



**Southwest Michigan Behavioral Health Board Meeting**  
**Bay Pointe, 11456 Marsh Rd, Shelbyville, MI 49344 (269)-672-8111**  
**May 10, 2024**  
**9:30 am to 10:15 am**  
(d) means document provided  
**Draft: 5/2/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda (5 minutes)**
  - a. April 12, 2024 SWMBH Board Meeting Minutes (d) pg.3
  - b. March 27, and April 11, 2024 Operations Committee Meeting minutes (d) pg.8
5. **Required Approvals (0 minutes)**
  - None scheduled
6. **Ends Metrics Updates (\*Requires motion)**

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

  - None scheduled
7. **Board Actions to be Considered (15 minutes)**
  - a. Board Regulatory Compliance Committee (d) pg.10
  - b. BG-001 Committee Structure (d) pg.30
  - c. BG-010 Board Committee Principles (d) pg.31
  - d. Fiscal Year 2023 Performance Bonus Incentive Program Distribution (d) pg.32
8. **Board Policy Review (5 minutes)**

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

  - BG-011 Governing Style (d) pg.33
9. **Executive Limitations Review (0 minutes)**

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

  - None scheduled

**10. Board Education (5 minutes)**

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.35
- b. 2023 SWMBH Consumer Satisfaction Survey Regional Analysis (M. Todd) (d) pg.41
- c. 2023 Michigan Mission Based Performance Indicator Systems – Indicator 3 Regional Details (M. Todd) (d) pg.89

**11. Communication and Counsel to the Board (0 minutes)**

- a. June Board Policy Direct Inspection – None scheduled
- b. June Draft Board Agenda (d) pg.90
- c. Community Mental Health Association of Michigan – Summer Conference, June 10, 2024 and voting delegates (d) pg.91

**12. Public Comment**

**13. Adjournment**

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

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

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

**Next Board Meeting  
June 14, 2024  
9:30 am - 11:30 am  
Air Zoo Aerospace & Science Museum  
6151 Portage Rd, Portage, MI 49002**



**Board Meeting Minutes**

**April 12, 2024**

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

**9:30 am-11:30 am**

**Draft: 4/22/24**

---

**Members Present:** Edward Meny, Tom Schmelzer, Louie Csokasy, Carol Naccarato, Sherii Sherban, Tina Leary, Mark Doster, Erik Krogh

**Members Absent:** None

**Guests Present:** Brad Casemore, Chief Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Alena Lacey, Director of Quality Management and Clinical Outcomes, SWMBH; Cameron Bullock, Pivotal; Cathi Abbs, Pivotal Board Alternate, Jeannie Goodrich, Summit Pointe, Ric Compton, Riverwood; John Ruddell, Woodlands; Sue Germann, Pines BH; Jon Houtz, Pines Board Alternate; Jeff Patton, ISK; Debbie Hess, Van Buren CMH; Carl Doerschler, Doerschler and Associates

**Welcome Guests**

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

**Public Comment**

None

**Agenda Review and Adoption**

Motion Louie Csokasy moved to approve the agenda with the addition of Conflict Free Access and Planning  
Second Sherii Sherban  
Motion Carried

**Financial Interest Disclosure (FID) Handling**

None

**Consent Agenda**

Motion Louie Csokasy moved to approve the March 8, 2024 Board minutes as presented.  
Second Tom Schmelzer  
Motion Carried

## Ends Metrics

### Fiscal Year 2023 Michigan Mission Based Performance Indicator System Results

Alena Lacey reported as documented noting that metric 7a was met as 26/28 indicators with state benchmarks met in FY23 and metric 7b was not met. 7b, regarding Indicator 3, did not achieve the 3% improvement from FY22. Indicator 3 is related to the percentage of new persons starting any necessary service within 14 days of completing a biopsychosocial assessment at the CMHSP. SWMBH identified improving with metric as a formal performance improvement project, as outlined in FY24 QAPIP. SWMBH is performing a causal barrier analysis to help plan interventions to improve Indicator 3.

Motion Carol Naccarato moved that The Board accepts the interpretation of Ends Metrics as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation and The Board requests follow up information with results by CMHSP by quarter.

Second Mark Doster

Motion Carried

### Fiscal Year 2023 Customer Satisfaction Survey Results

Alena Lacey reported as documented noting 3 out of 4 metrics were met. 6a, adult mental health survey improved from FY22 baseline. 6b, the youth services survey score of 73% was not an improvement of FY22 baseline of 75.51%. This was not statistically significant. There were 121 less respondent submissions in FY23.

Motion Tom Schmelzer moved that The Board accepts the interpretation of Ends Metrics as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Louie Csokasy

Motion Carried

## Board Actions to be Considered

### Election of Officers

Ed Meny discussed election of Officers.

Chair

Motion Mark Doster moved to nominate Sherii Sherban as Board Chair.

Second Louie Csokasy

Motion Carried

Vice Chair

Motion Louie Csokasy moved to nominate Tom Schmelzer as Vice Chair.

Second Erik Krogh

Motion Carried

Secretary

Motion Louie Csokasy moved to nominate Carol Naccarato as Secretary.

Second Tom Schmelzer

Motion Carried

**BEL-006 Investments**

Garyl Guidry discussed investment advisors, current investment earned and revisions to SWMBH Board Policy BEL-006 Investments.

Motion Louie Csokasy moved to accept the revisions to SWMBH Board Policy BEL-006 Investments as presented.

Second Tom Schmelzer

Roll call vote

Edward Meny yes

Tom Schmelzer yes

Carol Naccarato yes

Louie Csokasy yes

Sherii Sherban yes

Tina Leary yes

Erik Krogh yes

Mark Doster yes

Motion Carried

**Board Policy Review**

**BG-006 Annual Board Planning**

Sherii Sherban reported as documented.

Motion Erik Krogh moved The Board accepts the interpretation of Policy BG-006 Annual Board Planning as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Tom Schmelzer

Motion Carried

**BG-010 Board Committee Principles**

Sherii Sherban reported as documented.

Motion Erik Krogh moved The Board accepts the interpretation of Policy BG-010 Board Committee Principles as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Edward Meny

Motion Carried

**Executive Limitations Review**

**BEL-001 Budgeting**

Carol Naccarato reported as documented.

Motion Carol Naccarato moved The Board accepts the interpretation of Policy BEL-001 Budgeting as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Edward Meny

Motion Carried

## **Board Education**

### **Fiscal Year 2024 Year to Date Financial Statements and Fiscal Year 2025 projections**

Garyl Guidry reported as documented noting actual financial statements from all eight Community Mental Health Service Providers (CMHSP) with revenue, expenses, and deficits. Brad Casemore shared that there is both a revenue and an expense problem and emphasized the need for action from all CMHSPs and SWMBH. Garyl Guidry reported on a revised Fiscal Year 2024 projections due to a mid-year rate adjustment from Milliman actuary. A deficit is still projected and SWMBH continues to meet individually and collectively with the CMHSP to look for more ways to reduce expenditures and improve revenue outcomes.

### **Local Funds**

Brad Casemore reported as documented noting local funds come from Integrated Care Organizations, Opioid Health Homes, Performance Bonus Incentive Program, and University of Michigan honorarium. Local Funds balance is \$7.5 million with a risk reserve of \$3 million leaving a net of \$4.5 million. Discussion followed.

### **Retirement Plans Summary**

Carl Doerschler of Doerschler & Associates reported as documented. Discussion followed.

### **Fiscal Year 2023 Performance Bonus Incentive Program Report**

Alena Lacey reported as documented noting two metrics were not met with a final score of 91.94 out of 100. Brad Casemore added historical context and noted that our share proposal will be provided for Board approval at the May Board meeting.

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

### **Board Ends and Strategic Planning Calendar**

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

### **Michigan Consortium for Healthcare Excellence**

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

### **Community Mental Health Association of Michigan Summary of Governor's Fiscal Year 2025 Budget**

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

### **Draft May Board and Board Planning Session agendas**

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

### **Conflict Free Access and Planning (CFAP)**

Alena Lacey reviewed MDHHS slide presentation on Conflict Free Access and Planning objectives, rules, strategies, scenarios, workflows, and timeline for implementation. Brad Casemore added why this is important to the Board and the Region and how it will affect all aspects of services.

## **May Board Policy Direct Inspection**

None scheduled

### **Public Comment**

Several CMHSPs commented on Fiscal Year 2023, 2024 and 2025 Performance Bonus Incentive Program. Discussion followed. Agreement reached between SWMBH and its 8 Participant CMHSPs on the distribution of the FY23 PBIP funds. The agreement was reported to the Board verbally by Mila Todd as follows:

- The total FY23 award, less the funds already committed to be distributed to the SUD treatment provider network, to be split 90/10 to Participant CMHSPs and SWMBH, respectively. And additional \$1 million of regional local funding is added to the Participant CMHSP distribution amount. Participant CMHSP shares are based on Medicaid eligibles.
- SWMBH will bring a prepared Motion to the Board for approval at the Board's May 10<sup>th</sup> meeting.

### **Adjournment**

Motion Tom Schmelzer moved to adjourn.

Second Carol Naccarato

Motion Carried

Meeting adjourned at 11:50am

## Operations Meeting

March 27, 2024

Present: Deb Hess, Sue Germann, Cameron Bullock, John Ruddell, Jeff Patton, Ric Compton, Rich Thiemkey (remote), Brad Casemore, Mila Todd

Meeting Frequency Reviewed: According to our agreement, we revisited the frequency of the meeting schedule for Operations. For April – April 11 at 1:00 – 3:00; April 24 – 9:00 – 11:00; May 8 – 9:00 – 11:00, May 29- 9:00 – 11:00; June 5 – 9:00 – 11:00; June 26 – 9:00 – 11:00; July 10 – 9:00 – 11:00; July 31 – 9:00 – 11:00. Look at August at the next meeting.

Minutes: March 13 minutes reviewed and approved.

PBIP: Brad provided the information for SWMBH counter proposal based on the email from 3.21.24. Brad updated the Operations Committee on the current numbers that have been finalized from MDHHS. Brad will have SWMBH Finance provide the spreadsheet that illustrates the counter proposal for FY23, FY24 and FY25. The Regional CEOs will review the information and decide from that point.

CFAP: Brad discussed the PPT that was provided by MDHHS, Alena provided an overview of the questions that have been generated by the review of the PPT. We will review the final version of the questions for discussion at the April 11 meeting.

Board End Planning Document – Brad reviewed the planning document for the SWMBH Board End and Strategic Plan development. This will be sent out to the Operations Committee.

Milliman Rate Adjustments – Garyl provided an update on the rates and PIHP projections that were discussed.

Next meeting Agenda:

PBIP, CFAP, minute review, meeting schedule August and beyond, Financials (FY24 impact and geographical factors). April 24 meeting – Geographical Factors to be Shared from Garyl.

Respectfully submitted,

Jeannie Goodrich





Schedule A-Statement of Work

1. General Requirements

**R. Program Integrity**

The State, MDHHS-Office of Inspector General (OIG) is responsible for overseeing the program integrity activities of Contractor and all subcontracted entities/network providers consistent with this Contract and the requirements under 42 CFR 438.608.

1. General:

- a. To the extent consistent with applicable Federal and State law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without first obtaining authorization from the beneficiary to disclose such information.
- b. Contractor must have administrative and management arrangements or procedures for compliance with 42 CFR 438.608. Such arrangements or procedures must identify program integrity compliance activities that will be delegated per 42 CFR 438.230 and how Contractor will monitor those activities.
- c. Contractor that makes or receives annual payments under this Contract of at least \$5,000,000 to a provider, must make provision for written policies for all employees of the entity, and of any contractor or agent of the entity, that provide detailed information about the False Claims Act and other Federal and State laws described in Section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
- d. Contractor must require all contracted providers that make or receive annual payments under this Contract of at least \$5,000,000 to agree to comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005.
- e. Contractor must have written documentation of internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected Fraud, Waste, and Abuse activities. The arrangements or procedures must include the following:
  1. Contractor must have a program integrity compliance program as defined in 42 CFR 438.608. The program integrity compliance program and plan must include, at a minimum, all of the following elements:
    - a. Written policies, procedures, and standards of conduct that articulate Contractor's commitment to comply with all applicable Fraud, Waste, and Abuse requirements and standards under this Contract, and all applicable Federal and State requirements.
      - i. Standards of Conduct – Contractor must have written standards of conduct that clearly state the Contractor's commitment to comply with all applicable statutory, regulatory and Medicaid program requirements. The standards of conduct must be written in an easy-to-read format and distributed to all employees. All employees must be required to certify that they have read, understand, and agree to comply with the standards.

- ii. Written Compliance Policies and Procedures – Contractor must have comprehensive written compliance policies and procedures, developed under the direction of the compliance officer and Compliance Committee, which direct the operation of the compliance program. The written compliance policies and procedures must include, at a minimum, the following elements:
  - 1. Duties and responsibilities of the compliance officer and Compliance Committees.
  - 2. How and when employees will be trained.
  - 3. Procedures for how employee reports of noncompliance will be handled.
  - 4. Guidelines on how the compliance department/officer will interact with other individuals and departments (e.g., human resources, legal counsel, etc.).
  - 5. Duties and responsibilities of management in promoting compliance among employees and responding to reports of non-compliance.
  - 6. Ensuring that prospective employees receive appropriate background screening and agree to abide by the Contractor’s code of conduct.
  - 7. Conducting periodic reviews, at least annually, of the code of conduct and the compliance policies and procedures.
  - 8. Procedures for the monitoring of compliance in Contractor and subcontractor/network provider systems and processes.
  - 9. Procedures for the monitoring of potential Fraud, Waste, and Abuse in provider billings and beneficiary utilization.
  - 10. Procedures for performing an investigation of targets selected for audit, including triage and review processes.
  - 11. Reporting confidentiality and non-retaliation policy.
  - 12. Information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
  - ~~12-13.~~ The prohibition of any managed care entity (MCE) employee also being employed or contracted with one of their subcontractors, network providers, or providers.
- b. Written policies and procedures pertaining to cooperation in investigations or prosecutions. The designation of a compliance officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the chief executive officer (CEO) and the Board of Directors. The CEO, chief financial officer (CFO), and chief operating officer (COO), or any other individuals operating in these roles, may not operate in the capacity of the compliance officer.

- i. Contractor must designate a compliance officer whose primary responsibility is to oversee the implementation and maintenance of the compliance program.
  - ii. The compliance officer must have adequate authority and independence within the Contractor's organizational structure in order to make reports directly to the board of directors and/or to senior management concerning actual or potential cases of non-compliance.
  - iii. The compliance officer must also report directly to corporate governance on the effectiveness and other operational aspects of the compliance program.
  - iv. The compliance officer's responsibilities must encompass a broad range of duties including, but not limited to, the investigation of alleged misconduct, the development of policies and rules, training officers, directors, and staff, maintaining the compliance reporting mechanism and closely coordinating with the internal audit function of the Contractor.
- c. Maintenance of a Regulatory Compliance Committee comprised of individuals from the Board of Directors and senior management charged with overseeing the Contractor's compliance program and its compliance with requirements under the Contract.
- i. Contractor must establish a Regulatory Compliance Committee that will advise the compliance officer and assists in the maintenance of the compliance program.
  - ~~ii. The Regulatory Compliance Committee must not have the authority to block or interfere with any actions taken or proposed to be taken by the compliance officer.~~
  - iii. The compliance officer will remain duty-bound to report on and correct alleged fraud and other misconduct.
  - iv. The compliance officer must chair the Regulatory Compliance Committee.
  - v. The Regulatory Compliance Committee must meet no less than quarterly.
- d. A system for annual training and education for the compliance officer, Contractor's senior management, and Contractor's employees regarding fraud, waste and abuse, and the federal and State standards and requirements under this Contract. While the compliance officer may provide training to Contractor's employees, "effective" training for the compliance officer means it cannot be conducted by the compliance officer to himself/herself.
- i. Formal Training Programs – Contractor must provide general compliance training to all employees, officers, managers, supervisors, board members and long-term temporary employees that effectively communicates the requirements of the compliance program, including the company's code of conduct and applicable Medicaid statutory, regulatory, and contractual requirements.
    - 1. Contractor must also determine under what circumstances it may be appropriate to train nonemployee agents and contractors.

2. Employees, officers, managers, supervisors, and Board members must be required to attend compliance training sessions and to sign certifications that they have completed the appropriate sessions.
  3. The initial compliance training for new employees must occur within 90 days of the date of hire.
  4. Contractor must provide annual refresher compliance training that highlights compliance program changes or other new developments. The refresher training should re-emphasize Medicaid statutory, regulatory, and contractual requirements and the Contractor's code of conduct.
- ii. Informal On-going Compliance Training – Contractor must employ additional, less formal means for communicating its compliance message such as posters, newsletters, and Intranet communications. The compliance officer must be responsible for the content of the compliance messages and materials distributed to employees and managers.
- e. Effective lines of communication between the compliance officer and the Contractor's employees.
- i. Hotline or Other System for Reporting Suspected Noncompliance – Contractor must have mechanisms in place for employees and others to report suspected or actual acts of non-compliance.
    1. In order to encourage communications, confidentiality and non-retaliation policies must be developed and distributed to all employees.
    2. Contractor must use e-mails, newsletters, suggestion boxes, and other forms of information exchange to maintain open lines of communication.
    3. A separate mechanism, such as a toll-free hotline, must be employed to permit anonymous reporting of non-compliance.
    4. Matters reported through the hotline or other communication sources that suggest substantial violations of compliance policies or health care program statutes and regulations must be documented and investigated promptly to determine their veracity.
    5. Contractor must create an environment in which employees feel free to report concerns or incidents of wrongdoing without fear of retaliation or retribution, when making a good faith report of non-compliance.
  - ii. Routine Communication and Access to the compliance officer – Contractor must have a general "open door" policy for employee access to the compliance officer and the Compliance Department staff. Staff must be advised that the compliance officer's duties include answering routine questions regarding compliance or ethics issues.
    1. The compliance officer must establish, implement, and maintain processes to inform the Contractor's employees of procedure changes, regulatory changes,

- and contractual changes.
- f. Enforcement of standards through well-publicized disciplinary guidelines.
    - i. Consistent Enforcement of Disciplinary Policies – Contractor must maintain written policies that apply appropriate disciplinary sanctions on those officers, managers, supervisors, and employees who fail to comply with the applicable statutory and Medicaid program requirements, and with the Contractor’s written standards of conduct. These policies must include not only sanctions for actual noncompliance, but also for failure to detect non-compliance when routine observation or due diligence should have provided adequate clues or put one on notice. In addition, sanctions should be imposed for failure to report actual or suspected non-compliance.
      - 1. The policies must specify that certain violations, such as intentional misconduct or retaliating against an employee who reports a violation, carry more stringent disciplinary sanctions.
      - 2. In all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner.
      - 3. Contractor may identify a list of factors that will be considered before disciplinary action will be imposed. Such factors may include degree of intent, amount of financial harm to the company or the government or whether the wrongdoing was a single incident or lasted over a long period of time.
    - ii. Employment of, and Contracting with, Ineligible Persons – Contractor must have written policies and procedures requiring a reasonable and prudent background investigation to determine whether prospective employees and prospective non- employee subcontractors/network providers or agents were ever criminally convicted, suspended, debarred, or excluded from participation in a federal program.
      - 1. Contractor must also conduct periodic reviews of current employees and/or subcontractors/network providers and agents to determine whether any have been suspended or debarred or are under criminal investigation or indictment. If an employee or non-employee agent or subcontractor/network provider is found to be ineligible, Contractor must have a written policy requiring the removal of the employee from direct responsibility for, or involvement with, the Medicaid program, or for the termination of the subcontract/network providers, as appropriate.
  - g. Establishment and implementation, and ongoing maintenance of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation

and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with requirements under the Contract.

- i. Auditing – Contractor must have a comprehensive internal audit system to ensure that the Contractor is in compliance with the range of contractual and other MDHHS requirements in critical operations areas. The internal auditors must be independent from the section/department under audit. The auditors must be competent to identify potential issues within the critical review areas and must have access to existing audit resources, relevant personnel, and all relevant operational areas. Written reports must be provided to the compliance officer, the Compliance Committee and appropriate senior management. The reports must contain findings, recommendations and proposed corrective actions that are discussed with the compliance officer and senior management.
  1. Contactor must ensure that regular, periodic evaluations of its compliance program occur to determine the program’s overall effectiveness. This periodic evaluation of program effectiveness may be performed internally, either by the compliance officer or other internal source - or by an external organization. These periodic evaluations must be performed at least annually, or more frequently, as appropriate.
- ii. Monitoring – Contactor must maintain a system to actively monitor compliance in all operational areas. Contactor must have a means of following up on recommendations and corrective action plans resulting from either an internal compliance audit or MDHHS review to ensure timely implementation and evaluation.
  1. Contractor must have a Questionnaire that includes questions regarding whether any exiting employee observed any violations of the compliance program, including the code of conduct, as well as any violations of applicable statutes, regulations, and Medicaid program requirements during the employee’s tenure with the Contractor. The Compliance Department must review any positive responses to questions regarding compliance violations.
- f. Provision for prompt notification to MDHHS when it receives information about changes in an Enrollee’s circumstances that may affect the Enrollee’s eligibility, including but not limited to:
  1. Changes in the Enrollee’s residence.
  2. The death of an Enrollee.
- g. Provision for notification to MDHHS-OIG when it receives information about a change in a network provider’s circumstances that may affect the network provider’s eligibility to participate in the managed care program, including the termination for cause of the provider

agreement with the Contractor.

- h. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by Enrollees and the application of such verification processes on a regular basis.
  - 1. Contractor must have methods for identification, investigation, and referral of suspected Fraud cases (42 CFR § 455.13, 455.14, 455.21).
    - a. Contractor must respond to all MDHHS-OIG audit referrals with Contractor's initial findings report within the timeframe designated in the MDHHS-OIG referral. Initial findings means prior to the provider receiving a final notice with appeal rights.
      - i. Contractor may request a one-time extension in writing (email) to MDHHS-OIG no less than two (2) business days prior to the due date, if the Contractor is unable to provide the requested information within the designated timeframe. The request must include a status update and estimated date of completion.
    - b. Contractor must have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the Contractor in preventing and detecting Fraud, Waste, and Abuse activities.
      - i. Special Investigations Unit – The Contractor must operate a distinct Fraud, Waste, and Abuse Unit, Special Investigations Unit (SIU).
        - 1. The investigators in the unit must detect and investigate Fraud, Waste, and Abuse by its Michigan Medicaid Enrollees and providers. It must be separate from the Contractor's utilization review and quality of care functions. The unit can either be a part of the Contractor's corporate structure or operate under the contract with the Contractor.
        - 2. On a yearly basis, the Contractor's SIU must conduct program integrity training to improve information sharing between departments within the Contractor, such as Provider Credentialing, Payment Integrity, Customer Service, Human Resources, and the General Counsel, and to enhance referrals to the SIU regarding Fraud, Waste, and Abuse, within the Contractor's Medicaid program.
          - a. The yearly training must include a component specific to Michigan Medicaid and the Contractor's approach to address current Fraud, Waste and Abuse within the program.
    - c. Data Mining Activities – Contractor must have surveillance and utilization control programs and procedures (42 CFR § 456.3, 456.4, 456.23) to safeguard the Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments. Data Mining must be performed at least annually. Contractor must utilize statistical models, complex algorithms, and pattern recognition programs to detect possible fraudulent or abusive practices. The Contractor must report all



- data mining activities performed (including all program integrity cases opened as a result) within the previous quarter to MDHHS-OIG. See section R.9. Quarterly Submissions of this Contract for the method and timing of such reporting.
- d. Preliminary Investigations – Contractor must promptly perform a preliminary investigation of all incidents of suspected Fraud, Waste, and Abuse. The Contractor must report all program integrity cases opened within the reporting period to MDHHS-OIG (see section R.9. Quarterly Submissions of this Contract for the method and timing of such reporting). All confirmed or suspected provider Fraud must immediately be reported to MDHHS-OIG (see section 6. Reporting Fraud, Waste, or Abuse of this Contract).
  - e. Audit Requirements – Contractor must conduct risk-based auditing and monitoring activities of provider transactions, including, but not limited to, claim payments, vendor contracts, credentialing activities and Quality of Care/Quality of Service concerns that indicate potential Fraud, Waste, or Abuse. These audits should include a retrospective medical and coding review on the relevant claims.
  - f. Prepayment Review – If the Contractor subjects a provider to prepayment review or any review requiring the provider to submit documentation to support a claim prior to the Contractor considering it for payment, as a result of suspected Fraud, Waste and/or Abuse, the Contractor must notify MDHHS-OIG in accordance with the Quarterly Reporting requirements of this Contract for the method and timing of such reporting.
  - i. Provision for written policies for all employees of the Contractor, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
    - 1. Contractor must include in an employee handbook a description of the laws and rights of employees to be protected as whistleblowers.
  - j. Provisions for internal monitoring and auditing of compliance risks. Audits must include post payment reviews of paid claims to verify that services were billed appropriately (e.g., correct procedure codes, modifiers, quantities). Acceptable audit methodology examples include:
    - 1. Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to providers.
    - 2. Beneficiary interviews to confirm services rendered.
    - 3. Provider self-audit protocols.
    - 4. The frequency and quantity of audits performed should be dependent on the number of fraud, waste, and abuse complaints received, as well as high risk activities identified through data mining and analysis of paid claims.
  - k. Provisions for Contractor’s prompt response to detected offenses and for the development of corrective action plans. “Prompt Response” is defined in this Contract as action taken within 15 business days of receipt and identification by Contractor of the information regarding a

- potential compliance problem.
- I. Dissemination of the contact information (addresses and toll-free telephone numbers) for reporting fraud, waste, or abuse by network provider/subcontractors of Contractor to both Contractor and the MDHHS-OIG. Dissemination of this information must be made to all Contractors network providers/subcontractors and members annually. Contractor must indicate that reporting of fraud, waste or abuse may be made anonymously.
  2. Once all applicable appeal periods have been exhausted, Contractor must adjust all associated encounter claims identified as part of their Program Integrity activities within 45 days. Failure to comply may result in a gross adjustment for the determined overpayment amount to be taken from Contractor.
    - a. Contractor must resolve outstanding encounter corrections in the timeframe designated in any authorization granted by MDHHS-OIG.
    - a.b. All adjustments must be performed regardless of recovery from the Subcontractor and/or Network Provider.
  3. Biannual meetings will be held between MDHHS-OIG and all Contractor Compliance Officers to train and discuss fraud, waste, and abuse.
  4. Subcontracted Entities and Network Providers
    - a. Contractor must include program integrity compliance provisions and guidelines in all contracts with subcontracted entities and network providers.
    - b. If program integrity compliance activities are delegated to subcontractors, the subcontract must contain the following:
      1. Designation of a compliance officer.
      2. Submission to Contractor of quarterly reports detailing program integrity compliance activities.
      3. Assistance and guidance by Contractor with audits and investigations, upon request of the subcontracted entity.
      4. Provisions for routine internal monitoring of program integrity compliance activities.
      5. Prompt response to potential offenses and implementation of corrective action plans.
      6. Prompt reporting of fraud, waste, and abuse to Contractor.
      7. Implementation of training procedures regarding fraud, waste, and abuse for the subcontracted entities' employees at all levels.
    - c. Annually, Contractor must submit a list of subcontracted entities and network providers using the template created by MDHHS-OIG.
      1. Contractor must maintain a list that contains all facility locations where services are provided, or business is conducted. This list must contain Billing Provider NPI numbers assigned to the entity, what services the entity is contracted to provide, and provider email address(es).
  5. Investigations
    - a. Contractor must investigate program integrity compliance complaints to determine whether a potential credible allegation of fraud exists. If a potential credible allegation of fraud exists, Contractor must refer the matter to MDHHS-OIG (see Reporting of Fraud, Waste, or Abuse) and pause any recoupment/recovery in connection with the potential credible allegation of fraud until receiving further instruction

- from MDHHS-OIG.
- b. To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor must cooperate fully in any investigation or prosecution by any duly authorized government agency, including but not limited to: MDHHS-OIG or the Department of Attorney General, whether administrative, civil, or criminal. Such cooperation shall include providing, upon request, information, access to records, and access to schedule interviews with designated Contractor employees and consultants, including but not limited to those with expertise in the administration of the program and/or in medical or pharmaceutical questions or in any matter related to the investigation or prosecution. Contractor must follow the procedures and examples contained within processes and associated guidance provided by MDHHS-OIG.
    1. Contractor must maintain written policies pertaining to cooperation in investigations or prosecutions.
6. Reporting Fraud, Waste, or Abuse
- a. Upon receipt of allegations involving fraud, waste, or abuse regardless of entity (i.e., Contractor, employee, subcontracted entity and/or network providers, provider, or member), Contractor must perform a preliminary investigation.
  - b. Questions regarding whether suspicions should be classified as fraud, waste, or abuse should be presented to MDHHS-OIG for clarification prior to making the referral.
  - c. Upon completion of the preliminary investigation, if Contractor determines a potential credible allegation of fraud exists, and an overpayment of \$5,000 or greater is identified (cases under this amount shall not be referred to OIG), Contractor must:
    1. Promptly refer the matter to MDHHS-OIG and Attorney General Health Care Fraud Division (AG-HCFD). These referrals must be made using the MDHHS-OIG Fraud Referral Form. The form must be completed in its entirety, as well as follow the procedures and examples contained within the MDHHS-OIG guidance document.
    2. Share referral via secure File Transfer Process (sFTP) using Contractor's applicable MDHHS-OIG/AG-HCFD sFTP areas.
    3. Cooperate in presenting the fraud referral to the OIG and AG-HCFD at an agreed upon time and location.
    4. Defend their potential credible allegation of fraud in any appeal should the referral result in a suspension issued by MDHHS-OIG. After reporting a potential credible allegation of fraud, Contractor shall not take any of the following actions unless otherwise instructed by OIG:
      - i. Contact the subject of the referral about any matters related to the referral.
      - ii. Enter into or attempt to negotiate any settlement or agreement regarding the referral with the subject of the referral; or
      - iii. Accept any monetary or other thing of valuable consideration offered by the subject of the referral in

- connection with the findings/overpayment.
- d. Upon making a referral, the Contractor must immediately cease all efforts to take adverse action against or collect overpayments from the referred provider until authorized by MDHHS-OIG.
  - e. If a draft/potential referral is declined prior to Contractor sending a final potential credible allegation of Fraud, Contractor must follow MDHHS-OIG reporting procedures.
  - f. If the State successfully prosecutes and makes a recovery based on a Contractor referral where the Contractor has sustained a documented loss, the State shall not be obligated to repay any monies recovered to the Contractor. Unless otherwise directed by the State, the correction of associated encounter claims is not required.
  - g. Contractor must refer all potential Enrollee Fraud, Waste or Abuse that the Contractor identifies to MDHHS via the local MDHHS office or through <https://www.michigan.gov/fraud> (File a Complaint - Medicaid Complaint Form). In addition, the Contractor must report all of Fraud, Waste and Abuse referrals made to MDHHS on their quarterly submission described in Section R.9. Quarterly Submissions of this Contract.
  - h. Contractor must report all suspicion of waste or abuse on the Quarterly Submission described in Section R.9. Quarterly Submissions below.
  - i. Documents containing protected health information or protected personal information must be submitted in a manner that is compliant with applicable Federal and State privacy rules and regulations, including but not limited to HIPAA.
7. Overpayments
- Contractor must report identified and/or recovered overpayments due to fraud, waste, or abuse to MDHHS-OIG.
- a. If Contractor identifies an overpayment involving potential fraud prior to identification by MDHHS-OIG, Contractor refers the findings to MDHHS-OIG and waits for further instruction from MDHHS-OIG prior to recovering the overpayment.
  - b. If Contractor identifies an overpayment involving waste or abuse prior to identification by MDHHS-OIG, Contractor must void or correct applicable encounters, should recover the overpayment, and must report the overpayment on its quarterly submission (see Section R.9. Quarterly Submissions below).
  - c. If a subcontractor/network provider identifies an overpayment, they must agree to:
    - 1. Notify Contractor, in writing, of the reason for the overpayment and the date the overpayment was identified.
    - 2. Return the overpayment to Contractor within 60 calendar days of the date the overpayment was identified.
  - d. Contractor shall include a provision in all contracts with subcontractors and/or network providers giving Contractor the right to recover overpayments directly from providers for the post payment evaluations initiated and performed by the Contractor. These overpayment provisions do not apply to any amount of a recovery to be retained under False Claims Act cases or through

other investigations.

