



Southwest Michigan Behavioral Health Board Meeting

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June 11, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 6/2/21

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - List name(s) and Agency or None Scheduled
4. **Consent Agenda**
 - May 14, 2021 SWMBH Board Meeting Minutes (d) pg.3
5. **Operations Committee**
 - Operations Committee Minutes April 28, 2021 (d) pg.9
6. **Ends Metrics Updates (*Requires motion)**

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

 - * Fiscal Year 2021 Behavioral Health Treatment Episode Data Set (BH TEDS) (N. Spivak) pg.13
7. **Board Actions to be Considered**
 - None
8. **Board Policy Review**

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

 - BG-012 Open Meetings and Freedom of Information Act (d) pg.14
9. **Executive Limitations Review**

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

 - a. Re-assignment of BEL-002 Financial Conditions
 - b. Re-assignment of BEL-004 Treatment of Staff

10. Board Education

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d) pg.15
- b. Management Business Information and Intelligence Updates (N. Spivak) (d) pg.23
- c. Fiscal Year 2022 Budget Assumptions (T. Dawson)
- d. Mid-Year Program Integrity and Compliance Report (M. Todd) (d) pg.37
- e. MI Health Link Update (M. Kean) (d) pg.40
- f. Whiteford Behavioral Health Presentation (B. Casemore) (d) pg.49

11. Communication and Counsel to the Board

- a. Provider Network Stability Report (M. Todd) (to be displayed)
- b. May 14, 2021 Board Planning Session notes (d) pg.57
- c. July 9, 2021 Board Agenda (d) pg.58
- d. Board Member Attendance Roster (d) pg.60
- e. July Board Policy Direct Inspection –BEL-007 Compensation and Benefits (R. Perino); BEL-002 Financial Conditions; BEL-004 Treatment of Staff; BEL-006 Investments (C. Naccarato)

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 9, 2021
9:30 am - 11:00 am**

Southwest Michigan

BEHAVIORAL HEALTH

Draft Board Meeting Minutes
May 14, 2021
9:30 am-11:00 am
GoTo Webinar and Conference Call
Draft: 5/17/21

Members Present via phone:

Ruth Perino, Tom Schmelzer, Mary Middleton, Patricia Guenther, Carol Naccarato, Susan Barnes

Guests Present via phone: Bradley Casemore, Executive Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance Performance and Improvement, SWMBH; Deb Hess, Van Buren CMH; Richard Thiemkey, Barry County CMH; Mary Ann Bush, Project Coordinator/Senior Operations Specialist, SWMBH; Brad Sysol, Summit Pointe; Terry Proctor, Woodlands Board Alternate; Sue Germann, Pines BH; Kris Kirsch, St. Joseph CMH; Ric Compton, Riverwood; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Derek Miller, Roslund Prestage & Company, P.C.

Welcome Guests

Tom Schmelzer called the meeting to order at 9:35 am.

Public Comment

None

Agenda Review and Adoption

Motion	Mary Middleton moved to accept the agenda as presented.	
Second	Susan Barnes	
Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Financial Interest Disclosure Handling

Mila Todd stated that there were no disclosures.

Consent Agenda

Motion	Ruth Perino moved to approve the April 9, 2021 Board meeting minutes as presented.	
Second	Carol Naccarato	
Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes

Susan Barnes	yes
Tom Schmelzer	yes
Carol Naccarato	yes

Motion Carried

Operations Committee

Operations Committee Minutes March 24, 2021

Tom Schmelzer noted the minutes as documented. Debra Hess responded to questions from Board members regarding minutes.

Motion Susan Barnes moved to approve the March 24, 2021 minutes as presented.

Second Ruth Perino

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Operations Committee Self Evaluation

Debra Hess reported as documented. Discussion followed.

Motion Patricia Guenther moved to accept the Operations Committee Self Evaluation Report as presented.

Second Ruth Perino

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Ends Metrics

National Council on Quality Assurance (NCQA) Managed Behavioral Health Organization Accreditation

Jonathan Gardner reported as documented, noting that SWMBH was awarded a one-year successful 'Managed Behavioral Healthcare Organization' reaccreditation by NCQA on April 16, 2021. The accreditation process this year included a three-year look back period .vs a one-year look back period previously. SWMBH was the first PIHP to earn NCQA accreditation and is now only one of two PIHPs with that accreditation. Brad Casemore added that SWMBH sought this accreditation because of the MI Health Link business line with Aetna and Meridian which contractually requires a NCQA accreditation. Mary Middleton congratulated SWMBH on achieving this difficult accreditation. Tom Schmelzer seconded the congratulations.

Motion Carol Naccarato moved that the data is relevant and compelling, the Executive Officer is in compliance and the metrics do not need revision.

Second	Mary Middleton	
Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Board Actions to be Considered

Election of Officers

SWMBH Board Chair

Tom Schmelzer stated that he spoke with Board Chair Edward Meny on the election process for today. Edward Meny stated to go ahead with elections and that he is willing to serve another year as the SWMBH Board Chair. Tom Schmelzer opened the floor for nominations. Susan Barnes nominated Edward Meny. Tom Schmelzer closed the nominations.

Motion Susan Barnes moved to elect Edward Meny as the SWMBH Board Chair for a one-year term.

Second	Ruth Perino	
Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

SWMBH Board Vice-Chair

Tom Schmelzer stated that he is currently the Vice-Chair and is willing to serve another term. Tom Schmelzer opened the floor for nominations. Mary Middleton nominated Tom Schmelzer as the SWMBH Board Vice-Chair and closed the nominations.

Motion Mary Middleton moved to elect Tom Schmelzer as the SWMBH Board Vice-Chair for a one-year term.

Second	Ruth Perino	
Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

SWMBH Board Secretary

Tom Schmelzer noted that Susan Barnes is currently the SWMBH Board Secretary and that she is willing to serve another term. Tom Schmelzer opened the floor for nominations. Ruth Perino nominated Susan Barnes. Tom Schmelzer closed the nominations.

Motion Ruth Perino moved to elect Susan Barnes as the SWMBH Board Secretary for a one-year term.

Second Patricia Guenther

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

External Auditor Report – Fiscal Year 2020

Derek Miller of Roslund, Prestage & Company, P.C. reported as documented.

Motion Mary Middleton moved that the Fiscal Year 2020 external auditor report be accepted as presented.

Second Ruth Perino

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

June Direct Inspection Assignments

Brad Casemore asked the Board to move the June direct inspection reports to July so that Board member may have ample time to review the policies and that he will not be in attendance at the June Board meeting. Those policies are: BEL-007 Compensation and Benefits, BEL-002 Financial Conditions, BEL-006 Investments.

Motion Patricia Guenther moved that BEL-007 Compensation and Benefits, BEL-002 Financial Conditions and BEL-006 Investments be moved to July's Board meeting.

Second Susan Barnes

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Board Policy Review

BG-011 Governing Style

Tom Schmelzer reported as documented.

Motion Ruth Perino moved that the Board is in compliance and policy BG-011 Governing Style does not need revision.

Second Carol Naccarato

Roll call vote	Mary Middleton	yes
	Patricia Guenther	yes
	Ruth Perino	yes
	Susan Barnes	yes
	Tom Schmelzer	yes
	Carol Naccarato	yes

Motion Carried

Executive Limitations Review

BEL-004 Treatment of Staff

Tom Schmelzer noted Patrick Garrett's resignation from the SWMBH Board and asked that another Board member review policy BEL-004 Treatment of Staff that was previously assigned to Patrick for review. Mary Middleton stated that she is willing to review policy BEL-004 Treatment of Staff.

Board Education

Fiscal Year 2021 Year to Date Financial Statements

Tracy Dawson reported as documented.

Fiscal Year 2021 Mid-Year Contract Vendor Summary

Tracy Dawson reported as documented, noting increases and decreases in expenditures. Discussion followed.

Emerging Integrated Care Initiatives

Brad Casemore noted, in the interest of time, that this topic will be discussed at today's Board planning session.

Communication and Counsel to the Board

Provider Network Stability Report

Brad Casemore noted, in the interest of time, the report was included in the packet for the Board's review.

Environmental Scan

Brad Casemore introduced Alan Bolter, Associate Director for Community Mental Health Association of Michigan. Alan Bolter reported as documented focusing most of the presentation on integrated care proposals at the State Senate and House level. Alan Bolter noted that MDHHS Director, Elizabeth Hertel stated that DHHS is focused on improving the current behavioral health system and in opposition of redesigning the whole system. Alan Bolter also added that some counties have adopted resolutions in opposition to the legislative proposals. Discussion followed.

Public Comment

None

Adjournment

Motion Mary Middleton moved to adjourn at 11:00am

Second Susan Barnes

Unanimous Voice Vote

Motion Carried

DRAFT

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: April 28, 2021 10:00am-1:00pm**

Members Present via phone – Brad Casemore, Jeannie Goodrich, Jeff Patton, Richard Thiemkey, Sue Germann, Kris Kirsch, Tim Smith, Ric Compton, Debbie Hess

Guests present via phone – Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Moira Kean, Director of Clinical Quality, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Brad Sysol, Summit Pointe; Pat Davis, Integrated Services of Kalamazoo; Jane Konyndyk, Integrated Services of Kalamazoo; Roger Pierce, Riverwood Center

Call to Order – Brad Casemore began the meeting at 10:10 am.

Review and approve agenda – Agenda approved.

Review and approve minutes from 3/24/21 Operations Committee Meeting – Minutes were approved by the Committee.

CMH Updates – CMHSP CEOS's shared current updates and sought input from colleagues focused on response plans to the pandemic, challenges, and regulations. Also highlighted new grants and projects unrelated to the pandemic as well as ongoing struggles with contract agency direct care worker staffing.

Fiscal Year 2021 Year to Date Financials – Tracy Dawson reported as documented.

Fiscal Year 2021 Performance Bonus Incentive Program Amendment – Brad Casemore discussed amendment, noting agreement to striking V.2.b., and adding the 50%/30% clarification previously offered by SWMBH. SWMBH/Mila/Brad will prepare an Amendment which will include a clause that it supersedes all prior versions, signed or unsigned.

Fiscal Year 2021 Direct Care Wage (DCW) – Tracy Dawson noted that documents were emailed to group related to recent communications from the State on DCW.

H0043 to H2015 – The group discussed Community Mental Health Association of Michigan's request for representation on a group to discuss H0043 to H2015 transition with the State. CMH CEOs asked to check with staff to see if they would like to join the group. The group asked Moira to see if a member of I/DD Committee would join and Pam Wentzel will join the group.

MHL 2022 and beyond – Brad Casemore stated that a request for information for a MHL assessment contractor is being released by SWMBH next week and there will be further discussion at the May and future Operations Committee meetings.

Regional and Local Health Information Exchange (HIE) – Natalie Spivak reported as documented. Brad Casemore reminded group that SWMBH does not have a contract with PCE and would therefore not direct PCE or commission work from PCE on workflow needs regarding CMH systems. The group agreed that data flow effectiveness and efficiency are critical and a shared responsibility.

