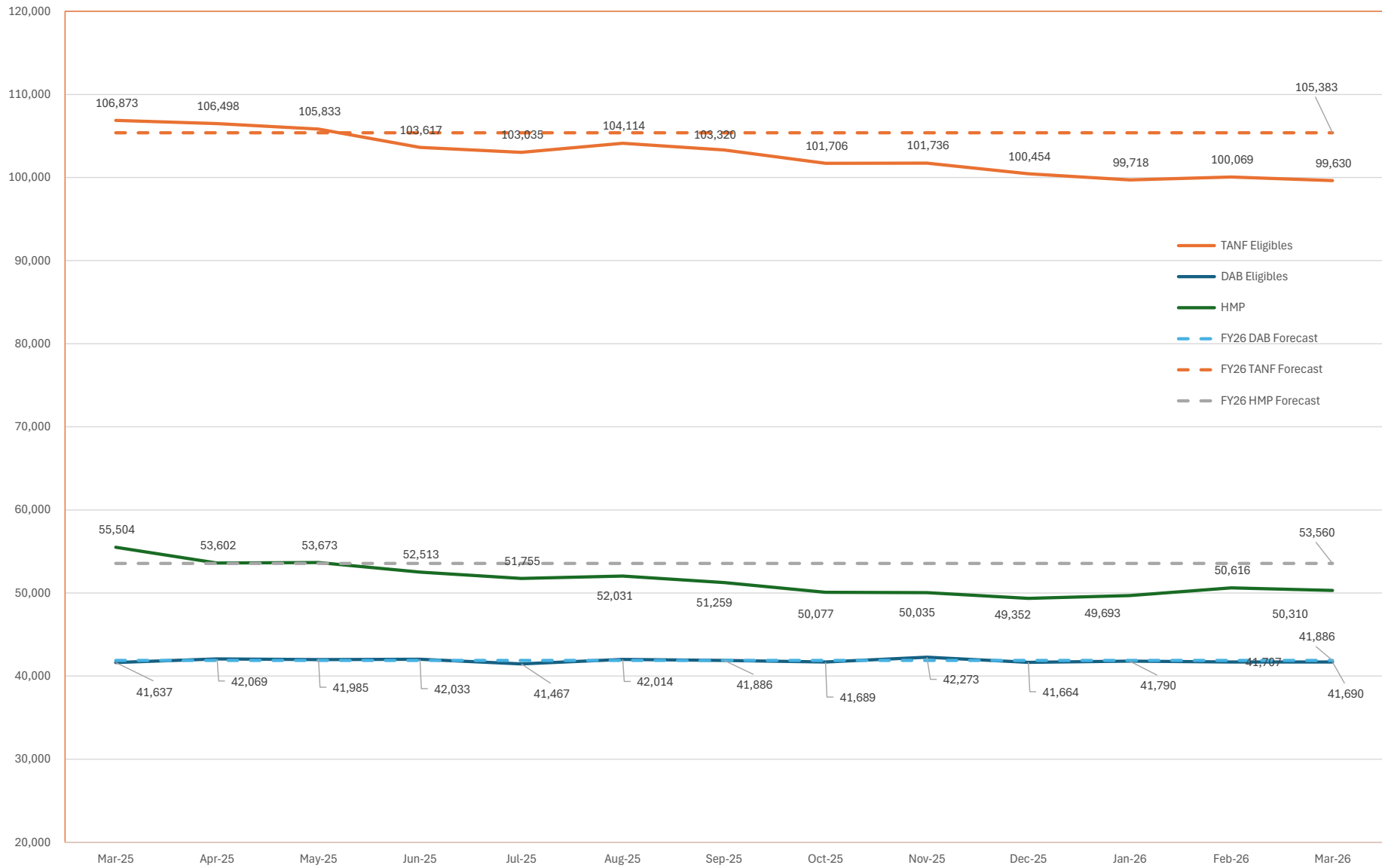
	HCC%	100.0%	Summary of Local CMHSP Components						CCBHC						
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid				
Capitation Payment			89.4%	0.0%	7.5%	0.0%	0.5%	2.6%							
Incentive Payment Revenue			7,749,185	77,334	571,419	148,093	32,904	434,400	3,755,814	1,109,664	-				
Subcontract revenue			7,749,185	77,334	571,419	148,093	32,904	434,400	3,755,814	1,109,664	-				
External provider cost			6,336,405	-	438,963	-	-	194,506	-	-	-				
Internal program cost			221,468	54	6,421	-	42,651	27,761	1,907,110	593,741	847,354				
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-				
Mgd care administration			1,164,969	-	142,640	-	-	144,256	-	-	-				
Subcontract cost			7,722,842	54	588,024	-	42,651	366,524	1,907,110	593,741	847,354				
Net before settlement			26,343	77,280	(16,605)	148,093	(9,747)	67,876	1,848,703	515,922	(847,354)				
Other Redistributions of State GF			-	-	-	-	-	779,478	-	-	-				
Subcontract settlement			(26,343)	(77,280)	16,605	(148,093)	9,747	(847,354)	-	-	-				
Net after settlement			-	-	-	-	-	0	1,848,703	515,922	(847,354)				

Van Buren Mental Health Auth

PIHP Summary Information

	HCC%	100.0%	Summary of Local CMHSP Components						CCBHC						
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid				
Capitation Payment			91.6%	0.0%	3.5%	0.0%	1.4%	3.5%							
Incentive Payment Revenue			11,601,058	111,141	736,366	192,493	26,557	498,900	1,739,256	-	-				
Subcontract revenue			11,601,058	111,141	736,366	192,493	26,557	498,900	1,739,256	-	-				
External provider cost			8,389,060	-	332,069	-	-	263,490	-	-	-				
Internal program cost			1,071,287	1,405	30,822	3,234	141,613	94,180	2,423,863	668,205	512,582				
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(72,383)	-	-	-				
Mgd care administration			960,726	-	116,817	-	-	366,163	-	-	-				
Subcontract cost			10,421,073	1,405	479,708	3,234	141,613	651,450	2,423,863	668,205	512,582				
Net before settlement			1,179,985	109,737	256,659	189,259	(115,057)	(152,550)	(684,608)	(668,205)	(512,582)				
Other Redistributions of State GF			-	-	-	-	-	(360,031)	-	-	-				
Subcontract settlement			(1,179,985)	(109,737)	(256,659)	(189,259)	115,057	-	-	-	-				
Net after settlement			-	-	-	-	-	(512,581)	(684,608)	(668,205)	(512,582)				

Southwest Michigan Behavioral Health
 Total Eligibles MAR '25 - MAR '26
 as of March 31st, 2026



Eligible Change by CMH — % Change from Prior Period

Total Medicaid				
County / CMH	3 Month	6 Month	1 Year	3 Year
Barry	(2.5%)	(2.0%)	(5.3%)	(28.4%)
Berrien	0.2%	(2.6%)	(4.5%)	(22.2%)
Branch	(0.5%)	(2.8%)	(3.8%)	(23.2%)
Calhoun	(1.3%)	(3.3%)	(5.8%)	(22.2%)
Cass	(0.4%)	(2.5%)	(6.2%)	(25.8%)
Kalamazoo	(0.7%)	(2.4%)	(4.2%)	(19.4%)
St. Joseph	0.7%	(2.6%)	(5.6%)	(29.0%)
Van Buren	(0.2%)	(2.9%)	(4.3%)	(24.1%)

Medicaid — DAB				
County / CMH	3 Month	6 Month	1 Year	3 Year
Barry	(2.8%)	(4.9%)	(2.5%)	(19.7%)
Berrien	(0.3%)	(0.2%)	0.3%	(11.7%)
Branch	0.8%	0.6%	2.3%	(13.6%)
Calhoun	1.0%	1.1%	1.1%	(13.4%)
Cass	1.2%	0.8%	3.5%	(16.5%)
Kalamazoo	(0.2%)	(0.8%)	(0.4%)	(11.3%)
St. Joseph	(2.2%)	(4.0%)	(2.1%)	(19.0%)
Van Buren	1.6%	0.1%	(0.6%)	(14.1%)

Medicaid — TANF				
County / CMH	3 Month	6 Month	1 Year	3 Year
Barry	(2.4%)	(0.9%)	(6.2%)	(31.0%)
Berrien	0.4%	(3.6%)	(6.5%)	(26.1%)
Branch	(1.0%)	(4.0%)	(5.7%)	(26.0%)
Calhoun	(2.3%)	(5.1%)	(8.6%)	(25.5%)
Cass	(1.0%)	(3.6%)	(9.4%)	(28.7%)
Kalamazoo	(0.9%)	(3.1%)	(5.8%)	(22.6%)
St. Joseph	1.7%	(2.1%)	(6.8%)	(31.9%)
Van Buren	(0.9%)	(4.1%)	(5.8%)	(27.7%)

Healthy Michigan Plan (HMP)				
County / CMH	3 Month	6 Month	1 Year	3 Year
Barry	3.7%	3.5%	(4.0%)	(38.0%)
Berrien	0.1%	(5.0%)	(9.7%)	(34.7%)
Branch	(1.5%)	(6.4%)	(11.9%)	(38.8%)
Calhoun	3.7%	(0.4%)	(12.9%)	(37.6%)
Cass	0.9%	0.3%	(11.4%)	(44.4%)
Kalamazoo	4.1%	(0.5%)	(5.2%)	(36.8%)
St. Joseph	(3.0%)	(5.6%)	(17.4%)	(45.5%)
Van Buren	1.1%	(0.3%)	(7.4%)	(42.4%)

as of 4/1/2026

Note: Color shading compares value against other CMHs for the same time period.