1. Contractor must specify:
  - i. The retention policies for the treatment of recoveries of all overpayments from the Contractor and/or Subcontractors to provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.
  - ii. The process, timeframes, and documentation required for reporting the recovery of all overpayments.
  - iii. The process, timeframes, and documentation required for payment of recoveries of overpayments to the state in situations where the Contractor and/or Subcontractor is not permitted to retain some or all recoveries of overpayments.
8. Contractor must send all program integrity notifications and reports to the MDHHS-OIG sFTP. The Contractor must follow the procedures and examples contained within the MDHHS-OIG submission forms and accompanying guidance documents. See Schedule E for the listing of notification forms and reports and their respective due dates.
9. Quarterly Submissions
  - a. Contractor must provide information on program integrity compliance activities performed quarterly using the template provided by the MDHHS-OIG. Data mining activities must be performed at least annually; monthly or quarterly application is considered the best practice standard. Program integrity compliance activities must be included.
  - b. All program integrity activities performed each quarter must be reported to MDHHS-OIG according to Schedule E, Reporting Requirements.
  - c. Contractor must provide MDHHS-OIG with documentation to support that these program integrity compliance activities were performed by its subcontractors in its quarterly submission to the MDHHS-OIG.
  - d. Contractor must include any improper payments identified and amounts adjusted in encounter data and/or overpayments recovered by Contractor during the course of its program integrity activities. It is understood that identified overpayment recoveries may span multiple reporting periods. This report also includes a list of the individual encounters corrected. To ensure accuracy of reported adjustments, Contractor must:
    1. Purchase at minimum one (1) license for MDHHS-OIG's case management software. This license will be utilized to upload report submissions to the case management system and to check the completeness and accuracy of report submissions.
    2. For medical equipment, supplies, or prescription provided, adjust any encounter for an enrollee to zero dollars paid. If the encounter with a dollar amount cannot be adjusted to zero dollars paid, then the encounters with dollars paid must be voided and resubmitted with zero dollars paid.
    3. Specify if overpayment amounts were determined via sample and extrapolation or claim-based review. In instances where

- extrapolation occurs, Contractor may elect to correct claims, and thus encounters, as they see fit.
4. Specify encounters unavailable for adjustment in CHAMPS due to the encounter aging out or any other issue.
    - i. These encounters must be identified by Contractor and reported to MDHHS-OIG. MDHHS-OIG will record a gross adjustment to be taken out of Contractor's next capitation payment.
  5. Report only corrected encounters associated with post payment evaluations that resulted in a determined overpayment amount.
10. Pursuant to 42 CFR § 438.608(d)(3), on an annual basis, Contractor must submit to MDHHS-OIG, in a format determined by MDHHS-OIG, an annual Program Integrity Report containing details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report also must address the Contractor's plan of activities for the current and upcoming fiscal year. The report must include all provider and service-specific program integrity activities. The report must include an attestation confirming compliance with the requirements found in 42 CFR § 438.608 and 42 CFR § 438.610.
- a. Pursuant to 42 CFR § 438.606, the annual Program Integrity Report must be certified by either the Contractor's chief executive officer; chief financial officer; or an individual who reports directly to the chief executive officer or chief financial officer with delegated authority to sign for the chief executive officer or chief financial officer so that the chief executive officer or chief financial officer is ultimately responsible for the certification. The certification must attest that, based on best information, knowledge and belief, the information specified is accurate, complete, and truthful.
11. Any excluded individuals and entities discovered in the screening described in Section R.17, Contractor Ownership and Control Interest, of this Contract, including the provider applications and credentialing ~~processes~~ documentation, must be reported to the federal HHS-OIG and MDHHS-OIG, in a format determined by MDHHS-OIG, within 20 Business Days of discovery.
12. Contractor must submit to MDHHS-OIG, in a format determined by MDHHS-OIG, a Quarterly Provider Prepayment Review Placement Log for providers placed on prepayment review as a result of a program integrity activity.
13. Provider Manual and Bulletins – Contractor must issue Provider Manual and Bulletins or other means of provider communication to the providers of medical, behavioral, dental and any other services covered under this Contract. The manual and bulletins must serve as a source of information to providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements to ensure all Contract requirements are being met. The Contractor may distribute the provider manual electronically (e.g., via its website) as long as providers are notified about how to obtain the electronic copy and how to request a hard copy at no charge to the provider. Should these items be captured within the subcontract/agreements, that would also meet contractual requirements.

## DHHS FY25 OIG Schedule A Proposed Language Changes

- a. Contractor's Provider Manual must provide all of its providers with, at a minimum, the following information:
    1. Description of the Michigan Medicaid managed care program and covered populations.
    2. Scope of Benefits.
    3. Covered Services.
    4. Emergency services responsibilities.
    5. Grievance/appeal procedures for both Enrollee and provider.
    6. Medical necessity standards and clinical practice guidelines.
    7. Contractor's policies and procedures including, at a minimum, the following information:
      - i. Policies regarding provider enrollment and participation.
      - ii. Policies detailing coverage and limits for all covered services.
      - iii. Policies and instructions for billing and reimbursement for all covered services.
      - iv. Policies regarding record retention.
      - v. Policies regarding Fraud, Waste and Abuse.
      - vi. Policies and instructions regarding how to verify beneficiary eligibility.
    8. Primary care physician responsibilities.
    9. Requirements regarding background checks.
    10. Other subcontractors'/network providers' responsibilities.
    11. Prior authorization and referral procedures.
    12. Claims submission protocols and standards, including instructions and all information necessary for a clean claim.
    13. Medical records standards.
    14. Payment policies.
    15. Enrollee rights and responsibilities.
    16. Self-reporting mechanisms and polices.
  - b. Contractor must review its Provider Manual, Bulletins and all provider policies and procedures at least annually to ensure that Contractor's current practices and Contract requirements are reflected in the written policies and procedures.
  - c. Contractor must submit Provider Manual, Bulletin and or other means of provider communications to MDHHS-OIG upon request.
14. Subcontractor and/or Network Provider Agreements – Contractor must submit its subcontractor and/or network provider agreements to MDHHS-OIG upon request.
15. MDHHS-OIG Sanctions  
When MDHHS-OIG sanctions (suspends and/or terminates from the Medicaid Program) providers, including for a credible allegation of fraud under 42 CFR 455.23, Contractor must, at minimum, apply the same sanction to the provider upon receipt of written notification of the sanction from MDHHS-OIG. Contractor may pursue additional measures/remedies independent of the State. If MDHHS OIG lifts a sanction, Contractor may elect to do the same.
16. MDHHS-OIG Onsite Reviews
- a. MDHHS-OIG may conduct onsite reviews of Contractor and/or its subcontracted entities/network providers.
  - b. To the extent consistent with applicable law, including, but not

limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor is required to comply with MDHHS-OIG's requests for documentation and information related to program integrity and compliance.

17. Contractor Ownership and Control Interest

- a. According to 42 CFR 438.610 Prohibited affiliations, Contractor may not knowingly have a relationship of the type described in paragraph (c) of this Section with the following:
  1. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation (FAR) or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
  2. An individual or entity who is an affiliate, as defined in the FAR at 48 CFR 2.101, of a person described in paragraph (a)(i) of this Section.
- b. Contractor may not knowingly have a relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the act.
- c. The relationships described in paragraph (a) of this Section, are as follows:
  1. A director, officer, or partner of Contractor.
  2. A subcontractor and/or network provider of Contractor, as governed by 42 CFR 438.230.
  3. A person with beneficial ownership of five percent (5%) or more of Contractor's equity.
  4. A subcontractor and/or network provider or person with an employment, consulting, or other arrangement with Contractor for the provision of items and/or services that are significant and material to Contractor's obligations under its Contract with the State.
- d. Contractor must agree and certify it does not employ or contract, directly or indirectly, with:
  1. Any individual or entity excluded from Medicaid or other federal health care program participation under Sections 1128 (42 U.S.C. § 1320a-7) or 1128A (42 U.S.C. § 1320a) of the Social Security Act for the provision of health care, utilization review, medical social work or administrative services or who could be excluded under Section 1128(b)(8) of the Social Security Act as being controlled by a sanctioned individual.
  2. Any individual or entity discharged or suspended from doing business with Michigan Medicaid; or
  3. Any entity that has a contractual relationship (direct or indirect) with an individual convicted of certain crimes as described in Section 1128(b)(8) of the Social Security Act.
- e. Contractor must provide written disclosure of any director, officer, partner, managing employee, person with beneficial ownership of more than 5% of the Contractor's equity, Network Provider, subcontractor, or person with employment, consulting, or any other contractual agreement who is (or is affiliated with a person/ entity



that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing such order; and any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Act.

f. If MDHHS learns that the Contractor has a prohibited relationship as described above and provided by FAR, Executive Order No. 12549, or under section 1128 or 1128A of the Act, MDHHS may continue an existing agreement with the Contractor unless CMS directs otherwise. MDHHS may not renew or otherwise extend the duration of an existing agreement with the Contractor unless CMS provides to MDHHS and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement despite prohibited affiliations.

e.g. MDHHS may refuse to enter into or renew a contract with the Contractor if any person who has an ownership or control interest in the Contractor, or who is an Agent or managing employee of the Contractor, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the Title XX Services Program. Additionally, MDHHS may refuse to enter into or may terminate the Contract if it determines that the Contractor did not fully and accurately make any disclosure required under this section of the contract.

f.h. Contractor must comply with the Federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 CFR 455.104-106. In addition, Contractor must ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 CFR §455.104-106.

Pursuant to 42 CFR 455.104: the State will review ownership and control disclosures submitted by Contractor and any of Contractor's subcontractors and/or network providers. Contractor is required to identify and report whether an individual or entity with an ownership or control interest in the disclosing entity is related to another individual with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling and/or whether the individual or entity with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent (5%) or more interest is related to another individual with ownership or control interest as a spouse, parent, child, or sibling. Contractor is also required to identify the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

18. Network Provider Medicaid Enrollment – Pursuant to 42 CFR § 438.602(b)(1), all network providers of the Contractor must enroll with the Michigan Medicaid Program.

a. The State will screen and enroll, and periodically revalidate all

- enrolled Medicaid providers.
- b. Contractor must require all applicable network providers are enrolled in the Michigan Medicaid Program via the State's Medicaid Management Information System.
    1. Contractor may execute network provider agreements, pending the outcome of screening, enrollment, and revalidation, of up to 120 days but must terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled or the expiration of one 120-day period without enrollment of the provider, and notify affected enrollees.
  - c. Contractor must verify and monitor its network providers' Medicaid enrollment.
  - d. Exclusions Monitoring:
    1. At the time of provider enrollment or re-enrollment in Contractor's provider network, and whenever there is a change in ownership or control of the provider entity, Contractor must search the following databases to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent (5%) or more or a managing employee), have not been excluded from participating in federal health care programs.
      - i. Office of Inspector General's (OIG) exclusions database, which can be found at <https://exclusions.oig.hhs.gov/>. This list includes parties excluded from federal programs and may also be referenced as the "excluded parties lists" (EPLS).
      - ii. The State of Michigan Sanctioned Provider list, which can be found at the following internet address: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers>.
      - iii. System for Award Management (SAM) information can be found in this contract under the Federal Provisions Addendum.
    2. Contractor must search the OIG exclusions database and the State of Michigan Sanctioned Provider list monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information.
    3. Contractor must notify the MDHHS OIG immediately using the approved OIG reporting form and process if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database. Contractor must also provide notification to MDHHS OIG if it has taken any administrative action that limits a provider's participation in the Medicaid program.

## 2. Staffing, Organizational Structure, Governing Body, and Subcontractors

### 2.4. Key Personnel

A. Contractor must appoint individuals who will be directly responsible for the day-to-day operations of the Contract (“Key Personnel”). Key Personnel must be specifically assigned to the State account, be knowledgeable on the contractual requirements, and respond to State inquiries within 48 hours.

#### B. Administrative Personnel Requirements

1. Contractor must employ or contract with sufficient administrative staff to comply with all program standards and applicable Mental Health Code requirements. At a minimum, Contractor must specifically staff positions listed below:
  - a. Executive director/chief executive officer.
  - b. Medical director.
  - c. Quality improvement director.
  - d. Chief financial officer.
  - e. Chief information officer.
  - f. Compliance officer.
  - g. Grievance and appeals coordinator.
  - h. Special investigations unit (SIU) manager/liaison
2. Contractor must ensure all staff have appropriate training, education, experience, appropriate licensure and liability insurance coverage to fulfill the requirements of the position.
  - a. Contractor must assure that all Contract employees receive annual training in recipient rights protection. Contractor must forward any recipient rights complaints filed against a Contract employee to MDHHS-ORR for review and possible investigation.
3. Resumes for all staff listed above must be provided to the State upon request. Resumes must include detailed, chronological work experience.

#### C. Executive Personnel

1. Contractor must inform the State, in writing, within seven (7) days of vacancies or staffing changes for the staff listed above.
2. Contractor must fill vacancies for the staff listed above with qualified persons within six (6) months of the vacancy unless an extension is granted by the State.

# Board Regulatory Compliance COMMITTEE CHARTER

<b>Charter Effective Date:</b> May 10, 2024	<b>Charter Review Date:</b> May 2025
<b>Approved By:</b> SWMBH Board	<b>Authorization Signature:</b> SWMBH Board Chair  _____
<b>SWMBH liaison:</b> SWMBH Chief Compliance Officer	

**42 Code of Federal Regulations, Section 438.608(a)(1)(iii):**  
 The State, through its contract with the PIHP, must require the PIHP to have a compliance program that includes, at a minimum, all of the following elements:

iii. The establishment of a Regulatory Compliance Committee on the Board of Directors and at the senior management level charged with overseeing the organization’s compliance program and its compliance with the requirements under the contract.

**MDHHS-SWMBH Master Contract Language Schedule A, Subpart (1)(R)(1)(e)(1)(c):**  
 The program integrity compliance program and plan must include the following element:

“Maintenance of a Regulatory Compliance Committee comprised of individuals from the Board of Directors and senior management charged with overseeing the Contractor’s compliance program and its compliance with requirements under the Contract.”

**Committee Composition & Purpose:**

**Board Regulatory Compliance Committee** will consist of three (3) Board Members appointed by SWMBH’s Board Chair, as well as the SWMBH Chief Compliance Officer. The Board Regulatory Compliance Committee’s purpose is to exercise oversight of the SWMBH compliance program and its compliance with the requirements of the MDHHS-SWMBH Master Contract.

**Committee Scope of Responsibility:** The Board Regulatory Compliance Committee will facilitate open communication between the SWMBH Chief Compliance Officer and the SWMBH Board of Directors to support the Board’s fulfillment of its duty to exercise reasonable oversight of SWMBH’s Program Integrity Compliance program. The SWMBH Chief Compliance Officer will serve as the Committee Chair, organizer and facilitator. The Committee will receive information and have an opportunity to discuss and provide feedback to the SWMBH Chief Compliance Officer. In accordance with federal regulations and Carver Policy Governance, the Committee will not vote or offer formal directives to the Chief Compliance Officer.

**Management Structure (Relationship to other committees):** The Board Regulatory Compliance Committee is a standing Committee of the SWMBH Board of Directors. The Committee and its members will not interact directly with any other SWMBH or regional operational Committee.

**Accountability and Reporting:** Board Regulatory Compliance Committee activities and deliverables will be periodically reported as directed by the SWMBH Board of Directors, as requested by two or more Board Regulatory Compliance Committee members and at the discretion of the Chief Compliance Officer.

- Committee Roles:**
- Review and discuss the SWMBH Compliance Plan and strategy in the interest of facilitating open dialogue as to its implementation and suggest modifications as necessary.
  - Review ongoing SWMBH Program Integrity & Compliance activities as part of the Board’s direct inspection monitoring responsibilities.

**Committee Structure**

- Meetings will be held with live, remote and hybrid methods. Two Board members are required to hold a meeting.
- If committee members are unable to attend a meeting, Committee member will communicate essential views via electronic mail to all other committee members and the Chief Compliance Officer.
- Committee meeting minutes shall be recorded and distributed within five (5) business days following each meeting.
- The Committee meeting agendas and appropriate relevant documents will be distributed five (5) business days before each meeting.
- Communication shall be given and received with respect and without retaliation.

**Committee Member Responsibilities and Values:**

- Attend meetings in person or virtually according to the established meeting schedule.
- Prepare for and actively participate in Committee meetings and activities.
- Actively offer insight and perspective to support and improve the SWMBH compliance program goals and initiatives.
- Complete assignments in a timely manner.
- Committee members with specific expertise in issues or projects addressed by the Committee will offer insight and perspective in a manner to support the SWMBH compliance program goals and initiatives.

**Committee Meetings**

The Committee shall meet a minimum of quarterly. If there is not a significant purpose to meet, the Committee meeting may be cancelled with the support of two or more Committee members.

DRAFT

# *Southwest Michigan*

---

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Governance		<b>Policy Number:</b> BG-001	<b>Pages:</b> 1
<b>Subject:</b> Committee Structure		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 03.14.2014	<b>Last Review Date:</b> 4/14/23	<b>Past Review Dates:</b> 3.13.15, 3/11/16, 3/10/17, 3/9/18,1/11/19, 1/10/20, 1/8/21, 1/14/22	

I. **PURPOSE:**

To define a SWMBH Board Committee.

II. **POLICY:**

A committee is a Board Committee only if its existence and charge come from the Board, regardless whether Board Members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its work is complete.

III. **STANDARDS:**

1. The Board will charge the committee formed.

# *Southwest Michigan*

---

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Governance		<b>Policy Number:</b> BG-010	<b>Pages:</b> 1
<b>Subject:</b> Board Committee Principles		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 03.14.2014	<b>Last Review Date:</b> 6/9/23	<b>Past Review Dates:</b> 03.13.15, 04.10.15, 4/8/16, 4/14/17, 4/13/18, 4/12/19, 4/10/20, 4/9/21, 4/8/22	

I. **PURPOSE:**

To define SWMBH Board committee principles.

II. **POLICY:**

Board committees, when used, will be assigned so as to reinforce the wholeness of the Board’s job and to not interfere with delegation from the Board to the EO.

III. **STANDARDS:**

Accordingly the Committees shall:

1. Assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board’s broader focus, Board committees will normally not have direct dealings with current staff operations.
2. Not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
3. Not exercise authority over staff.
4. Be used sparingly and ordinarily in an ad hoc capacity.
5. This policy applies to any group that is formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the EO.



**PBIP - CMHSP/SWMBH Proposals - FY23**

**FY 23 PBIP Proposal**

Total PBIP	\$ 2,397,080.93
Less: SWMBH SUD Providers	\$ <u>170,762.05</u>
PBIP Available for Allocation	\$ 2,226,318.88

	CMHSP	SWMBH
PBIP %	90%	10%
	\$ 2,003,686.99	\$ 222,631.89

Non-Reserved Local \$ 1,000,000.00

Total CMH PBIP Offer \$ 3,003,686.99

	MH PBIP	SUD PBIP	Total PBIP
Barry	\$ 166,415.45	\$ 5,908.84	\$ 172,324.29
Berrien	\$ 564,605.04	\$ 12,142.03	\$ 576,747.08
Branch	\$ 177,124.87	\$ 9,025.44	\$ 186,150.30
Calhoun	\$ 582,881.79	\$ -	\$ 582,881.79
Cass	\$ 175,775.91	\$ 4,710.15	\$ 180,486.06
Kalamazoo	\$ 787,051.63	\$ -	\$ 787,051.63
St. Joseph	\$ 247,945.20	\$ 10,909.09	\$ 258,854.29
Van Buren	\$ <u>301,887.10</u>	\$ <u>6,354.07</u>	\$ <u>308,241.17</u>
Total	\$ <u>3,003,686.99</u>	\$ <u>49,049.62</u>	\$ <u>3,052,736.61</u>

*Version Date: 4/30/2024*

**PBIP - CMHSP/SWMBH Agreement - FY24**

Total FY24 PBIP earnings, less SWMBH SUD Provider allocation, remainder allocated 90% to Participant CMHSPs by Medicaid eligibles, 10% to SWMBH.

**Management Report & Recommended Board Motion Language:** SWMBH and its Participant CMHSPs have reached unanimous agreement regarding the distribution of FY23 and FY24 Performance Bonus Incentive Program earnings. Management recommends the Board approve as follows:

***I move the Board approve the distribution of the FY23 and FY24 PBIP earnings as outlined in this report, and as unanimously agreed to between SWMBH and the Participant CMHSP CEOs.***



# *Southwest Michigan*

---

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Governance		<b>Policy Number:</b> BG-011	<b>Pages:</b> 2
<b>Subject:</b> Governing Style and Commitment		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 04.11.2014	<b>Last Review Date:</b> 6.9.23	<b>Past Review Dates:</b> 04.11.15, 05.08.15, 5.13.16, 12.9.16, 5.12.17, 5.11.18, 5.10.19, 5.8.20, 5.14.2, 06.10.22	

**I. PURPOSE:**

The SWMBH Board will engage in continual refinement of its values and vision, guaranteeing the accountability of SWMBH through monitoring of performance.

**II. POLICY:**

The Board will govern lawfully, observing the principles of the Policy Governance model, with an emphasis on (a) outward vision rather than an internal preoccupation, (b) encouragement of diversity in viewpoints, (c) strategic leadership more than administrative detail, (d) clear distinction of Board and Chief Executive roles, (e) collective rather than individual decisions, (f) future rather than past or present focus, and (g) proactivity rather than reactivity.

**III. STANDARDS:**


Accordingly, the SWMBH Board shall:

1. Cultivate a sense of group responsibility. The Board, not the staff, will be responsible for excellence in governing. The Board will be the initiator of policy, not merely a reactor to staff initiatives. The Board will not use the expertise of individual member to substitute for the judgment of the Board, although the expertise of individual members may be used to enhance the understanding of the Board as a body.
2. Direct, control, and inspire the organization through the careful establishment of broad written policies reflecting the Board’s values and perspectives. The Board’s major policy focus will be on the intended long-term impacts, not on administrative or programmatic means of attaining those effects.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policy-making principles, respect of roles, and ensuring the continuance of governance capability. Although the Board can change its governance process policies at any time, it will observe those currently in force.
4. Continual Board development will include orientation of new Board members in the Board’s governance process and periodic Board discussion of process improvement.

5. Allow no officer, individual, or committee of the Board to hinder or be an excuse for not fulfilling group obligations.
6. The Board will monitor and discuss the Board's process and performance periodically. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.
7. Follow the SWMBH Conflict of Interest Policy.
8. When a Member either must recuse themselves or chooses to recuse themselves from voting on a Board decision their prior potential vote count will be removed from the vote tally denominator.

When a Member abstains from voting on a Board decision their potential vote count will not be removed from the vote tally denominator.

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Southwest Michigan Behavioral Health</b>											
2	<b>Medicaid Summary Income Statement</b>											
3	For the Fiscal YTD Period Ended 3/31/2024											
4		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
5								<b>ESTIMATE</b>				
6	<b>Medicaid Specialty Services</b>											
7	Contract Revenue	\$ 124,190,846	\$ 7,406,142	\$ 116,784,704	\$ 5,034,111	\$ 22,500,350	\$ 6,074,947	\$ 21,767,281	\$ 7,638,418	\$ 33,882,269	\$ 7,613,400	\$ 12,273,928
8	Budget v Actual	\$ 5,611,059	\$ (6,132,798)	\$ 11,743,857	\$ 744,038	\$ 1,954,325	\$ 842,297	\$ 2,961,632	\$ 539,967	\$ 3,326,048	\$ 1,192,037	\$ 183,513
9	% Variance - Fav / (Unfav)	4.7%	-45.3%	11.2%	17.3%	9.5%	16.1%	15.7%	7.6%	10.9%	18.6%	1.5%
10												
11	Healthcare Cost	\$ 119,748,974	\$ 3,587,587	\$ 116,161,387	\$ 3,920,977	\$ 21,985,152	\$ 5,318,470	\$ 21,146,832	\$ 8,336,360	\$ 34,795,511	\$ 7,869,729	\$ 12,788,356
12	Budget v Actual	\$ (8,211,301)	\$ 1,977,571	\$ (10,188,872)	\$ (697,213)	\$ (1,152,386)	\$ (206,075)	\$ (5,306,657)	\$ 178,627	\$ (698,795)	\$ (1,575,135)	\$ (731,239)
13	% Variance - Fav / (Unfav)	-7.4%	35.5%	-9.6%	-21.6%	-5.5%	-4.0%	-33.5%	2.1%	-2.0%	-25.0%	-6.1%
14	<b>MLR</b>	96.4%	48.4%	99.5%	77.9%	97.7%	87.5%	97.1%	109.1%	102.7%	103.4%	104.2%
15												
16	Managed Care Administration	\$ 14,514,532	\$ 3,124,145	\$ 11,390,387	\$ 550,460	\$ 2,196,198	\$ 592,095	\$ 2,396,041	\$ 693,294	\$ 3,089,306	\$ 746,931	\$ 1,126,064
17	Budget v Actual	\$ (1,050,316)	\$ 254,684	\$ (1,305,000)	\$ 79,423	\$ (490,063)	\$ (7,143)	\$ 24,845	\$ (8,227)	\$ (761,277)	\$ (291,649)	\$ 149,091
18	% Variance - Fav / (Unfav)	-7.8%	7.5%	-12.9%	12.6%	-28.7%	-1.2%	1.0%	-1.2%	-32.7%	-64.1%	11.7%
19	<b>ACR</b>	10.8%	2.3%	8.5%	12.3%	9.1%	10.0%	10.2%	7.7%	8.2%	8.7%	8.1%
20												
21	Total Contract Cost	\$ 134,263,506	\$ 6,711,732	\$ 127,551,774	\$ 4,471,437	\$ 24,181,350	\$ 5,910,564	\$ 23,542,872	\$ 9,029,654	\$ 37,884,817	\$ 8,616,660	\$ 13,914,420
22	Budget v Actual	\$ (9,261,616)	\$ 2,232,256	\$ (11,493,872)	\$ (617,790)	\$ (1,642,449)	\$ (213,218)	\$ (5,281,812)	\$ 170,400	\$ (1,460,071)	\$ (1,866,785)	\$ (582,148)
23	Variance - Favorable / (Unfavorable)	-7.4%	25.0%	-9.9%	-16.0%	-7.3%	-3.7%	-28.9%	1.9%	-4.0%	-27.7%	-4.4%
24												
25												
26	Net before Settlement	\$ (10,072,660)	\$ 694,410	\$ (10,767,070)	\$ 562,674	\$ (1,681,000)	\$ 164,382	\$ (1,775,591)	\$ (1,391,236)	\$ (4,002,548)	\$ (1,003,260)	\$ (1,640,492)
27	Budget v Actual	\$ (3,650,557)	\$ (3,900,542)	\$ 249,985	\$ 126,249	\$ 311,876	\$ 629,079	\$ (2,320,179)	\$ 710,367	\$ 1,865,977	\$ (674,747)	\$ (398,635)
28	Variance - Favorable / (Unfavorable)	-56.8%	-84.9%	2.3%	28.9%	15.6%	135.4%	-426.0%	33.8%	31.8%	-205.4%	-32.1%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											+/- 2%
30	Date: 4/29/2024											>2% favorable
31												-2% to -4%
32												>-4% unfavorable