Unenrolled Complex Care Management Proposal – Brad Casemore stated that the design team reviewed the CMHAM ad hoc system transformation committee document and meets with that group again on April 30. Jeff serves on that committee and discussed key points from the document. Brad concurs with the concepts in that document, except for the ruling out of unenrolled/ffs complex care management from any BHH, OHH or CCBHC county up front prematurely handicaps CMHs/counties who may find the CCM approach complementary to their other integration and health home efforts; all approaches should be left to local control decisions. Brad is doing a final redline version for himself and for the design team. Once readied, Brad will share it with OC. The final version is subject to Design Team and RE/PIHP finalization.

Self-Directed Arrangements – Brad Casemore and the group discussed a recent email to Brad regarding self-directed arrangements/agreements and a claim that BHDDA Kendra Binkley is investigating that our region has prohibited self-determination, self-directed arrangements, and self-directed agreements. SWMBH has not done so, and CMH CEOs either conformed that they have not done so, or did not weigh in. Brad will follow up in writing with Kendra this week, and will cc OC.

Regional Committees – live or remote or both? – Brad Casemore reviewed SWMBH proposed office opening, process, and procedures. Group to continue discussion at May's Operations Committee meeting.

Community Mental Health MI Health Link and Outpatient Staff – Mila Todd stated that SWMBH is reviewing MI Health Link (MHL) and ambulatory SUD network adequacies and asked CMH CEOs to identify any capacity issues in serving MHL and/or SUD clients and communicate those to her, per the PIHP-CMH Agreement.

Certified Community Behavioral Health Clinics (CCBHC) – SWMBH and our CCBHC CMHs met with TBD Solutions to determine expansion, demonstration, plans, processes, and procedures. TBDS will be supporting the SWMBH PIHP and related CMH Medicaid CCBHC implementations. The State has not said whether the CCBHCs will be through the PHIP or direct to the CMHSPs. Meetings are ongoing and any CMHSP can join and participate in the meetings. This will be a monthly OC Agenda item for the foreseeable future.

Carve In Fiscal Year 2021 – Brad Casemore and the group reviewed and discussed the proposed revisions to the MI Social Welfare Act and the "Gearing Up for Integrated Care" document.

Draft Codes for Fiscal Year 2022 – Anne Wickham reported as documented noting that there are two outstanding items, H2014 and the QJ modifier.

Costing Policy Change – Tracy Dawson reported as documented noting that there is a standardized cost allocation meeting with the State on May 5th.

Operations Committee Self-Evaluation – Jonathan Gardner reported as documented. Discussion followed and the group agreed on a format for Board presentation at the May 14th Board meeting. That document will be provided to OC for review prior to being released. OC will discuss results at May OC 9:00 am session.

Residential Tiered Rates – Pat Davis is on a workgroup reviewing these proposed rates.

Mental Health Block Grant Update/Status – Moira Kean reported as documented.

Child & Youth Services Work Group – Moira Kean reported as documented.

Fiscal Year 2021 PIHP-DHHS Contract Status – Mila Todd stated that negotiations and work is ongoing.

Provider Network Stability Report – Mila Todd stated that the report is being compiled for submission to the State.

CMH Audit Reviews – Mila Todd stated that Fiscal Year 2021 CMH Site reviews have started and will be corrective action plan focused. Packets will go out with enough time for staff to gather files and information. The approach is that SWMBH staff will not go through the entire sample size if identified elements are met. The CAP process has also been modified. SWMBH is trying to reward the providers that are doing well and reduce time CMH needed in the review process.

Revised Operations Committee Agreement – Mila Todd reminded group that she is soon initiating the Operating Agreement filing with the Office of the Great Seal and the County Clerks office in each county.

Behavioral Health (BH) Treatment Episode Data Set (TEDS) – Natalie Spivak noted the information in packet for the group's review.

Assessment Tools Status – Natalie Spivak noted the information in packet for the group's review.

NCQA MBHO – Jonathan Gardner stated that SWMBH received a one-year MBHO re-accreditation and reviewed percentages achieved and areas for improvement.

MCG Update – Anne Wickham stated that MCG was implemented and one identified issue with effective dates is being resolved.

Opioid Health Homes (OHH) – Joel Smith reported 275 enrollees and a scope of work with Health Management Association has been reached to partner with SWMBH in review process, procedures, and standards in providing OHH services focused first on the OHH clinical model supporting OHH provider partners.

American Society of Addiction Medicine (ASAM) Continuum of Care Installation – Joel Smith noted that the ASAM tool is the statewide standard assessment tool and must be implemented by 10/1/21. An internal group met to map out the workflow process and the best way to reach implementation by 10/1/21. Two phases are being developed. Phase 1 will be to launch ASAM out of SWMBH's SmartCare

system and Phase 2 is launching ASAM from each provider's local electronic medical records system. The group discussed and acknowledged that this and other state-forced changes are complicating business processes and data flows.

COVID-19 Supplemental – Joel Smith stated that SWMBH was awarded 1.3 million block grant dollars through the COVID-19 relief package. SWMBH is working with the State on the spending areas that are allowed in this award.

May 14, 2021 SWMBH Board Agenda – Brad Casemore noted the draft agenda in the packet for the committee's review.

May 14, 2021 SWMBH Board Planning Agenda – Brad Casemore noted the draft agenda in the packet for the committee's review.

May 26, 2021 Operations Committee Meeting Agenda – Brad Casemore noted the draft agenda in the packet for the committee's review.

Adjourned – Meeting adjourned at 1:00pm

6. Fiscal Year 2021 Behavioral Health Treatment Episode Data Set

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>1. SWMBH will meet and exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY21.</p> <p>Metric Measurement Period: (1/1/2021 - 12/31/21) Metric Board Report Date: January 14, 2022 Interim Board report with (NS) in June 2021</p> <p>A. 97% of applicable MH served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. ½ point B. 97% of applicable SUD served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. ½ point</p> <p>Measurement: Results are verified, certified by the MDHHS quarterly BH TEDS Regional compliance reports.</p> <p style="text-align: center;"><u>Number of reportable MH/SUD encounters</u> Number of MH/SUD encounters with a matching BH TEDS record</p> <p>Possible Points: ½ point each awarded upon official Board approval.</p>	<p>MDHHS's current benchmark is a 95% compliance rate.</p> <p>2020 Status: MH: 94.63% SUD: 97.03%</p> <p>Regional Impact: BH TEDS compliance rates and other metrics are factored into the annual rate-setting calculations by Milliman/MDHHS.</p> <p>Executive Owners: Natalie Spivak</p>

MDHHS 5/5/2021 Status:

MH: 95.68%

SUD: 98.33%

SWMBH 6/1/2021 Status using MDHHS Logic:

MH: 97.4%

SUD: 97.6%

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Governance		Policy Number: BG-012	Pages: 1
Subject: Open Meetings Act and Freedom of Information Act		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 6.12.15	Last Review Date: 12/11/20	Past Review Dates: 6/9/17; 6/10/16; 6/8/18; 6/14/19; 6/12/20	

I. PURPOSE:

To provide the SWMBH Board the specific requirements for operating in compliance with Michigan’s Open Meetings Act, 1976 PA 267, PA 228 of 2020, and the Freedom of Information Act, 1976 PA 422.

II. POLICY:

The Regional Entity and members of the Regional Entity SWMBH Board, officers, and staff shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the “Open Meetings Act”), PA 228 of 2020 and 1976 PA 422 (the “Freedom of Information Act”). SWMBH shall develop related compliance policies and procedures. If noncompliance is found, immediate corrective action shall be taken by the appropriate persons to ensure compliance.

III. STANDARDS:

SWMBH shall operate in compliance with the procedures prescribed in Michigan’s Open Meetings Act, 1976 PA 247, PA 228 of 2020 and the procedures prescribed in Michigan’s Freedom of Information Act, 1976 PA 442.

Michigan’s Open Meetings Act, 1976 PA 267.

- http://www.michigan.gov/ag/OMA_handbook_287134_7.pdf
- Michigan’s Freedom of Information Act, 1976 PA 442
 - http://www.michigan.gov/documents/ag/FOIA_pamphlet_380084_7.pdf
- PA 228 of 2020
 - <http://blogs.mml.org/wp/coronavirus/files/2020/11/2020-PA-0228.pdf>

	E	F	G	H	J	K	L	M	N	O	P	Q	R	S
1	Southwest Michigan Behavioral Health													
2	<i>Mos in Period</i>													
3	For the Fiscal YTD Period Ended 4/30/2021 P07FYTD21 7													
4	<i>(For Internal Management Purposes Only)</i>													
5														
6														
7	INCOME STATEMENT													
8		TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	Indirect Pooled Cost			
9														
10														
11	REVENUE													
12	Contract Revenue	184,188,952	137,668,113	26,141,453	13,332,404	2,134,504	-	3,223,429	1,135,768	553,281	-			
13	DHHS Incentive Payments	409,826	409,826	-	-	-	-	-	-	-	-			
14	Grants and Earned Contracts	140,895	-	-	-	-	137,047	3,848	-	-	-			
15	Interest Income - Working Capital	5,048	-	-	-	-	-	-	-	5,048	-			
16	Interest Income - ISF Risk Reserve	633	-	-	-	-	-	-	-	633	-			
17	Local Funds Contributions	1,006,945	-	-	-	-	-	-	-	1,006,945	-			
18	Other Local Income	-	-	-	-	-	-	-	-	-	-			
19	TOTAL REVENUE	185,752,299	138,077,940	26,141,453	13,332,404	2,134,504	137,047	3,227,276	1,135,768	1,565,907	-			
20														
21	EXPENSE													
22	Healthcare Cost													
23	Provider Claims Cost	12,448,365	2,297,899	4,321,370	-	2,141,434	37,458	2,811,689	736,168	102,348	-			
24	CMHP Subcontracts, net of 1st & 3rd party	135,861,323	111,944,412	13,458,696	9,329,271	874,543	-	254,401	-	-	-			
25	Insurance Provider Assessment Withhold (IPA)	1,932,654	1,932,654	-	-	-	-	-	-	-	-			
26	Medicaid Hospital Rate Adjustments	1,101,408	1,101,408	-	-	-	-	-	-	-	-			
27	MHL Cost in Excess of Medicare FFS Cost	-	1,047,039	-	-	(1,047,039)	-	-	-	-	-			
28	Total Healthcare Cost	151,343,750	118,323,413	17,780,065	9,329,271	1,968,937	37,458	3,066,090	736,168	102,348	-			
29	Medical Loss Ratio (HCC % of Revenue)	82.0%	85.7%	68.0%	70.0%	92.2%		95.1%	64.8%					
30	Administrative Cost													
31	Purchased Professional Services	220,191	-	-	-	-	-	-	-	220,191	-			
32	Administrative and Other Cost	4,709,004	-	-	-	-	99,590	58,247	-	4,549,364	1,803			
33	Interest Expense	-	-	-	-	-	-	-	-	-	-			
34	Depreciation	13,948	-	-	-	-	-	-	-	13,948	-			
35	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-			
36	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	1,803	(1,803)			
37	Delegated Managed Care Admin	10,323,011	8,511,846	1,028,212	716,754	66,198	-	-	-	-	-			
38	Apportioned Central Mgd Care Admin	0	3,764,000	585,809	307,376	99,369	4,515	102,939	-	(4,864,009)	-			
39	Total Administrative Cost	15,266,155	12,275,846	1,614,021	1,024,131	165,567	104,105	161,186	-	(78,701)	(0)			
40	Admin Cost Ratio (MCA % of Total Cost)	9.2%	9.4%	8.3%	9.9%	7.8%		5.0%	0.0%	2.9%				
41														
42	Local Funds Contribution	1,006,945	-	-	-	-	-	-	-	1,006,945	-			
43	PBIP Transferred to CMHPs	-	-	-	-	-	-	-	-	-	-			
44	TOTAL COST after apportionment	167,616,850	130,599,259	19,394,087	10,353,402	2,134,504	141,562	3,227,276	736,168	1,030,592	(0)			
45														
46	NET SURPLUS before settlement	18,135,449	7,478,681	6,747,367	2,979,002	-	(4,515)	-	399,600	535,315	0			
47	Net Surplus (Deficit) % of Revenue	9.8%	5.4%	25.8%	22.3%	0.0%	-3.3%	0.0%	35.2%	34.2%				
48	Prior Year Savings	-	-	-	-	-	-	-	-	-	-			
49	Change in PA2 Fund Balance	(399,600)	-	-	-	-	-	-	(399,600)	-	-			
50	ISF Risk Reserve Abatement (Funding)	(633)	-	-	-	-	-	-	-	(633)	-			
51	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-			
52	Settlement Receivable / (Payable)	-	7,485,672	(4,506,671)	(2,979,002)	-	-	-	-	-	-			
53	NET SURPLUS (DEFICIT)	17,735,216	14,964,353	2,240,696	-	-	(4,515)	-	-	534,682	0			
54	<i>HMP & Autism is settled with Medicaid</i>													
55														
56	SUMMARY OF NET SURPLUS (DEFICIT)													
57	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-			
58	Current Year Savings	16,211,887	13,971,191	2,240,696	-	-	-	-	-	-	-			
59	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-			
60	Local and Other Funds Surplus/(Deficit)	1,523,328	993,162	-	-	-	(4,515)	-	-	534,682	0			
61	NET SURPLUS (DEFICIT)	17,735,216	14,964,353	2,240,696	-	-	(4,515)	-	-	534,682	0			
62														