<u>SWMBH Through March</u>	<u>FY26</u>	<u>FY25</u>	<u>% Change YOY</u>	<u>\$ Change YOY</u>
State Plan MH	44,018,216	48,701,099	-9.6%	(4,682,882)
1915i MH	48,686,563	45,178,436	7.8%	3,508,127
Autism	22,785,409	14,442,411	57.8%	8,342,999
<i>Habilitation Supports Waiver (HSW)</i>	<i>34,692,707</i>	<i>32,143,400</i>	<i>7.9%</i>	<i>2,549,307</i>
<i>Child Waiver Program (CWP)</i>	<i>449,463</i>	<i>454,916</i>	<i>-1.2%</i>	<i>(5,453)</i>
<i>Serious Emotional Disturbances (SED)</i>	<i>339,195</i>	<i>263,982</i>	<i>28.5%</i>	<i>75,213</i>
Net Capitation Payment	<u>150,971,243</u>	<u>141,184,243</u>	6.9%	9,787,000
				-
State Plan SA	2,434,685	3,938,192	-38.2%	(1,503,507)
Net Capitation Payment	<u>2,434,685</u>	<u>3,938,192</u>	-38.2%	(1,503,507)
				-
Healthy Michigan Mental Health	10,761,654	12,442,478	-13.5%	(1,680,824)
Healthy Michigan Autism	1,280	20,180	-93.7%	(18,900)
Net Capitation Payment	<u>10,762,934</u>	<u>12,462,658</u>	-13.6%	(1,699,724)
				-
Healthy Michigan Substance Abuse	4,772,636	6,817,619	-30.0%	(2,044,983)
Net Capitation Payment	<u>4,772,636</u>	<u>6,817,619</u>	-30.0%	
				-
GRAND TOTAL	168,941,499	164,402,713	2.8%	4,538,786

as of 4/1/2026

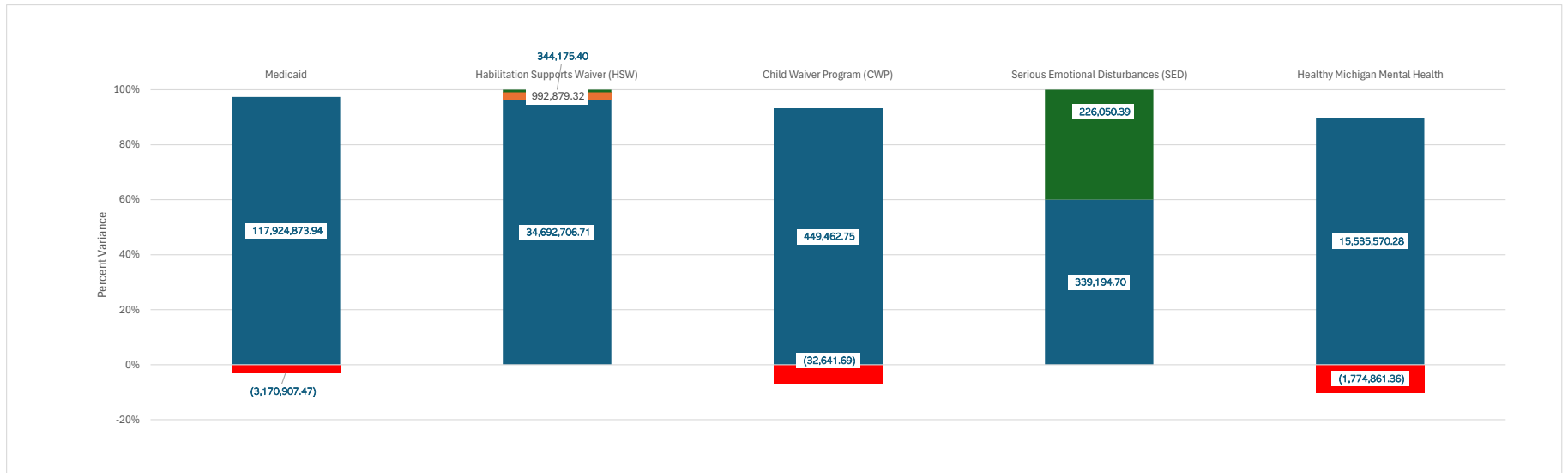
State Plan, 1915i, B3 and Autism have DAB and TANF payments included.

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	235,849,747.88	-	235,849,747.88	(6,341,814.94)	-2.6%	121,095,781.41	117,924,873.94		117,924,873.94	(3,170,907.47)
Habilitation Supports Waiver (HSW)	70,682,821.26	69,385,413.42	1,985,758.63	71,371,172.05	688,350.79	1.0%	35,341,410.63	34,692,706.71	992,879.32	35,685,586.03	344,175.40	1.0%
Child Waiver Program (CWP)	964,208.87	898,925.50	-	898,925.50	(65,283.37)	-6.8%	482,104.44	449,462.75		449,462.75	(32,641.69)	-6.8%
Serious Emotional Disturbances (SED)	226,288.62	678,389.40	-	678,389.40	452,100.78	199.8%	113,144.31	339,194.70		339,194.70	226,050.39	199.8%
Healthy Michigan Mental Health	34,620,863.28	31,071,140.56	-	31,071,140.56	(3,549,722.72)	-10.3%	17,310,431.64	15,535,570.28		15,535,570.28	(1,774,861.36)	-10.3%
Overall Net Capitation Payment	348,685,744.85	337,883,616.76	1,985,758.63	339,869,375.39	(8,816,369.46)	-2.53%	174,342,872.43	168,941,808.38	992,879.32	169,934,687.70	(4,408,184.73)	-2.53%



Budgeted Funds
Over - Variance
Under - Variance
Accrued Funds

SWBMH Board Sub-Ends Interpretations Accepted
1,3 & 5 on July 11 and 2 & 4 on April 11, 2025

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.

SUB END 1: Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.

Interpretation Accepted July 11, 2025: SWMBH staff and CMH staff work together professionally and effectively to ensure persons served in our region are provided with quality services while minimizing avoidable costs.

Required and requested information will be exchanged per contractual schedules or if unscheduled by mutually agreed time frames. All nine agencies' staff will respond to requests in a timely manner with complete and accurate information.

Regional norms will be mutually agreed upon by all nine agencies CEOs.

Member CMH Boards will receive written reports with information germane to their governance role related to status and plans of the region.

Achievement of collaborative, transparent, responsive, and reciprocal relationships with CMH staff will be demonstrated through the adoption of behaviorally specific regional norms by the Operations Committee with subsequent surveys and reports.

- Collaboration: The action of working with someone to produce or create something.
- Transparency: The quality of being easy to perceive or detect.
- Responsive: Reacting quickly and positively.
- Reciprocal: Given, felt, or done in return. Bearing on or binding each of two parties equally.

Achievement of relationship with CMH Boards will be demonstrated by production and circulation of quarterly communication from SWMBH leadership; SWMBH CEO will attend CMH Board meetings upon request.

Metrics:

- Agency CEOs co-develop regional work relationship norms which SWMBH will circulate to regional committees within 30 days of publication.

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- Nine CEOs and agency management teams will reinforce and expect adherence to norms upon and after adoption of regional norms.
- Regional committees will document discussion of the norms [within 60 days of publication.](#)
- SWMBH completes baseline survey of regional committees based on norms 4-6 months after publication; compiled [d results will be presented](#) at regional committee meetings [within 8 months of publication.](#)
- Subsequent annual regional committee surveys will indicate [satisfactory scores as determined by Operations Committee using baseline data.](#)

Regarding CMH Boards

- Written regional status and plan reports will be provided to CMH Boards quarterly.
- An annual report will be provided to CMH Boards and other regional stakeholders beginning winter 2025.

SUB END 2: Member CMHs 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.

Interpretation Accepted April 11, 2025: This Sub End means SWMBH seeks, aggregates, compiles, and analyzes business disruption trends and federal & state policy and funding changes for the public behavioral health system. Member CMHs will receive comprehensive communications and products for the benefit of CMHs and providers that aid their understanding of and remediation of external threats. Bulletins will be provided [to](#) CMH boards and all standing committees. SWMBH will strengthen regional advocacy efforts resulting in favorable impacts. SWMBH will generate and if resources permit [prepare](#) and publish community and media relations material highlighting the services and successes of CMHs.

Achievement will be demonstrated with the a. release of a regional Public Policy Plan by 6/9/25, b. publication of the first related Bulletin by 6/9/25 and c. release of a regional portfolio of CMH public relations materials by 7/14/25.

Metrics:

- Quarterly Bulletin to CMH Partner Boards contains information regarding environmental disruptors and trends.
- Regional committees have [environmental scan information](#) on the agenda and actively discuss it at least two times a year.
 - [Proofs will include](#) data pulled via an audit of committee minutes.

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- Achievement of benefit will be demonstrated with one demonstrable favorable policy or funding outcome for the region by 9/30/25 and another by 9/30/26.
 - Proofs will include evidence of state regulatory policies and regional revenue gains that are in alignment with our requests.

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Additional activities and external audit results which may be used as proofs of achievement:

Regional Committee meeting agendas incorporate standing items related to this, such as SWMBH monitors changes to the Code of Federal Regulations and ACA 1557.

- SWMBH staff participation in Workgroups tasked with assisting with policy development at the statewide level. Examples: Program Integrity – Compliance Officers, Chief Information Officer Forum, Customer Services, Utilization Management. Said participation will result in engagement with CMHs, maximized influence and ultimately favorable state policy and funding changes.
- CEO is a member of CMHAM legislative and policy committee.

SUB-END 3: Member CMHs have the resources needed to address their communities' individualized needs, successfully access appropriate resources, and successfully meet contractual obligations (including managed care functions).

Interpretation Accepted July 11, 2025: SWMBH aggregates, analyzes data, and publishes reports for CMHs supporting and demonstrating all are meeting contractual obligations and have a positive impact within their communities.