	A	B	C	D	E	F	G	H	I	J	K	L
33	<b>Southwest Michigan Behavioral Health</b>											
34	<b>Healthy Michigan Summary Income Statement</b>											
35	For the Fiscal YTD Period Ended 3/31/2024											
												
36		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
37		-	-	-	-	-	-	<b>ESTIMATE</b>	-	-	-	-
38	<b>Healthy Michigan Plan (HMP)</b>											
39	Contract Revenue	\$ 15,996,251	\$ 4,181,759	\$ 11,814,492	\$ 448,385	\$ 2,260,704	\$ 423,729	\$ 2,482,381	\$ 872,786	\$ 3,022,772	\$ 864,824	\$ 1,438,910
40	Budget v Actual	\$ (8,307,201)	\$ 2,273,553	\$ (10,580,754)	\$ (608,115)	\$ (2,315,782)	\$ (487,060)	\$ (1,697,292)	\$ (766,014)	\$ (3,368,455)	\$ (593,741)	\$ (744,295)
41	% Variance - Fav / (Unfav)	-34.2%	119.1%	-47.2%	-57.6%	-50.6%	-53.5%	-40.6%	-46.7%	-52.7%	-40.7%	-34.1%
42												
43	Healthcare Cost	\$ 14,869,841	\$ 5,132,233	\$ 9,737,608	\$ 277,161	\$ 1,658,585	\$ 509,785	\$ 2,448,354	\$ 934,026	\$ 2,163,157	\$ 534,393	\$ 1,212,146
44	Budget v Actual	\$ 2,555,871	\$ 1,776,732	\$ 779,139	\$ 237,251	\$ (300,348)	\$ (81,091)	\$ 334,301	\$ (406,166)	\$ (162,228)	\$ 847,878	\$ 309,541
45	% Variance - Fav / (Unfav)	14.7%	25.7%	7.4%	46.1%	-22.1%	-18.9%	12.0%	-76.9%	-8.1%	61.3%	20.3%
46	<b>MLR</b>	93.0%	122.7%	82.4%	61.8%	73.4%	120.3%	98.6%	107.0%	71.6%	61.8%	84.2%
47												
48	Managed Care Administration	\$ 1,631,538	\$ 379,316	\$ 1,252,222	\$ 38,910	\$ 266,424	\$ 84,435	\$ 378,983	\$ 86,751	\$ 192,046	\$ 87,444	\$ 117,229
49	Budget v Actual	\$ (16,382)	\$ 106,617	\$ (122,999)	\$ 69,230	\$ (189,129)	\$ 8,961	\$ 4,501	\$ (6,268)	\$ (55,428)	\$ (7,610)	\$ 52,743
50	% Variance - Fav / (Unfav)	-1.0%	21.9%	-10.9%	64.0%	-244.7%	9.6%	1.2%	-7.8%	-40.6%	-9.5%	31.0%
51	<b>ACR</b>	9.9%	2.3%	7.6%	12.3%	13.8%	14.2%	13.4%	8.5%	8.2%	14.1%	8.8%
52												
53	Total Contract Cost	\$ 16,501,378	\$ 5,511,549	\$ 10,989,830	\$ 316,071	\$ 1,925,009	\$ 594,221	\$ 2,827,336	\$ 1,020,777	\$ 2,355,203	\$ 621,837	\$ 1,329,375
54	Budget v Actual	\$ 19,040,867	\$ 7,394,898	\$ 11,645,969	\$ 622,552	\$ 1,435,533	\$ 522,091	\$ 3,166,139	\$ 608,343	\$ 2,137,548	\$ 1,462,105	\$ 1,691,660
55	% Variance - Fav / (Unfav)	13.3%	25.5%	5.6%	49.2%	-34.1%	-13.8%	10.7%	-67.8%	-10.2%	57.5%	21.4%
56												
57												
58	Net before Settlement	\$ (505,127)	\$ (1,329,789)	\$ 824,662	\$ 132,314	\$ 335,695	\$ (170,492)	\$ (344,955)	\$ (147,991)	\$ 667,569	\$ 242,988	\$ 109,535
59	Budget v Actual	\$ (5,767,712)	\$ 4,156,902	\$ (9,924,615)	\$ (301,634)	\$ (2,805,258)	\$ (559,190)	\$ (1,358,490)	\$ (1,178,448)	\$ (3,586,111)	\$ 246,527	\$ (382,011)
60	% Variance - Fav / (Unfav)	-109.6%	75.8%	-92.3%	-69.5%	-89.3%	-143.9%	-134.0%	-114.4%	-84.3%	6965.7%	-77.7%
61	Note: HMP Savings can be applied to Medicaid cost savings or ISF											+/- 2%
62	Date: 4/29/2024											>2% favorable

	E	F	H	J	K	M	N	P	Q	R	S
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>							
2	For the Fiscal YTD Period Ended 3/31/2024		<b>P06FYTD24</b>	6							
3	(For Internal Management Purposes Only)										
4	<b>INCOME STATEMENT</b>										
5		<b>TOTAL</b>	<b>Medicaid Contract</b>	<b>Healthy Michigan Contract</b>	<b>Opioid Health Home Contract</b>	<b>CCBHC</b>	<b>MH Block Grant Contracts</b>	<b>SA Block Grant Contract</b>	<b>SA PA2 Funds Contract</b>	<b>SWMBH Central</b>	
6	<b>REVENUE</b>										
18	Contract Revenue	177,415,150	124,084,948	15,996,251	823,360	31,198,095	364,779	3,892,251	1,055,465	-	-
19	DHHS Incentive Payments	105,898	105,898	-	-	-	-	-	-	-	-
20	Grants and Earned Contracts	-	-	-	-	-	-	-	-	-	-
21	Interest Income - Working Capital	531,153	-	-	-	-	-	-	-	-	531,153
22	Interest Income - ISF Risk Reserve	171,048	-	-	-	-	-	-	-	-	171,048
23	Local Funds Contributions	453,432	-	-	-	-	-	-	-	-	453,432
24	Other Local Income	-	-	-	-	-	-	-	-	-	-
25											
26	<b>TOTAL REVENUE</b>	<b>178,676,680</b>	<b>124,190,846</b>	<b>15,996,251</b>	<b>823,360</b>	<b>31,198,095</b>	<b>364,779</b>	<b>3,892,251</b>	<b>1,055,465</b>	<b>1,155,632</b>	
27											
28	<b>EXPENSE</b>										
29	<b>Healthcare Cost</b>										
30	Provider Claims Cost	11,975,185	2,383,161	4,629,858	617,235	-	134,508	3,415,644	793,774	-	-
31	CMHP Subcontracts, net of 1st & 3rd party	158,825,474	116,161,387	9,737,608	-	32,606,373	-	320,106	-	-	-
32	Insurance Provider Assessment Withhold (IPA)	1,706,802	1,204,427	502,375	-	-	-	-	-	-	-
33	Medicaid Hospital Rate Adjustments	-	-	-	-	-	-	-	-	-	-
34	MHL Cost in Excess of Medicare FFS Cost	-	1,032	-	-	-	-	-	-	-	-
35											
36	<b>Total Healthcare Cost</b>	<b>172,507,460</b>	<b>119,750,007</b>	<b>14,869,841</b>	<b>617,235</b>	<b>32,606,373</b>	<b>134,508</b>	<b>3,735,750</b>	<b>793,774</b>	<b>-</b>	<b>-</b>
37	Medical Loss Ratio (HCC % of Revenue)	97.2%	96.4%	93.0%	75.0%	104.5%	-	96.0%	75.2%	-	-
38											
40	Purchased Professional Services	170,752	-	-	-	-	-	-	-	-	170,752
41	Administrative and Other Cost	4,661,263	-	-	-	-	230,271	50,982	-	-	4,380,736
43	Depreciation	3,631	-	-	-	-	-	-	-	-	3,631
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-
45	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	-	(727)
46	Delegated Managed Care Admin	12,642,609	11,390,387	1,252,222	-	-	-	-	-	-	-
47	Apportioned Central Mgd Care Admin	0	3,124,145	379,316	16,296	852,137	9,631	105,525	-	-	(4,487,076)
48											
49	<b>Total Administrative Cost</b>	<b>17,478,255</b>	<b>14,514,532</b>	<b>1,631,538</b>	<b>16,296</b>	<b>852,137</b>	<b>239,902</b>	<b>156,507.40</b>	<b>-</b>	<b>-</b>	<b>67,318</b>
50	Admin Cost Ratio (MCA % of Total Cost)	9.2%	10.8%	9.9%	2.6%	2.5%	-	4.0%	0.0%	0.0%	2.4%
51											
52	Local Funds Contribution	453,432	-	-	-	-	-	-	-	-	453,432
54											
55	<b>TOTAL COST after apportionment</b>	<b>190,439,147</b>	<b>134,264,539</b>	<b>16,501,378</b>	<b>633,531</b>	<b>33,458,510</b>	<b>374,409</b>	<b>3,892,257</b>	<b>793,774</b>	<b>520,749</b>	
56											
57	<b>NET SURPLUS before settlement</b>	<b>(11,762,467)</b>	<b>(10,073,693)</b>	<b>(505,127)</b>	<b>189,829</b>	<b>(2,260,415)</b>	<b>(9,631)</b>	<b>(6)</b>	<b>261,692</b>	<b>634,883</b>	
58	Net Surplus (Deficit) % of Revenue	-6.6%	-8.1%	-3.2%	23.1%	-7.2%	-2.6%	0.0%	24.8%	54.9%	
60	Prior Year Savings	-	-	-	-	-	-	-	-	-	-
61	Change in PA2 Fund Balance	(261,686)	-	-	-	-	-	-	(261,686)	-	-
62	ISF Risk Reserve Abatement (Funding)	(171,048)	-	-	-	-	-	-	-	(171,048)	-
63	ISF Risk Reserve Deficit (Funding)	10,578,820	10,578,820	-	-	-	-	-	-	-	-
64	CCBHC Supplemental Receivable (Payable)	834,681	-	-	-	834,681	-	-	-	-	-
65	Settlement Receivable / (Payable)	(0)	(1,741,032)	505,127	(189,829)	1,425,733	-	6	(6)	-	-
66	<b>NET SURPLUS (DEFICIT)</b>	<b>(781,699)</b>	<b>(1,235,904)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(9,631)</b>	<b>-</b>	<b>-</b>	<b>463,835</b>	
67	<i>HMP &amp; Autism is settled with Medicaid</i>										
68											
69	<b>SUMMARY OF NET SURPLUS (DEFICIT)</b>										
70	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-
71	Current Year Savings	-	-	-	-	-	-	-	-	-	-
72	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-
73	Local and Other Funds Surplus/(Deficit)	(781,699)	(1,235,904)	-	-	-	(9,631)	-	-	-	463,835
74											
75	<b>NET SURPLUS (DEFICIT)</b>	<b>(781,699)</b>	<b>(1,235,904)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(9,631)</b>	<b>-</b>	<b>-</b>	<b>463,835</b>	





	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 3/31/2024			6										
3	(For Internal Management Purposes Only)			ok					ESTIMATE					
4	<b>INCOME STATEMENT</b>			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
159														
160	<b>Certified Community Behavioral Health Clin</b>			HCC%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.7%	24.2%	0.0%
161	Contract Revenue	31,198,095	(644,916)	31,843,011	1,705,006	5,963,363	2,279,942	5,944,810	-	12,850,189	3,099,701	-	-	-
162	External Provider Cost	2,885,636	-	2,885,636	-	-	-	-	-	-	2,885,636	-	-	-
164	Internal Program Cost	29,679,638	-	29,679,638	2,348,604	5,249,396	2,357,603	6,204,315	-	10,577,504	2,942,216	-	-	-
165	SSI Reimb, 1st/3rd Party Cost Offset	(288,617)	-	(288,617)	-	-	-	-	-	-	(214,534)	-	(74,083)	-
167	<b>Total Healthcare Cost</b>	<b>32,606,373</b>		<b>32,606,373</b>	<b>2,678,320</b>	<b>5,249,396</b>	<b>2,357,603</b>	<b>6,204,315</b>		<b>13,248,606</b>	<b>2,868,133</b>			
168	Medical Loss Ratio (HCC % of Revenue)	104.5%	0.0%	102.4%	157.1%	88.0%	103.4%	104.4%	0.0%	103.1%	92.5%	0.0%		
169	<b>Managed Care Administration</b>	<b>852,137</b>	<b>852,137</b>											
170	Admin Cost Ratio (MCA % of Total Cost)	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
171														
172														
173	Contract Cost	33,458,510	852,137	32,606,373	2,678,320	5,249,396	2,357,603	6,204,315	-	13,248,606	2,868,133	-	-	-
174	Net before Settlement	(2,260,415)	(1,497,053)	(763,362)	(973,314)	713,967	(77,661)	(259,504)	-	(398,417)	231,568	-	-	-
175	PPS-1 Supplemental Payment Difference	-	2,638,120	(2,638,120)	(831,861)	(431,438)	(47,658)	(492,481)	-	(41,024)	(793,658)	-	-	-
176	Contract Settlement / Redistribution	-	(1,874,757)	1,874,757	(141,453)	1,145,405	(30,002)	232,976	-	(357,394)	1,025,226	-	-	-
177	<b>Net after Settlement</b>	<b>-</b>	<b>(1,874,757)</b>	<b>1,874,757</b>	<b>(141,453)</b>	<b>1,145,405</b>	<b>(30,002)</b>	<b>232,976</b>		<b>(357,394)</b>	<b>1,025,226</b>			
178														
197														
198	<b>SWMBH CMHP Subcontracts</b>													
199	Subcontract Revenue	171,279,294	10,840,794	160,438,500	7,183,795	30,724,417	8,778,617	30,194,473	8,511,204	49,755,230	11,577,925	13,712,838		
200	Incentive Payment Revenue	105,898	102,192	3,706	3,706	-	-	-	-	-	-	-	-	-
201	<b>Contract Revenue</b>	<b>171,385,192</b>	<b>10,942,986</b>	<b>160,442,206</b>	<b>7,187,502</b>	<b>30,724,417</b>	<b>8,778,617</b>	<b>30,194,473</b>	<b>8,511,204</b>	<b>49,755,230</b>	<b>11,577,925</b>	<b>13,712,838</b>		
202	External Provider Cost	121,815,300	7,013,018	114,802,281	3,202,055	21,974,864	5,548,038	21,919,287	6,138,969	38,848,080	7,929,146	9,241,842		
204	Internal Program Cost	44,065,911	-	44,065,911	3,348,486	7,253,449	2,637,820	7,880,213	3,131,418	11,575,422	3,417,193	4,821,910		
205	SSI Reimb, 1st/3rd Party Cost Offset	(692,541)	-	(692,541)	(3,800)	(335,180)	-	-	-	(216,228)	(74,083)	(63,250)		
206	Insurance Provider Assessment Withhold (IPA)	1,706,802	1,706,802	-	-	-	-	-	-	-	-	-		
207	<b>Total Healthcare Cost</b>	<b>166,895,471</b>	<b>8,719,820</b>	<b>158,175,651</b>	<b>6,546,742</b>	<b>28,893,133</b>	<b>8,185,858</b>	<b>29,799,500</b>	<b>9,270,387</b>	<b>50,207,274</b>	<b>11,272,255</b>	<b>14,000,502</b>		
208	Medical Loss Ratio (HCC % of Revenue)	97.4%	79.7%	98.6%	91.1%	94.0%	93.2%	98.7%	108.9%	100.9%	97.4%	102.1%		
209	<b>Managed Care Administration</b>	<b>16,998,206</b>	<b>4,355,597</b>	<b>12,642,609</b>	<b>589,370</b>	<b>2,462,622</b>	<b>676,530</b>	<b>2,775,023</b>	<b>780,044</b>	<b>3,281,352</b>	<b>834,374</b>	<b>1,243,293</b>		
210	Admin Cost Ratio (MCA % of Total Cost)	9.2%	2.4%	6.9%	8.3%	7.9%	7.6%	8.5%	7.8%	6.1%	6.9%	8.2%		
211														
212														
213	Contract Cost	183,893,678	13,075,418	170,818,260	7,136,112	31,355,755	8,862,388	32,574,524	10,050,431	53,488,626	12,106,630	15,243,795		
214	Net before Settlement	(12,508,486)	(2,132,432)	(10,376,054)	51,390	(631,338)	(83,771)	(2,380,051)	(1,539,227)	(3,733,396)	(528,705)	(1,530,957)		
215														
216	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
217	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
218	Contract Settlement	(1,235,904)	(13,816,432)	12,580,528	136,873	1,776,743	53,768	2,613,027	1,539,227	3,376,002	1,553,930	1,530,957		
219	<b>Net after Settlement</b>	<b>(13,744,390)</b>	<b>(15,948,864)</b>	<b>2,204,474</b>	<b>188,264</b>	<b>1,145,405</b>	<b>(30,002)</b>	<b>232,976</b>	<b>(0)</b>	<b>(357,394)</b>	<b>1,025,226</b>	<b>-</b>		
220														





# 2023 Consumer Satisfaction Survey Final Analysis & Recommendations

Feb. 2024

Prepared by: Kiaer Research

Prepared for: Southwest Michigan Behavioral Health

# Table of Contents

(clickable)

2023 Response Rates.....	3
MHSIP response rates.....	4
YSS response rates.....	5
2023 Survey Changes.....	6
MHSIP.....	8
Overall ratings 2022 vs. 2023.....	9
Satisfaction ratings.....	10
Access ratings.....	12
Quality-appropriateness & participation ratings.....	13
Outcomes and functioning ratings.....	14
Social connectedness ratings.....	15
Results by construct and county.....	16
Results by demographics.....	25
Opportunities for improvement from comments....	32
YSS.....	33
Overall ratings 2022 vs. 2023.....	34
Youth satisfaction & appropriateness ratings.....	35
Parental participation ratings.....	37
Family access to services for youth ratings.....	38
Family cultural sensitivity ratings.....	39
Youth outcome ratings.....	40
Parental social connectedness ratings.....	42
Youth results by construct and county.....	43
Youth results by demographics.....	52
Diagnostics, Methods, & Recommendations...	60



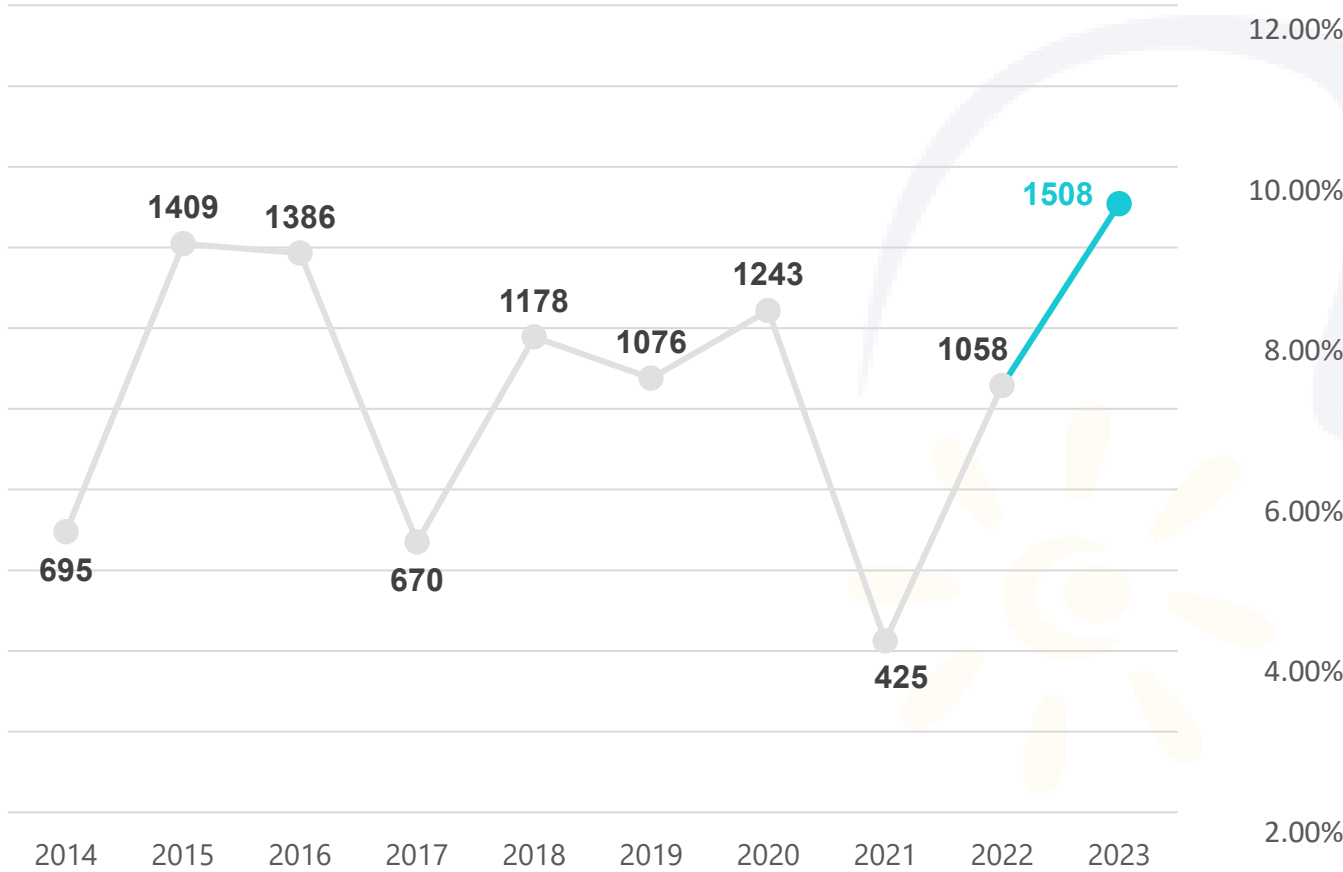
# 2023 Response Rates

Full methods breakdown available at end of report

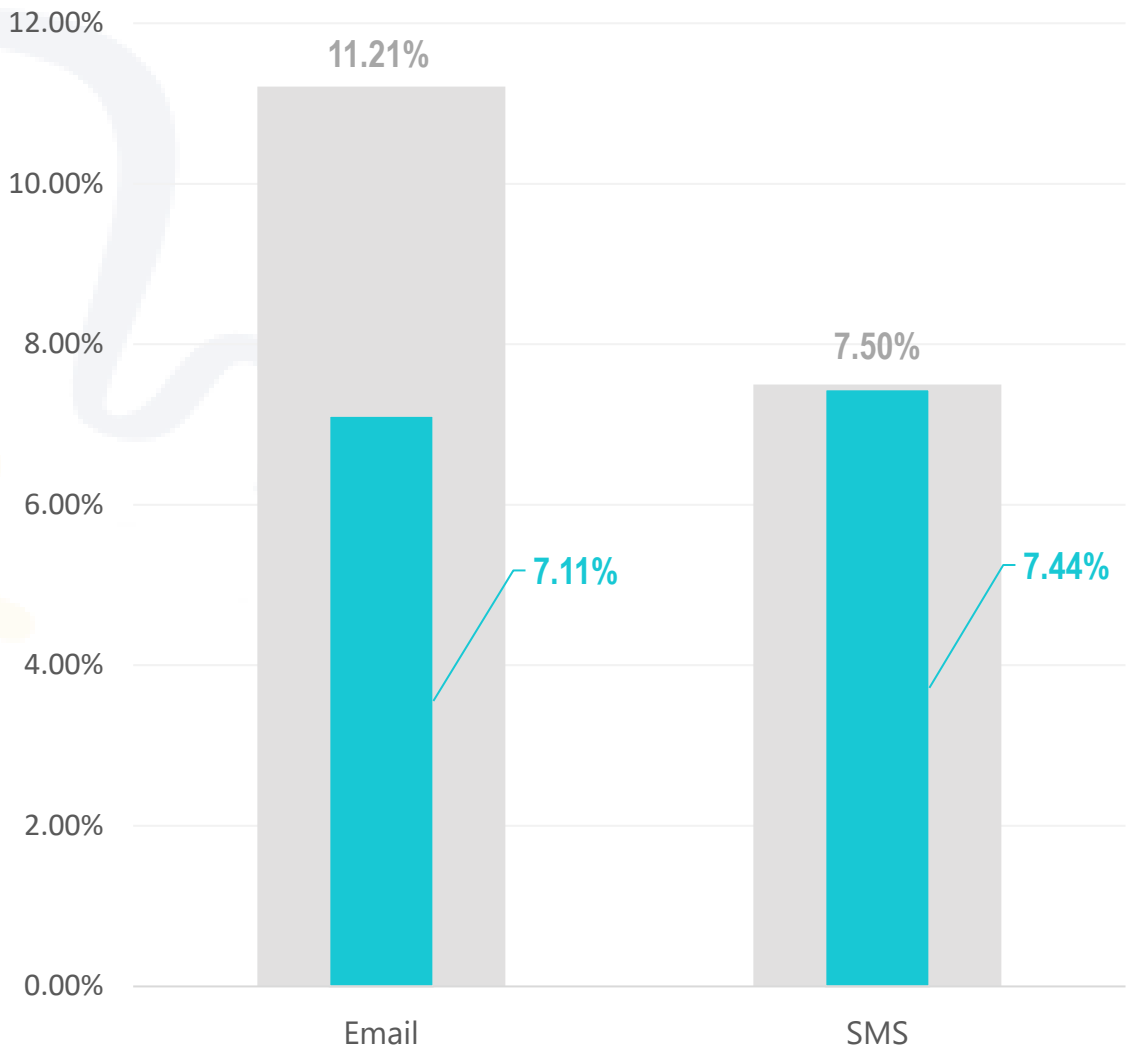
# Highest number of responses ever recorded for 2023 MHSIP

In-office responses (via QR code or paper survey) accounted for 292 (19.3%) of MHSIP responses

### MHSIP # of responses, 2014-2023



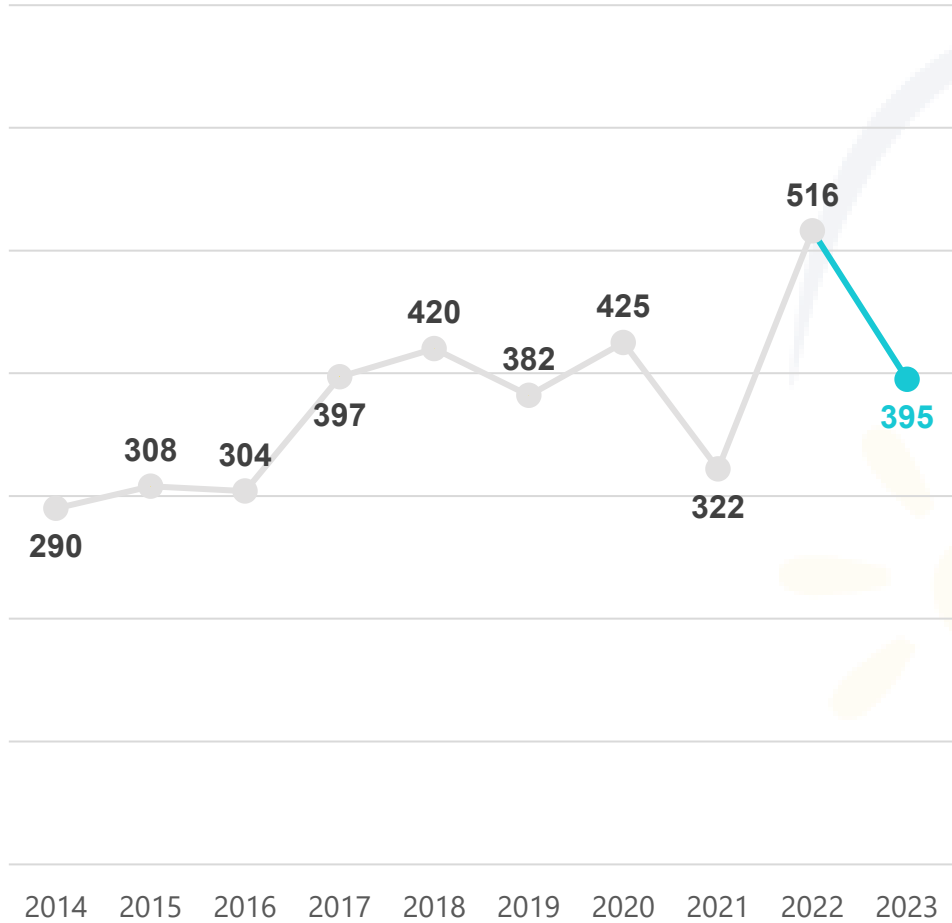
### MHSIP response rate by medium 2022 vs. 2023