	F	G	H	I	J	K	L	M	N	O	P	Q	R		
1	Southwest Michigan Behavioral Health				Mos in Period										
2	For the Fiscal YTD Period Ended 4/30/2021				7										
3	(For Internal Management Purposes Only)				ok										
4	INCOME STATEMENT				Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5															
6	Medicaid Specialty Services				HCC%	79.9%	77.4%	78.0%	78.6%	82.1%	73.2%	81.5%	80.8%	80.0%	
7	Subcontract Revenue	137,668,113	8,461,980	129,206,133	5,608,936	25,542,944	7,166,768	23,347,307	6,976,817	39,693,274	8,525,919	12,344,168			
8	Incentive Payment Revenue	409,826	40,241	369,585	14,826	34,417	68,834	93,720	-	132,373	19,591	5,824			
9	Contract Revenue	138,077,940	8,502,222	129,575,718	5,623,762	25,577,361	7,235,602	23,441,027	6,976,817	39,825,647	8,545,510	12,349,993			
10															
11	External Provider Cost	85,701,653	2,297,899	83,403,753	2,891,239	16,733,823	3,543,036	16,785,400	3,656,590	27,784,541	5,385,839	6,623,287			
12	Internal Program Cost	29,990,642	-	29,990,642	1,773,063	5,843,670	1,642,580	6,373,687	1,708,452	5,107,930	2,935,401	4,605,858			
13	SSI Reimb, 1st/3rd Party Cost Offset	(575,440)	-	(575,440)	(6,755)	(112,956)	(33,853)	(164,699)	-	(191,801)	(23,952)	(41,425)			
14	Insurance Provider Assessment Withhold (IPA)	3,034,062	3,034,062	-	-	-	-	-	-	-	-	-			
15	MHL Cost in Excess of Medicare FFS Cost	106,299	106,299	-	-	-	-	-	-	-	-	-			
16	Total Healthcare Cost	118,257,215	5,438,260	112,818,955	4,657,548	22,464,537	5,151,763	22,994,388	5,365,042	32,700,670	8,297,289	11,187,719			
17	Medical Loss Ratio (HCC % of Revenue)	85.6%	64.0%	87.1%	82.8%	87.8%	71.2%	98.1%	76.9%	82.1%	97.1%	90.6%			
18															
19	Managed Care Administration	12,342,044	3,764,000	8,578,044	508,338	1,667,962	468,812	1,563,523	516,082	2,709,100	437,476	706,751			
20	Admin Cost Ratio (MCA % of Total Cost)	9.5%	2.9%	6.6%	9.8%	6.9%	8.3%	6.4%	8.8%	7.7%	5.0%	5.9%			
21															
22	Contract Cost	130,599,259	9,202,260	121,396,999	5,165,886	24,132,499	5,620,575	24,557,911	5,881,123	35,409,769	8,734,765	11,894,471			
23	Net before Settlement	7,478,681	(700,039)	8,178,719	457,876	1,444,861	1,615,027	(1,116,884)	1,095,693	4,415,878	(189,255)	455,522			
24															
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
27	Contract Settlement / Redistribution	7,485,672	15,664,392	(8,178,719)	(457,876)	(1,444,861)	(1,615,027)	1,116,884	(1,095,693)	(4,415,878)	189,255	(455,522)			
28	Net after Settlement	14,964,353	14,964,353	0	-	-	-	-	-	-	-	-			
29															
30	Eligibles and PMPM														
31	Average Eligibles	163,483	163,483	163,483	8,709	31,379	9,403	31,030	9,860	42,748	13,472	16,882			
32	Revenue PMPM	\$ 120.66	\$ 7.43	\$ 113.23	\$ 92.25	\$ 116.44	\$ 109.93	\$ 107.92	\$ 101.08	\$ 133.09	\$ 90.62	\$ 104.51			
33	Expense PMPM	\$ 114.12	\$ 8.04	\$ 106.08	\$ 84.74	\$ 109.87	\$ 85.39	\$ 113.06	\$ 85.21	\$ 118.33	\$ 92.62	\$ 100.65			
34	Margin PMPM	\$ 6.54	\$ (0.61)	\$ 7.15	\$ 7.51	\$ 6.58	\$ 24.54	\$ (5.14)	\$ 15.88	\$ 14.76	\$ (2.01)	\$ 3.85			
35															
36	Medicaid Specialty Services														
37	Budget v Actual														
38															
39	Eligible Lives (Average Eligibles)														
40	Actual	163,483	163,483	163,483	8,709	31,379	9,403	31,030	9,860	42,748	13,472	16,882			
41	Budget	150,993	150,993	150,993	7,748	29,128	8,480	28,644	8,958	39,711	12,462	15,862			
42	Variance - Favorable / (Unfavorable)	12,490	12,490	12,490	961	2,251	923	2,386	902	3,037	1,010	1,020			
43	% Variance - Fav / (Unfav)	8.3%	8.3%	8.3%	12.4%	7.7%	10.9%	8.3%	10.1%	7.6%	8.1%	6.4%			
44															
45	Contract Revenue before settlement														
46	Actual	138,077,940	8,502,222	129,575,718	5,623,762	25,577,361	7,235,602	23,441,027	6,976,817	39,825,647	8,545,510	12,349,993			
47	Budget	128,489,090	7,944,796	120,544,295	5,229,168	23,758,946	6,668,617	21,974,245	6,582,472	36,835,234	7,980,231	11,515,382			
48	Variance - Favorable / (Unfavorable)	9,588,849	557,426	9,031,423	394,594	1,818,415	566,985	1,466,782	394,345	2,990,413	565,279	834,611			
49	% Variance - Fav / (Unfav)	7.5%	7.0%	7.5%	7.5%	7.7%	8.5%	6.7%	6.0%	8.1%	7.1%	7.2%			
50															
51	Healthcare Cost														
52	Actual	118,257,215	5,438,260	112,818,955	4,657,548	22,464,537	5,151,763	22,994,388	5,365,042	32,700,670	8,297,289	11,187,719			
53	Budget	117,019,616	6,479,375	110,540,241	4,629,953	21,175,974	5,985,441	20,056,618	5,521,409	34,557,019	8,382,018	10,231,808			
54	Variance - Favorable / (Unfavorable)	(1,237,599)	1,041,115	(2,278,713)	(27,595)	(1,288,562)	833,678	(2,937,770)	156,368	1,856,349	84,729	(955,911)			
55	% Variance - Fav / (Unfav)	-1.1%	16.1%	-2.1%	-0.6%	-6.1%	13.9%	-14.6%	2.8%	5.4%	1.0%	-9.3%			
56															
57	Managed Care Administration														
58	Actual	12,342,044	3,764,000	8,578,044	508,338	1,667,962	468,812	1,563,523	516,082	2,709,100	437,476	706,751			
59	Budget	12,517,440	4,345,395	8,172,045	345,290	1,559,976	505,738	1,372,194	502,330	2,753,813	524,881	607,823			
60	Variance - Favorable / (Unfavorable)	175,396	581,395	(405,999)	(163,048)	(107,986)	36,926	(191,329)	(13,752)	44,714	87,406	(98,929)			
61	% Variance - Fav / (Unfav)	1.4%	13.4%	-5.0%	-47.2%	-6.9%	7.3%	-13.9%	-2.7%	1.6%	16.7%	-16.3%			