Achievement will be demonstrated with the release of regional scorecards providing comparative statewide and CMH-specific data.

Achievement of appropriate resources will be demonstrated when the region's Medicaid margin is improved to break even or better for fiscal year 2026.

Sample Potential Metrics:

- Production of a SWMBH Management Information – Business Intelligence Plan by September 2025.
- 2026 Health Services Advisory Group External Quality Review *if available*:
 - SWMBH's Compliance Review corrective action plans from 2024 and 2025 are found to be *Met* at the 90% level or higher.

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Markup Area

- o [SWMBH's](#) External Quality Review results of the Performance Measure Validation activities show that 90% of the Performance Indicators are found to be *Reportable* and 90% of the Data Integration and Validation results are found to be *Met*.
- Acceptable 2026 Consolidated CMH managed care review results will be determined pending information regarding PIHP procurement.

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Activities and external audit results below may in part be used to influence and prove achievement of the Sub End.

- Access Standards through site reviews, HSAG results [\(if available\)](#), Michigan Mission Based Performance Improvement System Results (MMBPIS),
- [Regional Service Use Evaluation \(SUE\) Report](#)
- Annual Network Adequacy Results
- CMH and Provider Site Review Findings
- Data from submissions from the CMHs: Compliance Activity Report; Denial Files; Grievance & Appeals; Credentialing Activities
- HSAG External Quality Compliance Review (EQR) Results and Improvement Strategies
- HSAG Performance Measure Validation (PMV) Audit Results and Improvement Strategies
- Critical Incident Reporting timeliness and efficiency data
- [Substance Use Disorder \(SUD\) Health Home Metrics](#)
- Behavioral Health Treatment Episode Data Set (BH TEDS) completion benchmarks
- Customer [Satisfaction](#) Survey Results

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Sub End 4: Member CMHs 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.

Interpretation Accepted April 11, 2025: This Sub End means SWMBH serves as a regional business intelligence hub regularly providing actionable management information for CMHs and providers.

- a) supporting the achievement of improvements in access, quality and functional improvements for [persons](#) served, and
- b) improving [efficiencies](#) and reducing costs for clinical and administrative functions.

Achievement will be demonstrated with a. the release of a regional Management Information – Business Intelligence Plan [September 2025](#), b. release of the first related

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Bulletin by 7/14/25, c. publication of a population health report for each county by 8/11/25 and d. [updates in the Quarterly Bulletin](#).

Activities and external audit results below may in part be used to influence and prove achievement of the Sub End.

- [Access Standards](#) through site reviews and HSAG results, MMBPIS reports
- [Regional Service Use Evaluation \(SUE\) Report](#)
- Consumer Advisory Committee (CAC) – summary of activity
- Annual Network Adequacy Results
- Provider Site Review Findings
- Data from submissions from the CMHs: Compliance Activity Report; Denial Files; Grievance & Appeals; Credentialing Activities
- HSAG External Quality Compliance Review (EQR) Results and Improvement Strategies
- HSAG Performance Measure Validation (PMV) Audit Results and Improvement Strategies
- Critical Incident Reporting timeliness and efficiency data
- [Substance Use Disorder \(SUD\) Health](#) Home Metrics
- Behavioral Health Treatment Episode Data Set (BH TEDS) completion benchmarks
- Customer [Satisfaction](#) Survey Results
- Michigan Mission Based Performance Improvement System Results

SUB END 5: SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefiting from lessons learned.

Interpretation Accepted July 11, 2025: There is a structured, focused and collaborative environment where regional resources are provided whereby clinical and administrative best practices are developed, installed, maintained, measured, and reported.

Regarding **clinical programs**, CMHs and other provider partners align with clinical best practice when providing services to [persons](#) served. The priorities and [pace](#) will be agreed upon by the Clinical Practices Committee [by March 31, 2026](#).

Achievement will be demonstrated by completion of regional Clinical Practices Protocols approved through the Clinical Practices committee of at least one of the categories [below, or a different mutually-agreed upon category](#), by March 31, 2026.

- For [persons](#) with intellectual and/or developmental disabilities
- For children and youth with serious emotional disturbance

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- o For adults with severe and persistent mental illness
- o For persons with autism spectrum disorders
- o For persons with substance use disorders
- o For substance use disorder prevention

Regarding administrative benefits management SWMBH will co-develop with the regional Utilization Management Committee revised and improved utilization management protocols and level of care guidelines by March 31, 2026 (already underway).

Metrics:

- Acceptable 2026 CMH delegated administrative utilization management site review scores will be determined pending information regarding PIHP procurement.
- Acceptable 2026 CMH clinical file site review scores will be determined pending information regarding PIHP procurement.

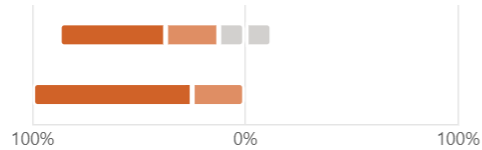
CMH Boards Responses to SWMBH Board Ownership Linkage Survey

1. Sub-End 1: Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.

● Strongly Agree ● Agree ● Neither Agree nor Disagree ● Disagree ● Strongly Disagree

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



1. I think we are on the path to building a trusting relationship with SWMBH staff - the prior EO poisoned the relationships with CMH's. It will take time, but I think we will get there.
2. There is a conscious effort to be transparent and collaborative now. Tensions from early in 2025 and in 2024 are gone as we work together to face difficulties and best serve customers in our communities across the region
3. The ISK Board of Directors expresses its full confidence in the performance, judgement, and professional conduct of the Southwest Michigan Behavioral Health Board (SWMBH). Based on proven results, changes in executive leadership, and the adherence to organization standards, the ISK Board of Directors, strongly affirms that performance expectations are being met.
4. This has continued importance and needs continuous focus - collaborative, transparent, responsive and reciprocal is the focus.
5. (A) Staff view SWMBH audits and surveys could be more constructive. They feel more like JCAHO's "gotcha" approach than CARF's constructive process. (B) There has been so much going on (aka RFP bid out, now quashed) and much of it occurred just as SWMBH was in discussions with CMH partners about differences in expectations and experiences that I feel both sides need to come together to talk before accepting this assessment as the current state of the working relationship. (C) 2025 was a tough year due to external and internal SWMBH issues. It will take time in 2026 to build this relationship experience with CMHs and CMH's with SWMBH. (D) I believe this partnership and partnerships throughout are valued and have positive benefit for SWMBH. (E) Do not know.
6. Things are going much more smoothly under the current leadership.
7. Appreciate the information found in the PIHP and Provider Network newsletters. Would propose that these items be available somewhere publicly so that they can be accessed independently.
8. The board is wanting more open conversation about potential liability that each CMH may have regarding how to resolve any deficits that the PIHP may have.

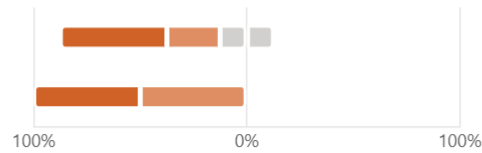
CMH Boards Responses to SWMBH Board Ownership Linkage Survey

3.
 - Sub-End 2: Member CMHs 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.

● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



1. The new SWMBH newsletter is a great example of how to ensure this. It is also asked that SWMBH prioritize rural communities and the disproportionate impact state mandates have on urban vs. rural areas. The board views this as the main and most important responsibility SWMBH has. **(B)** Appreciate SWMBH's willingness to be plaintiff in lawsuit against RFP and SWMBH submitting bid. **(C)** SWMBH and some CMH staff held multiple meetings with MDHHS and actuaries to educate on how rates were not meeting needs. Rate increases in mid 25 and 26 occurred (though not coming in as anticipated) **(D)** Continued advocacy for public system remaining public and against top-down rigid changes please
2. The ISK Board of Directors needs more clarification on the understanding of this statement in an effort to make an informed decision and reply.
3. Continue to leverage the Association to identify the disruptors and trends and especially PR advocacy that impacts the CMHs.
4. **(A)** Involvement with the Health Plan Association does not seem beneficial. Again, with so much focus on the bidding process that took up the majority of everyone's attention, I don't know the current environmental disruptors/trends that are affecting/impacting behavioral health services. **(B)** We receive monthly reports from our CEO and SWMBH designee which keep us in the loop regarding the listed items. We also receive information from Lansing. **(C)** When those advocacy efforts are backed by collaboration and collaboration with CMHs we all benefit. This must also be addressed with continued cooperation and transparency in 2026. **(D)** I believe in this case I see a keen awareness of state and local policy that impact CMH's across the region. **(E)** I think so.
5. I appreciate the actions SWMBH took to stop the state reorganizing plan.
6. This has been a strength for SWMBH given the recent lawsuit, as well as advocacy with MDHHS on the deficit and rate issues.

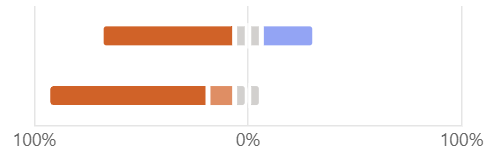
CMH Boards Responses to SWMBH Board Ownership Linkage Survey

5. Sub end 3: Member CMHs have the resources needed to address their communities' individualized needs, successfully access appropriate resources and successfully meet contractual obligations (included managed care functions).

● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



1. CMH's should be left to handle their own communities as the communities need, and not really at the behest of the SWMBH organization.
2. Adequate funding is always an issue - SWMBH needs to take a hard look at their staffing.
3. **(A)** Success in advocating for rate increase appreciated. **(B)** collaborative work ongoing on rate issues and SWMBH ability to use FY 26 funds to pay FY 25 debts. **(C)** Continue to collaborate with CMHs on interpretations of contractual obligations and please push back on Dept overreach/over interpretation of rules. **(D)** It is important for our CMHs to be supported by SWMBH with resources provided or shared to allow us to reduce costs and meet needs of customers. Resources include expertise of both CMH and SWMBH. Moving together and collaboratively is essential.
4. The ISK Board of Directors is under the understanding that Woodlands Behavioral Health in CASS County because of its current financial condition is receiving subsidized payments from SWMBH to maintain adequate levels of services and programs, which means that the costs for those services exceed the revenue they generate. Although we fully support these payments to Woodlands, we do not agree that all CMHs in the region have the necessary resources to successfully meet contractual obligations.
5. Continue to review PIHP costs that are duplicative of CMH costs and delegate that to the CMH. Bolster CMH resources wherever possible to provide necessary services. PIHP costs should be limited to only what is necessary, not just a continuation of what was done in the past.
6. **(A)** We'll see if CMHs have resources that meet our needs moving forward as this has not been the case in recent past. **(B)** Access to specialized resources should always be a focus as availability of them varies. **(C)** I think once each CMH has had an opportunity to re-calculate the impact from where things stand now and any budget appropriations and share that update with their boards, then we can determine if we have enough resources. **(D)** I believe our County does a great job managing resources and staying within budget. I know SWMBH also has a budget and am unsure why they have such a huge deficit. **(E)** Yes, although more resources will always be helpful, I do see the contractual obligations being fulfilled. **(F)** I don't know.
7. Yes this is being addressed.
8. SWMBH has been supportive in helping the CMH's align financially. It was also noted that there has been excellent assistance supporting clinically acute children and assisting in receiving specialty services, as well as helping those with substance use disorders.

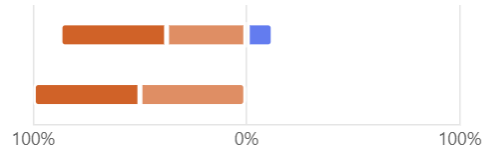
CMH Boards Responses to SWMBH Board Ownership Linkage Survey

7. Sub-end 4: Member CMHs 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.

● Strongly Agree ● Agree ● Disagree ● Strongly disagree ● Neutral

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



- Using data as a guide to help service delivery mechanisms. Concerns on what the data could eventually turn into, especially with the differences in communities, needs, and resources available at each CMH.
- Again important to collaborate. Some data requests do not create extensive work for CMHs but many do. This has been more collaborative (rather than just assigned) Realize that data can be important for accessing maximum funding. Sometimes what seems like minor request can take many hours of multiple staff to do. These requests often come from MDHHS and SWMBH has been helpful in navigating challenges in recent months.
- Leadership changes have had a significant impact on SWMBH operations, decision-making processes, and overall direction.
- Monitor and maintain data that is only necessary, remove unnecessary data going to SWMBH. There is value in data but continually review data requirements to ensure minimum data set is being captured and not expanded without reason and fully discussed.
- (A)** Getting SWMBH on to the same PCE platform as the CMHs use is needed to improve the accuracy of data submitted to the State and to reduce staff effort. **(B)** Again, it would be helpful to recalibrate communications now that the bid out has ceased to determine if CMHs are getting the aggregated information as this outlines. **(C)** I continue to feel the need for SWMBH to join the other regional members in using the same computer system. This still means more work for our staff when submitting the required documentation of services. **(D)** CMHs do their part. SWMBH needs to get totally on board and fix/update their current data collection and connection pathway and software. **(E)** I have seen on multiple occasions that CMH has the data and results to prove programming is effective. **(F)** I think so.
- I believe our CMH is working to provide appropriate programs and services for our consumers and regularly generate data to show the needs.
- Appreciative of the monitoring of the CMH funding to assure that no one is shorted. Would like more transparency, however. The formation of the financial committee was a good first step. Respondents feel that the data is shared regularly and in a cooperative manner.

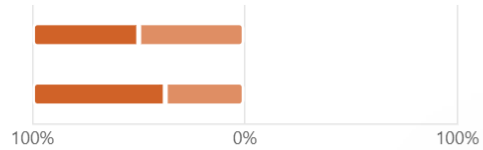
CMH Boards Responses to SWMBH Board Ownership Linkage Survey

9. Sub-end 5: The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.

● Highly Agree ● Agree ● Neither Agree nor Disagree ● Disagree ● Strongly Disagree

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



1. Again, fostering the collaboration, without the prescriptive mandates. i.e just because one CMH's main "entry point" is walk ins only, doesn't mean that it is the best for all CMH's to do only Walk in RFS.
2. The partnership is stronger than it has been. Let's work to keep it going
3. The SWMBH Operations Committee, in the opinion of the ISK Board of Directors feel that best practices are being implemented that align with industry standards and strengthen operational effectiveness.
4. On a PIHP level, learn how other PIHPs are managing resources and review for best practice. On a Regional Level, continue to share among CMHs for collaborating, sharing of resources and benefitting from each other.
5. **(A)** Assessing barriers to this should be scrutinized. **(B)** I know there is info sharing, especially from our CMHs IT/tech department with others, but I cannot speak to additional info/resource sharing. **(C)** Yes, wholeheartedly. **(D)** I am unsure if or how this is regularly happening under SWMBH's guidance unless it is by the use of conferences, clinics, and trainings. **(E)** I don't know.
6. The regional partners seem to work well with and learn from each other.
7. Would recommend increased comparisons between CMHs such as utilization trends, cost of service trends, etc.

CMH Boards Responses to SWMBH Board Ownership Linkage Survey

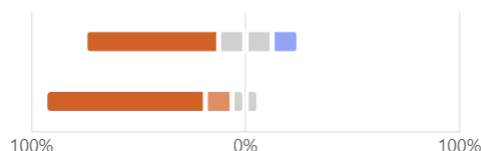
11. The following Global End is intended to be the umbrella over the 5 sub-ends. Please indicate if you feel it is captured adequately by the 5 sub-ends.

- 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.

● Highly Agree
 ● Agree
 ● Neither Agree nor Disagree
 ● Disagree
 ● Highly Disagree

Do you feel this sub-end reflects the values you hold as a CMHA Board Member?

Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?



- SWMBH should actively engage with researching and creating "sustainable programs" - if the CMH's cannot draw on SWMBH for this kind of assistance - it begs why they are needed, the State already knows how to regulate
 - Due to the extensive nature of this statement, we are unable to provide a response at this time.
 - If this global end requires new data reporting to maintain or ensure its compliance, then rewrite the Global End. Use the data that is being provided, don't create more work gathering the data or reporting the data to comply, use your data management effectively.
 - (A)** Measurement of the outcomes is needed. Focus is too often on meeting reporting requirements. Contract compliance is an important function but not a treatment outcome. In some ways, it has felt as if SWMBH was leaving the CMHs to “survive or thrive” on their own as individual organizations. It may not have been the full picture, but that’s how it has felt and seemed to be represented. Again....resuming dialog between SWMBH and the CMH affiliates would be helpful in repairing the “trauma” from the threat of bid out and the length of time it has taken to get to judgement to take that off the table (for now at least). **(B)** I am not aware of a tool or process which assures that this End is met, as described. **(C)** Assure adequate financial resources for CMH’s to provide sustainable programs. Advocate for consumers, sustainable programs and CMHs responsibilities under the Mental Health Code. Being responsive to CMHs to align the SWMBH data collection, collaborating, updating and managing collection efforts, analysis and technology of those used by CMHs.

I would always love to dive more into quality of life and family preservation as key topics for concrete outcomes of our work. **(D)** I don’t know the current status.
 - I feel that SWMBH and CMH's have built strong partnerships to bring quality to each of these concerns.
 - Lack of an integrated technology system between SWMBH and the CMH's may hold the region back in the future. Current processes are inefficient with double entry. It was noted by one respondent that, "sometimes costly decisions have to be made even if risky".
- Overall, we appreciate the opportunity to be able to provide input.

Clinical Protocol Practice:

Southwest Michigan Behavioral Health (SWMBH) and regional partners align with clinical best practices when providing services to persons served. There is a structured, focused, and collaborative environment where regional resources are provided whereby clinical and administrative best practices are developed, installed, maintained, measured, and reported. Clinical practices protocols will be identified and approved through Regional Clinical Practices, Regional Utilization Management, and/or other relevant committees.

Purpose:

It shall be the practice of SWMBH and the participant CMHSPs to ensure that quality and appropriateness of care is furnished to beneficiaries using Long Term Services and Supports (LTSS). This includes an assessment of care between care settings and a comparison of services and supports received with those set forth in the beneficiary's treatment/service plan.

Definitions:

LTSS: Long Term Services and Supports. These are 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.

Setting of Care: Generally, a place where an enrollee is provided with mental health and/or SUD services, including the diagnosis, treatment, and assessment of emotional and mental health disorders and issues. This can include inpatient and outpatient facilities, in-home care, adult care homes, and more.

Assessment of Care: A comprehensive and timely review of an enrollee's Long-Term Services and Supports (LTSS) conducted following a change in setting, condition, or service needs, to ensure the delivery of services is appropriate, person-centered, and consistent with assessed needs and medical necessity. The assessment includes a reconciliation of services and supports received with those authorized in the Individual Plan of Service

(IPOS), and determines whether revisions are required to maintain health, welfare, and continuity of care in accordance with applicable state and federal requirements, including 42 CFR §438.208 and §438.210.

Standards:

1. If a member receiving LTSS had a change in setting, there is evidence that an assessment of their care was completed within 15 calendar days.
2. An assessment of care may result in one or more of the following: an updated Biopsychosocial Assessment, reevaluation of the member's Level of Care (LOC), IPOS amendment, a Periodic Review, or an identified case note.
3. Assessment of care will include a comparison of services and supports received with those set forth in the beneficiary's IPOS. Services and supports will be adjusted in accordance with the Person-Centered Planning Practice Guideline to address any changes in the member's needs, condition or severity of symptoms as determined medically necessary.