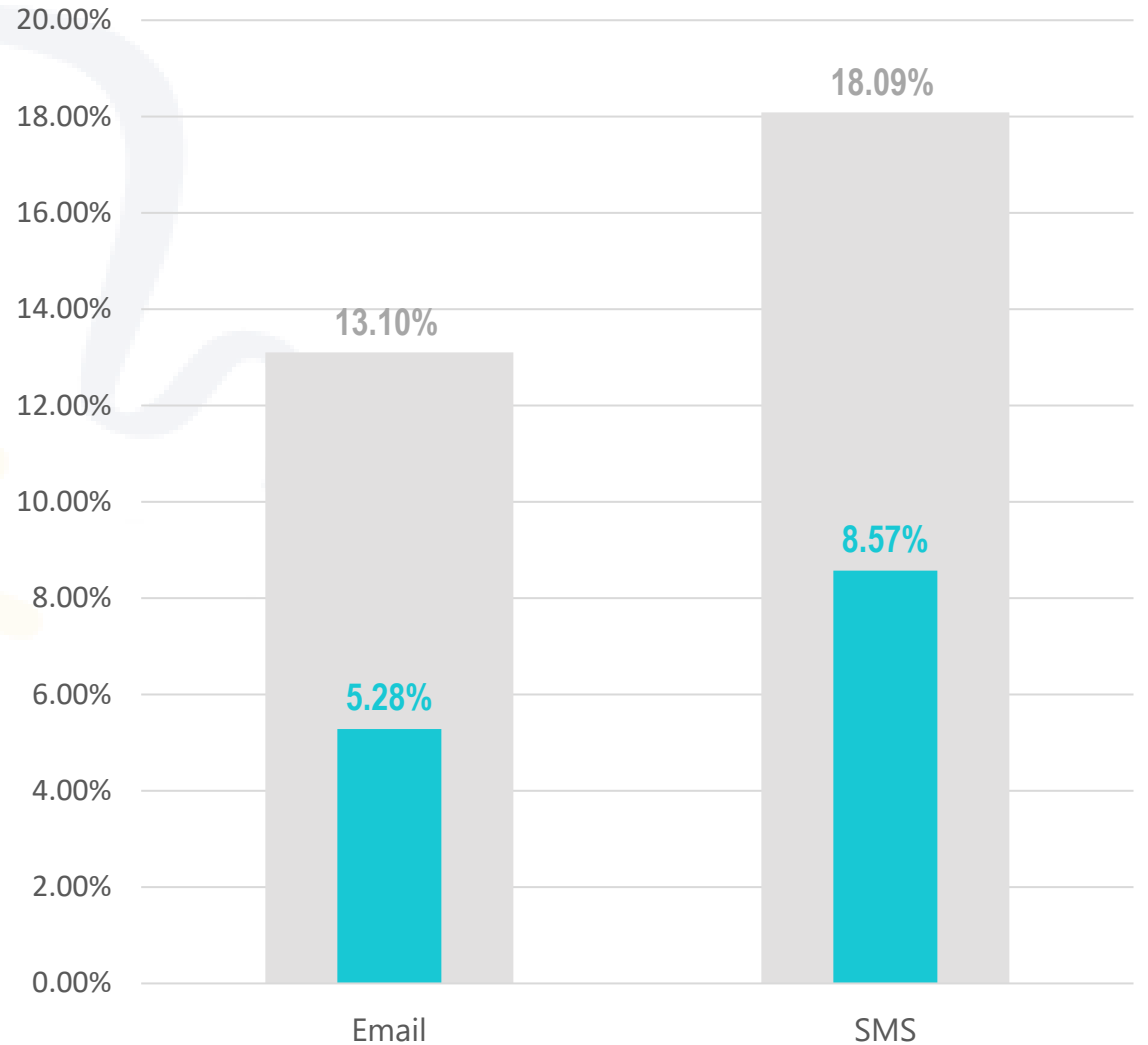
# YSS total responses and response rates dipped in 2023

In-office responses (via QR code or paper survey) accounted for 73 (18.5%) of YSS responses

## YSS # of responses, 2014-2023



## YSS response rate by medium 2022 vs. 2023



# Changes to the 2023 Survey

# Improving readability and adding demographic questions

Changes were made on 10/31/2023 at 5pm, with some responses already recorded

- After receiving feedback that the survey's reading level was too high, revisions were made to make questions simpler
  - Target for the survey: 6<sup>th</sup> grade reading level (Flesch-Kincaid)
  - Most revisions were not for the items themselves, but for the descriptive text before items
  - E.g.: *"Please indicate your agreement or disagreement with each of the following statements"* changed to *"Please tell us whether you agree or disagree"*
- Some items were revised to be more useful and reflective of reality
  - *"I was able to get urgent treatment as soon as I needed to"* was revised to *"...get urgent support within 3 hours"* – this reflects a more realistic type of response from CMHs
  - *"I was able to get every type of service that my provider recommended"* was revised to *"...every service that my provider and I decided I should get"* to reflect the co-construction of treatment
- Further demographic questions were added
  - Asking more specifically where consumers received services for certain CMHs
  - Asking about primary living arrangement





# Mental Health Statistics Improvement Plan (MHSIP) Revised Tool: 2023 Results

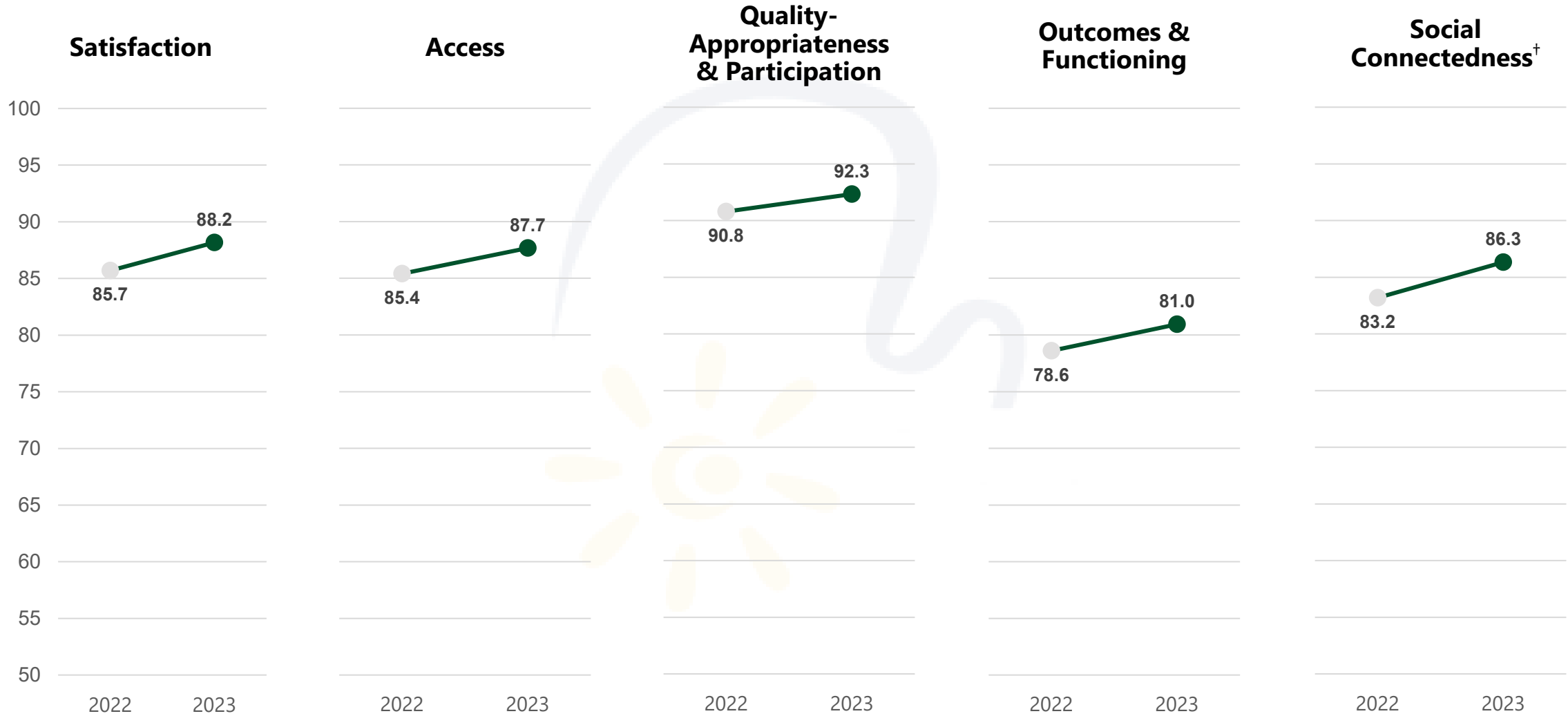
Sample size: 1508





# Overall, adults' social connectedness improved from 2022-2023

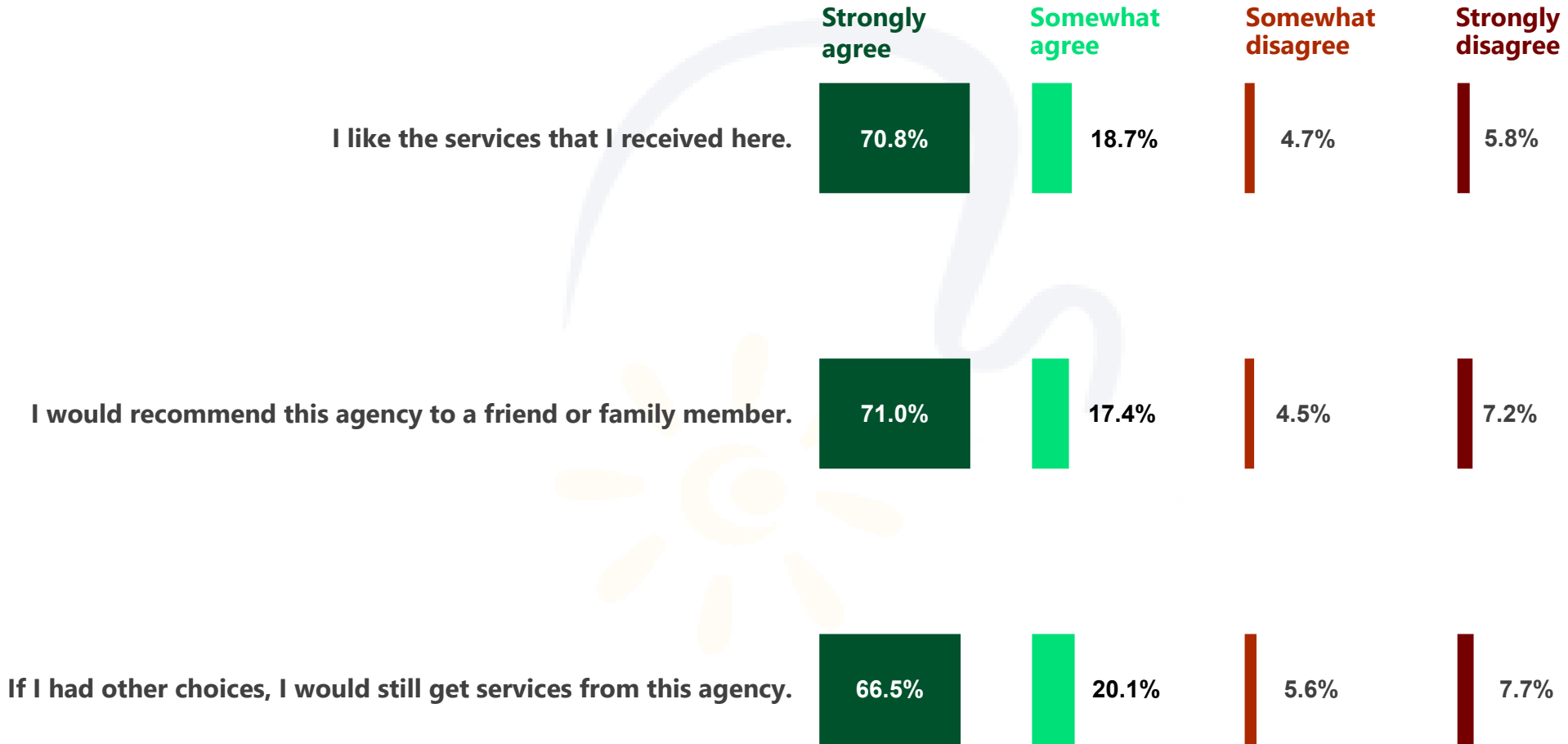
MHSIP scores by construct for previous 2 years, further past years incomparable due to survey changes. Difference in other constructs not statistically significant at 95% confidence.



<sup>†</sup> significant difference ( $p < .05$ ) between this county and others for construct

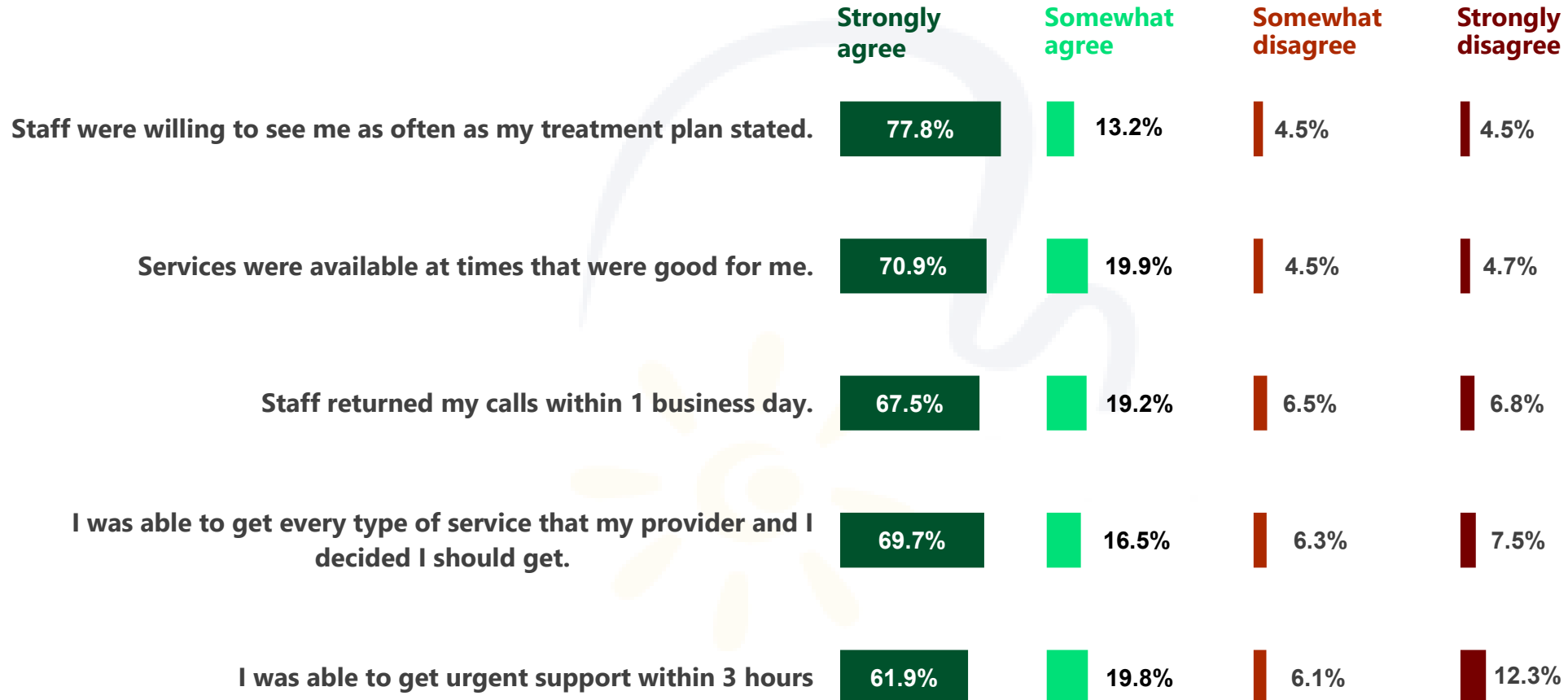
# General CMHSP satisfaction was consistent across all items

And positive – a majority of MHSIP respondents **strongly agreed** with each item measuring satisfaction



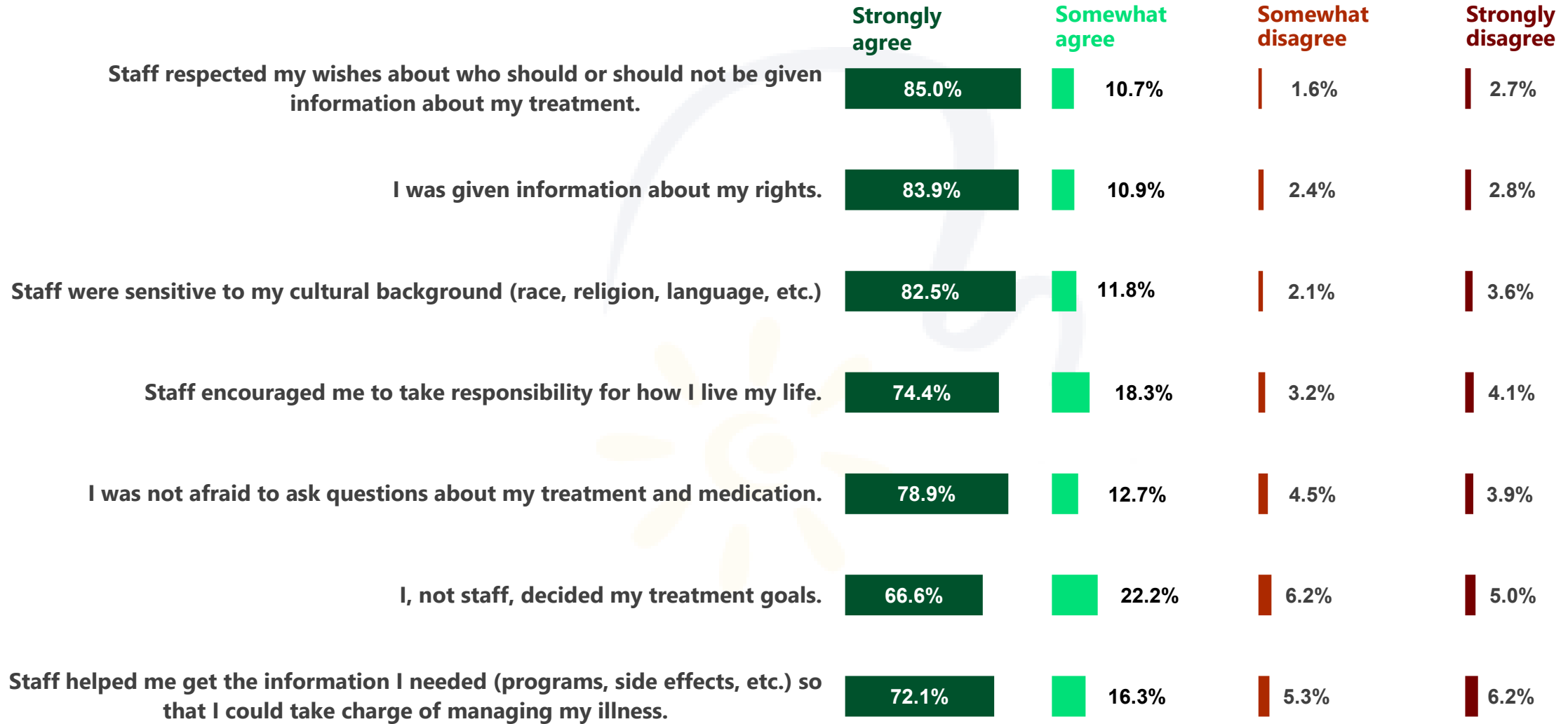
# Majority of consumers had good access to services

Treatment plan adherence and the timing of services were the most approved items.



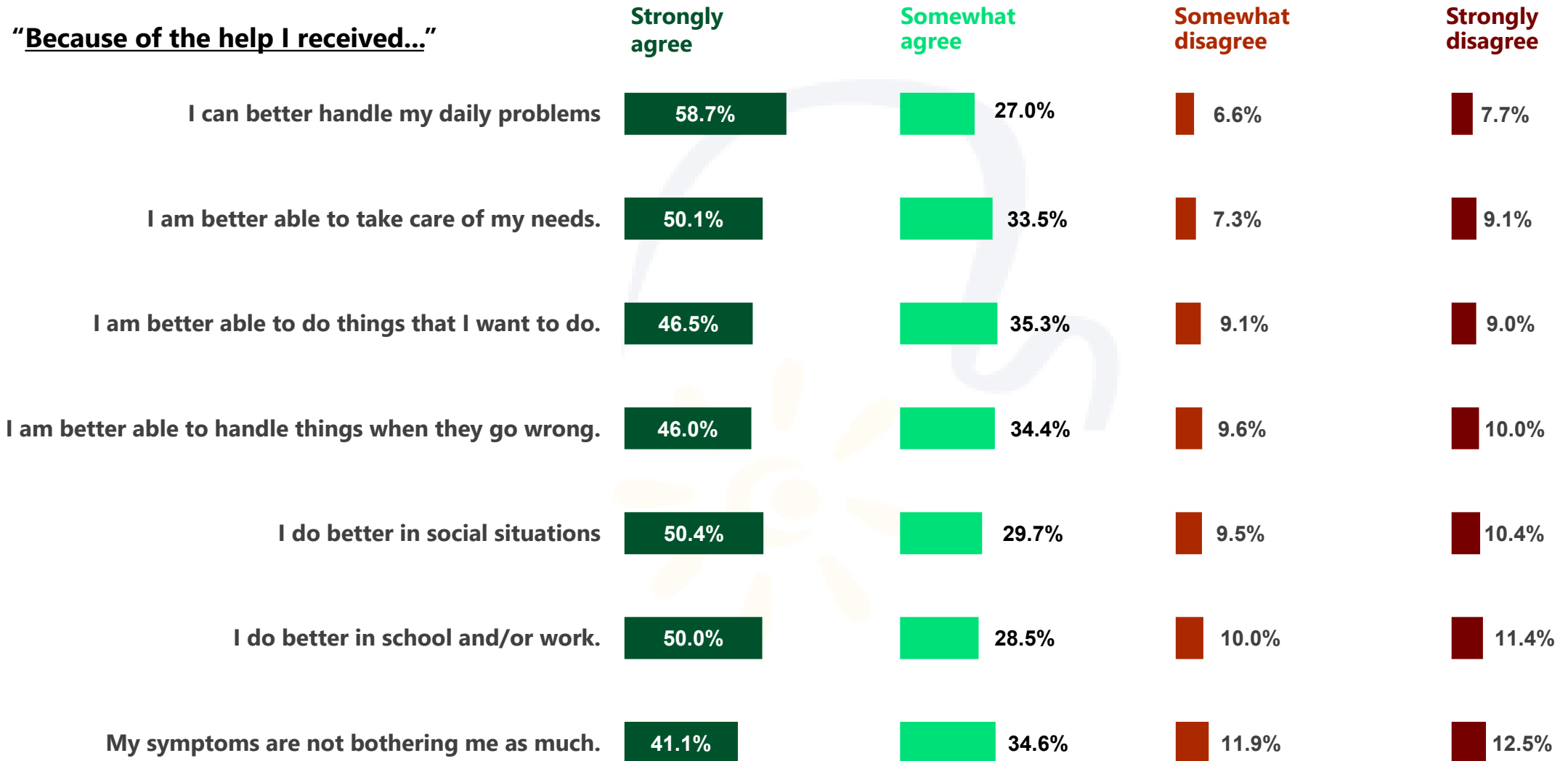
# Similar to 2022, lack of information provided biggest detractor from quality-appropriateness and participation

Still only just over 1 in 10 reported not having adequate information about their treatment



# Consumer outcomes & functioning relatively consistent across all items

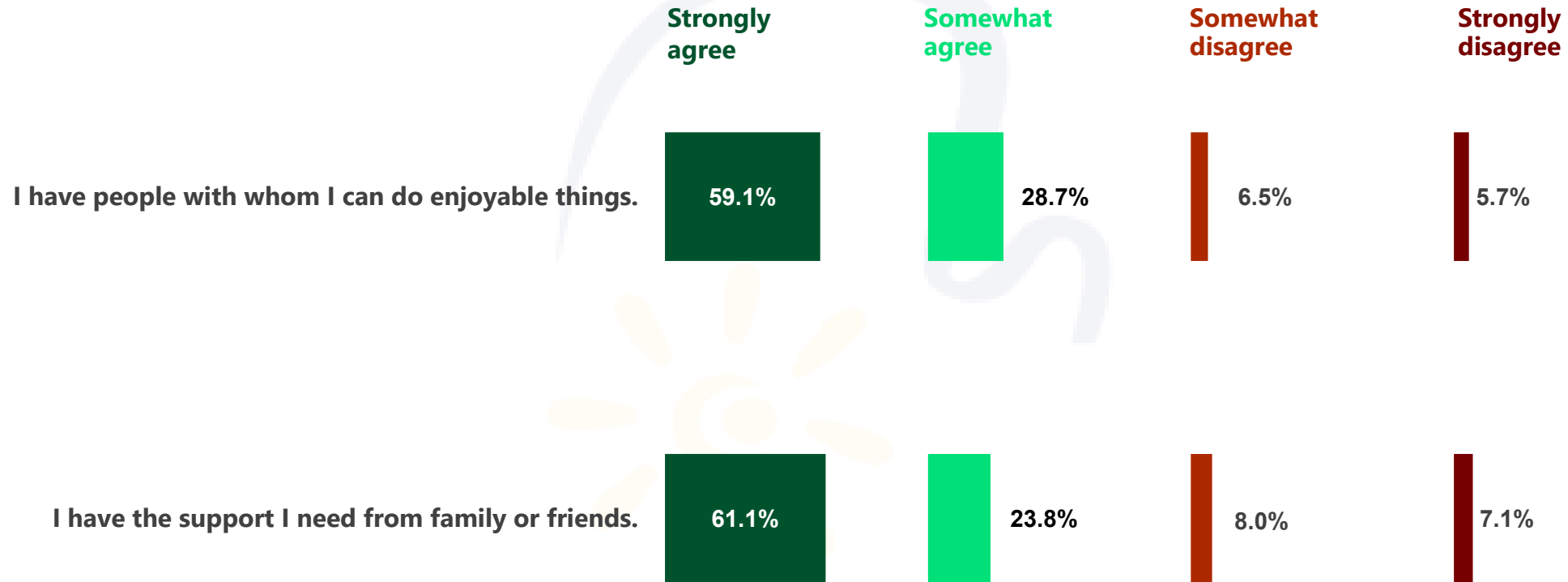
Nearly one in four **disagreed** that their “symptoms [were] not bothering me as much” – highest on all O&F items.



# Strong majority of consumers have adequate social supports

Over 80% of consumers rated that they had social support in each item.

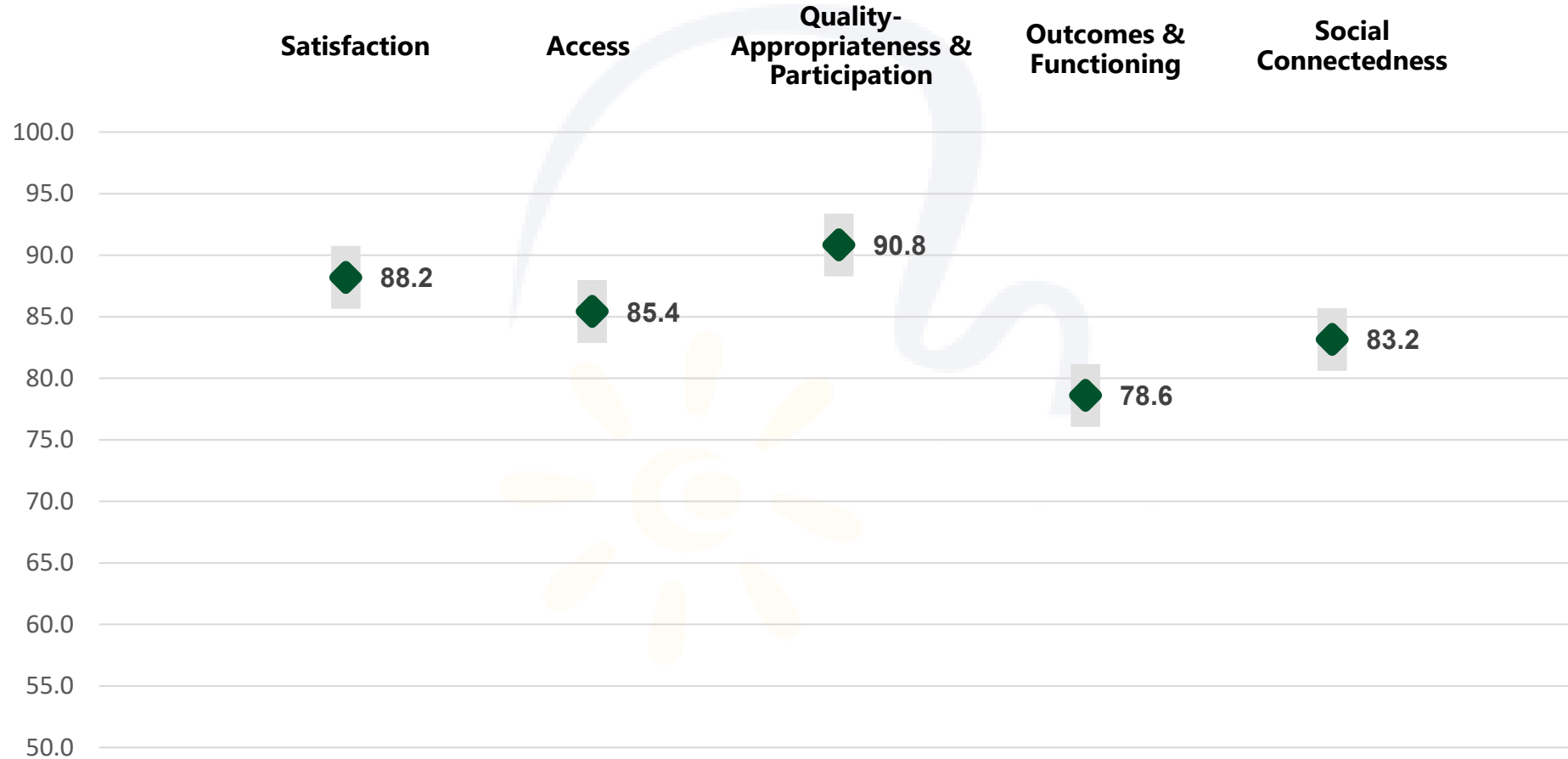
## “Thinking about people other than staff from your CMH...”