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health		Mos in Period										
2	For the Fiscal YTD Period Ended 4/30/2021		7										
3	(For Internal Management Purposes Only)		ok										
4	INCOME STATEMENT		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5													
62													
63	Total Contract Cost												
64	Actual	130,599,259	9,202,260	121,396,999	5,165,886	24,132,499	5,620,575	24,557,911	5,881,123	35,409,769	8,734,765	11,894,471	
65	Budget	129,537,056	10,824,770	118,712,286	4,975,243	22,735,951	6,491,179	21,428,812	6,023,739	37,310,833	8,906,900	10,839,631	
66	Variance - Favorable / (Unfavorable)	(1,062,203)	1,622,509	(2,684,713)	(190,643)	(1,396,548)	870,604	(3,129,099)	142,616	1,901,063	172,135	(1,054,840)	
67	% Variance - Fav / (Unfav)	-0.8%	15.0%	-2.3%	-3.8%	-6.1%	13.4%	-14.6%	2.4%	5.1%	1.9%	-9.7%	
68													
69	Net before Settlement												
70	Actual	7,478,681	(700,039)	8,178,719	457,876	1,444,861	1,615,027	(1,116,884)	1,095,693	4,415,878	(189,255)	455,522	
71	Budget	(1,047,966)	(2,879,974)	1,832,008	253,925	1,022,995	177,438	545,434	558,733	(475,598)	(926,668)	675,751	
72	Variance - Favorable / (Unfavorable)	8,526,646	2,179,935	6,346,711	203,951	421,867	1,437,589	(1,662,317)	536,961	4,891,476	737,414	(220,229)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 4/30/2021			7										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
75	Healthy Michigan Plan			HCC%	9.5%	13.5%	9.2%	11.7%	10.2%	10.5%	8.0%	11.5%	8.6%	
76	Contract Revenue	26,141,453	5,462,167	20,679,286	1,050,045	4,163,826	984,982	3,794,079	1,050,106	6,015,931	1,613,168	2,007,149		
77														
78	External Provider Cost	11,770,042	4,321,370	7,448,672	374,854	1,504,838	417,154	1,146,057	268,582	2,627,702	493,589	615,896		
79	Internal Program Cost	6,010,024	-	6,010,024	436,153	1,145,312	350,771	1,721,844	501,366	579,494	689,898	585,187		
80	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
81	Total Healthcare Cost	17,780,065	4,321,370	13,458,696	811,008	2,650,150	767,925	2,867,901	769,948	3,207,196	1,183,486	1,201,082		
82	Medical Loss Ratio (HCC % of Revenue)	68.0%	79.1%	65.1%	77.2%	63.6%	78.0%	75.6%	73.3%	53.3%	73.4%	59.8%		
83														
84	Managed Care Administration	1,614,021	585,809	1,028,212	88,516	196,770	69,881	195,005	74,064	265,701	62,400	75,875		
85	Admin Cost Ratio (MCA % of Total Cost)	8.3%	3.0%	5.3%	9.8%	6.9%	8.3%	6.4%	8.8%	7.7%	5.0%	5.9%		
86														
87	Contract Cost	19,394,086	4,907,178	14,486,908	899,523	2,846,920	837,807	3,062,907	844,011	3,472,897	1,245,886	1,276,957		
88	Net before Settlement	6,747,367	554,989	6,192,378	150,522	1,316,906	147,176	731,172	206,095	2,543,034	367,282	730,192		
89														
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
92	Contract Settlement / Redistribution	(4,506,671)	1,685,707	(6,192,378)	(150,522)	(1,316,906)	(147,176)	(731,172)	(206,095)	(2,543,034)	(367,282)	(730,192)		
93	Net after Settlement	2,240,696	2,240,696	-	-	-	-	-	-	-	-	-		
94														
95	Eligibles and PMPM													
96	Average Eligibles	66,594	66,594	66,594	3,370	13,379	3,164	12,022	3,999	18,996	5,176	6,488		
97	Revenue PMPM	\$ 56.08	\$ 11.72	\$ 44.36	\$ 44.52	\$ 44.46	\$ 44.47	\$ 45.09	\$ 37.51	\$ 45.24	\$ 44.53	\$ 44.19		
98	Expense PMPM	41.60	10.53	31.08	38.13	30.40	37.82	36.40	30.15	26.12	34.39	28.12		
99	Margin PMPM	\$ 14.47	\$ 1.19	\$ 13.28	\$ 6.38	\$ 14.06	\$ 6.64	\$ 8.69	\$ 7.36	\$ 19.12	\$ 10.14	\$ 16.08		
100														
101	Healthy Michigan Plan													
102	Budget v Actual													
103														
104	Eligible Lives (Average Eligibles)													
105	Actual	66,594	66,594	66,594	3,370	13,379	3,164	12,022	3,999	18,996	5,176	6,488		
106	Budget	52,365	52,365	52,365	2,543	10,834	2,465	9,345	3,201	14,696	4,100	5,182		
107	Variance - Favorable / (Unfavorable)	14,229	14,229	14,229	827	2,545	700	2,677	798	4,299	1,076	1,307		
108	% Variance - Fav / (Unfav)	27.2%	27.2%	27.2%	32.5%	23.5%	28.4%	28.6%	24.9%	29.3%	26.3%	25.2%		
109														
110	Contract Revenue before settlement													
111	Actual	26,141,453	5,462,167	20,679,286	1,050,045	4,163,826	984,982	3,794,079	1,050,106	6,015,931	1,613,168	2,007,149		
112	Budget	24,321,450	4,574,551	19,746,899	979,982	3,968,335	949,199	3,599,771	1,192,006	5,634,597	1,533,218	1,889,790		
113	Variance - Favorable / (Unfavorable)	1,820,004	887,616	932,388	70,062	195,491	35,783	194,308	(141,900)	381,334	79,950	117,359		
114	% Variance - Fav / (Unfav)	7.5%	19.4%	4.7%	7.1%	4.9%	3.8%	5.4%	-11.9%	6.8%	5.2%	6.2%		
115														
116	Healthcare Cost													
117	Actual	17,780,065	4,321,370	13,458,696	811,008	2,650,150	767,925	2,867,901	769,948	3,207,196	1,183,486	1,201,082		
118	Budget	16,000,806	3,610,156	12,390,650	666,977	2,075,464	614,928	3,200,756	503,702	3,255,013	812,677	1,261,133		
119	Variance - Favorable / (Unfavorable)	(1,779,259)	(711,214)	(1,068,046)	(144,030)	(574,686)	(152,997)	332,854	(266,246)	47,817	(370,809)	60,051		
120	% Variance - Fav / (Unfav)	-11.1%	-19.7%	-8.6%	-21.6%	-27.7%	-24.9%	10.4%	-52.9%	1.5%	-45.6%	4.8%		
121														
122	Managed Care Administration													
123	Actual	1,614,021	585,809	1,028,212	88,516	196,770	69,881	195,005	74,064	265,701	62,400	75,875		
124	Budget	1,526,987	622,388	904,599	49,741	152,894	51,958	218,983	45,826	259,389	50,890	74,918		
125	Variance - Favorable / (Unfavorable)	(87,035)	36,579	(123,614)	(38,774)	(43,876)	(17,923)	23,978	(28,238)	(6,313)	(11,510)	(957)		
126	% Variance - Fav / (Unfav)	-5.7%	5.9%	-13.7%	-78.0%	-28.7%	-34.5%	10.9%	-61.6%	-2.4%	-22.6%	-1.3%		
127														
128	Total Contract Cost													
129	Actual	19,394,086	4,907,178	14,486,908	899,523	2,846,920	837,807	3,062,907	844,011	3,472,897	1,245,886	1,276,957		
130	Budget	17,527,793	4,232,544	13,295,249	716,719	2,228,357	666,886	3,419,739	549,528	3,514,402	863,567	1,336,051		

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 4/30/2021			7										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
140	Autism Specialty Services			HCC%										
141	Contract Revenue			13,332,404	94,639	13,237,765	690,679	2,500,445	764,839	2,437,120	587,649	3,840,278	1,076,572	1,340,183
142														
143	External Provider Cost			8,975,521	-	8,975,521	-	2,781,096	259,612	953,723	563,167	2,895,584	542,354	979,985
144	Internal Program Cost			353,750	-	353,750	322,874	1,425	1,801	-	1,984	-	9,180	16,486
145	Insurance Provider Assessment Withhold (IPA)			-	-	-	-	-	-	-	-	-	-	-
146	Total Healthcare Cost			9,329,271	-	9,329,271	322,874	2,782,521	261,413	953,723	565,151	2,895,584	551,534	996,472
147	Medical Loss Ratio (HCC % of Revenue)			70.0%	0.0%	70.5%	46.7%	111.3%	34.2%	39.1%	96.2%	75.4%	51.2%	74.4%
148														
149	Managed Care Administration			1,024,131	307,376	716,754	35,239	206,599	23,789	64,849	54,364	239,886	29,080	62,949
150	Admin Cost Ratio (MCA % of Total Cost)			9.9%	3.0%	6.9%	9.8%	6.9%	8.3%	6.4%	8.8%	7.7%	5.0%	5.9%
151														
152	Contract Cost			10,353,402	307,376	10,046,026	358,113	2,989,120	285,202	1,018,572	619,515	3,135,470	580,614	1,059,421
153	Net before Settlement			2,979,002	(212,738)	3,191,739	332,566	(488,675)	479,637	1,418,549	(31,865)	704,808	495,958	280,762
154	Contract Settlement / Redistribution			(2,979,002)	212,738	(3,191,739)	(332,566)	488,675	(479,637)	(1,418,549)	31,865	(704,808)	(495,958)	(280,762)
155	Net after Settlement			-	0	-	-	-	-	-	-	-	-	-
156														
157														
158	SUD Block Grant Treatment			HCC%										
159	Contract Revenue			3,223,429	2,889,239	334,190	22,024	113,922	14,133	-	35,557	65,309	46,065	37,179
160														
161	External Provider Cost			2,811,689	2,811,689	-	-	-	-	-	-	-	-	-
162	Internal Program Cost			254,401	-	254,401	13,383	59,920	24,140	-	91,671	926	22,315	42,045
163	Insurance Provider Assessment Withhold (IPA)			-	-	-	-	-	-	-	-	-	-	-
164	Total Healthcare Cost			3,066,090	2,811,689	254,401	13,383	59,920	24,140	-	91,671	926	22,315	42,045
165	Medical Loss Ratio (HCC % of Revenue)			95.1%	97.3%	76.1%	60.8%	52.6%	170.8%	0.0%	257.8%	1.4%	48.4%	113.1%
166														
167	Managed Care Administration			99,092	99,092	-	-	-	-	-	-	-	-	-
168	Admin Cost Ratio (MCA % of Total Cost)			3.1%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
169														
170	Contract Cost			3,165,182	2,910,781	254,401	13,383	59,920	24,140	-	91,671	926	22,315	42,045
171	Net before Settlement			58,247	(21,542)	79,788	8,641	54,003	(10,006)	-	(56,114)	64,382	23,750	(4,866)
172	Contract Settlement			-	79,788	(79,788)	(8,641)	(54,003)	10,006	-	56,114	(64,382)	(23,750)	4,866
173	Net after Settlement			58,247	58,247	-	-	-	-	-	-	-	-	-
174														
175														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 4/30/2021			7										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	180,365,399	16,908,025	163,457,374	7,371,684	32,321,137	8,930,723	29,578,507	8,650,130	49,614,791	11,261,724	15,728,679		
178	Incentive Payment Revenue	409,826	40,241	369,585	14,826	34,417	68,834	93,720	-	132,373	19,591	5,824		
179	Contract Revenue	180,775,225	16,948,266	163,826,959	7,386,510	32,355,554	8,999,557	29,672,227	8,650,130	49,747,164	11,281,315	15,734,504		
180														
181	External Provider Cost	109,258,905	9,430,958	99,827,947	3,266,094	21,019,756	4,219,803	18,885,180	4,488,338	33,307,827	6,421,781	8,219,168		
182	Internal Program Cost	36,608,817	-	36,608,817	2,545,473	7,050,327	2,019,292	8,095,531	2,303,473	5,688,350	3,656,795	5,249,576		
183	SSI Reimb, 1st/3rd Party Cost Offset	(575,440)	-	(575,440)	(6,755)	(112,956)	(33,853)	(164,699)	-	(191,801)	(23,952)	(41,425)		
184	Insurance Provider Assessment Withhold (IPA)	3,034,062	3,034,062	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	106,299	106,299	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	148,432,642	12,571,319	135,861,323	5,804,812	27,957,127	6,205,241	26,816,012	6,791,811	38,804,376	10,054,624	13,427,319		
187	Medical Loss Ratio (HCC % of Revenue)	82.1%	74.2%	82.9%	78.6%	86.4%	69.0%	90.4%	78.5%	78.0%	89.1%	85.3%		
188														
189	Managed Care Administration	15,079,288	4,756,277	10,323,011	632,093	2,071,331	562,482	1,823,378	644,510	3,214,687	528,955	845,575		
190	Admin Cost Ratio (MCA % of Total Cost)	9.2%	2.9%	6.3%	9.8%	6.9%	8.3%	6.4%	8.7%	7.7%	5.0%	5.9%		
191														
192	Contract Cost	163,511,930	17,327,596	146,184,334	6,436,905	30,028,458	6,767,723	28,639,390	7,436,321	42,019,063	10,583,579	14,272,894		
193	Net before Settlement	17,263,296	(379,330)	17,642,625	949,604	2,327,096	2,231,833	1,032,837	1,213,809	7,728,101	697,736	1,461,610		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	-	17,642,625	(17,642,625)	(949,604)	(2,327,096)	(2,231,833)	(1,032,837)	(1,213,809)	(7,728,101)	(697,736)	(1,461,610)		
198	Net after Settlement	17,263,296	17,263,296	-	-	-	-	(0)	-	-	(0)	(0)		
199														
200														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 4/30/2021												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
201	State General Fund Services												
202	Contract Revenue												
203													
204	External Provider Cost												
205	Internal Program Cost												
206	SSI Reimb, 1st/3rd Party Cost Offset												
207	Total Healthcare Cost												
208	Medical Loss Ratio (HCC % of Revenue)												
209													
210	Managed Care Administration												
211	Admin Cost Ratio (MCA % of Total Cost)												
212													
213	Contract Cost												
214	Net before Settlement												
215													
216	Other Redistributions of State GF												
217	Contract Settlement												
218	Net after Settlement												
219													