Practical Example:

A member receiving CLS in a specialized residential placement moved and is now living with a family member. The case manager met with the member 8 days after the move. An updated biopsychosocial was conducted to evaluate the current functional status, member's goals, needs, and natural supports. The member stated they would like to eventually live independently and would like to explore working. The case manager evaluated the service utilization of CLS and even though it was determined that CLS had been provided as specified in the IPOS, the amount needed is different in the new setting. An IPOS addendum was completed to reflect the member's current goals and services needed. Supported Employment and Clubhouse are added as new services and the units of CLS are reduced to account for the time the member will be participating in other programming.

Clinical Protocol Practice:

Southwest Michigan Behavioral Health (SWMBH) and regional partners align with clinical best practices when providing services to persons served. There is a structured, focused, and collaborative environment where regional resources are provided whereby clinical and administrative best practices are developed, installed, maintained, measured, and reported. Clinical practices protocols will be identified and approved through Regional Clinical Practices, Regional Utilization Management, and/or other relevant committees.

Purpose:

It shall be the practice of SWMBH and the participant CMHSPs to ensure consistency in Utilization Management (UM) practices and uniformity in benefit application. The UM Clinical Protocol codifies the UM project plan which was developed by the Regional Utilization Committee (RUM) and approved the Operations Committee.

Definitions:

Uniform Benefit/Uniformity of Benefit: Consistent application of and criteria for benefit eligibility, level of care determination and service provision regardless of various demographics including geographic location, based upon the clinical and functional presentation of the person served, over time.

Retrospective Review: The process of evaluating the appropriateness of a service after the services have already been provided.

Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. (Medicaid Provider Manual)

UM Clinical Protocols:

1. Utilize population specific Community Living Supports (CLS) calculation tools to support authorization requests and assist in determining unit calculations.
2. Implement a systemic quality monitoring approach, with consistent sampling methodology, to retrospectively review authorization approvals.
 - a. Define expectations and best practices for documenting medical necessity and clinical rationale for the developers of an IPOS.
 - b. Define expectations and best practices for evaluating medical necessity criteria, service utilization history, and clinical progress for authorization approvers.
3. Use tableau reports and local methods to evaluate over/under utilization trends.

Utilization Management- Clinical Protocol

V.1- 4/1/26

4. Ensure there is regional understanding of the purpose and use of the Level of Care (LOC) Guidelines and that there is consistent implementation of the LOC Guidelines.

Community Living Supports (CLS) calculation tools:

Population specific CLS calculation tools were created in partnership with selected members from the Regional Utilization Committee (RUM). The purpose of these tools is to support authorization requests and with the determination of individualized and clinically supported unit calculations based on member needs and population. On 3/12/26, the final draft of the tools and training materials were sent to RUM. The final tools will be approved on 4/13/26 and a training schedule will be determined.

Level of Care (LOC) Guidelines:

The Regional Utilization Committee (RUM) the Regional Clinical Practices (RCP) committees reviewed updates to the Adults with Intellectual and Developmental Disabilities (IDDA) and Adults with Severe Mental Illness (SMI) Level of Care (LOC) Core Service menus on 3/9/26. The final version of the LOC Guidelines was sent to RUM and RCP on 3/27/26.

A summary of the updates:

- References to the Supports Intensity Scale are removed but the IDDA level descriptions are the same.
- Community Living Supports 15-minute units (H2015) thresholds are set to zero (all requests will have a manual prospective utilization management review)
- H2025 was added as a Supported Employment code.
- Language was added to the SMI core service menu to clarify that CCBHC services fall under CCBHC policy, but the core service menu can be used as a guide.

Professional Norms

OC Approved 02.25.2026

Purpose

These professional norms are a set of principles that guide committee interactions. These norms support the purposes outlined in the SWMBH Operating Agreement which illustrate a collaborative, respectful, supportive, and mutually beneficial relationship between SWMBH and Participant CMHSPs.

SWMBH is founded on a shared governance structure, using standing committees to create avenues for input...SWMBH exists to support all Participants, and all Participants must work collaboratively to ensure that SWMBH is successful in its core mission. (SWMBH Operating Agreement)

Norms

Respect and Perspective

We value one another's unique perspectives and recognize that both shared views and differences strengthen our conversations and decisions. We approach minor challenges with patience, professionalism, and good humor.

Preparation and Focus

Clear agendas and shared materials help meetings run smoothly and productively. We support preparation by contributing topics in advance and staying focused on the intended goals of the meeting. To the extent possible, agendas and materials will be provided to attendees sufficiently in advance of the meeting to allow for review and preparation.

Staying on Track

Important ideas should be acknowledged, even when they are better addressed later. When discussions drift too far from the main purpose, we will note them for follow-up so the group can remain focused.

Engagement and Inclusion

We commit to being present and respectful of everyone's participation, whether in person or virtual. We make space for all voices, remain attentive, and ask questions when clarity is needed. To maintain a human connection when participating virtually, we will use cameras when speaking whenever it is possible to do so.

Open and Respectful Communication

We encourage honest, direct dialogue that challenges ideas rather than individuals. Feedback is shared and received constructively, allowing for meaningful discussion and collective alignment.

Shared Understanding and Follow-Through

Meetings should end with a clear understanding of decisions and next steps. We aim for alignment on outcomes and responsibilities to support effective collaboration beyond the meeting.



2025 Consumer Satisfaction Survey Final Analysis & Recommendations

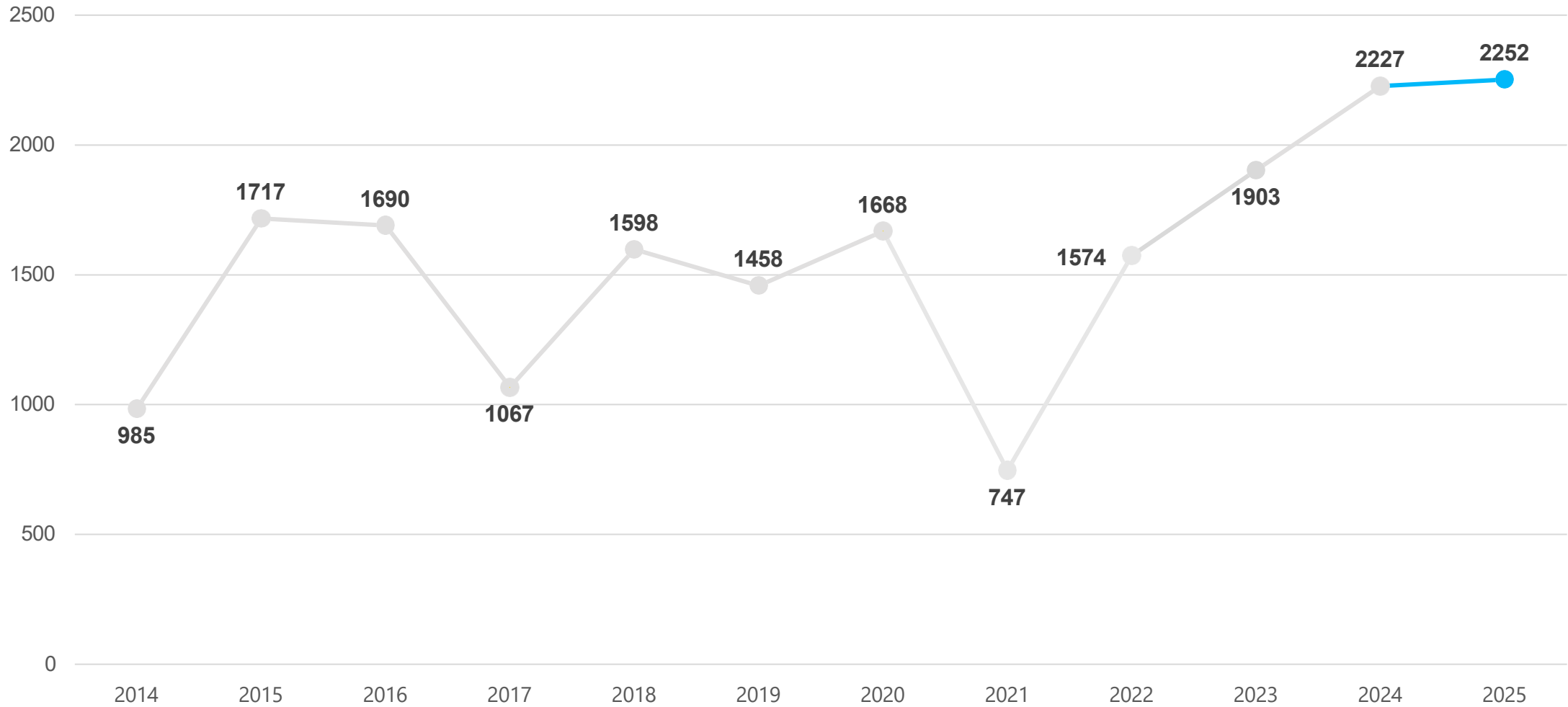
Dec. 2025

Prepared by: Kiaer Research

Prepared for: Southwest Michigan Behavioral Health⁴⁹

Total cumulative completions reached highest point again in 2025

This year, both YSS and MHSIP responses were at all-time highs.