# All SWMBH CMHSPs: 2023 MHSIP scores by construct

**Dark green** denotes the percentage in agreement for that construct's items

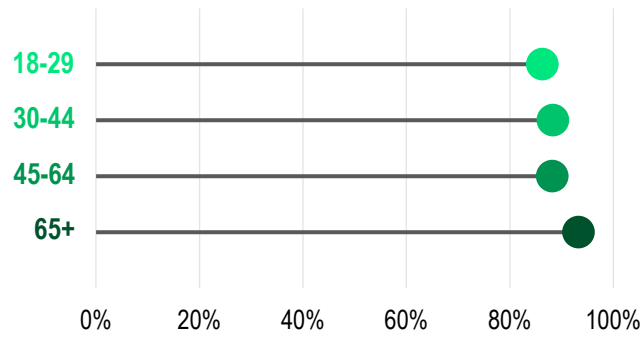
**Gray** bars denote the likely range where the true percentage for all SWMBH consumers might lie (i.e., margin of error\*)



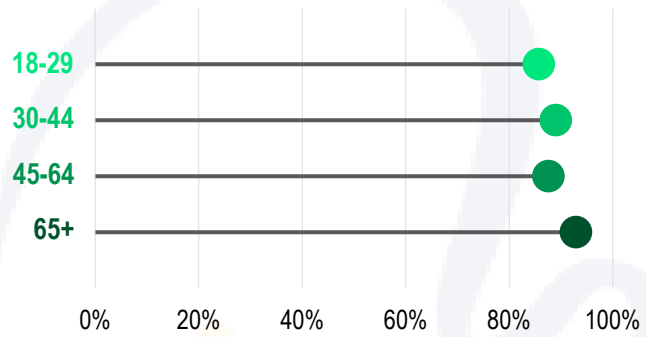
# Age: Those 65 and up had higher ratings than other age groups

Although, construct ratings were generally similar between groups.

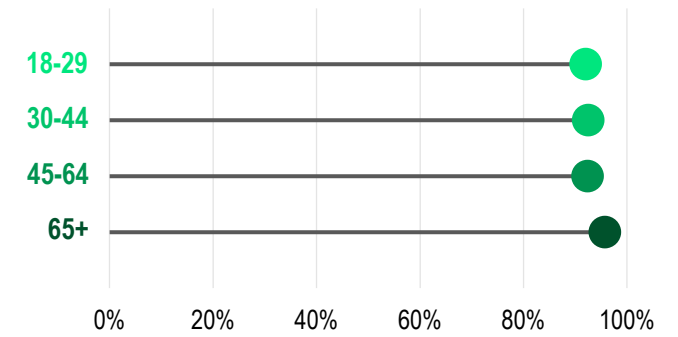
Satisfaction<sup>†</sup>



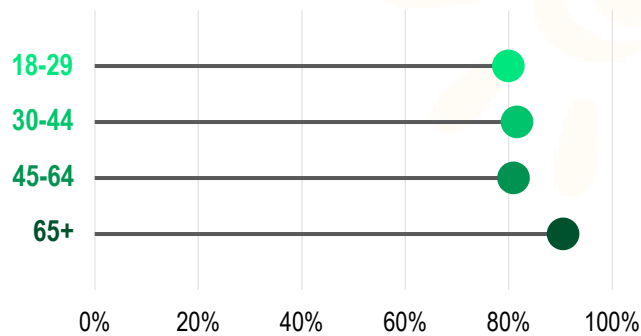
Access<sup>†</sup>



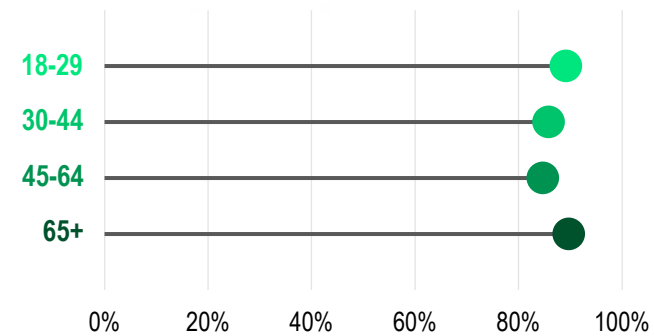
Quality-Appropriateness & Participation<sup>†</sup>



Outcomes & Functioning<sup>†</sup>



Social Connectedness<sup>†</sup>



% stating "agree"

<sup>†</sup> statistically significant difference (p < .05) found between groups

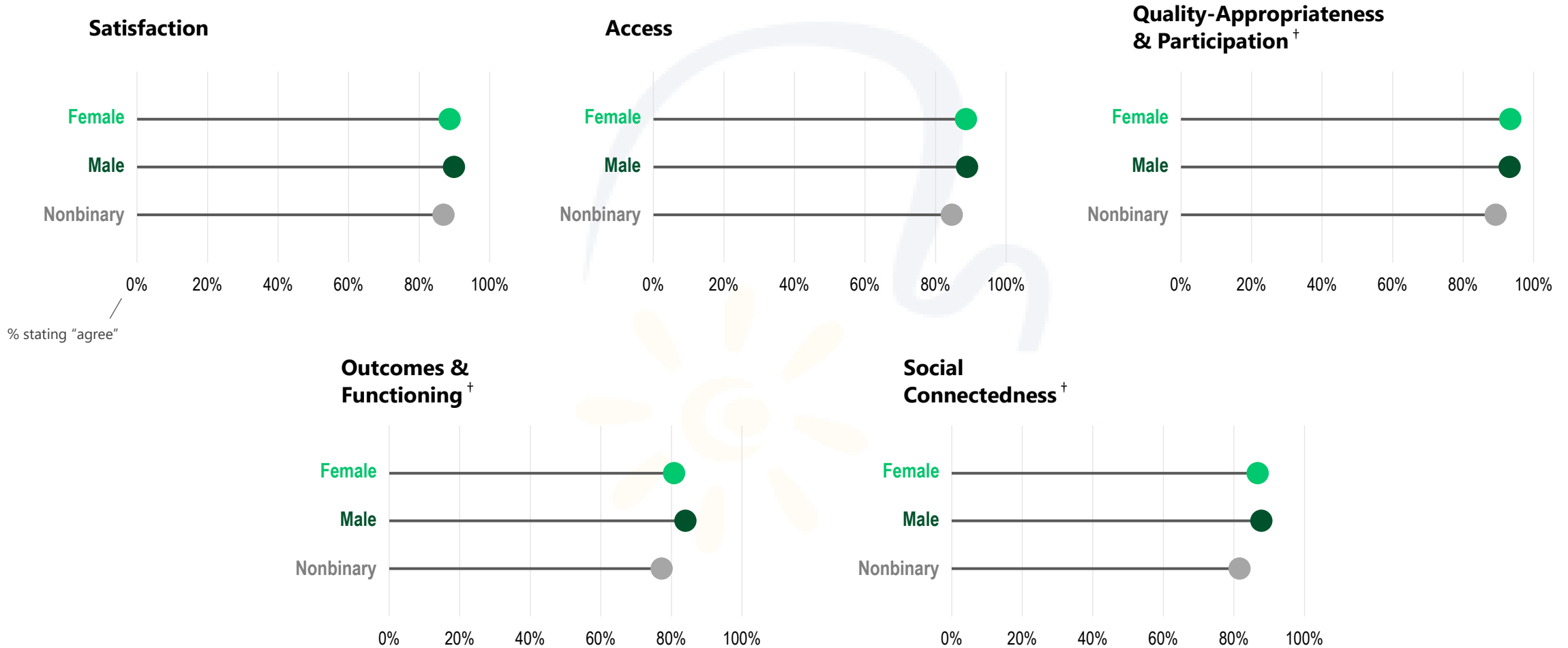
18-29 n = 321  
30-44 n = 432

45-64 n = 563  
65+ n = 123



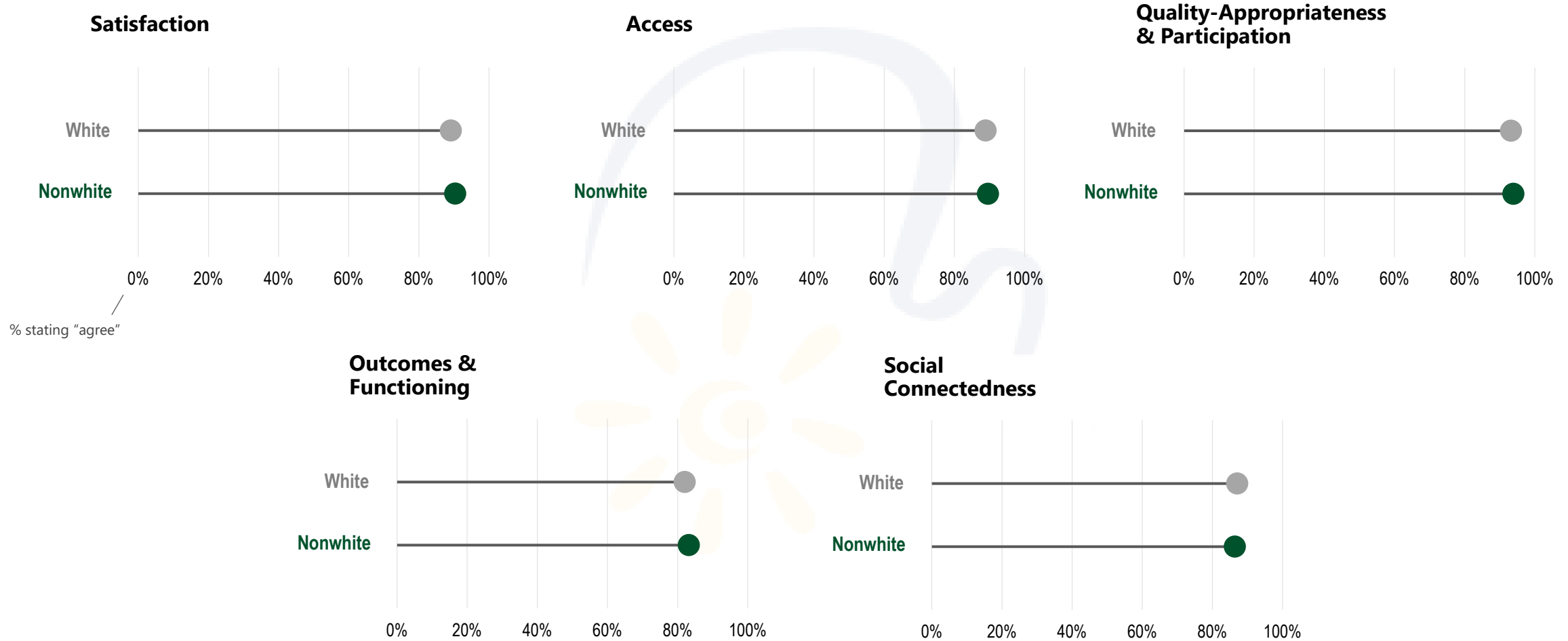
# Gender: Nonbinary consumers reported lower quality-appropriateness & participation, outcomes, and social connectedness

Meanwhile, male consumers rated both outcomes and social connectedness slightly higher than female consumers. The next page documents qualitative data from LGBTQIA+ consumers.



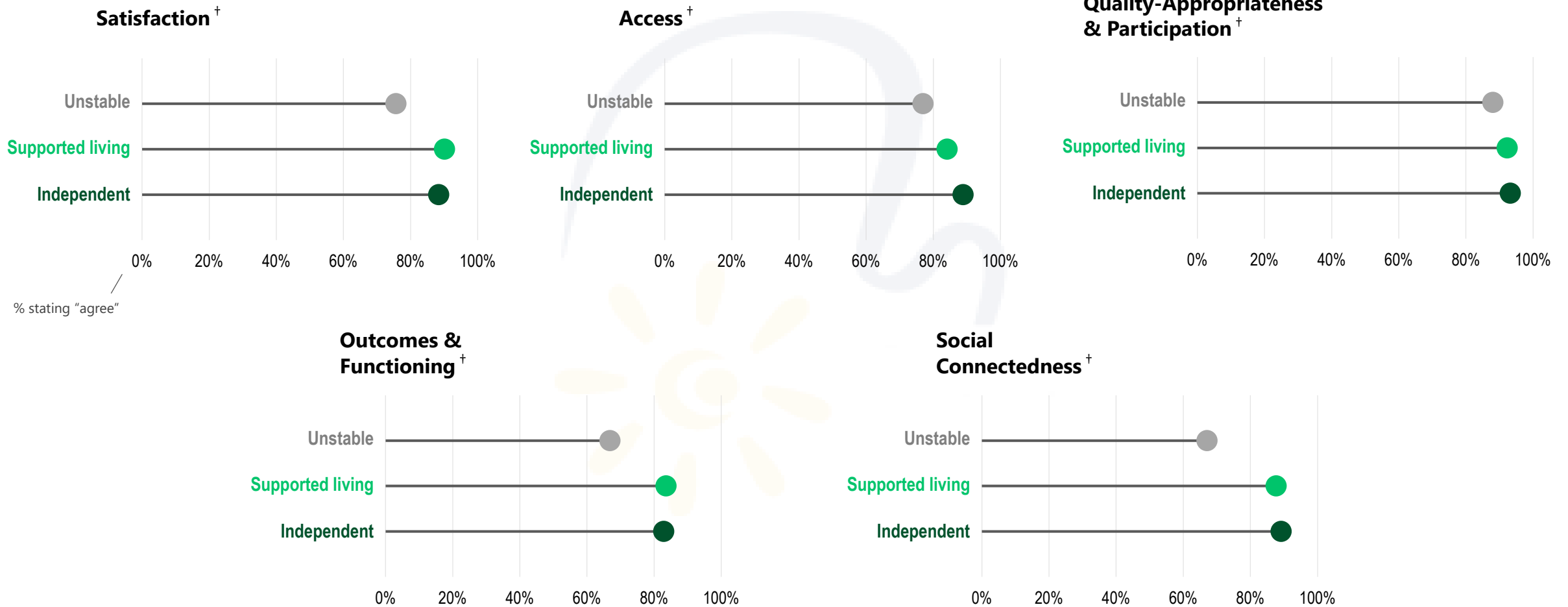
# Race: Not much difference in ratings by race

"Nonwhite" category comprises any race other than White, including Black/African American, Asian, Native American, Native Hawaiian/Pacific Islander, or any mix of races. This aggregation was done mostly due to small sample sizes.



# Living situation: Those with unstable housing had lower ratings, especially in access, outcomes & functioning, & social connectedness

Those in supported living had worse access ratings than those living independently ( $p < .05$ ). "Unstable" was indicated if the respondent reported living in a shelter, motel/hotel, vehicle, etc. "Supported living" included AFC, a group home, or other supported independent living. "Independent" included all other living situations.



% stating "agree"

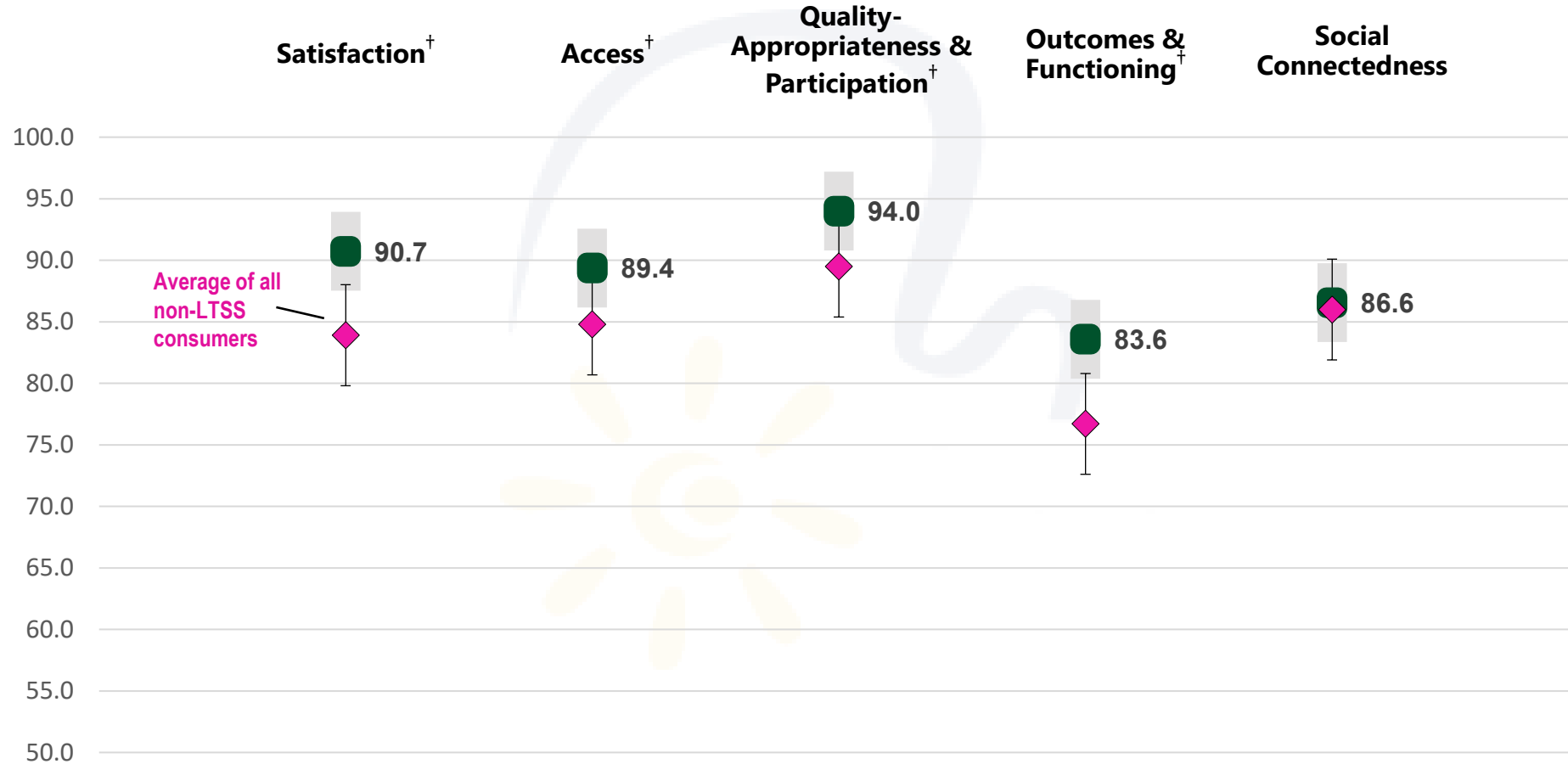
<sup>†</sup> statistically significant difference ( $p < .05$ ) found between groups

Unstable n = 80  
Supported living n = 150

Independent n = 867

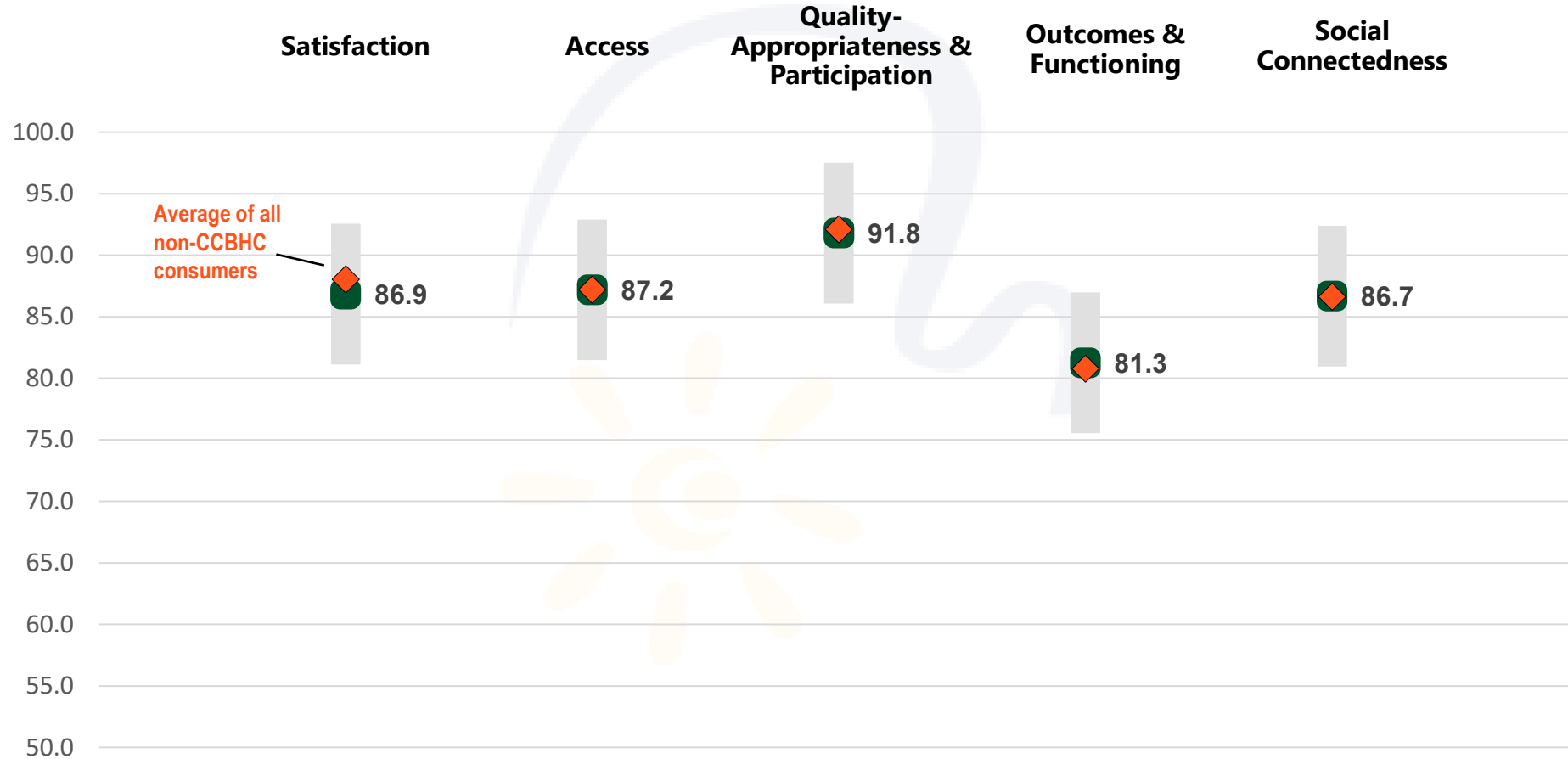
# Adult LTSS consumers reported better scores than non-LTSS adults in all constructs except social connectedness

Dark green denotes the percentage of LTSS (long-term social services) consumers in agreement for that construct's items  
 Gray bars denote the likely range where the true percentage for all LTSS consumers might lie (i.e., margin of error\*)



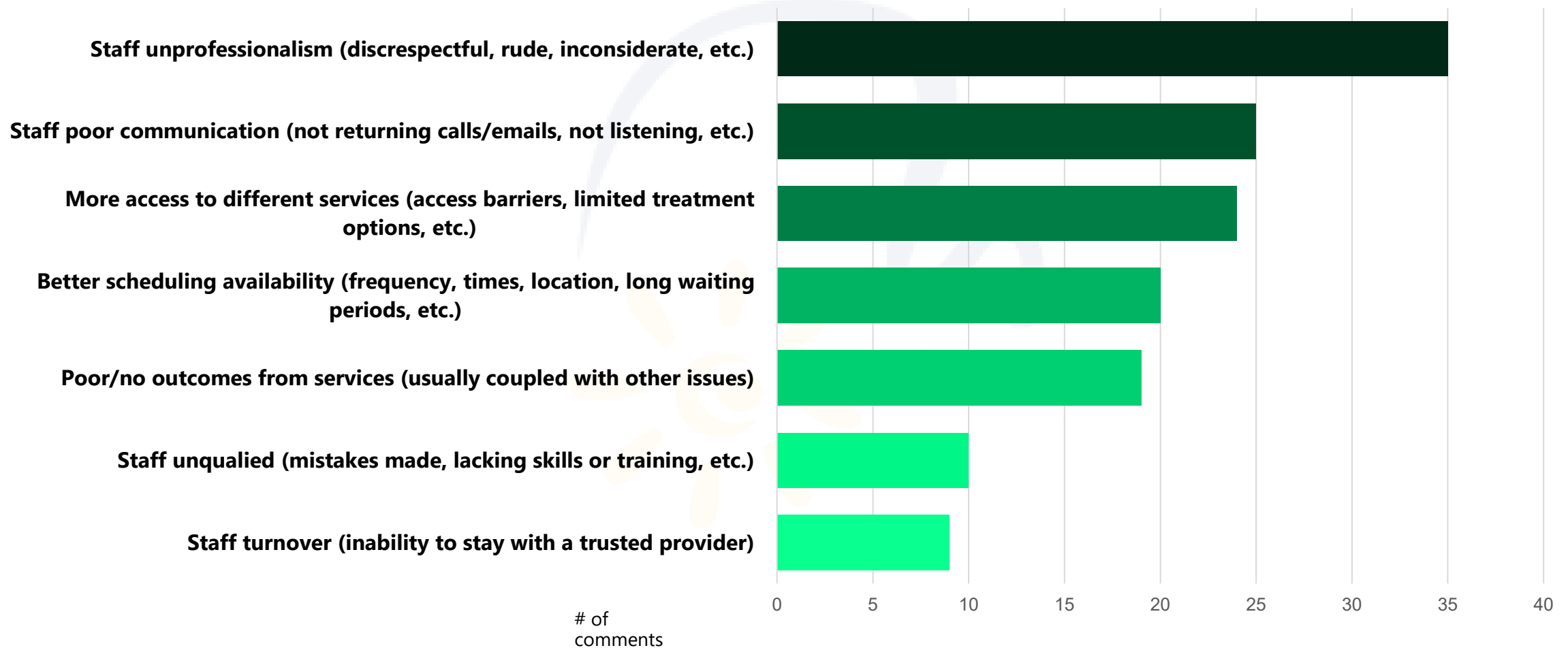
# Adult CCBHC consumers reported similar scores to non-CCBHC adults

**Dark green** denotes the percentage of CCBHC (certified community behavioral health clinic) consumers in agreement for that construct's items  
**Gray** bars denote the likely range where the true percentage for all LTSS consumers might lie (i.e., margin of error\*)



# Opportunities for improvement in staff conduct, more access

Of respondents to the MHSIP who were *dissatisfied* with services, staff conduct was cited most frequently. Respondents also desired better access and availability of services.



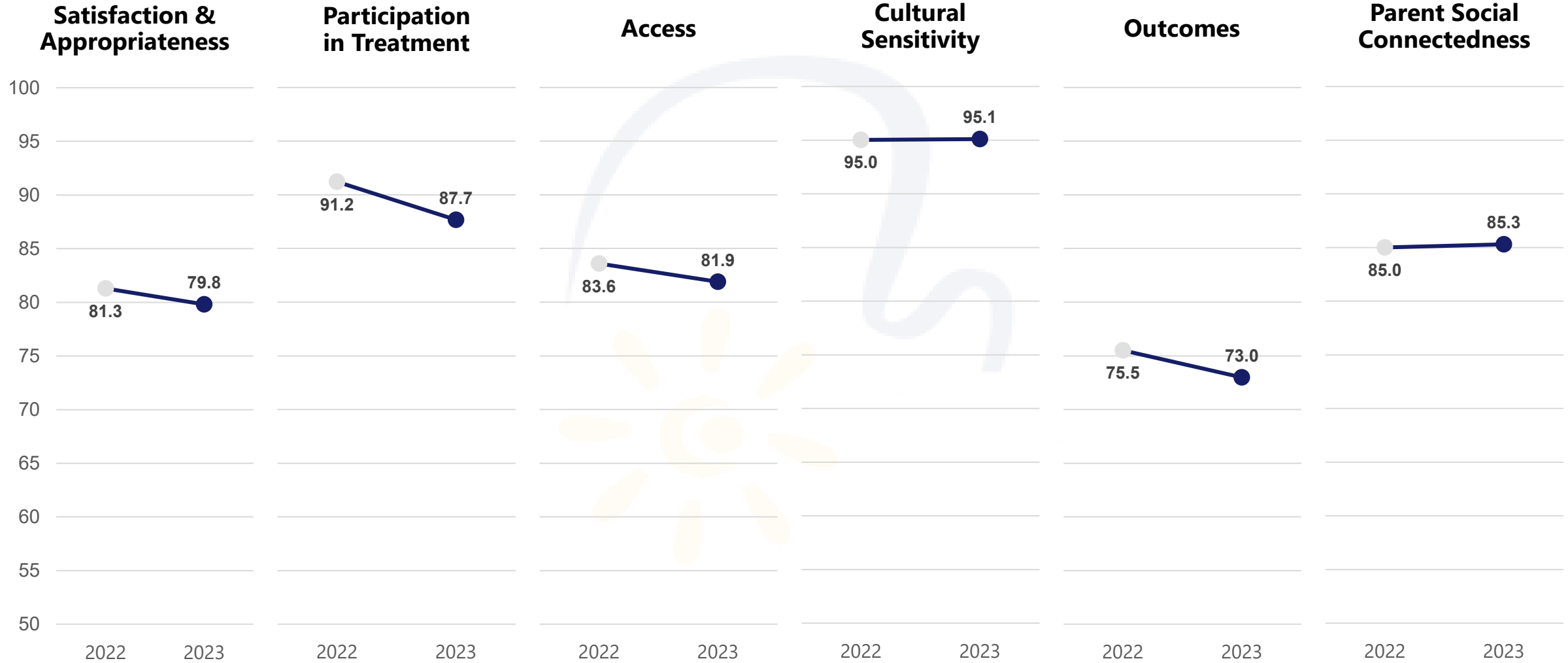
# Youth Services Survey for Families (YSS) Revised Tool: 2023 Results

Sample size: 395



# Overall, YSS saw similar ratings from 2022-2023 (no statistical difference)

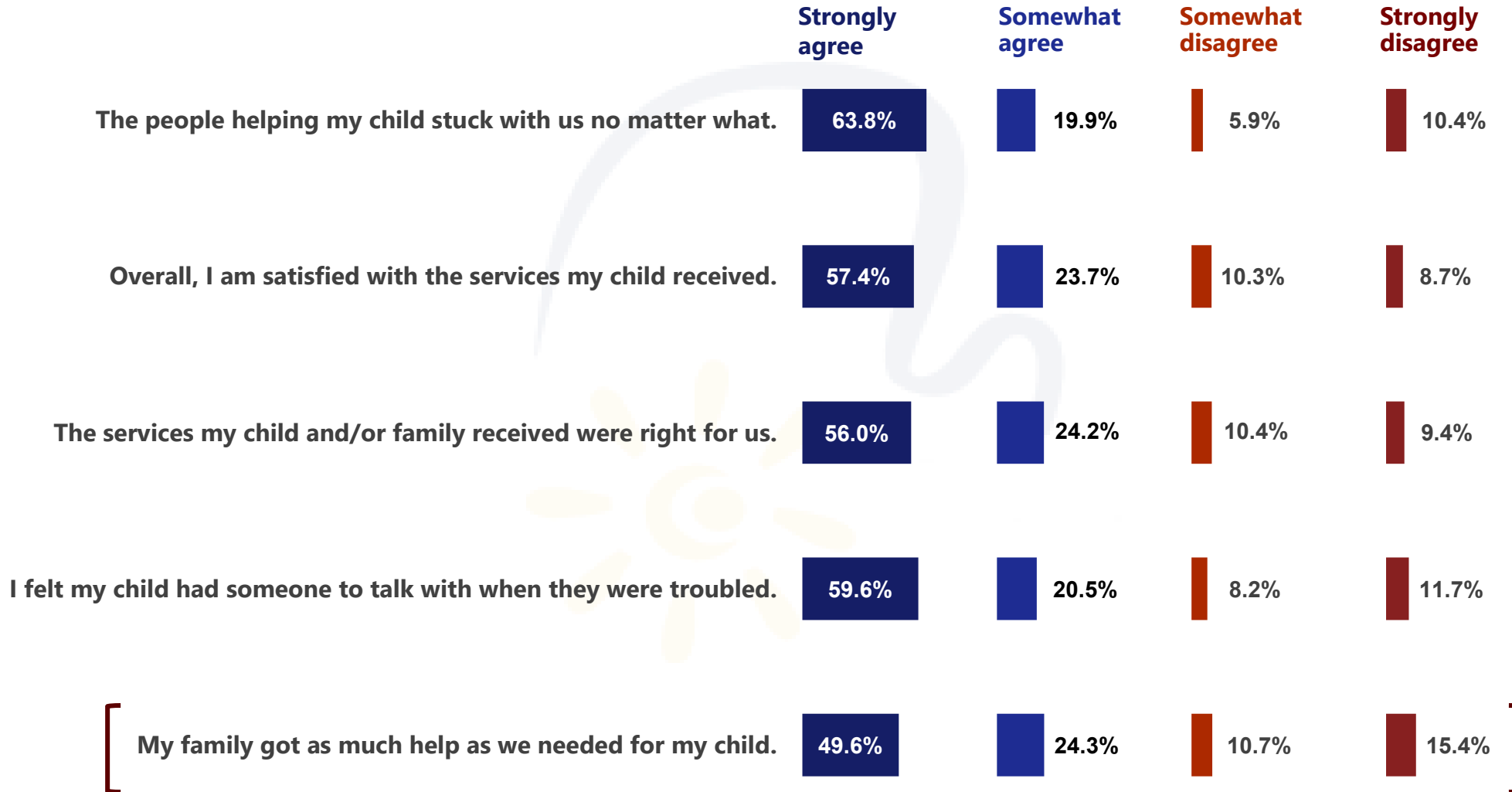
YSS scores by construct for previous 2 years, further past years incomparable due to survey changes. Differences in constructs are not statistically significant.