Information Technology Services

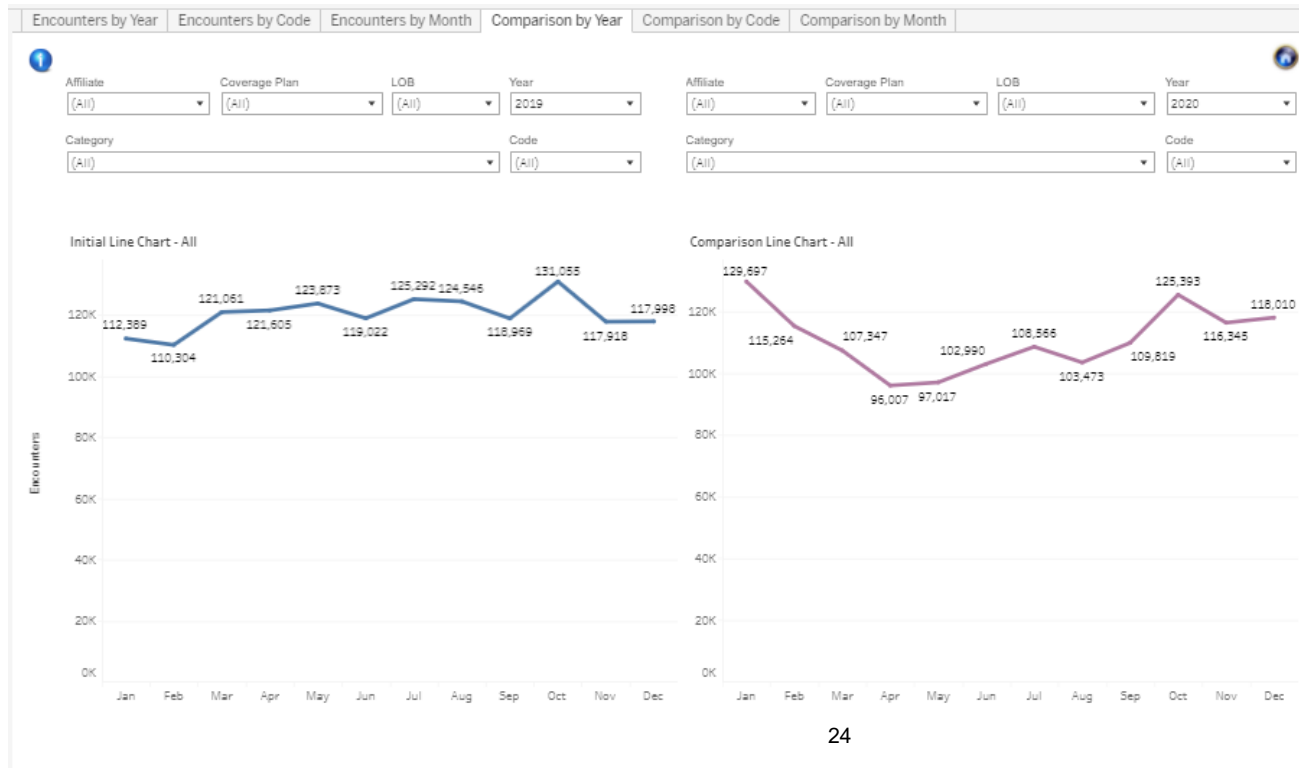
Management Business Information and Intelligence Updates

Presented by Natalie Spivak, Chief Information Officer

Information Technology Services

➤ Encounters Time Over Time – Comparison:

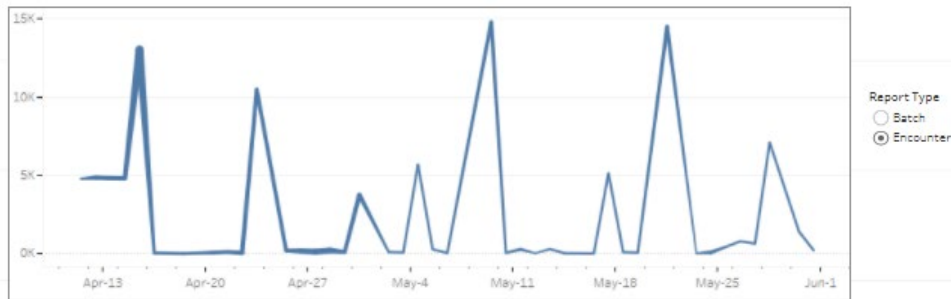
This dashboard was developed for analyzing the role Covid-19 had on our business. It is also very useful in seeing trends in encounters.



Information Technology Services

➤ SUD Encounter Status

This view gives us the ability to see volume and frequency trends of our SUD encounter submissions, allowing us to find certain types of issues before they escalate into problems.



Fiscal Year	Date Run	BatchNo	Encounters	New	Replacements	Voids
FY2021	06/01/2021	31635	38	0	38	0
FY2021	06/01/2021	31634	172	0	172	0
FY2021	05/31/2021	31633	525	525	0	0
FY2021	05/31/2021	31632	884	884	0	0
FY2021	05/29/2021	31631	2,177	2,151	26	0
FY2021	05/29/2021	31630	4,924	4,870	54	0
FY2021	05/28/2021	31629	192	192	0	0
FY2021	05/28/2021	31628	449	447	2	0
FY2021	05/27/2021	31627	337	333	4	0
FY2021	05/27/2021	31626	454	449	5	0
FY2021	05/26/2021	31625	201	201	0	0
FY2021	05/26/2021	31624	227	226	1	0
FY2021	05/25/2021	31623	48	46	2	0

Information Technology Services

➤ SUD Encounter Status

This view allows us to see job statuses for scheduled server jobs that run not only our encounter processes but many of the other automated jobs that drive our reporting tasks.



Run Status	Job Name
Latest Jobs Run	(All)
<input type="text"/>	
<input type="button" value="Q"/> <input type="button" value="<"/> <input type="button" value=">"/>	
	Category
	MDHHS Reporting

Encounter Jobs		Job: None
State Reporting - Archive Encounter Batches	Succeeded	
State Reporting - BH TEDS - Generate Episodes	Succeeded	
State Reporting - BH TEDS - Process Errors	Succeeded	
State Reporting - BH TEDS - Submit Admissions and Discharges	Succeeded	
State Reporting - Cleanup Logs	Succeeded	
State Reporting - Create Encounters	Succeeded	
State Reporting - Submit Encounters	Succeeded	

Information Technology Services

➤ ICO Encounter Errors

This dashboard is used to track errors that need to be addressed for encounters to be cleared for submission to the ICO's. It is very useful in enabling us to identify where corrections need to be made during the settlement process.



ICO
☒ (All)
☐ MHLAetna
☐ MHLUMeridian

Error Message
(All) ▼

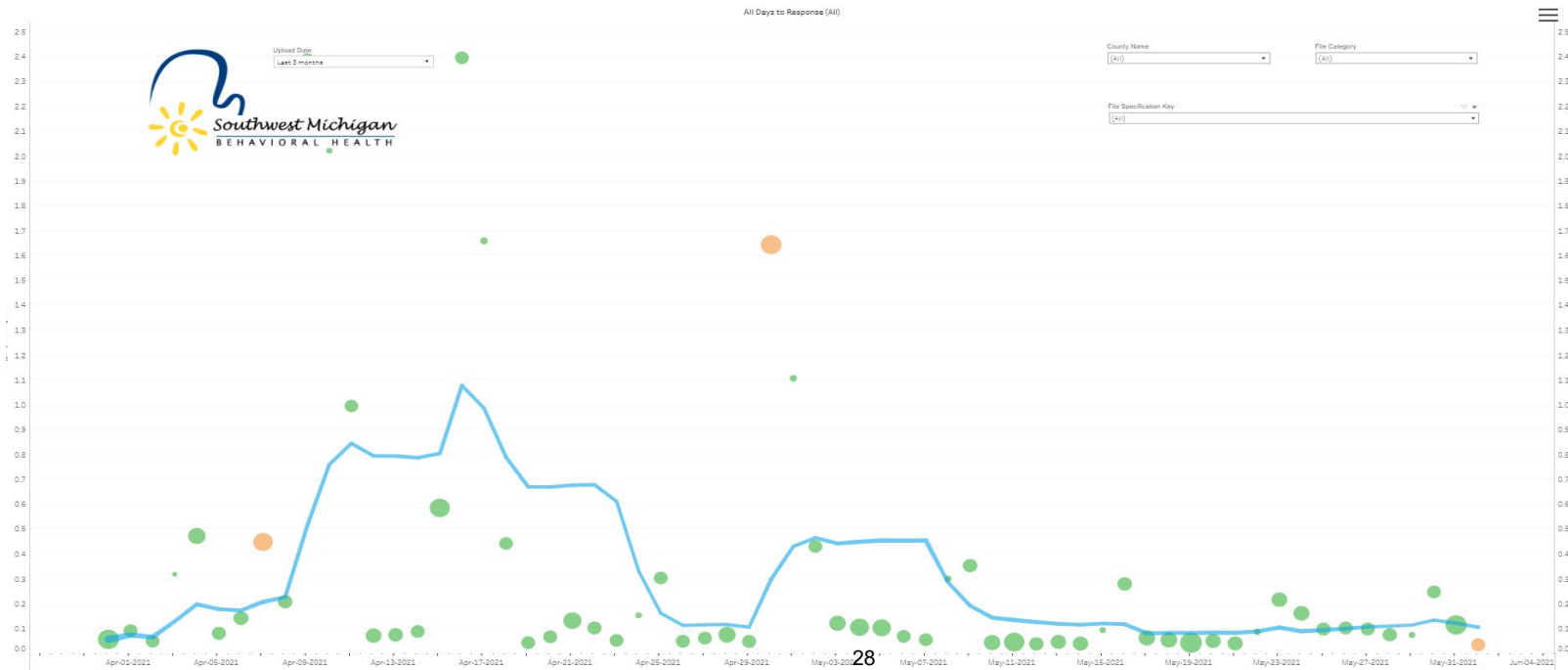
Year
2021

Error Message	Errors	Amount
Charge Amount Missing:	1	\$116.51
Place of Service Invalid:	37	\$3,125.91
Rendering Provider NPI or Tax ID (EIN/SSN) Missing:	11	\$1,518.18
Grand Total	49	\$4,760.60

Information Technology Services

➤ General File Processing Timeliness

This Dashboard allows us to track up to the minute status of the many different file types that are transmitted back and forth between the CMH's, SWMBH and MDHHS. The dashboard shows a history of timeliness and a general sense of expected average for specific file types.