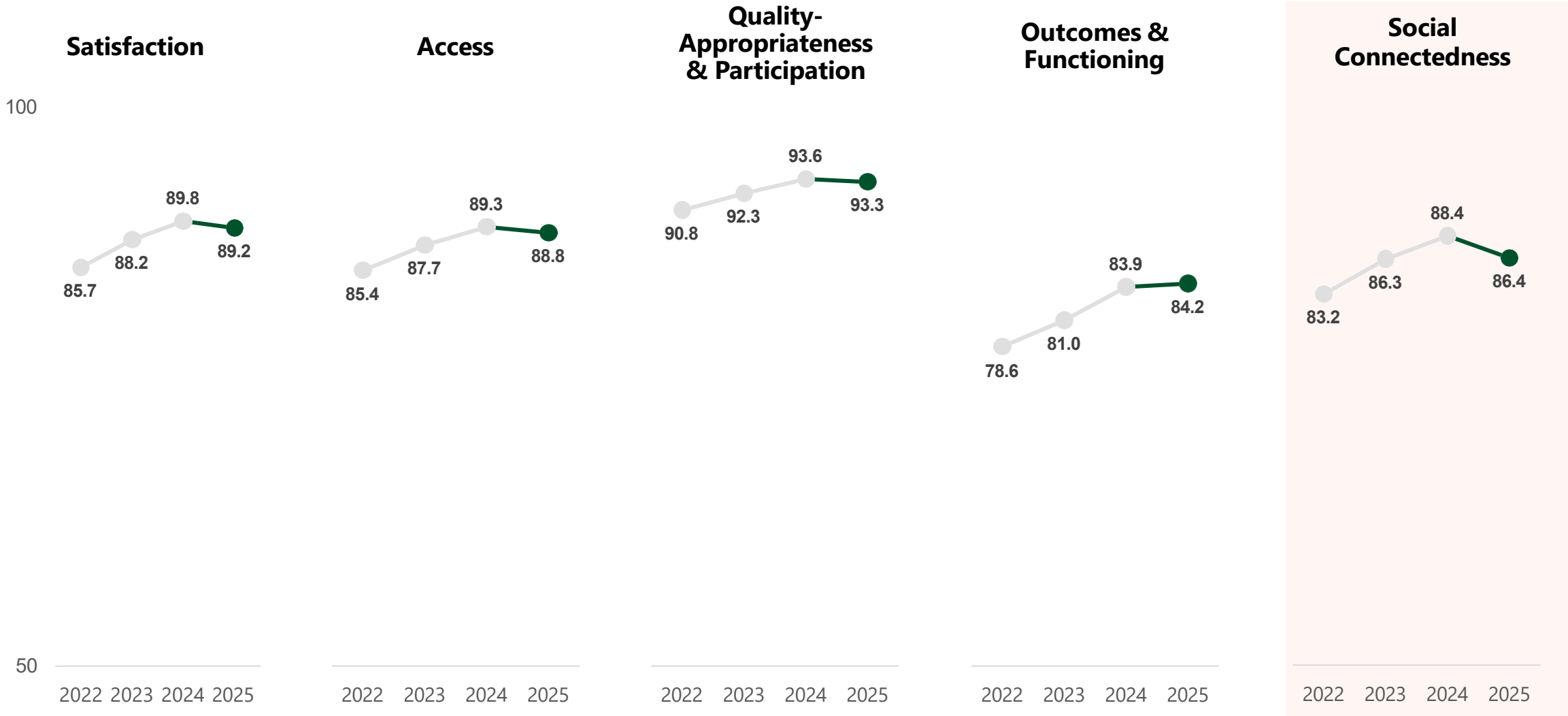


Mental Health Statistics Improvement Plan (MHSIP) Revised Tool: 2025 Results

Sample size: 1603

Adults' social connectedness may have decreased in 2025.

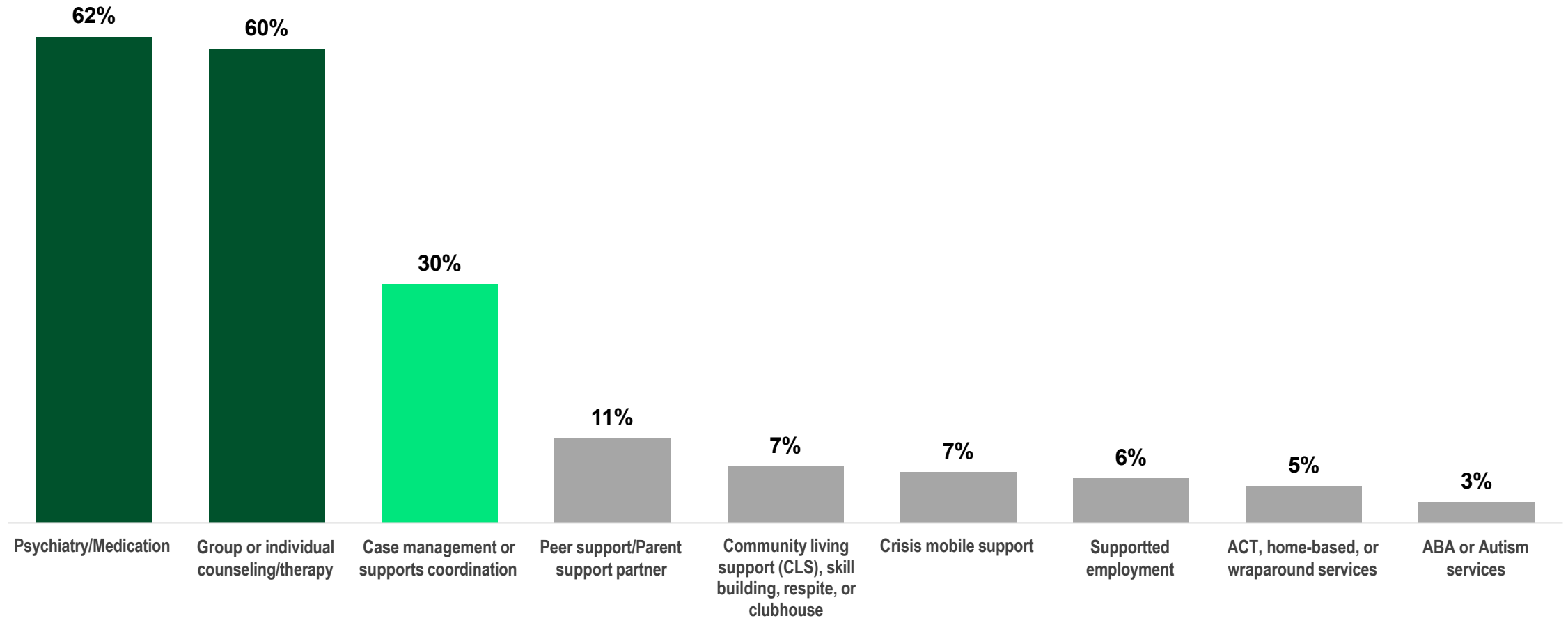
Social Connectedness may be an area to look out for with a close-to-statistically significant result; difference between 2024 and 2025 for other constructs did not show any inkling or possibility of statistically significant difference.



Potential statistically significant difference ($p = .09$) between this year and previous year

Most MHSIP respondents utilized **psychiatry and therapy**, followed by **case management**

Percentages represent the proportion of adults that used that service.