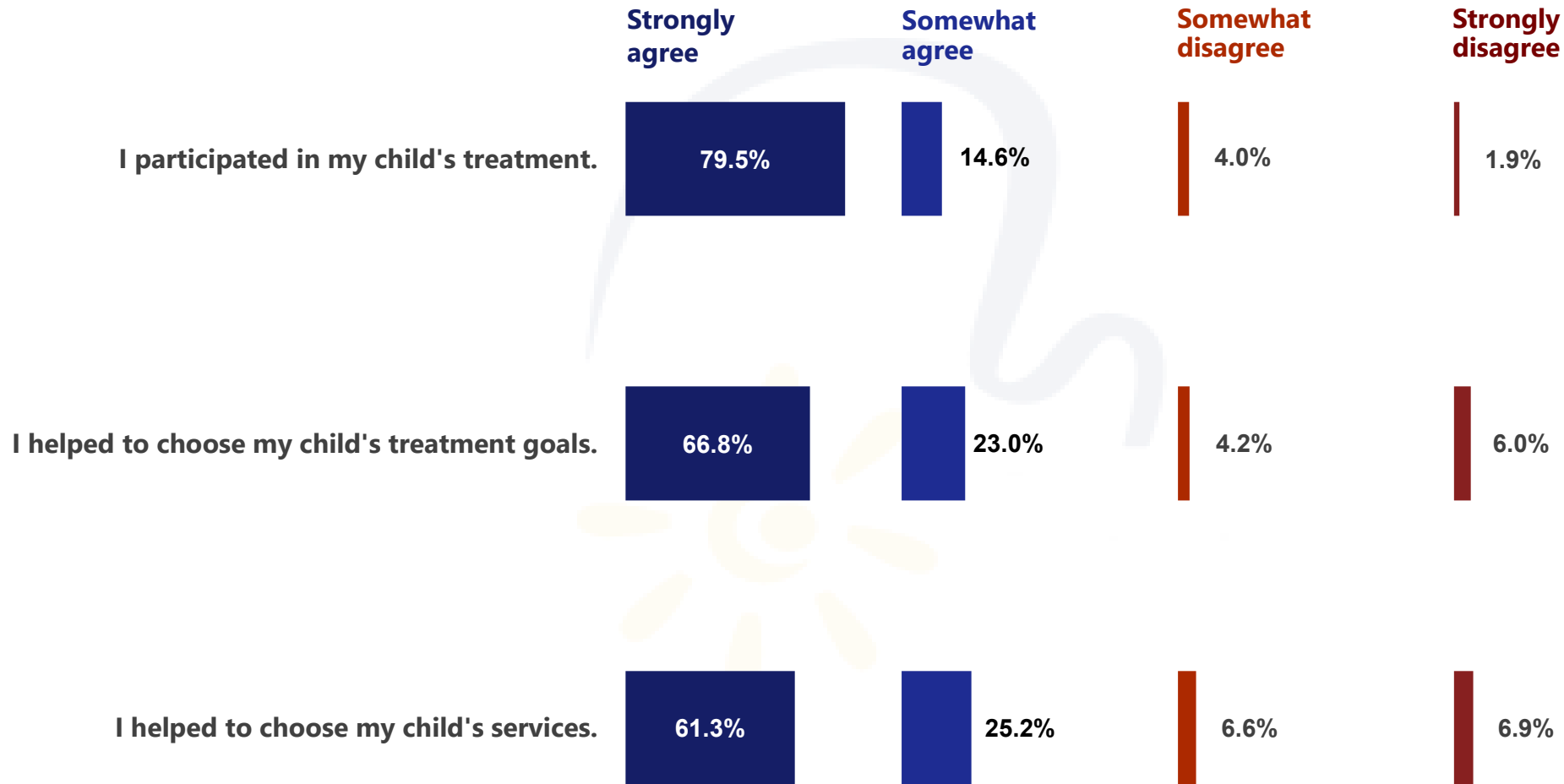
# CMHSP satisfaction & appropriateness hindered by access to services

YSS item related to amount of help received got lowest **strongly agree** ratings for the second year straight



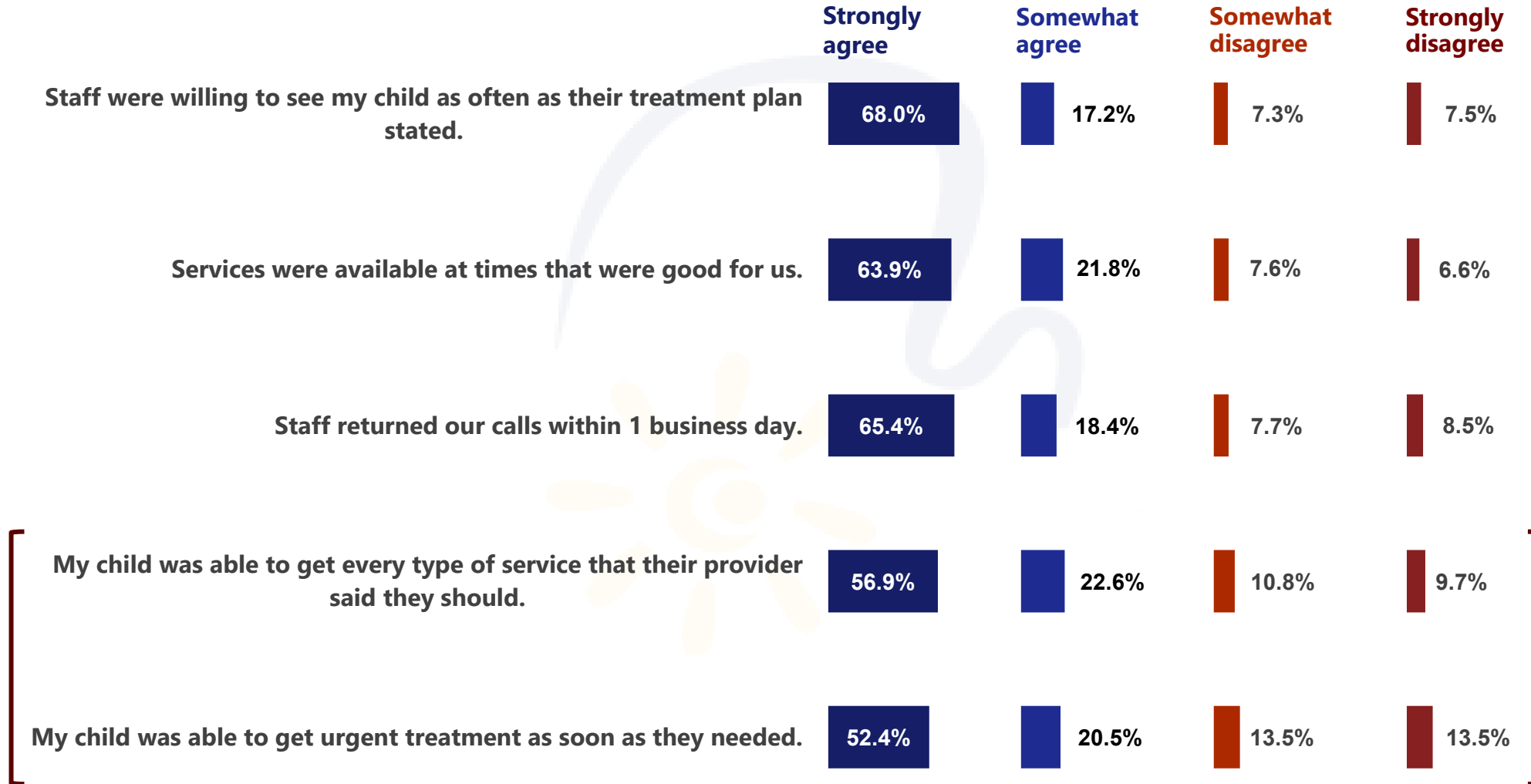
# Parents overall felt very involved with their child's services

YSS items measuring parental involvement in childrens' services received very low **disagreement** ratings



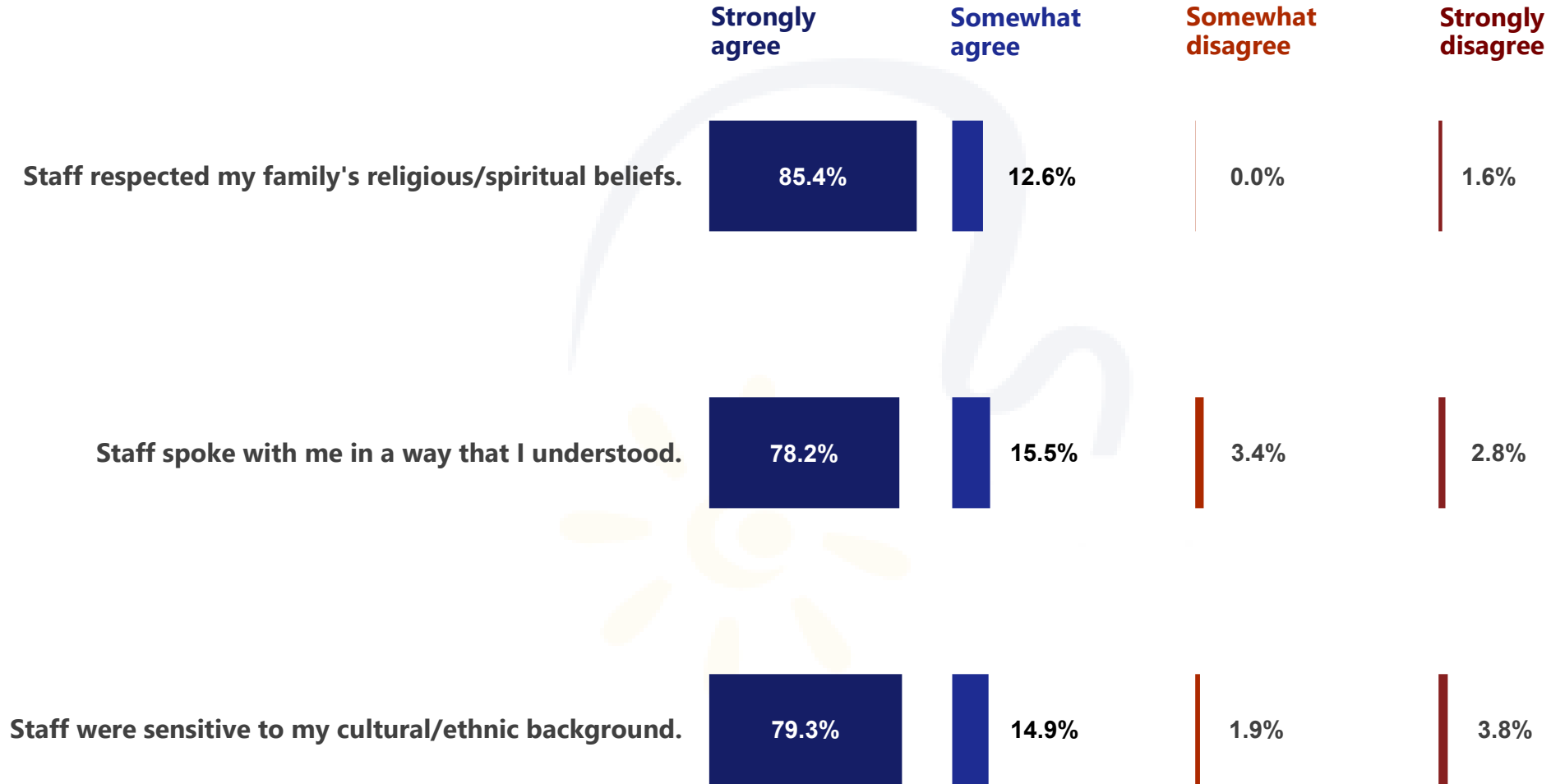
# Most access ratings were strong, some weaker

Less **agreement** with items related to receiving different types of services and urgent treatment.



# CMHSP cultural sensitivity received near perfect ratings

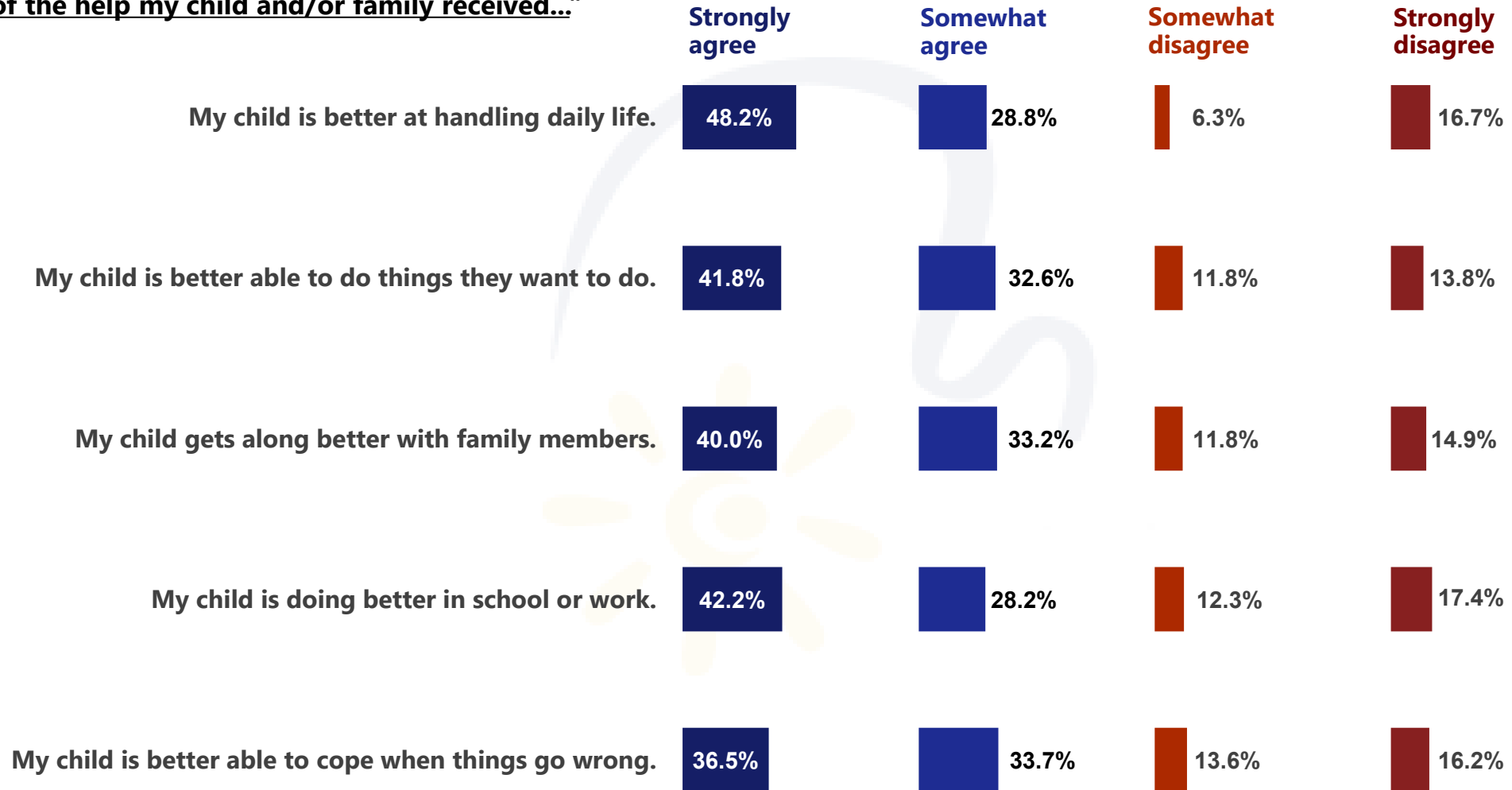
A majority of YSS respondents gave the cultural sensitivity items **strongly agree** ratings



# Outcomes for youth consistent, but not stellar

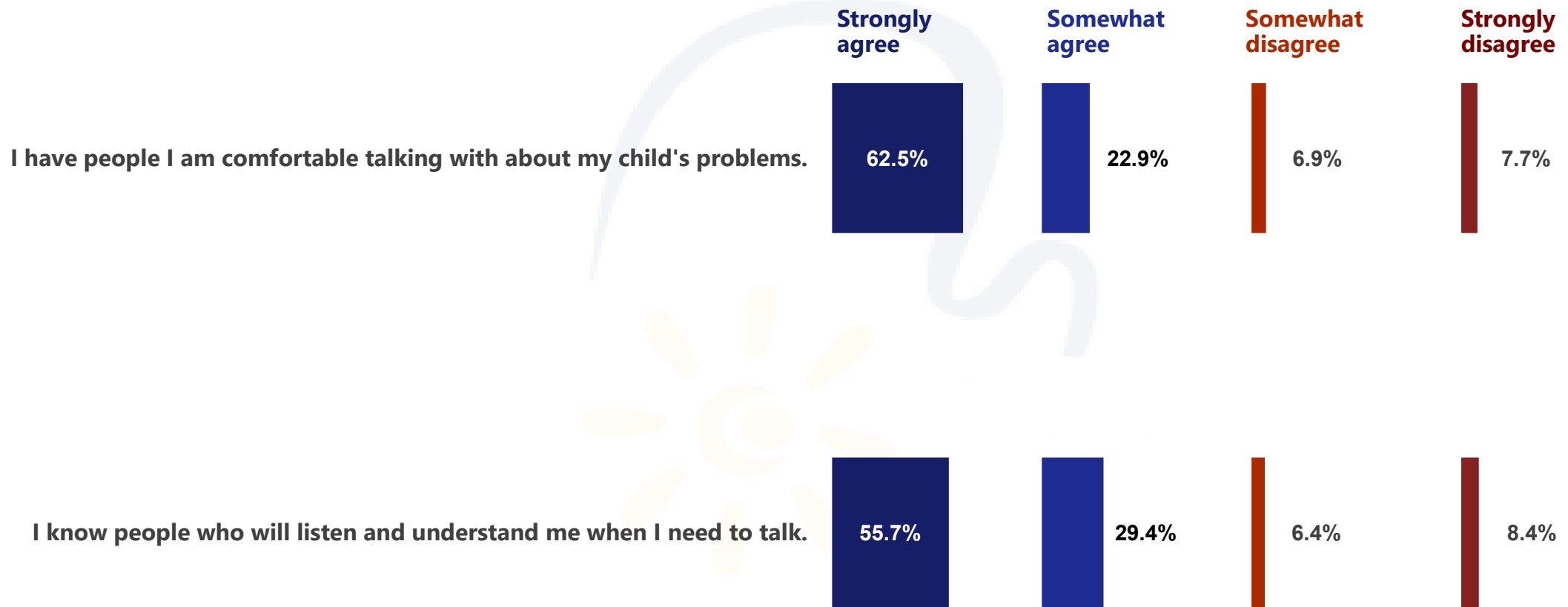
For close to 1 in 4 respondents, their child saw no improvement across the different outcome measures

“Because of the help my child and/or family received...”



# Parents' social connectedness rated as mostly positive

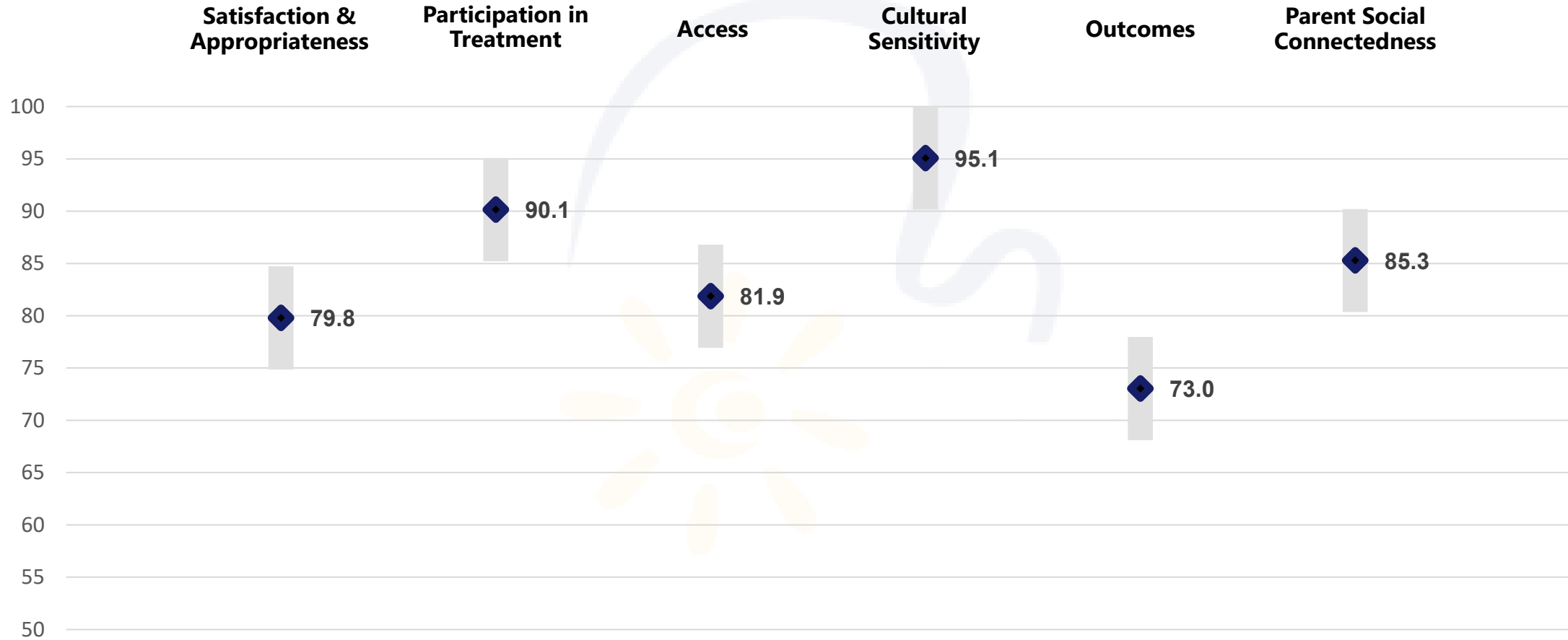
A majority of YSS respondents gave the social connectedness items **agree** ratings



# All SWMBH CMHSPs: 2023 YSS scores by construct

**Dark blue** denotes the percentage in agreement for that construct's items

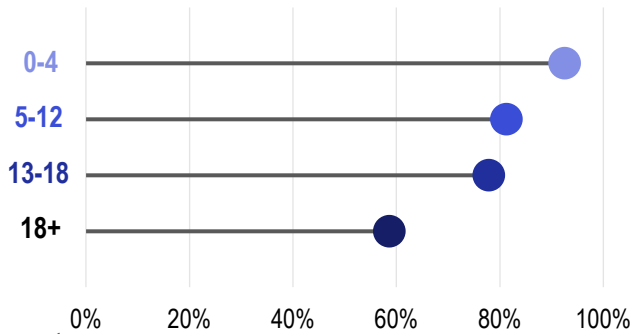
**Gray** bars denote the likely range where the true percentage for all SWMBH consumers might lie (i.e., margin of error\*)



# Generally, the older the youth, the lower the survey scores

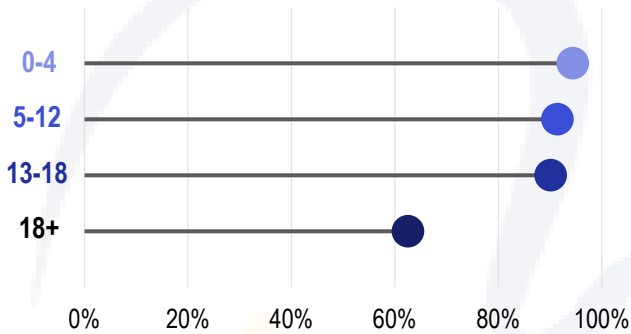
YSS survey completers with children **over 18** (n = 6) reported lower scores because the child was no longer in their care.

**Satisfaction & Appropriateness<sup>†</sup>**

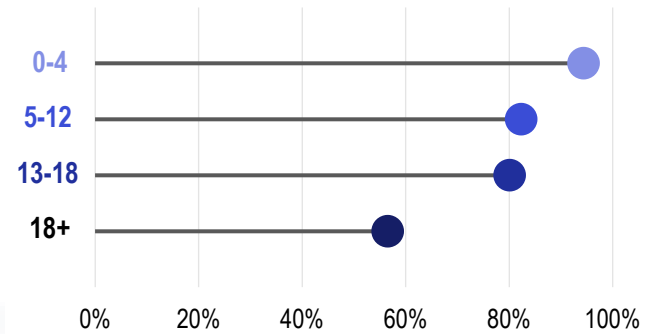


% stating "agree"

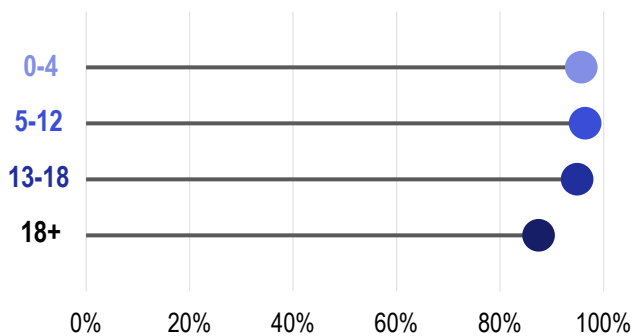
**Participation in Treatment<sup>†</sup>**



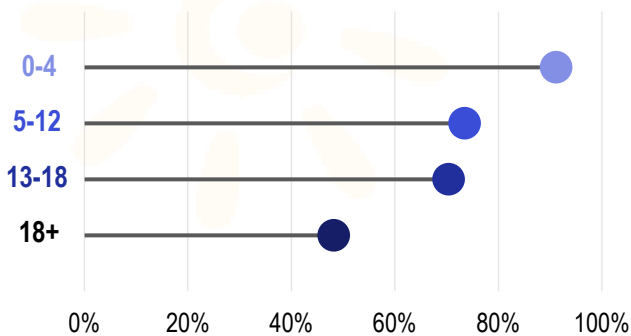
**Access<sup>†</sup>**



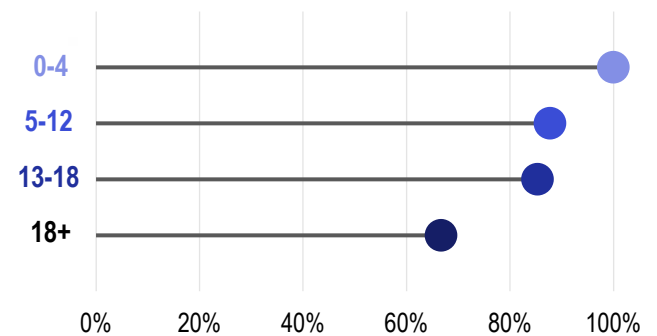
**Cultural Sensitivity**



**Outcomes<sup>†</sup>**



**Parent Social Connectedness<sup>†</sup>**



<sup>†</sup> statistically significant difference (p < .05) found between groups

0-4 n = 44  
5-12 n = 174

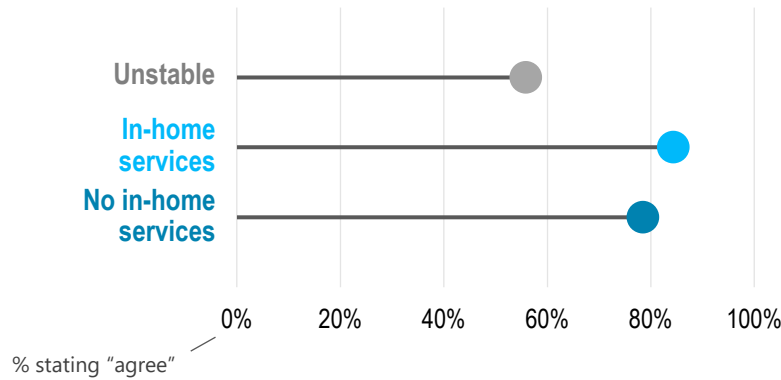
13-18 n = 153  
18+ n = 6



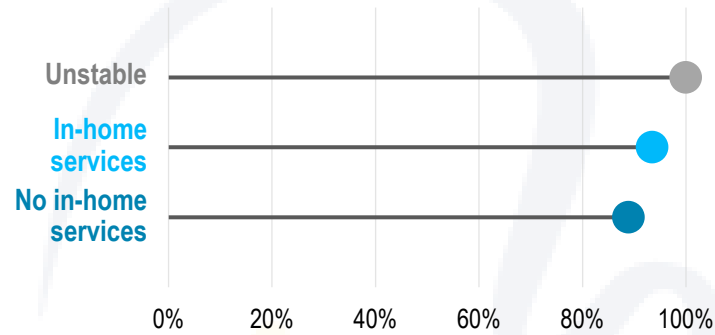
# Youth receiving **in-home services** tended to have higher ratings

Youth with unstable housing were rare; in-home services included foster care, group homes, residential care, or other in-home services. Youth's living situation did not show statistical differences in parent's social connectedness.