Information Technology Services

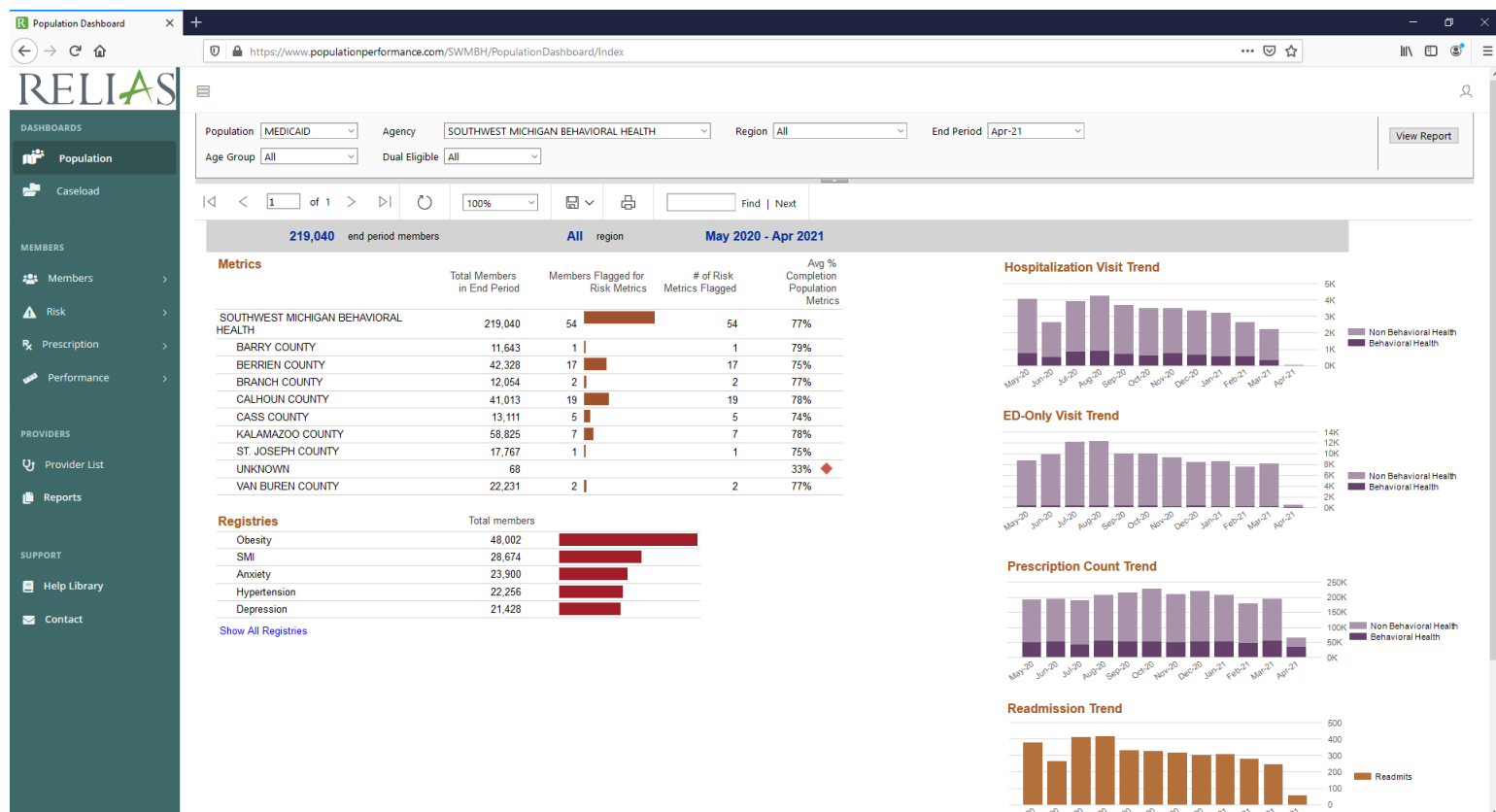
➤ Opioid Health Home Dashboard

This dashboard is used to track members enrolled in the Opioid Health Home program and is critical in finding members who are not receiving services. The dashboard also shows a history of the number of services and other important indicators to help form the conversation on the program's effective utilization.



Relias Population Performance

New Population Dashboard



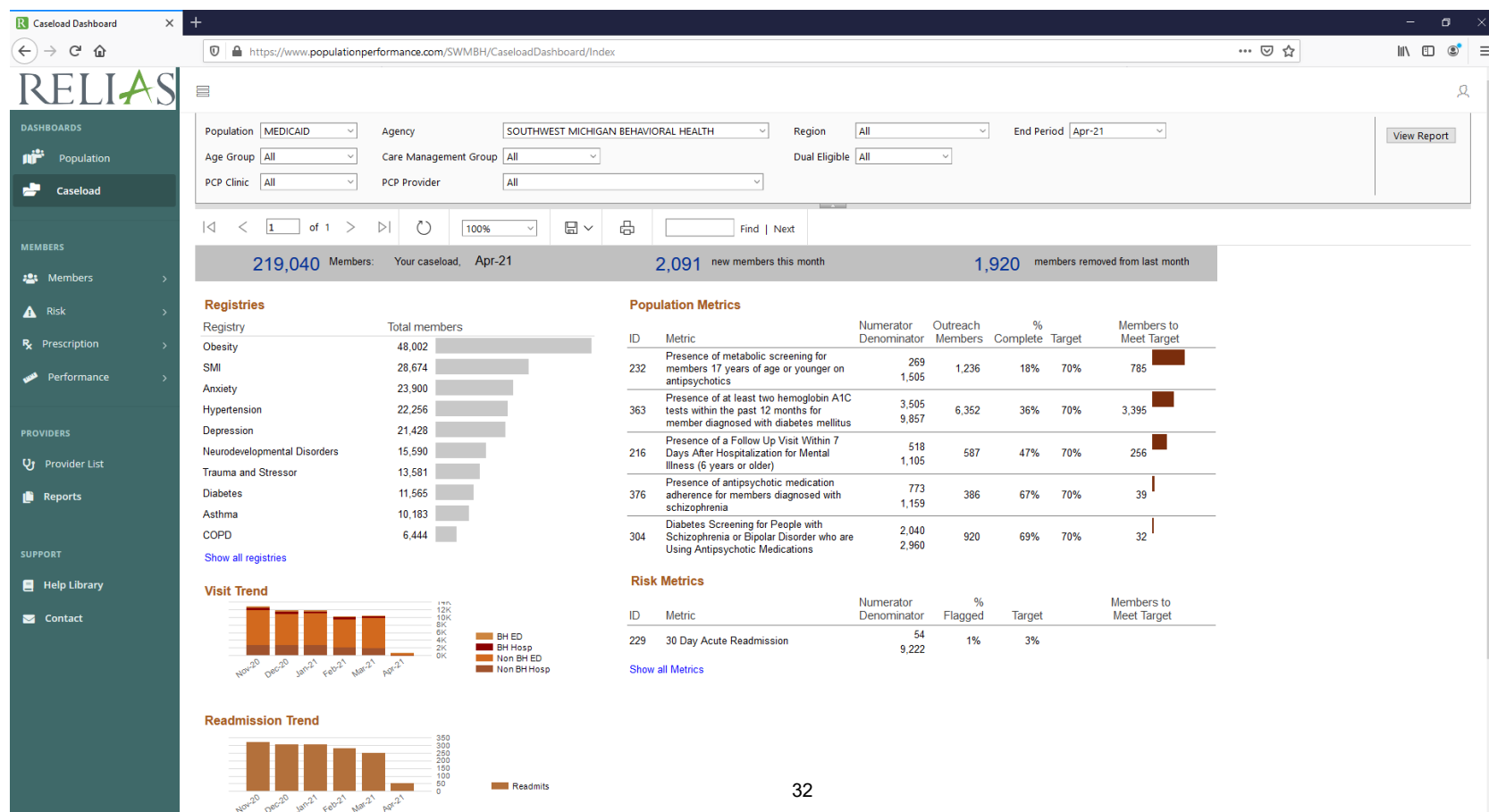
Relias Population Performance

New Selection Criteria by County or Served by CMH

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH	
BARRY COUNTY	
BARRY CMHC SERVED	
BERRIEN COUNTY	
RIVERWOOD CMH SERVED	
BRANCH COUNTY	
PINES BEHAVIORAL HEALTH SERVED	
CALHOUN COUNTY	
SUMMIT POINTE SERVED	
CASS COUNTY	
WOODLANDS BEHAVIORAL HEALTH SERVED	
KALAMAZOO COUNTY	
INTEGRATED SERVICES OF KALAMAZOO SERVED	
ST. JOSEPH COUNTY	
ST. JOSEPH CMHC SERVED	
UNKNOWN	
VAN BUREN COUNTY	
VAN BUREN CMH SERVED	