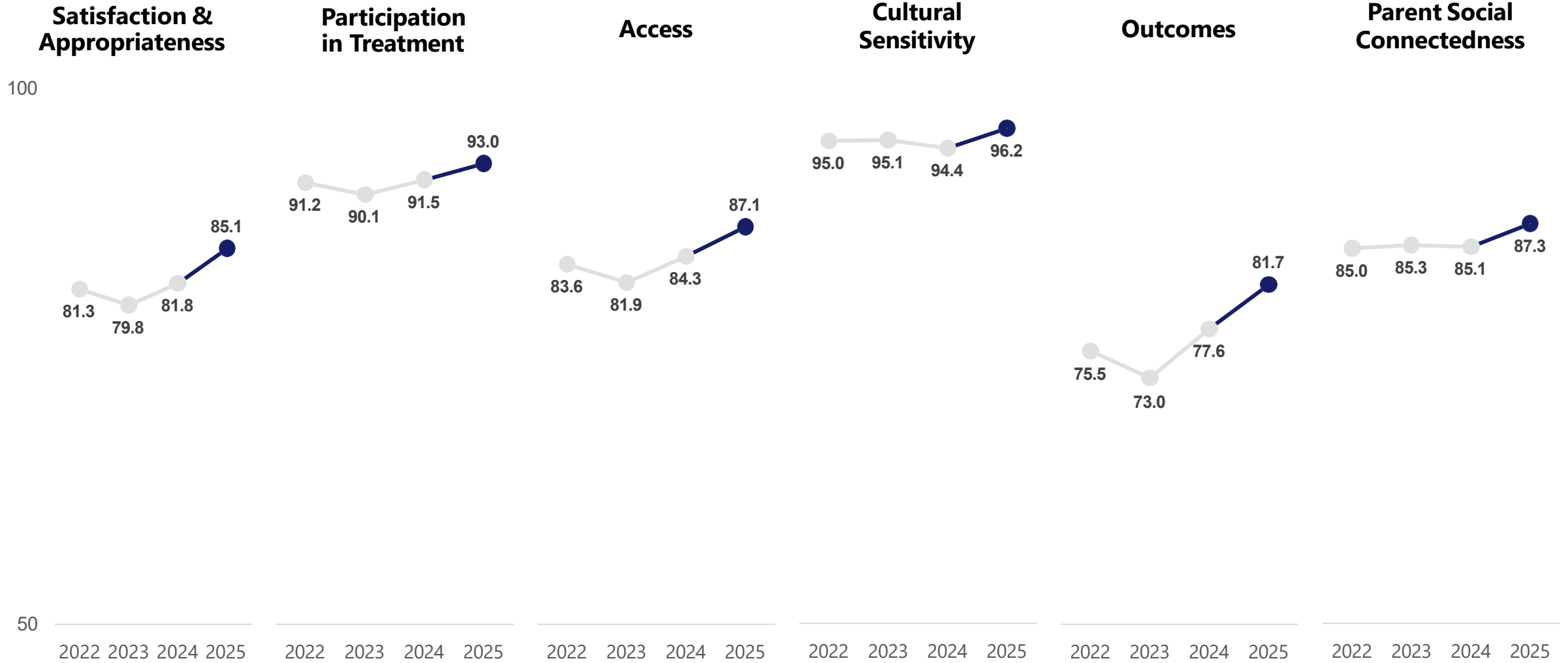


Youth Services Survey for Families (YSS) Revised Tool: 2025 Results

Sample size: 649

Overall, YSS saw improved scores compared to 2023, continuing 2024's trend

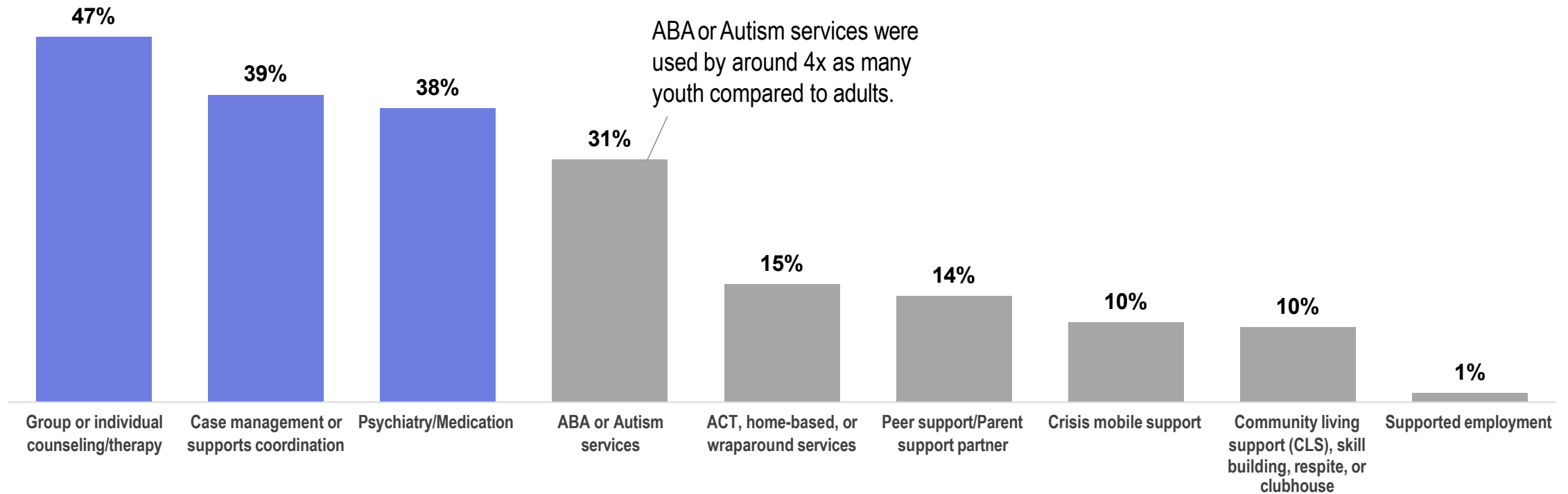
YSS scores by construct for previous 4 years. Differences in constructs between 2023 and 2025 are statistically significant for Satisfaction, Access, and Outcomes.



Most YSS respondents utilized **therapy**, then **case management**, followed closely by **psychiatry/medication**

Percentages represent the proportion of consumers that used that service.

Note: the percentage of YSS respondents indicating ABA/Autism services increased by 8pts this year from 23% in 2024.





Southwest Michigan Behavioral Health Board Planning Session
5250 Lovers Lane, Suite 200, Portage, MI 49002
May 8, 2026
12:15 pm to 3:00 pm
Draft v.4/3/26

Break/Lunch 11:30-12:15
Welcome and Agenda (Sherii)

- A. Discuss/Review Environmental Scan and Strategic Imperatives (Policy 3.4 Annual Board Planning Cycle) (d) pg.
- 2027 Budget Assumptions (Policy 2.3 Financial Planning and Budgeting)

When reviewing the environmental scan, it is recommended the Board focus on what the scan means for the organization’s mission and long-term strategy. Consider trends and regulatory shifts most likely to affect performance and how these impact resource implications and sustainability considerations. Forward thinking strategy should capitalize on internal strengths to capitalize on external opportunities and mitigate identified risks. ***Use the scan to assess whether current priorities fit the current and upcoming environment.***

- B. Governance Education (Policy 3.4.3.2)
Set an agenda / calendar for the coming year. Topics may include:
- **Policy Governance essentials:** Clear separation of board vs. CEO/staff roles; “one voice” principle; policy hierarchy (Ends, Executive Limitations, Governance Process, Board–CEO Linkage); policy cycle and disciplined delegation.
 - **Public body legal framework (Michigan):** Open Meetings Act, FOIA, records retention, and conflict-of-interest/ethics requirements.
 - **Medicaid system fundamentals:** Federal–state structure (CMS, MDHHS), state plan vs. waivers, managed care basics, eligibility/benefit design at a high level, and how policy changes flow from federal guidance to state implementation.
 - **Stewardship of public funds:** Appropriations, allowable vs. unallowable costs, budgeting and rate/contract implications, audits (single audit concepts), internal controls, and fraud/waste/abuse oversight.

- **Compliance & program integrity:** Key oversight risks (appeals/grievances, and other quality reporting), monitoring responsibilities, and how the board sets boundaries without managing operations.
 - **Monitoring discipline:** Monitoring reports tied to specific policies; evidence standards; board review protocols that avoid operational micromanagement.
 - **CEO/Executive accountability:** Board–CEO linkage, evaluation aligned to Ends and limitations, succession planning, and communication protocols with staff and stakeholders.
- C. Develop the Board’s Cost of Governance (Policy 3.8.2)
The Board establishes a budget-line item for the SWMBH budget that is intended to cover: Board members’ training including attendance at conferences and workshops; audits and other third-party monitoring costs; meeting costs meeting materials costs.
- D. Ownership Linkage (Policy 3.4.3.1)
- E. Board Ends/Metrics/Proofs (Metric Reporting Calendar)
- Highlighting collaborative initiatives (example SUE)
- F. Advocacy Plans (d) pg. consider and external presenters- Allan Bolter, Kevin Fishcer, Sherry Boyd

Adjourn

3.4 POLICY Annual Board Planning Cycle (formerly BG-006)

To accomplish its job products with a governance style consistent with board policies, the board will follow an annual agenda cycle which (a) drives exploration of Ends concerns, (b) continually improves board performance through board education and enriched input and deliberation, and (c) re-examines the relevance of the underlying values that support existing policy.

3.4.1 The board calendar shall generally follow this sequence:

Jan-March Ownership Linkage Activity

April-May: Environmental Scan and Strategic Imperatives Review with Board.

May-- Board Retreat

June – Develop Board’s Cost of Governance

July – 24 month Ends Interpretation and Metrics are presented for review for reasonableness and further input on Mission, Capital, Market, Growth, Products, Alliances

September- Budget Board review and approval *if in alignment with the budget policy 2.3.*

November – Annual Evaluation of the EO after review of Ends and Executive Limitations monitoring reports received in the last year.

December – Approval of the annual plan of Board work.

3.4.2 Performance assessment will follow the policy monitoring calendar established in Appendix A for both operational performance on Ends and Executive Limitations and Board performance against Governance Process and Board Management Delegation policies.

3.4.3 The cycle will start with the board's development of its own strategic exploration agenda for the next year.

3.4.3.1. Consultations with selected groups in the ownership, or other methods of gaining ownership input will be determined and arranged by August 31 to be held during the balance of the next fiscal year.

3.4.3.2. Governance education, and education related to Ends determination, (e.g. presentations by futurists, demographers, advocacy groups, staff, etc.) will be engaged by October 31 to be held during the balance of the fiscal year.

3.4.4 The Board will formally review all Board policies annually for consideration of relevance and consistence with Policy Governance.

2.6 POLICY: Investments

The Executive Officer will not cause or allow investment strategies or decisions that pursue a high rate of return at the expense of safety and liquidity.

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

- 2.6.1 Make investment decisions without consultation and guidance of an independent qualified investment advisor.
- 2.6.2 Ignore these priority values in investment decisions
 - Preservation of principal.
 - Income generation.
 - Long term growth of principal.
 - Protected from bank failures.
- 2.6.3 invest or hold capital in insecure instruments except where necessary to facilitate ease in operational transactions
- 2.6.4 invest without establishing a comparative benchmark to demonstrate investment performance.

2.6 POLICY: Investments (formerly BEL-006)

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- 2.6.2 Ignore these priority values in investment decisions
 - Preservation of principal.
 - Income generation.
 - Long term growth of principal.
 - Protected from bank failures.
- 2.6.3 Invest or hold capital in insecure instruments except where necessary to facilitate ease in operational transactions
- 2.6.4 Invest without establishing a comparative benchmark to demonstrate investment performance.

EO Response dated 03.25.26:

2.6.1 Please see accompanying detailed Investment Portfolio Summary and our Empower SWMBH Retirement and Social Security Alternative accounts. A Retirement Account Investment Fiduciary Review meeting was held with the IEO, CFO, CAO, and Doerschler & Associates. The meeting included a review of overall performance plan and key fiduciary responsibilities.

Attention was given to two underperforming investments. The group discussed performance trends, potential causes, and considered appropriate next steps in alignment with fiduciary standards.

Additionally, there was a review of plan fees to ensure continued reasonableness and competitiveness. The team also discussed provisions of the SECURE 2.0 Act and its potential impact on the retirement plan, including any required or optional changes to plan design, administration and payment structure.

2.6.2 Based upon review by the CFO we have complied with these requirements. Please see accompanying detailed Investment Account Summary for details and proofs. SWMBH maintains safe cash holdings by protecting funds from institutional insolvency at the FDIC regulatory insurance level we protect the revenue for Plan Member needs.

2.6.3 All investments are aligned with the standard of prudence, as demonstrated by the organization's approach of maintaining most funds in sweep programs, which automatically transfer funds into an array of bank accounts with balances of \$250,000 or less, thereby ensuring FDIC insurance coverage while assets remain within those vehicles.

Authority to initiate changes to investment accounts is restricted to designated individuals. For Comerica and Empower accounts, authority is limited to the IEO. For First National Bank accounts, authority is shared between the IEO and CFO.

2.6.4 Outside of the detailed review of the SWMBH retirement account, the organization does not currently maintain additional resources dedicated to investment oversight. However, an established relationship exists with Mercer Advisors, which could be leveraged should future investment support arise.

Accompanying Materials:

- Fiscal Year 2025 year-end statements:
 - 401(a) Year End Statement (Employer Match)
 - 457(b) Year End Statement (Employee Contribution)
 - Social Security Alternative Year End Statement
- Retirement Account Investment Fiduciary Review meeting minutes

Southwest Michigan Behavioral Health PIHP – Region 4
FINAL
FY25 Performance Bonus Incentive Pool (PBIP)
Contractor-only and MHP/Contractor Joint Metrics
Deliverables/Narratives Scoring

This communication serves as the response to your PIHP regarding the FY2025 performance bonus, contract section A.8.D.

Scoring is based on Contractor-only and MHP/Contractor Joint Metrics deliverables.

TOTAL WITHHOLD	TOTAL WITHHOLD UNEARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
\$2,589,342.96	\$683,457.07	\$215,808.67	\$2,121,694.56

CONTRACTOR-only Pay for Performance Measures (45% of total Withhold)

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.1 Implement data driven outcomes measurement to address social determinants of health	\$466,081.74	\$0	40	40	\$145,437.87	\$611,519.61
NARRATIVE REVIEW:						
Employment- Data was analyzed by population and for all time periods and categories provided in the MDHHS instructions. Although not very significant, employment did improve in all categories. SWMBH will continue to analyze and provide plans when they look at this year's numbers. Meanwhile, they will continue the work they've been doing. 20 points.						
Housing- Data was analyzed by population for all time periods and categories provided in the MDHHS instructions. SWMBH noted a move from stable housing to homelessness that they will work to improve. 20 points.						

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.2 Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD)	\$233,040.87	\$0	20	20	\$70,370.80	\$303,411.67
COMMENTS:						
Contractor measured against a minimum standard of 62%. Rate: 68.16%						

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.3 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)- Initiation	\$233,040.86	\$233,040.86	20	0	\$0	\$0
P.3 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)- Engagement	\$233,040.87	\$233,040.87	20	0	\$0	\$0
COMMENTS:						
Contractor measured against a minimum of 40% at initiation and 14% at engagement. Initiation Rate: 31% Engagement Rate: 8%						

CONTRACTOR-only Pay for Performance Measures (25% of total Withhold)

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.4 PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes	\$647,335.74	\$0	100	100	N/A	\$647,335.74
NARRATIVE REVIEW:						
Creative approaches to addressing stigma and providing education about health equity across the region with the “Flip the Script” campaign, virtual health equity series, and health equity symposium.						

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
CONTRACTOR - only TOTAL	\$1,812,540.08	\$466,081.73	200	160	\$215,808.67	\$1,562,267.02

MHP/Contractor Joint Metrics (30% of total withhold)

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
J.1 Implementation of Joint Care Management Processes.	\$233,040.87	\$0	30	30	N/A	\$233,040.87

COMMENTS:

Contractor must document joint care plans in CC360 for at least 25% of qualified adult enrollees.
Rate: 76.92%

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED					
J.2.1 Follow-up after Hospitalization (FUH) within 30 days.	\$116,520.44	\$23,304.09	15	12	\$0	\$93,216.35					
AGES	STANDARD	AET	BCC	HAP	MCL	MER	MOL	PRI	UNI	UPP	HCS
6-20	79%	N/S	N/S	N/S	70%	90%	N/S	82%	88%	N/S	N/S
21-64	58%	49%	N/S	N/S	65%	68%	66%	73%	68%	N/S	N/S

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED	
J.2.2 Follow-up after Hospitalization (FUH) within 30 days stratified by race/ethnicity.	\$116,520.43	\$25,893.43	15	11.67	\$0	\$90,627.00	
	CY2023		CY2024		Disparity year 1	Disparity year 2	Disparity change
RACE	M rate	W rate	M rate	W rate	Test 1	Test 2	Test 3.3
African American/ Black	63%	75%	63%	72%	Minority rate was significantly lower in Year 1	Minority rate was significantly lower in Year 2	No change in disparity from Year 1 to Year 2
Hispanic	72%		79%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2
American Indian/ Alaska Native	68%		64%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2

Please note: confidence intervals are used to score year-to-year comparisons to address disparities.

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED					
J.3.1 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)- Initiation	\$38,840.14	\$38,840.14	5	0	\$0	\$0					
J.3.1 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)- Engagement	\$38,840.15	\$38,840.15	5	0	\$0	\$0					
	STANDARD	AET	BCC	HAP	MCL	MER	MOL	PRI	UNI	UPP	HCS
IET-14	40%	33%	N/S	N/S	35%	28%	31%	30%	31%	N/S	N/S
IET-34	14%	10%	N/S	N/S	9%	8%	7%	7%	9%	N/S	N/S

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED	
J.3.2 Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET) within 14 days stratified by race/ethnicity.	\$38,840.14	\$4,272.42	5	4.44	\$0	\$34,567.72	
	CY2023		CY2024		Disparity year 1	Disparity year 2	Disparity change
RACE	M rate	W rate	M rate	W rate	Test 1	Test 2	Test 3.3
African American/ Black	27%	32%	29%	32%	Minority rate was significantly lower in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2
Hispanic	28%		28%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2
American Indian/ Alaska Native	27%		25%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2

Please note: confidence intervals are used to score year-to-year comparisons to address disparities.

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED	
J.3.2 Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) within 34 days stratified by race/ethnicity.	\$38,840.14	\$8,544.83	5	3.89	\$0	\$30,295.31	
	CY2023		CY2024		Disparity year 1	Disparity year 2	Disparity change
RACE	M rate	W rate	M rate	W rate	Test 1	Test 2	Test 3.3
African American/ Black	6%	11%	6%	9%	Minority rate was significantly lower in Year 1	Minority rate was significantly lower in Year 2	No change in disparity from Year 1 to Year 2
Hispanic	13%		8%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2
American Indian/ Alaska Native	10%		9%		No Disparity in Year 1	No Disparity in Year 2	No change in disparity from Year 1 to Year 2

Please note: confidence intervals are used to score year-to-year comparisons to address disparities.

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED	
J.4 Follow-up after (FUA) Emergency Department visit for Alcohol and Other Drug Dependency within 30 days stratified by race/ethnicity.	\$155,360.57	\$77,680.28	20	10	\$0	\$77,680.29	
	CY2023		CY2024		Disparity year 1	Disparity year 2	Disparity change
RACE	M rate	W rate	M rate	W rate	Test 1	Test 2	Test 3.3
African American/ Black	25%	42%	25%	46%	Minority rate was significantly lower in Year 1	Minority rate was significantly lower in Year 2	No change in disparity from Year 1 to Year 2
Hispanic	40%		31%		No Disparity in Year 1	Minority rate was significantly lower in Year 2	No change in disparity from Year 1 to Year 2

Please note: confidence intervals are used to score year-to-year comparisons to address disparities.

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
MHP/CONTRACTOR JOINT METRICS TOTAL	\$776,802.88	\$217,375.34	100	72	\$0	\$559,427.54



Michigan Department of Health and Human Services
Health Services

MEMORANDUM

To: Mila Todd, Interim Chief Executive Officer, Southwest Michigan Behavioral Health (SWMBH)/Region 4

From: Lyndia Deromedi, Manager, Federal Compliance Section

Date: March 12, 2026

RE: 1915(c) Home and Community-Based Services (HCBS) Waivers and 1915(i) State Plan Amendment (iSPA) 90-Day Site Review

This memo is to advise that the Michigan Department of Health and Human Services (MDHHS) site review team has conducted a follow-up site review of SWMBH/Region 4 from February 13 through March 11, 2026.

During this review, staff examined the implementation status and effectiveness of the corrective action plan for the Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), the Waiver for Children with Serious Emotional Disturbance (SEDW), and the iSPA submitted to MDHHS in response to the full site review that took place from Monday, June 16, through July 31, 2025.

The MDHHS site review team completed a thorough review to assess whether the actions taken by SWMBH/Region 4 were effective in correcting the findings noted during the initial site review. The MDHHS review determined the actions taken by SWMBH/Region 4 were effective in remediating the findings noted during the initial site review.

Thank you for providing additional information/clarification on your agency's plan of correction, during this review in order to confirm compliance. It was a pleasure collaborating with your staff.

Thank you.

c: Kristen Jordan, Bureau Director
Laura Kilfoyle, Section Manager
Patricia Neitman, Bureau Director
Phil Kurdunowicz, Division Director
Alyssa Stuparek, Section Manager
Mary Luchies, Section Manager
Jeremy Smith, Section Manager
Uratile Sijje, Federal Compliance Site Review Analyst
Antonio Vasquez, Federal Compliance Site Review Analyst
Alena Lacey, SWMBH, Director of Quality Management and Clinical Outcomes
Leah Mitchell, SWMBH, Clinical Quality Specialist

Memorandum
Name
Date
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