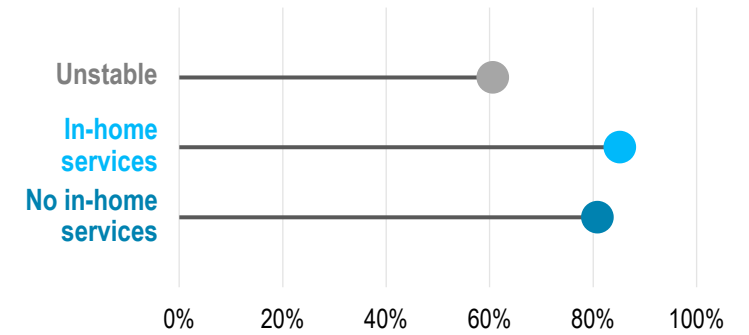
**Satisfaction & Appropriateness** †



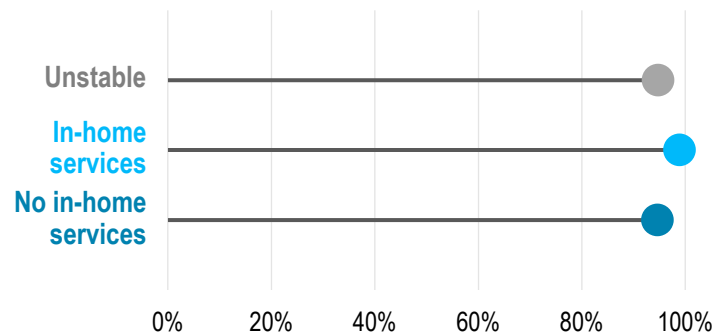
**Participation in Treatment** †



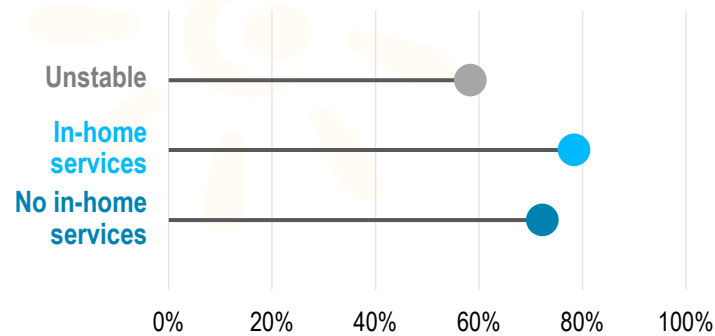
**Access** †



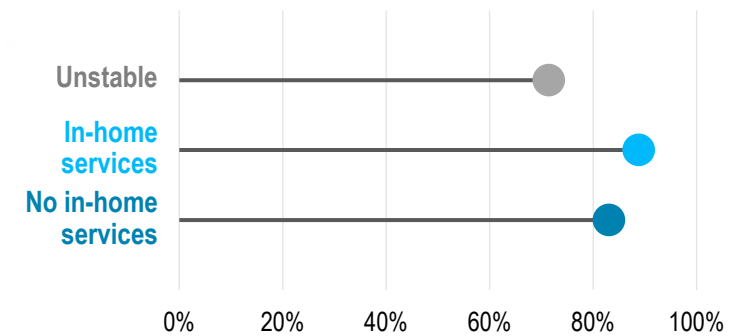
**Cultural Sensitivity** †



**Outcomes** †

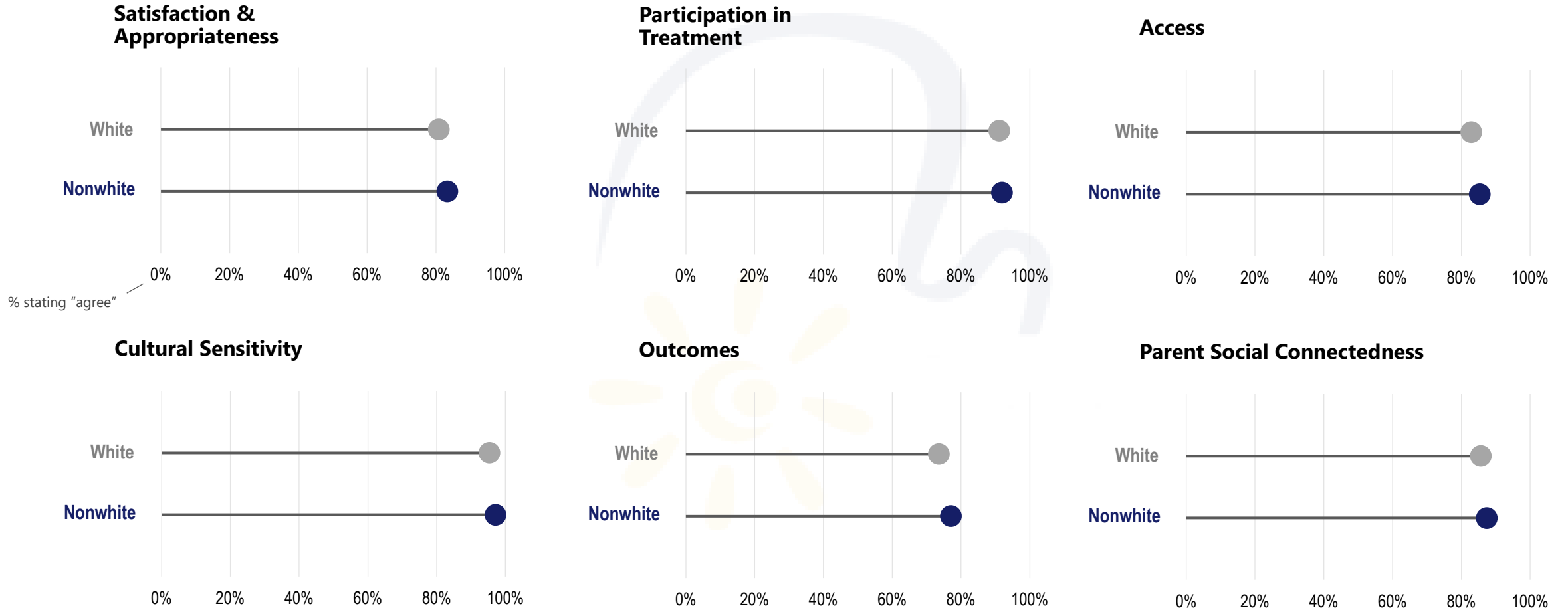


**Parent Social Connectedness**



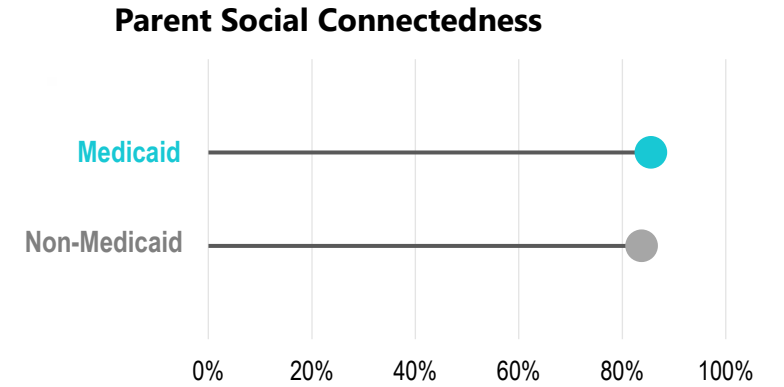
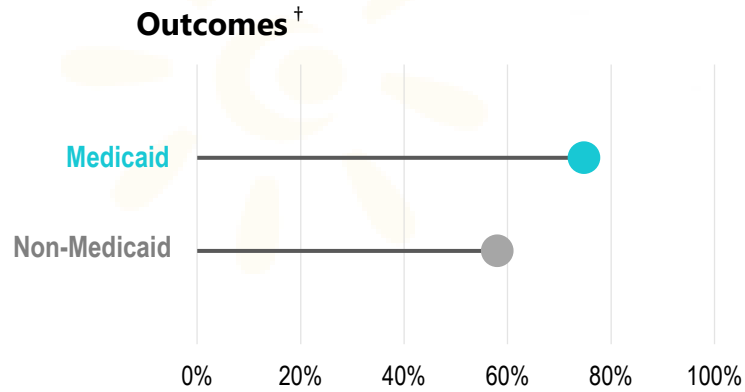
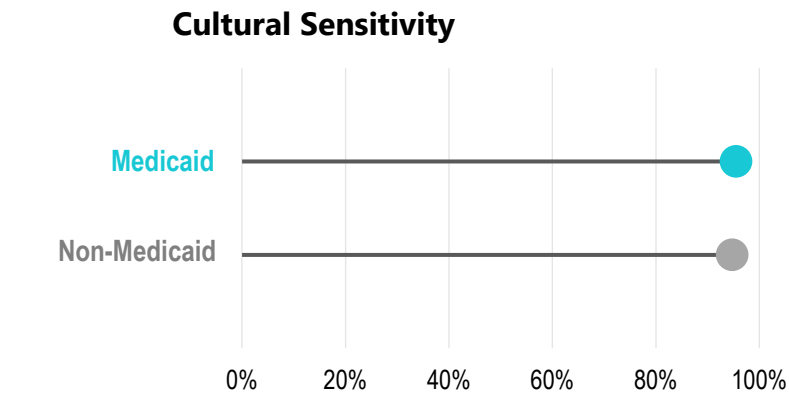
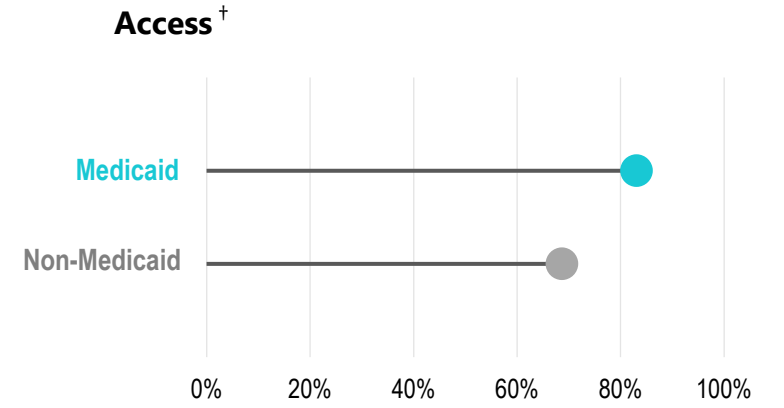
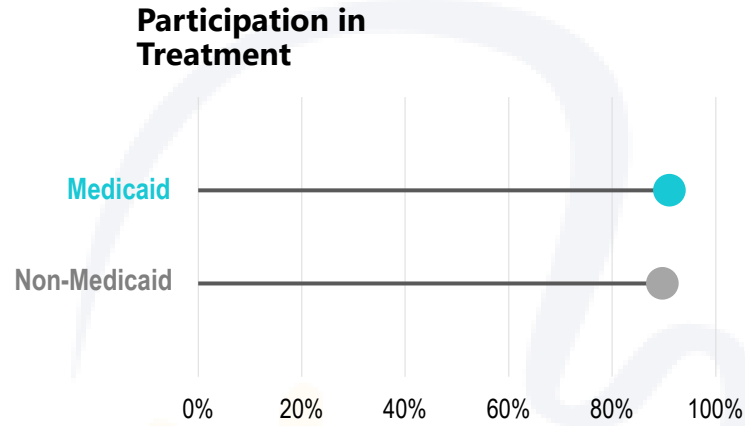
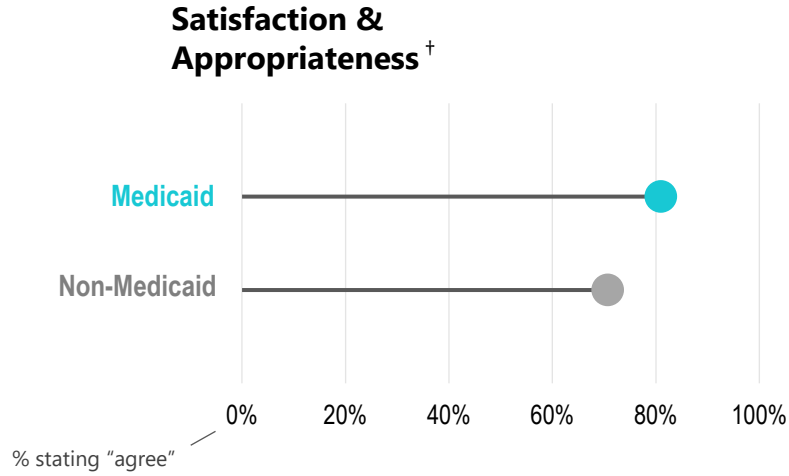
# Youth scores similar for each race in 2023 YSS

"Nonwhite" category comprises any race other than White, including Black/African American, Asian, Native American, Native Hawaiian/Pacific Islander, or any mix of races.



# Youth not using Medicaid reported less access, lower satisfaction, and poorer outcomes

Non-Medicaid families mentioned staff “not knowing how to help them,” being told “we can only help people with Medicaid,” and being “on a waiting list for a Medicaid waiver.”



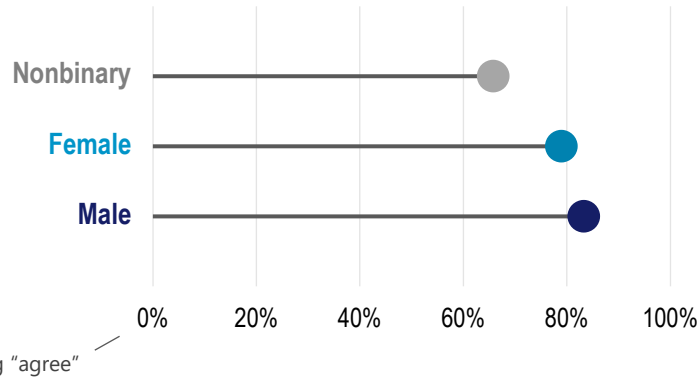
<sup>†</sup> statistically significant difference (p < .05) found between groups

Medicaid n = 347  
Non-Medicaid n = 25

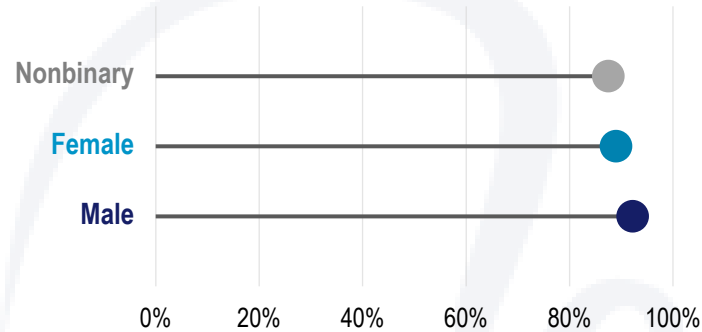
# Generally, male youth had slightly higher reported ratings

Nonbinary youth, despite only 8 reporting, had statistically worse reported outcomes and satisfaction than both male and female youth ( $p < .05$ ).

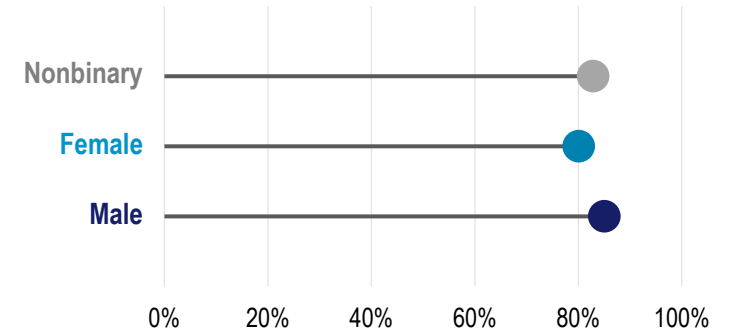
**Satisfaction & Appropriateness** †



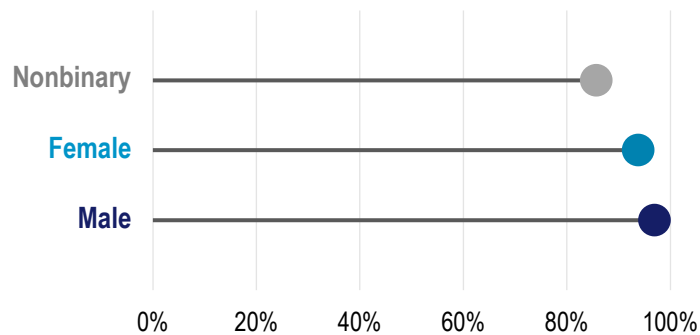
**Participation in Treatment**



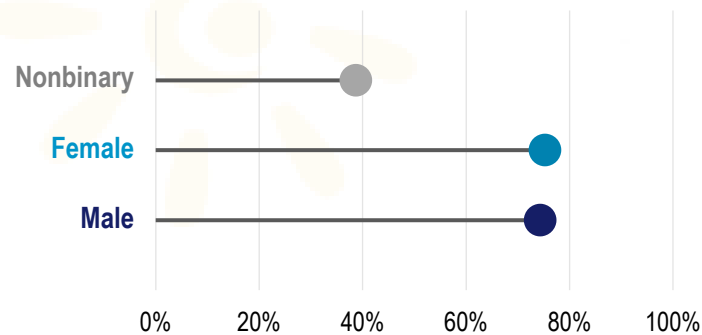
**Access** †



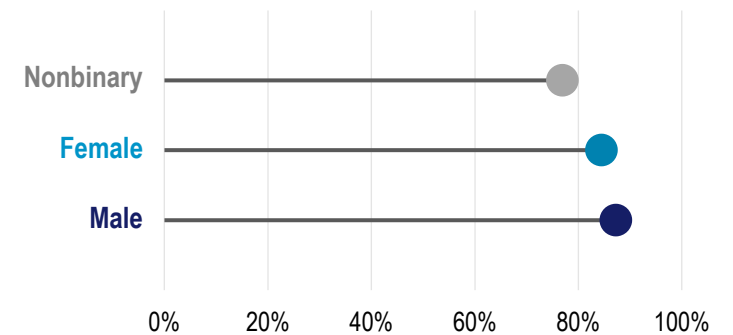
**Cultural Sensitivity** †



**Outcomes** †



**Parent Social Connectedness**



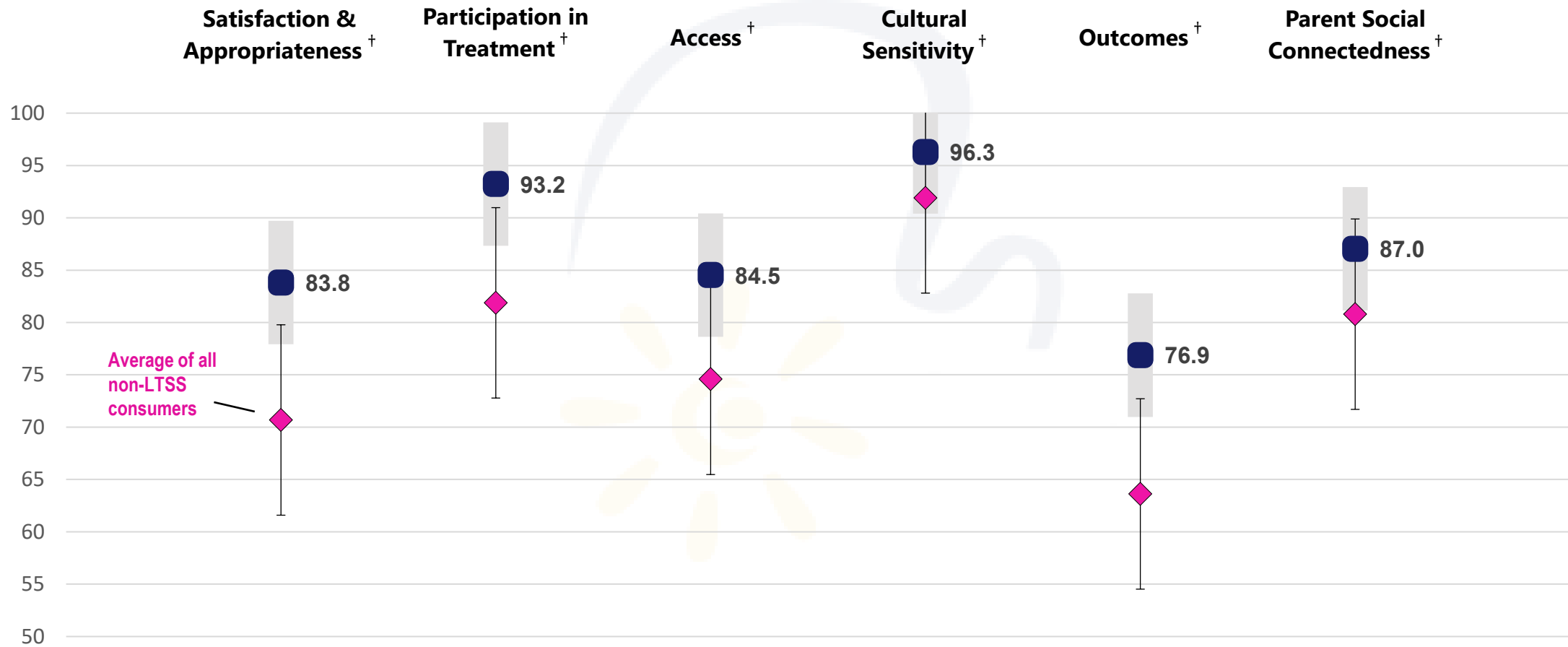
% stating "agree"

Nonbinary n = 8  
 Female n = 138  
 Male n = 218

† statistically significant difference ( $p < .05$ ) found between groups

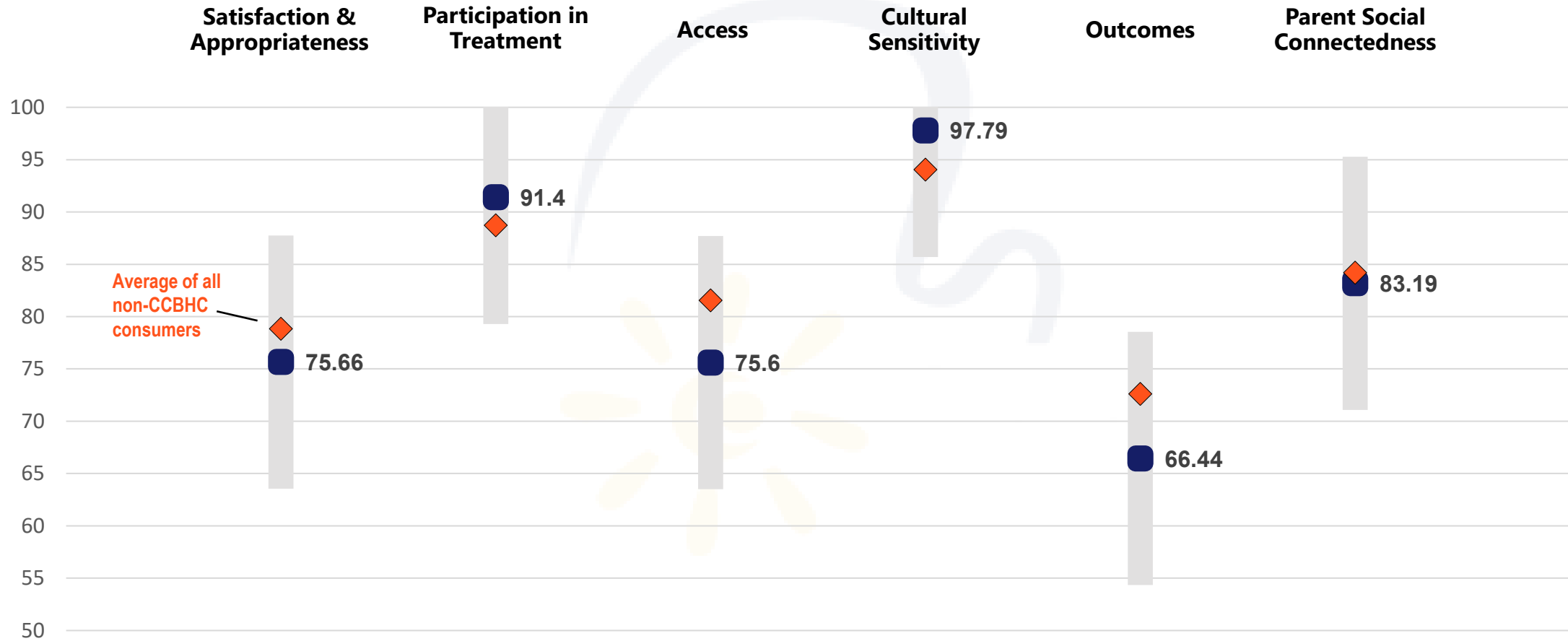
# Youth LTSS families report better satisfaction, participation, access, and outcomes for the 2023 YSS

**Dark blue** denotes the percentage of LTSS (long-term social services) consumers in agreement for that construct's items  
**Gray** bars denote the likely range where the true percentage for all LTSS consumers might lie (i.e., margin of error\*)



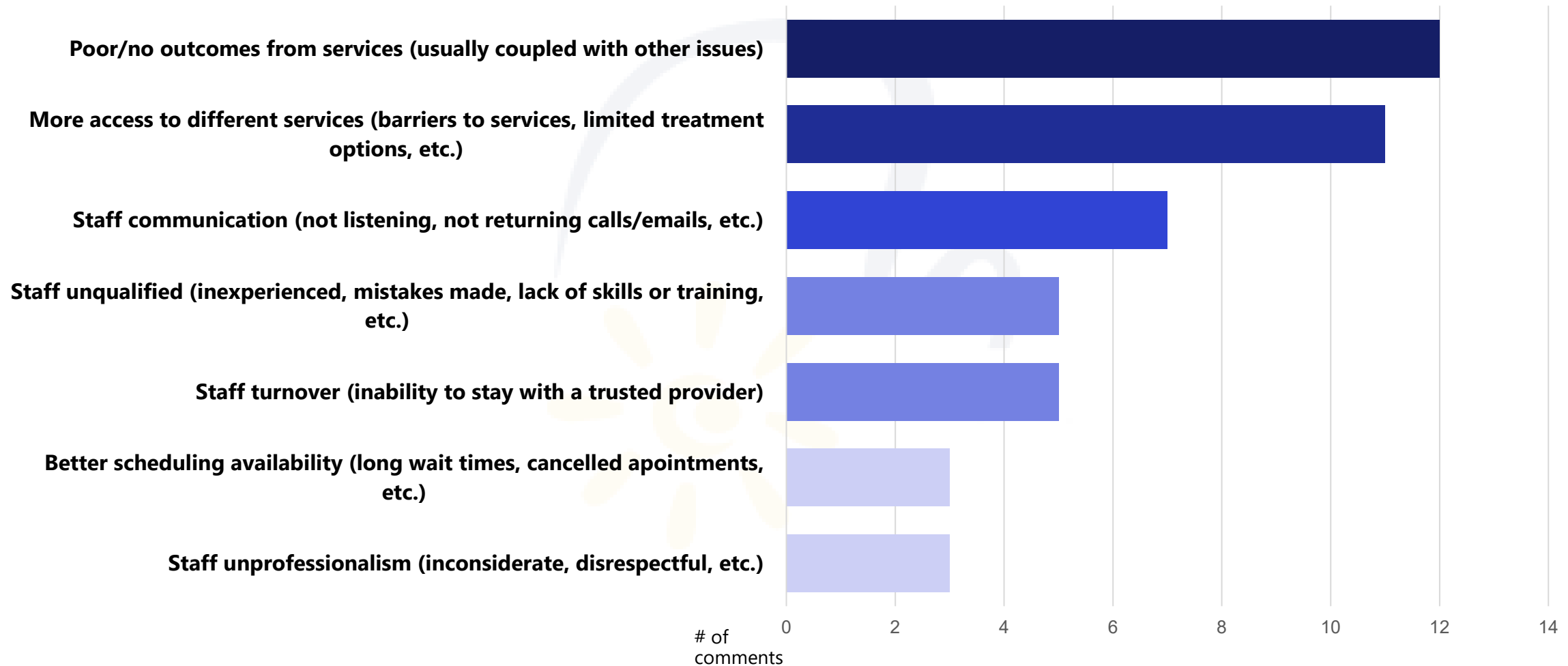
# Youth CCBHC families report similar scores to non-CCBHC consumers

**Dark blue** denotes the percentage of CCBHC (certified community behavioral health clinic) consumers in agreement for that construct's items  
**Gray** bars denote the likely range where the true percentage for all CCBHC consumers might lie (i.e., margin of error\*)



# Opportunities for improvement in granting more access to services

Comments emphasized the inability for their children to receive services as a driver of poor outcomes.