Relias Population Performance

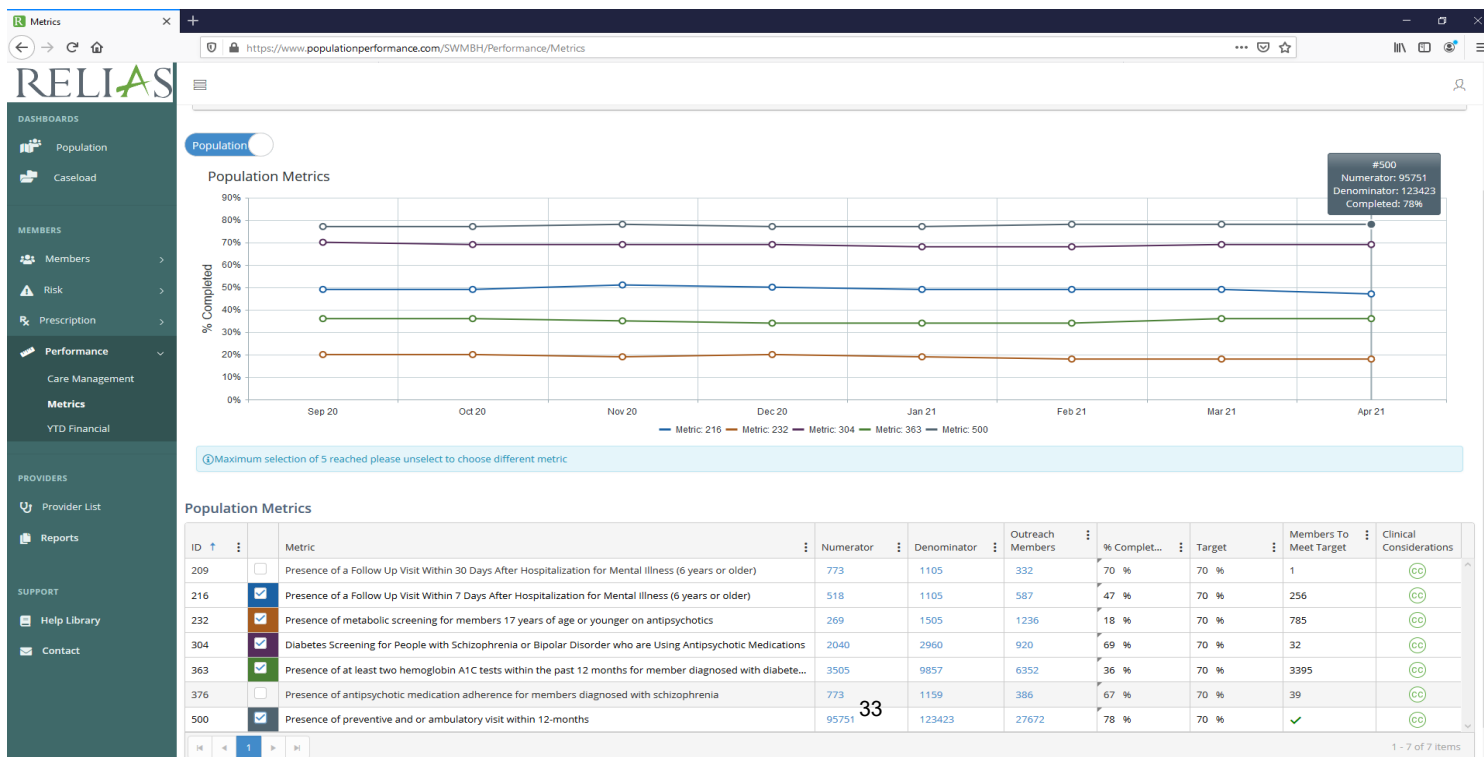
New Caseload Dashboard



Relias Population Performance

New Feature –Population Metric Trending

- 12-month lookback trending on metric completion rates.
- Select up to 5 metrics at a time.



Relias Population Performance

New Look – “Claim Details”

- More organized view of individual claim details.

DASHBOARDS

Population

Caseload

MEMBERS

Members

Risk

Prescription

Performance

PROVIDERS

Provider List

Reports

SUPPORT

Help Library

Contact

Member Claim Detail

Population Management

Member Id: 40509120956Member Name: Payne, Joel PaulineAge: 55Gender: Female

Claim Info

Member Id	Claim Id	Service Date	LOS	Age at Claim	Encounter Type	PCP	Service Provider	Paid Charges	Co Ins Amount	Copay Amount	Deductible
40509120956	11403095	11/18/2019	1	54	Outpatient	UNKNOWN, UNKNOWN	UNKNOWN, UNKNOWN	\$0.00	\$0.00	\$0.00	\$0.00

Diagnoses

Dx Order	Diagnosis Code	Diagnosis Description
1	R56.9	Unspecified convulsions

Services

Claim Line	Code	Description	Modifiers
1	99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	-1, -1, -1

This feature information was captured from Relias’s deidentified demo site for example purposes only.

Relias Population Performance

New Look – “Claims Last 12 Months”

- At the bottom of the members Health Action Plan (HAP), there is a quick and cleaner way to review all claims in the last 12 months.

1. Enhanced searching
2. Easier exporting
3. Column filtering capabilities
4. Clearer page navigation
5. Cleaner claim detail (*see next slide*)

Claims List
Population Management
Member id: 40509120956 Member Name: Payne, Joel Pauline Age: 55 Gender: Female

End Period: Nov-19 Search (Claim ID, Primary Dx and Procedure) Export: Export to CSV

Claim ID	Service Dates	Service Provider	Claim Type	Primary Dx	Primary Procedure	Total Paid
11403095	11/18/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH ED Visit	R56.9 - Unspecified convulsions	99284 - EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	\$0.00
11403390	11/10/2019 - 11/20/2019	UNKNOWN, UNKNOWN Primary Care	BH Hospitalization	-	-	\$0.00
11393480	9/27/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	M47.816 - Spondylosis w/o myelopathy or radiculopathy, lumbar region	J1030 - Methylprednisolone 40 mg inj	\$0.00
11393479	9/27/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	M47.816 - Spondylosis w/o myelopathy or radiculopathy, lumbar region	64493 - NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	\$0.00
11393485	9/27/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	M47.816 - Spondylosis w/o myelopathy or radiculopathy, lumbar region	64494 - NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	\$0.00
11388896	9/27/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	M47.816 - Spondylosis w/o myelopathy or radiculopathy, lumbar region	99214 - OFFICE OUTPATIENT VISIT 25 MINUTES	\$0.00
11393482	9/18/2019	UNKNOWN, UNKNOWN Primary Care	BH Outpatient	F31.5 - Bipolar disord, crnt epsd depress, severe, w psych features	-	\$106.00
11393478	9/15/2019	UNKNOWN, UNKNOWN Primary Care	BH Outpatient	F31.5 - Bipolar disord, crnt epsd depress, severe, w psych features	H0044 - Supported housing, per month	\$836.00
11393484	9/12/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	S93.324D - Dislocation of tarsometatarsal joint of right foot, subs	K0001 - Standard wheelchair	\$0.00
11388898	9/12/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	S93.324D - Dislocation of tarsometatarsal joint of right foot, subs	K0195 - Elevating wheelchair leg rests	\$0.00
11393476	9/12/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	S93.324D - Dislocation of tarsometatarsal joint of right foot, subs	E2601 - Gen w/c cushion width < 22 in	\$0.00
11393481	9/12/2019	UNKNOWN, UNKNOWN Primary Care	Non-BH Outpatient	S93.324D - Dislocation of tarsometatarsal joint of right foot, subs	E2611 - Gen use back cushion width < 22in	\$0.00

1 - 50 of 125 items

This feature information was captured from Relias's deidentified demo site for example purposes only.

Information Technology Services

Questions / Comments?



SWMBH FY 2020 Program Integrity - Compliance Board Report
10/01/2021 – 03/31/2021

Train & Educate

Audit & Monitor

Report & Evaluate

Date Prepared: June 2, 2021

Chief Compliance Officer: Mila C. Todd

1. Compliance Allegations/Reports:

Issue Reported	#	Investigation Opened		Investigation Completed		Complaint Substantiated		Outcome
		Yes	No	Yes	No	Yes	No	
Provider qualifications and billing practices for psych services.	2021-01		X	N/A			N/A	Preliminary information gathering regarding provider's qualifications and proposed billing practices. Not utilized in our Region.
Referral from CMH regarding contracted provider staff person billing for telehealth services in increments above what was actually delivered.	2021-02	X		X		X		Referred to OIG.
SUD provider documentation and billing issues.	2021-03	X		X		X		Corrective Action Plans required and approved through the SWMBH Compliance Committee. 32 claims reverted and recouped.
CMH referral to SWMBH – contracted provider reported that a staff person was providing but not documenting services.	2021-04	X		X		X		CMH referred to SWMBH. Claims without supporting documentation were reverted from Medicaid.
Anonymous report regarding CMH clinical and documentation practices.	2021-05	X		X		X	X	Coordinated review between SWMBH Compliance and SWMBH Clinical Quality. Only 1 of the 4 allegations was substantiated. CMH submitted a Corrective

SWMBH FY 2020 Program Integrity - Compliance Board Report
10/01/2021 – 03/31/2021

Train & Educate		Audit & Monitor		Report & Evaluate				
								Action Plan that was approved by the SWMBH Compliance Committee.
CMH report regarding Medication Reviews and face-to-face requirements	2021-06	X		X			X	Affected claims were reversed from Medicaid.
CMH referral to SWMBH – SWMBH contracted SUD provider has unsecure PHI and violations of ethical requirements.	2021-07	X		X		X		Referred to SWMBH SUD Recipient Rights Advisor for investigation. Substantiated possible ethics violation.
CMH referral to SWMBH – CMH substantiated fraud in telehealth billing for a therapist.	2021-08	X		X		X		SWMBH completed an expanded investigation and substantiated Abusive billing practices. Unable to substantiate fraud.
Total	8	8				6	2	

2. Privacy/Security Allegations/Reports

A total of twenty-five (25) incidents were reported to the SWMBH Breach Team during the first half of FY2021. The Breach Team reviewed each incident and evaluated whether an exception applies under the law, and the probability of compromise to the Protected Health Information used or disclosed. Of the twenty-five (25) incidents reviewed, NONE were determined to be reportable.

3. Planned Audits

Audit	# Services/Claims Reviewed	Result/Progress	Recoupments
Medicaid Verification			
Quarter 1	465	Complete	28 recoupments (\$4,635.40)
Quarter 2	465	In Process	23 recoupments (\$3,290.93)
MI Health Link			
FY20 Quarter 1	240	Completed	2 recoupments (\$51.10)
FY20 Quarter 2	239	Completed	None
FY20 Quarter 3	284	Completed	1 recoupment (\$137.47)
FY20 Quarter 4	276	In Process	
FY21 Quarter 1	242	In Process	
FY21 Quarter 2		In Process	

SWMBH FY 2020 Program Integrity - Compliance Board Report
10/01/2021 – 03/31/2021

Train & Educate		Audit & Monitor		Report & Evaluate
SUD Block Grant Claims				
Quarter 1	60	Complete	5 recoupments (\$415)	
Quarter 2	60	In Process		
SUD Coordination of Benefits				
Quarter 1	30	Completed	1 recoupment (\$10)	
Quarter 2	30	In Process		