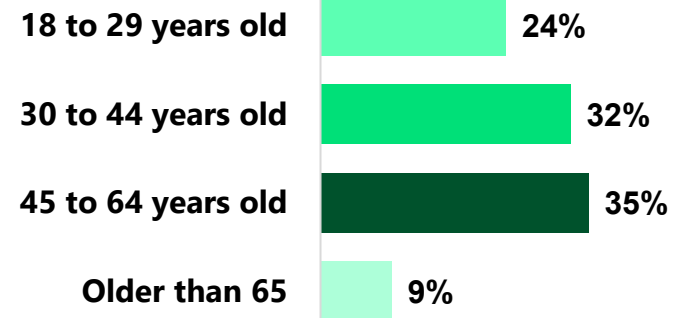
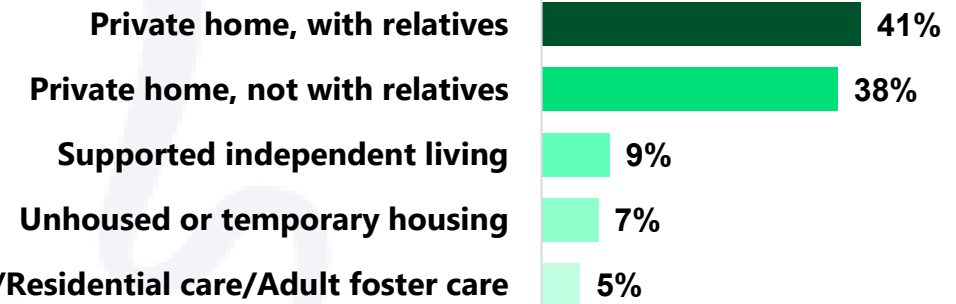
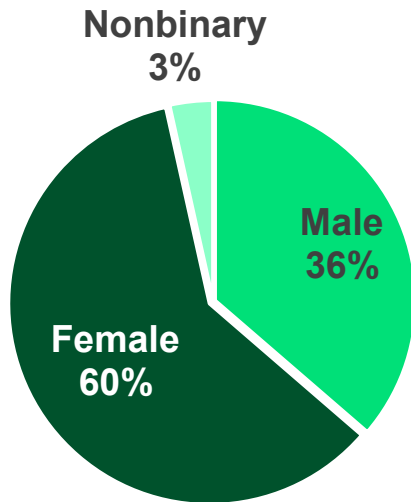
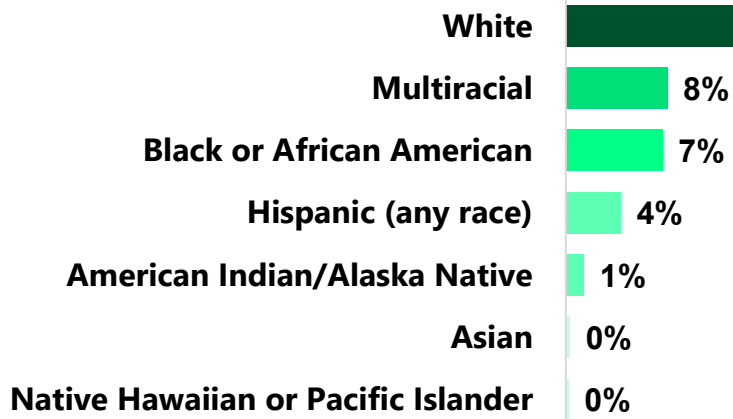
# Survey Diagnostics, Methods & Recommendations





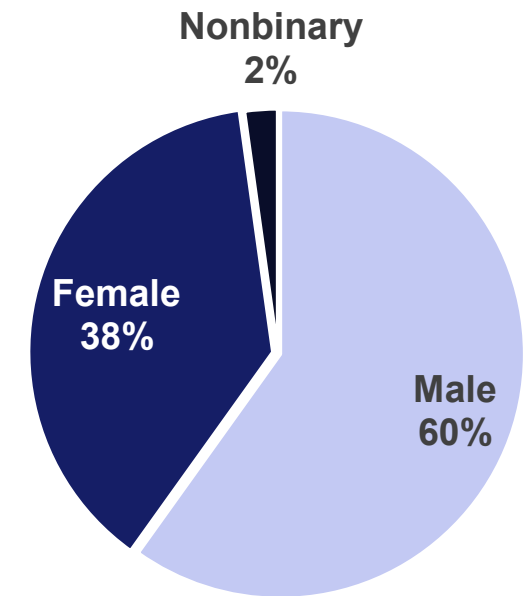
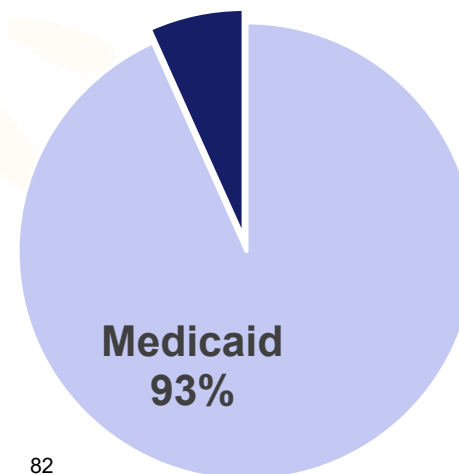
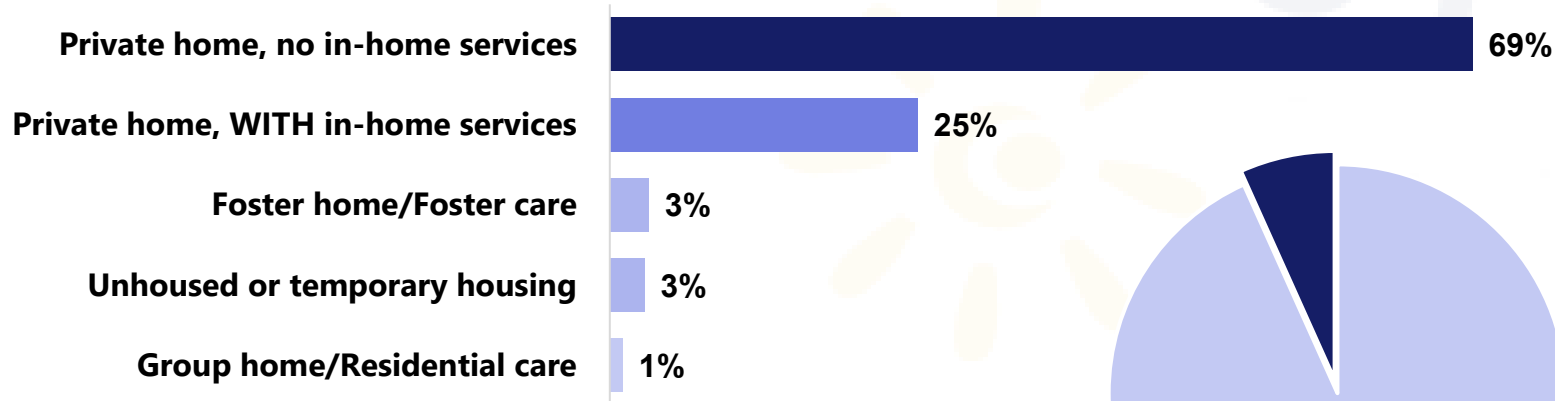
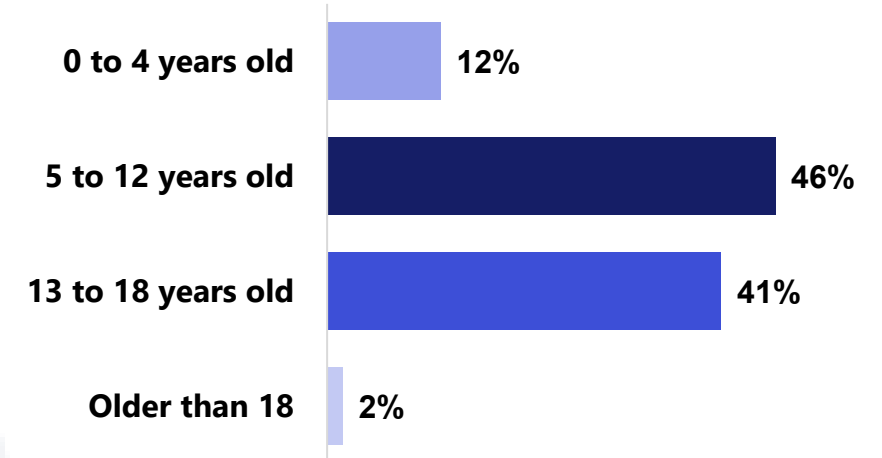
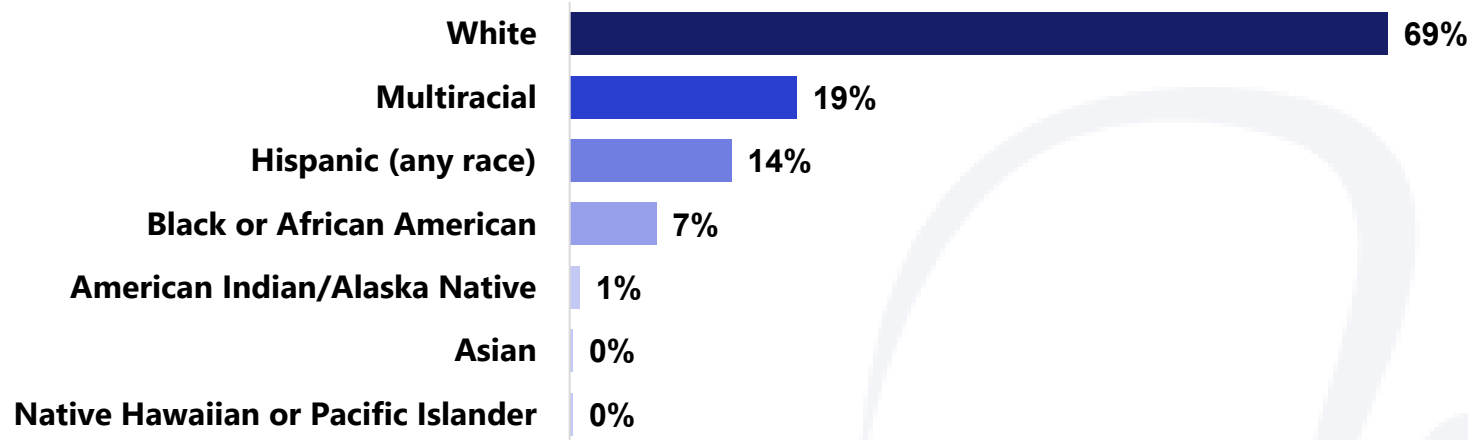
# MHSIP 2023 respondents similar in makeup to prior years

In 2023, a new question about living situation was asked, though it may be tweaked in future surveys.



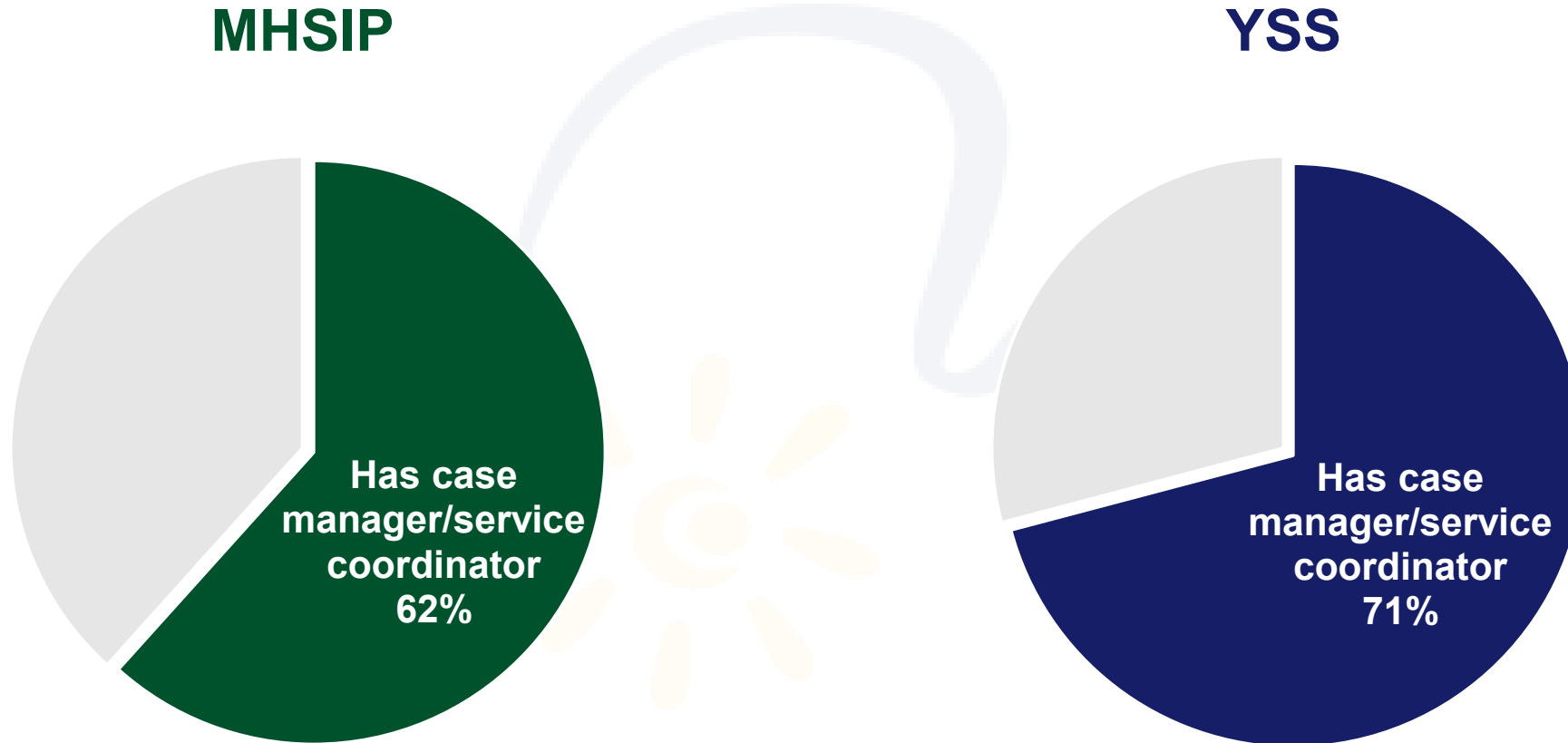
# YSS 2023 youth represented were more diverse than in 2022

More Hispanic youth were represented and more non-Medicaid youth were represented.



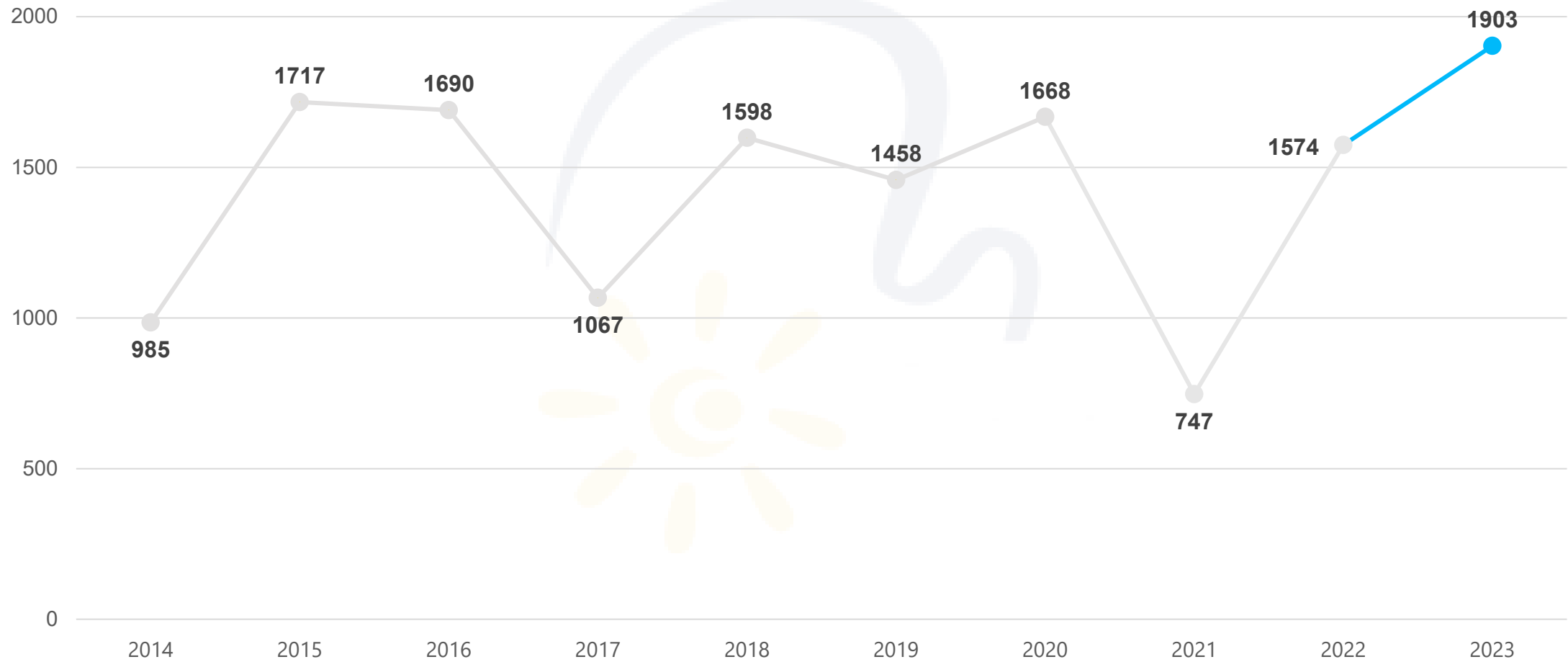
# More youth than adults reported having a case manager or service coordinator

Presence of case manager or service coordinator indicates consumer is receiving long term support services (LTSS)



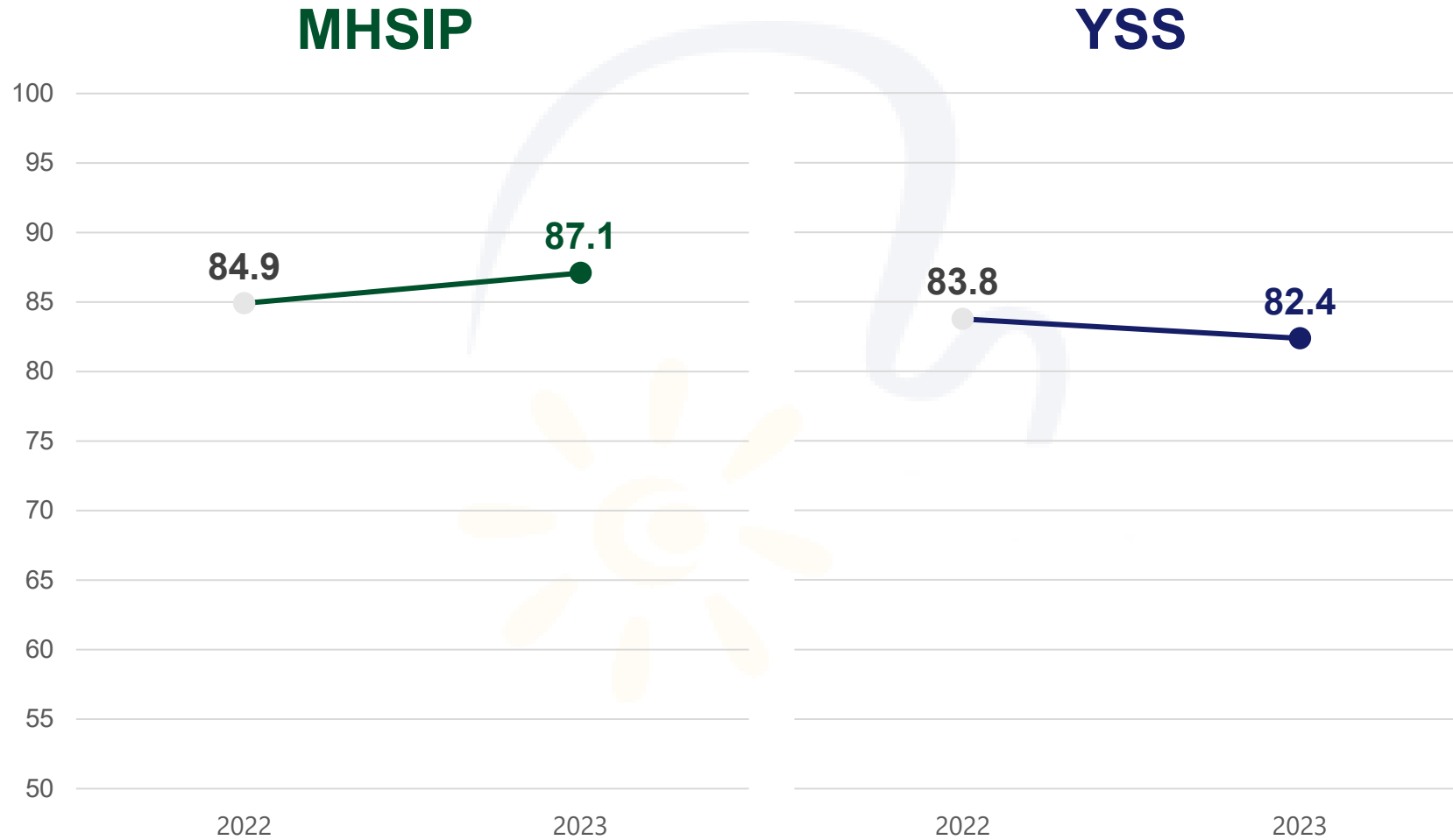
# Total cumulative completions reached highest point in 2023

This year, YSS responses dipped while MHSIP responses soared – opportunity for improvement for YSS



# Total aggregate average score dipped for YSS, lifted for MHSIP in 2023

While 2022 had similar scores for MHSIP and YSS, 2023 has a nearly 5-pt difference between the two



# Survey methods employed in 2023

- Survey invitations were first sent by email (if available) then by SMS (if possible)
- Some CMHs also printed out QR code flyers and paper surveys, the paper surveys being entered into Alchemer by CMH staff as completed
- Several survey revisions took place as mentioned in the second section of this report. Some 2023 respondents took the previous version of the survey, but the data was compiled altogether.
  - The revisions went live on 10-31-23, before survey invitations went out
- reCAPTCHA was employed due to many fake responses in 2022 – this succeeded at keeping bots out of the survey



# Analytical methods employed in 2023

- Results were disaggregated by more demographic variables than in the past
  - Including new questions such as living situation and previous ones like race and age
- Statistical tests between a county and the group of other counties were conducted using Pearson's chi-squared test due to the data not following a normal distribution
- Statistical tests between demographic groups either used Kruskal-Wallis tests (if more than two groups needed to be compared) or Pearson's chi-squared tests (if only two groups needed to be compared)
  - Each of these were used due to the data not following a normal distribution
- In comparisons between counties where statistically significant differences were found, margins of error were also displayed for the comparison group



“My child is thriving, successful in every aspect of life...I am so extremely happy with services. Thank you!”

- YSS respondent



**Nathan Browning**  
Principal Consultant

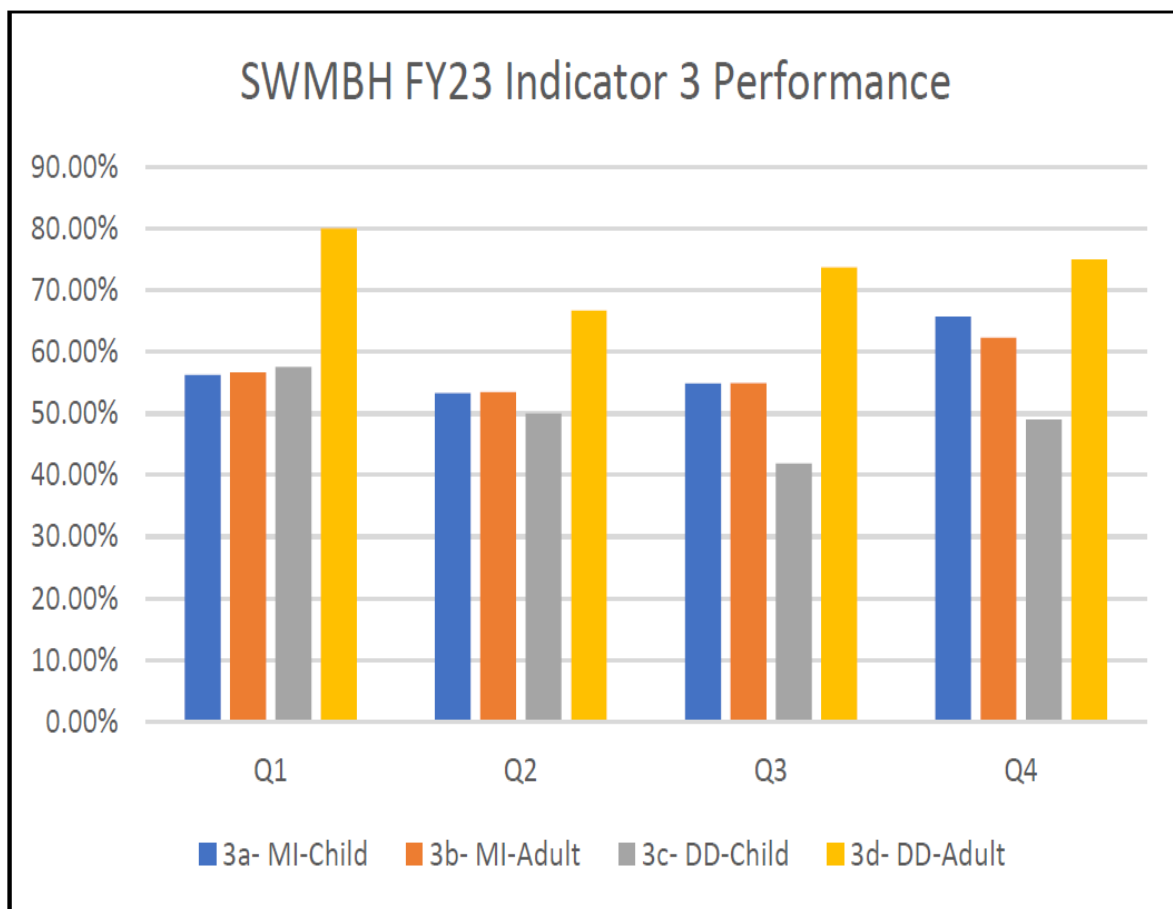
nathan@kiaerresearch.com  
(734) 308-6744 (call/text)  
<https://kiaerresearch.com>



**Kiaer**  
Research



**MDHHS MMBPIS Indicator #3:** *Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment (by four subpopulations: MI-adults, MI-children, I/DD-adults, and I/DD-children)*



FY23 aggregate results: 56.78%

SWMBH has identified MMBPIS Indicator 3 as a region-wide performance improvement project (PIP) as outlined in the FY24 SWMBH Quality Assurance and Performance Improvement Program (QAPIP) plan. The goal of this PIP is to improve access and timeliness of new persons starting a service by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children.

The identified steps for this project include:

1. Data gathering survey completed by the CMHSPs.
2. Causal barrier analysis completed by SWMBH.
3. Data-driven development of interventions.
4. Ongoing cross-functional regional discussions.
5. Continued monitoring of the performance indicator status, using the already established practices.



**Southwest Michigan Behavioral Health Board Meeting**  
**Air Zoo Aerospace & Science Museum**  
**6151 Portage Rd, Portage, MI 49002**  
**June 14, 2024**  
**9:30 am to 11:30 am**  
(d) means document provided  
**Draft: 4/24/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda (2 minutes)**
  - a. May 10, 2024 SWMBH Board Meeting Minutes (d) pg.
  - b. April 11, 2024 Operations Committee Meeting Minutes (d) pg.
- Fiscal Year 2023 External Audit (20 minutes)**
  - Fiscal Year 2023 External Audit (Derek Miller of Roslund Prestage) (d) pg.
5. **Required Approvals (15 minutes)**
  - a. Operating Agreement Review (d) pg.
  - b. Operations Committee Self Evaluation (d) pg.
6. **Ends Metrics Updates (\*Requires motion)**

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

  - Fiscal Year 2023 Health Services Advisory Group Report (d) pg.
7. **Board Actions to be Considered (40 minutes)**
  - a. CMH Board inputs to SWMBH Ends (d) pg.
  - b. Draft Revised Ends (d) pg.
  - c. Debrief May 10 Board Planning Session
8. **Board Policy Review (5 minutes)**

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

  - None scheduled

**9. Executive Limitations Review (0 minutes)**

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

- None scheduled

**10. Board Education (5 minutes)**

- Open Meetings Act Overview (M. Todd) (d)
- Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.
- Fiscal Year 2024 Regional Population Health Report (A. Lacey; M. Kean) (d) pg.
- Conflict Free Access and Planning (A. Lacey) (d) pg.

**11. Communication and Counsel to the Board (10 minutes)**

- a. Information Systems Overview (N. Spivak) (d) pg.
- b. July Board Policy Direct Inspection – BEL-009 Global Executive Constraints

**12. Public Comment**

**13. Adjournment**

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

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

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

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