MI Health Link Overview and Update

Presented by Moira Kean

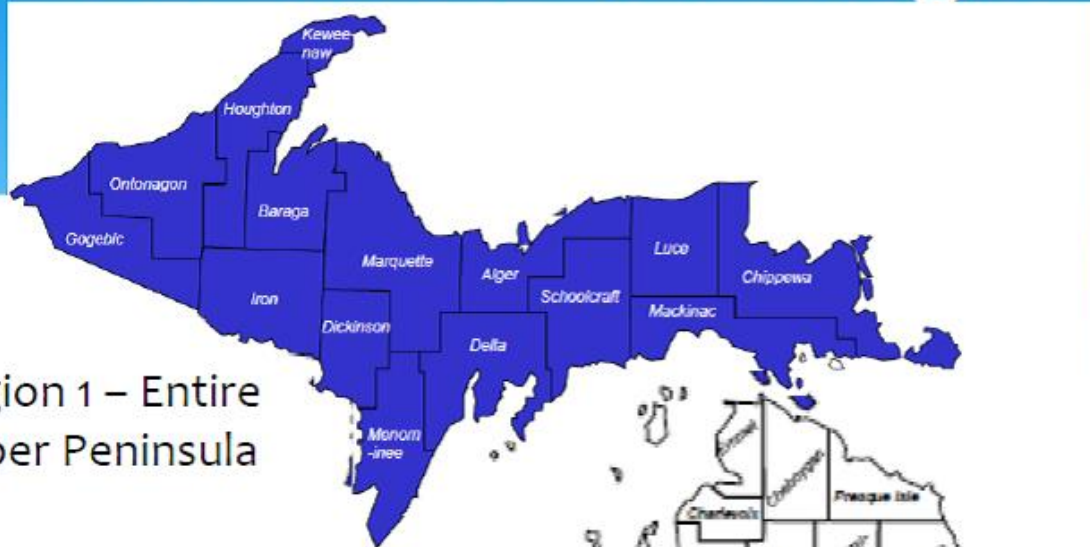
SWMBH Board Meeting June 11, 2021

MI Health Link

- CMS Capitated Financial Alignment Model Demonstration
- Blends Medicaid and Medicare funding into one coordinated delivery system
- Began March 1, 2015 in four Michigan regions
- ***Three-way contract between Integrated Care Organizations (ICOs), CMS and MDHHS currently on a one-year extension, through 2021.***



MI Health Link Regions



■ Region 1 – Entire Upper Peninsula



■ Region 9 – Macomb County

■ Region 7 – Wayne County

■ Region 4 – Southwest Michigan

Benefits for Enrollees

- All services covered by Medicare and Medicaid under one plan
- Medications
- Dental and vision
- Home and community-based services
- Zero co-pays and deductibles
- Care coordinator for every enrollee
- Holistic, person-centered care
- The delivery systems work together, not separated by silos

Initial Evaluation Findings

- No significant changes in cost of care
- Decreases in:
 - inpatient admissions
 - emergency room (ER) visits
 - physician evaluation and management (E&M) visits
- No change in:
 - 30-day readmission rates
 - 30-day follow-up visits after mental health inpatient discharge.
- Enrollees are satisfied with the program, especially no co-pays and care coordination

ICOs and PIHPs

- ***Integrated Care Organizations (ICOs)*** manage non-BH Medicare and Medicaid services for enrolled beneficiaries
- ***Prepaid Inpatient Health Plans (PIHPs)*** administer behavioral health benefit, including for mild to moderate population
 - **Medicaid** through MDHHS – **business as usual**
 - **Medicare** through ICOs – **Medicare subcontracts and delegation agreements with ICOs**

Medicare Benefits Management, oh my!

- ***First Tier, Downstream, and Related Entities (FDRs)*** – any party that enters into a written arrangement with a Medicare Advantage organization ... to provide administrative services or healthcare-related services
- Delegated activities must meet NCQA Health Plan standards – *Credentialing, Enrollee Rights, Utilization Management, Quality Improvement, Care Management*
- Monthly Reporting to ICOs on credentialing, authorizations, quality metrics and more
- CMS Oversight and Monitoring of ICOs
- ICO Oversight and Monitoring of SWMBH
- Audits! And Audits!! And More Audits!!!

Past 12 months

- Achieved NCQA one-year accreditation
- Dealing with significant provider shortages, especially with SUD expertise
- Hired Audit and Accreditation Specialist
- Hired Integrated Care Manager and back-filled Integrated Health Care Specialist positions
- RFI selection process in place for gap analysis and remediation plan to
 - enable improvement of SWMBH MHL performance and
 - Improve positioning with current ICOs and other potential Plan Partners

Thank you

- Questions or comments?

REPRESENTATIVE
MARY WHITEFORD

Michigan Behavioral Health Delivery System Redesign

Our plan

Creates a stronger behavioral health and intellectual/developmental disability (I/DD) system for Michigan's most vulnerable:

- ▶ Mental illness
- ▶ Emotional disturbance
- ▶ I/DD
- ▶ Substance Use Disorders (SUD)



Overview

The plan preserves and strengthens the public behavioral health system by increasing public oversight, transparency, funding, access, and quality of behavioral health and I/DD services to Michigan residents, regardless of insurance status or the ability to pay.

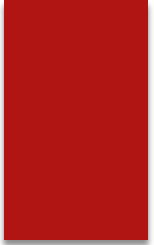
The plan recognizes that behavioral health and intellectual/developmental disabilities represent the most complex and challenging of health needs that require specialized expertise, oversight, and intensive family/consumer engagement.

The plan recognizes that it is the State's constitutional duty to protect and serve those with behavioral health and I/DD needs.

The plan recognizes that the inherent risk profile of the behavioral health and I/DD population does not lend itself to traditional capitated risk-sharing arrangements offered through managed care entities where utilization management is fundamentally imperative.

The plan utilizes a self-insured, managed fee-for-service delivery system through a contract with a single public or nonprofit administrative services organization – attending to the state's constitutional duty to serve the behavioral health and I/DD populations, eliminating unnecessary and costly managed care administrative structures, and boosting accountability through an empowered department and ASO with public oversight.

Structure



Creates a single and statewide ASO that replaces all ten (10) Prepaid Inpatient Health Plans (PIHPs). This leads to fewer bureaucratic layers to navigate for persons served and those who love and support them in addition to significant administrative cost savings that will be used to provide more services to more people in need.

Preserves the current behavioral health carve out and does not disrupt the current Community Mental Health Services Programs system.

Empowers and charges the state/department to develop, implement, and oversee the core functions of the system (e.g., rate setting, clinical guidelines, quality assurance, network management, etc.)

Provides the state direct involvement at every level to create uniformity in access to and quality of behavioral health and I/DD services and supports across the state.

Public and Consumer Oversight

- ▶ Creates a public behavioral health oversight council that prioritizes and requires persons served and their supporters/loved ones to be voting members (1/3rd of the 15 seats). It gives persons served and advocates a meaningful voice in choosing the Administrative Services Organization and in setting policy for the ASO; there is meaningful voice from other community stakeholders, including clinical representation, and an assurance of demographic and geographic equity.
- ▶ There is a consumer oversight committee under the behavioral health oversight council that gives representation to persons served. There is a requirement that the clinical oversight committee have two representatives from persons served on the committee.
- ▶ There is a financial oversight committee under the behavioral health council that reviews and advises on the department's rate schedule development/re-basing with legislative recourse if necessary.
- ▶ There is a quality oversight committee under the behavioral health council responsible for establishing, monitoring, and updating clinical guidance and policy in conjunction with the department.

Advantages

Financial:

- Administrative costs for ASOs in other states equate to roughly 3-4%, which is significantly lower than Michigan's administrative costs for its Medicaid managed care entities (6-12% for PIHPs; 16% for Medicaid health plans)
- The administrative savings resulting from these efficiencies would translate into nearly \$300 million—significant monies that can be used for services.
- Other states that have implemented this model have done a better job at controlling per member per month costs and annual increases in Medicaid costs.

Access:

- The efficiencies gained led to increases in services received even when controlling for increases in enrollment in other states with the ASO structure.

Quality:

- States that have implemented this ASO structure have seen marked improvement in key indicators, including reductions in ED visit rates, inpatient hospital admissions, and increases in preventive screenings and visits.

Administrative:

- The department would no longer have to adhere to the hundreds of pages of Medicaid managed care regulations that has required significant state FTE and monies to negotiate and attend to.
- The department would no longer need to utilize an actuarial firm to develop federally required “actuarially sound rates” that historically have confounded and compromised the financing of Michigan's specialty behavioral health system through systemic underfunding and lack of transparency in methodology (\$25 million annually).

Additional advantages

The ASO will provide one point of intensive care management to attend to all facets of a consumer's needs.

The ASO will provide robust data analytics and predictive modeling to assist in fee schedules/payment incentives, data collection and sharing to optimize care coordination, and quality metric tracking on process and outcomes.

The ASO will provide strong provider supports through a uniform fee schedule, a single set of guidelines for each service, and expedient reimbursement. This will boost department/ASO to provider relationships, improve recruitment and retention, and increase oversight of network adequacy.

Provides the state with the tools and resources needed to hold the delivery system accountable.

The CMHSPs will be the focal point of the provision and delivery of behavioral health and I/DD services, including SUD.

There is significant public accountability through the behavioral health oversight council and because the ASO's board meetings will be subject to the Michigan Freedom of Information Act and the Open Meetings Act.

The plan can continue to leverage current strategic initiatives, including but not limited to Health Homes, CCBHCs, demonstration waivers, HCBS waivers, etc.

Requires the use of evidence-based practices.

Thank
you!

Southwest Michigan Behavioral Health Board Strategic Planning

5-14-21

Thirty individuals attended the 5/14/21 SWMBH Board Strategic Planning Meeting. Attendees represented SWMBH Board members and alternates, CMHSP CEOs and representatives, SWMBH Senior Leaders, and SWMBH Consumer Advisory Committee Leadership.

Alan Bolter, Associate Director of Community Mental Health Association of Michigan, highlighted points from his presentation on Environmental Scan given earlier at the SWMBH Board meeting. Topics included Changes at MDHHS, FY22 Executive, House and Senate Budgets, COVID Supplemental Budgets, key Budget Items for CMHA Members, and the 'Gearing Towards Integration' proposal.



Southwest Michigan Behavioral Health Board Meeting

Please join the meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/515345453>

You can also dial in using your phone:

[1-571-317-3116](tel:1-571-317-3116) - Access Code: 515-345-453

July 9, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 5/14/21

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - List name(s) and Agency or None Scheduled
4. **Consent Agenda**
 - June 11, 2021 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
 - a. Operations Committee Minutes May 26, 2021 (d)
 - b. Operations Committee Quarterly Report (d)
6. **Ends Metrics Updates (*Requires motion)**

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

 - * None
7. **Board Actions to be Considered**
 - Board Alternates Performing Direct Inspections
8. **Board Policy Review**

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

 - None
9. **Executive Limitations Review**

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

 - a. BEL-007 Compensation and Benefits (R. Perino) (d)
 - b. BEL-002 Financial Conditions (M. Middleton) (d)
 - c. BEL-004 Treatment of Staff (M. Middleton) (d)
 - d. BEL-006 Investments (C. Naccarato) (d)

10. Board Education

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d)
- b. Fiscal Year 2022 Budget Assumptions (T. Dawson)

11. Communication and Counsel to the Board

- a. Provider Network Stability Report (M. Todd) (d)
- b. Public Policy Committee Update (B. Casemore) (d)
- c. August 13, 2021 Board Agenda (d)
- d. SWMBH Board Attendance to CMHSPs January – June 2021
- e. Board Member Attendance Roster (d)
- f. August Board Policy Direct Inspection – BEL-005 Treatment of Plan Members (E. Krogh)

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
August 13, 2021
9:30 am - 11:00 am**

2021 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Vacant (Calhoun)												
Mary Middleton (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Terry Proctor (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 5/14/21

Patrick Garrett (Calhoun)												

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled