Southwest Michigan Behavioral Health Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
September 9, 2022
9:30 am to 11:30 am
(d) means document provided

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
   - None Scheduled
4. **Consent Agenda**
   - August 12, 2022 SWMBH Board Meeting Minutes (d) pg. 3
5. **Operations Committee**
   - Operations Committee June 22, 2022 Meeting minutes (d) pg.7
6. **Ends Metrics Updates *(*Requires motion)***
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?
   - Follow-up after Hospitalization for Mental Illness (J. Gardner) (d) pg. 9
7. **Board Actions to be Considered**
   a. 2022-2025 Strategic Plan (B. Casemore) (d) pg. 11
   b. Resolution Honoring Representative Fred Upton (d) pg. 27
   c. Executive Officer Evaluation and Employment Agreement Process (E. Meny) (d) pg.29
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-002 Financial Conditions (L. Csokasy) (d) pg. 31
   b. BEL-004 Treatment of Staff (R. Perino) (d) pg. 36
   c. BEL-009 Global Executive Constraint (S. Barnes) (d) pg. 43

10. Board Education

a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d) pg. 45
b. Preview Fiscal Year 2023 Budget (T. Dawson) (d) pg.53
c. MI Health Link Extrication (E. DeLeon) (d) pg. 61
d. 7th Annual Healthcare Policy Forum-October 7, 2022 (d) pg.64

11. Communication and Counsel to the Board

a. SWMBH Michigan Municipal Risk Management Authority (MMRMA) Insurance Renewal (T. Dawson) (d) pg.65
b. System Transformation Legislation
c. October 14, 2022 Board Agenda (d) pg.86
d. Board Member Attendance Roster (d) pg. 88
e. October Direct Inspection Reports- BEL-008 Communication and Counsel (E. Meny)

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

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
October 14, 2022
9:30 am - 11:30 am

Reminder: October 7th, 2022
7th Annual Healthcare Policy Forum
8:30am-3:00pm Four Points Sheraton Kalamazoo

Southwest Michigan
BEHAVIORAL HEALTH

Board Meeting Minutes
August 12, 2022
Four Points Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
9:30 am-11:30 am
Draft: 8/12/22

Members Present: Edward Meny, Tom Schmelzer, Susan Barnes, Carol Naccarato, Ruth Perino, Erik Krogh, Sherii Sherban

Members Absent: Louie Csokasy

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Ella Philander, CBBHC Coordinator, SWMBH; Jeannie Goodrich, Summit Pointe; Tim Smith, Woodlands; Jon Houtz, Board Alternate for Pines Behavioral Health; Jeff Patton, ISK; Ric Compton, Riverwood Center; Cameron Bullock, STJCMH; Sue Germann, Pines Behavioral Health

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

Public Comment
None

Agenda Review and Adoption

Motion	Erik Krogh
Second	Susan Barnes
Motion Carried	

Financial Interest Disclosure (FID) Handling
Mila Todd reviewed financial interest disclosures for Sherii Sherban, Calhoun County appointed SWMBH Board member.

Motion — Erik Krogh moved that a conflict exists and that:
1) The Board is not able to obtain a more advantageous arrangement with someone other than Sherii Sherban
2) The Financial Interest disclosed by Sherii Sherban is not so substantial as to be likely to affect the integrity of the services that SWMBH may expect to receive; and
3) A Conflict-of-Interest Waiver should be granted.

Second — Ruth Perino
Motion Carried

Consent Agenda

Motion Tom Schmelzer moved to approve the June 10, 2022 Board meeting minutes as presented.
Second Carol Naccarato
Motion Carried

Operations Committee

Operations Committee Meeting Minutes

Edward Meny noted the May 25, 2022 Operations Committee meeting minutes in the packet. No questions from the Board.

Operations Committee Quarterly Report

Edward Meny noted the quarterly report in the packet. No questions from the Board.

Ends Metrics

Applied Behavioral Analysis (ABA)

Jonathan Gardner reported as documented noting benchmark of 53% was met. Brad Casemore and Ella Philander summarized ABA services, processes, drivers and outcomes. Discussion followed.

Motion Erik Krogh moved that the data is relevant and compelling, and the Ends do not need revision.
Second Susan Barnes
Motion Carried

Board Actions to be Considered

Revised SWMBH Policy BEL-007 Compensation and Benefits

Brad Casemore reviewed history of SWMBH Policy BEL-007 Compensation and Benefits and asked the Board approve the revisions as noted to reflect the Board's request from the June 10, 2022 Board meeting. Discussion followed.

Motion Erik Krogh moved to approve the revisions to SWMBH Policy BEL-007 Compensation and Benefits as presented.
Second Ruth Perino
Motion Carried

Board Policy Review

None

Executive Limitations Review

BEL-007 Compensation and Benefits

Erik Krogh reported as documented.

Motion Erick Krogh moved that the Executive Officer is in compliance with Policy BEL-007 Compensation and Benefits and the policy does not need revision.
Second Tom Schmelzer
Motion Carried

EO-003 Emergency Executive Officer Succession

Brad Casemore reported as documented and noted that with Tracy Dawson's retirement in early 2023 he is appointing Anne Wickham as a 3rd executive to be called upon by the Board if Executive Officer succession is needed.

Board Education

Fiscal Year 2022 Year to Date Financial Statements

Tracy Dawson reported as documented. Discussion followed.

Fiscal Year 2023 Budget Assumptions

Tracy Dawson reported as documented. Discussion followed.

Certified Community Behavioral Health Clinics

Ella Philander reported as documented. Brad Casemore and Jeff Patton added history and importance of ongoing and expanding CCBHC in our region. Discussion followed.

Communication and Counsel to the Board

Cass Woodlands Behavioral Health Network

Brad Casemore noted that, for the first time in Region 4 history, Cass Woodlands Behavioral Health Network delegated managed care functions are very close to being suspended. Cass Woodlands Behavioral Health Network Chief Executive Officer and Cass Woodlands Board Chair are working to correct deficiencies.

Opioid Advisory Commission

Brad Casemore announced his appointment to the State Opioid Advisory Commission as documented in the packet. The Commission will oversee expenditures from the Opioid Settlement dollars.

Signed SWMBH Retirement Plan Revisions

Brad Casemore reported as documented.

System Transformation Legislation

Brad Casemore noted no new updates regarding SB 597 and 598 or HB 4925 through 4929. Brad Casemore also informed the Board that the State has initiated the Medicaid Health Plans re-procurement process.

Fiscal Year 2023 State Budget

Brad Casemore reported as documented.

October 7th Healthcare Policy Forum

Brad Casemore reported as documented and stated that the Board will receive an email of this event that is suitable for forwarding to others in their counties as desired.

Policy Governance Boot Camp

Brad Casemore reported as documented. If any Board member is interested in attending please let Michelle Jacobs know. SWMBH will cover registration and related costs.

September 9th SWMBH Draft Board Agenda

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

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

Public Comment

None

Adjournment

Motion	Erik Krogh moved to adjourn at 11:00 am
Second	Carol Naccarto
Motion Carried	

Southwest Michigan
BEHAVIORAL HEALTH

Operations Committee Meeting Minutes
Meeting: June 22, 2022 10:05am-11:45am

Members Present – Jeannie Goodrich, Richard Thiemkey, Sue Germann, Cameron Bullock, Tim Smith, Ric Compton, Jeff Patton

Guests present – Brad Casemore, CEO, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Joel Smith, Director of SUD Treatment and Prevention Services, SWMBH; Alena Lacey, Director of Clinical Quality, SWMBH; Beth Guisinger, Manager of Call Center, SWMBH; Sarah Ameter, Manager of Customer Services, SWMBH; Ella Philander, CCBHC Coordinator, SWMBH; and Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order – Richard Thiemkey began the meeting at 10:05 am.

Review and approve agenda – Agenda approved as presented.

Review and approve minutes from 5/25/22 Operations Committee Meeting – Minutes were approved by the Committee.

MDHHS New Initiatives/Projects – Amy Kanouse, Kelsey Schell, Erin Emerson and Lindsey Naeyaert of MDHHS gave an update/overview of Opioid Health Homes (OHH), Certified Community Behavioral Health Clinics (CCBHC), Behavioral Health Homes (BHH), MiCAL and Michigan Psychiatric Care Improvement Project (MPCIP) including which MDHHS staff are responsible for projects. CCBHC will remain the same in 2023 with expansion scheduled for 2024. Discussion followed.

Beacon Services and Flatrock Updates – Group discussed quality issues and a rate increase request. Mila Todd reviewed rate increase history from quality of service to rate increase now of staff retention/shortage. Group discussed sustainability and determination of a regional response/decision. Brad Casemore to reach out to Beacon for further discussion.

Fiscal Year 2022 Year to Date Financials – Tracy Dawson reported that financials are not ready yet.

Conflict Free Access and Planning – Alena Lacey gave an update from her 6/22/22 meeting with the State. Discussion followed.

System Transformation – Group discussed at CEO only portion of meeting and no further comments were made.

Opioid Settlement – Brad Casemore reported as documented.

Ability to Pay (ATP) – Tracy Dawson stated that this topic is discussed at both the State and Regional Chief Financial Officer meetings and will share any updates with the group.

Incarcerated Individual Needs for Inpatient Care – Group discussed issues and processes for incarcerated individuals and emergency department holds.

Direct Care Wage (DCW) – Tracy Dawson stated that discussion continues at the State level and with Milliman regarding DCW.

HB5165 is now PA91'22 – Group discussed at CEO only portion of meeting and no further comments were made.

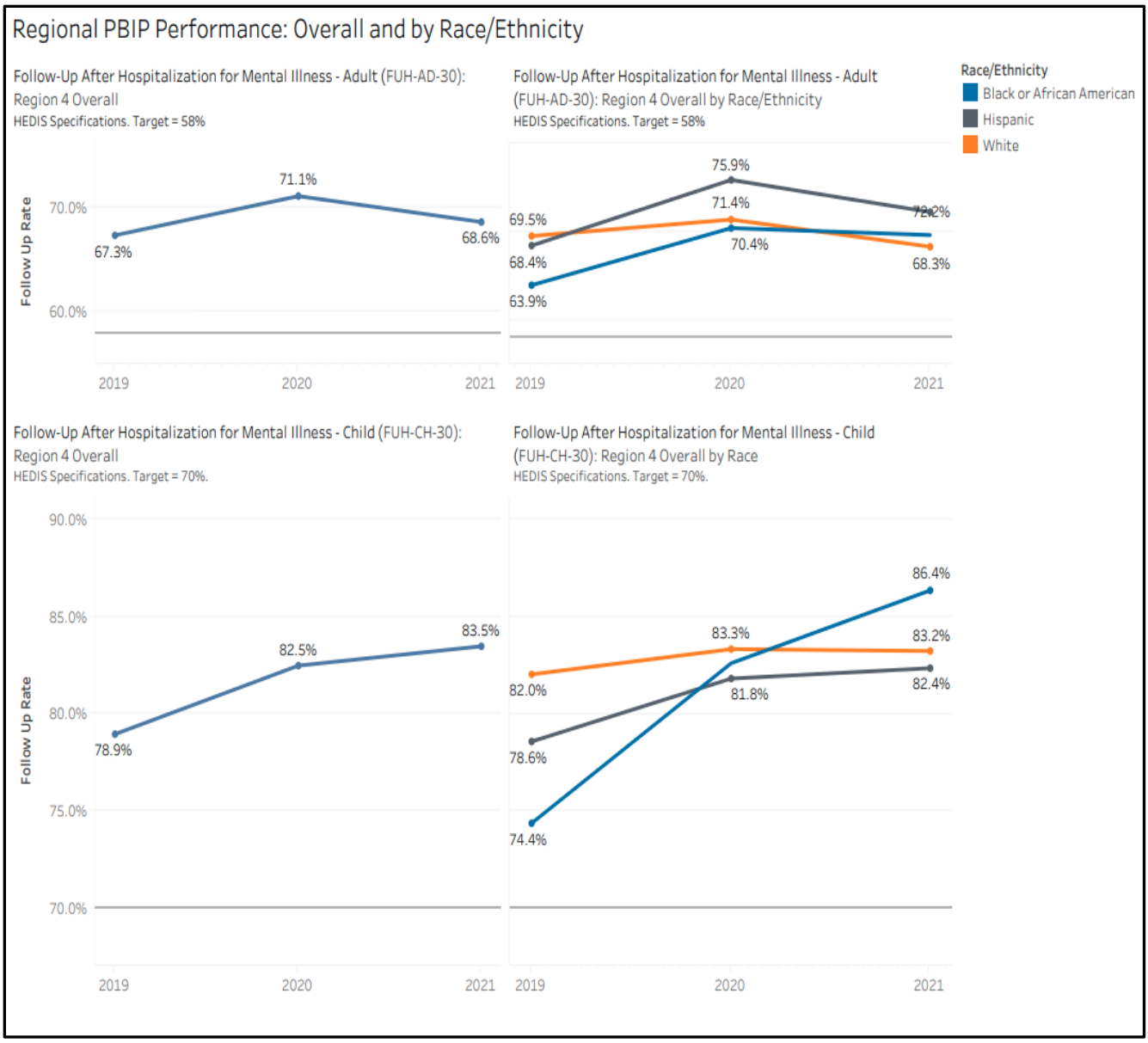
Adverse Benefit Determination (ABD) Letters – Anne Wickham, Jeannie Goodrich and Cameron Bullock to discuss further at a separate meeting to review uniformity of ABD letters. Discussion followed.

Adjourned – Meeting adjourned at 11:45am

Board Ends Metric Update – September 9, 2022

Follow-up after Hospitalization for Mental Illness

PERFORMANCE METRIC DESCRIPTION	STATUS
Achieve Compliance on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) for beneficiaries six year of age and older and show a reduction in disparity with one minority group. Metric Measurement Period: 1/1/22 - 12/31/21) Metric Board Report Date: January 13, 2023 A. Plans will meet set standard for follow-up within 30 days for each rate (ages 6-17) and (18 and older). Plans will be measured against the **adult minimum standard of 58% and child minimum standard of 70%.** The measurement period will be calendar year 2022. B. Data will be stratified by race/ethnicity by MDHHS and delivered to PIHP's. PIHP's will be incentivized to reduce a disparity between the index population and at least one minority group. The measurement will be a comparison of calendar year 2021 with calendar year 2022. **Measurement:** Confirmation via MDHHS written report that each identified measure has been completed successfully. **Possible Points:** 1 point will be awarded. ½ point each, child and adult.	**Current Status:** **Meeting Metric Target** **Result will be provided by MDHHS in final PBIP Report received in January 2023** **HEDIS/MDHHS Metric Targets:** • **Adult: 58%** • **Child: 70%** **Part A Results** **Current 21-22 SWMBH Rates:** • **Adult: 68.6%** • **Child: 83.5%** **Previous 20-21 SWMBH Rates:** • **Adult: 67.1%** • **Child: 77.5%** **Part B Results** **Current 21-22 Race/Ethnicity Rates:** • **Black or African American: 71.3%** • **White Population: 68.3%** **Previous 20-21 Race/Ethnicity Rates:** • **Black or African American: 70.4%** • **White Population: 71.4%** Link to FUH and Disparity Specifications Executive Owners: Alena Lacey, Clinical Quality Director and Jonathan Gardner


Regional PBIP Performance: Overall and by Race/Ethnicity
Follow-Up After Hospitalization for Mental Illness - Adult (FUH-AD-30): Region 4 Overall
HEDIS Specifications. Target = 58%
Follow Up Rate
70.0%
60.0%
71.1%
67.3%
68.6%
2019
2020
2021
Follow-Up After Hospitalization for Mental Illness - Adult (FUH-AD-30): Region 4 Overall by Race/Ethnicity
HEDIS Specifications. Target = 58%
75.9%
71.4%
69.5%
68.4%
70.4%
68.3%
63.9%
2019
2020
2021
Race/Ethnicity
Black or African American
Hispanic
White
Follow-Up After Hospitalization for Mental Illness - Child (FUH-CH-30): Region 4 Overall
HEDIS Specifications. Target = 70%.
Follow Up Rate
90.0%
85.0%
80.0%
75.0%
70.0%
83.5%
82.5%
78.9%
2019
2020
2021
Follow-Up After Hospitalization for Mental Illness - Child (FUH-CH-30): Region 4 Overall by Race
HEDIS Specifications. Target = 70%.
86.4%
83.3%
83.2%
82.0%
81.8%
82.4%
78.6%
74.4%
2019
2020
2021

Southwest Michigan Behavioral Health (SWMBH)

Strategic Plan 2022 – 2025

"An optimal quality of life in the community for everyone"

Confidential internal draft 8/26/22

Introduction

As SWMBH enters 2023, its tenth year of operations a reconsideration of strategic objectives and tactical actions for the period 2022-2025 based on past, present and future federal and state policy changes is necessary. These plans are based on the presumption of stability in Board Ends and their definitions which the Board is free to modify.

This 2022 – 2025 Strategic Plan is intended primarily for the Board and will drive downstream operational actions at SWMBH.

As is displayed above a long-standing construct for all healthcare efforts is The Quadruple Aim.

- Improved Patient Outcomes
- Improved Patient Experience
- Improved Provider Experience
- Lower Cost of Care

While not organized strictly around these four concepts the SWMBH Strategic Plan reflects the letter and spirit of each.

The SWMBH Vision is *An Optimal Quality of Life in the Community for Everyone*. This statement reflects the commitment to access to quality services of the type, amount, scope, and duration most objectively likely to bring about maximum and stable improvements in the lives of persons served. Areas of attention include behavioral health, social determinants of health, physical health, societal functioning, and family unit permanency. Given its broadness referring to "Everyone" it denotes the regional commitment to effective community-based partnerships, population heath, and community safety for all not solely persons served.

SWMBH's roles as Regional Entity, state-designated Community Mental Health Entity and Prepaid Inpatient Health Plan grant it deep and broad roles, tasks and functions in community needs assessment and planning for mental health, intellectual and developmental disabilities, and substance use disorders; provider network adequacy; utilization management and the related required benefits management functions.

SWMBH benefits management functions are maintained centrally while some are delegated to member CMHSPs. SWMBH retains responsibility and accountability for all functions regardless the agency of record performing the function.

Historically and culturally the SWMBH region has dedicated itself to making the CMHSP and contracted clinical provider networks as accessible, effective, and efficient as possible. This component is even more critical to address, with the pressures on provider agencies due to the COVID-19 pandemic, clinical workforce shortages and increased need and demand for all services from all populations.

SWMBH has as an aspirational goal to be in the top 3 of 10 PIHPs in all areas where external publicly reported data is available. For almost ten years SWMBH has achieved this in most all categories. It must be said that SWMBH and member CMHSP achievements are a direct result of a dedicated and talented Board, dedicated and talented management and staff at SWMBH, and dedicated and talented management and staff at CMHSPs. These tight knit groups of individuals aligned to mutually committed goals has long set SWMBH favorably apart from similar organizations in Michigan and across the nation. Our culture of and commitment to shared deliberation and shared decision-making remains strong and must be continually nurtured.

Demonstration and Pilot projects for PIHPs and CMHSPs abound. Generally speaking SWMBH and our CMHSPs readily involve themselves in most all of these for growth and evolutionary reasons. One key example is *Certified Community Behavioral Health Clinics* with both Medicaid and non-Medicaid paths and implications. The Medicaid CCBHC Demonstration began in fiscal year 2022 at Integrated Services of Kalamazoo and St. Joe Community Mental Health and Substance Use Services. While the CCBHC contract is held by SWMBH the CCBHC Model expands roles and functions of CHMSPs with material overlap or boundary revisions for SWMBH and CMHSPs. SWMBH fully supports the CCBHC model, current CCBHC CMHSPs and expansion to ready and willing CMHSPs in our region. As evidence of this early on SWMBH

created a CCBHC Coordinator position and a regional implementation governance structure with a steering committee of senior executives from SWMBH and CMHSPs and three committees: clinical/client flow; data/reporting; and finance each led by a SWMBH Director and populated by current Medicaid CCBHC Demonstration CMHSPs with an open door to SAMHSA CCBHC CMHSPs.

Foundational action SWMBH management took in 2021 and 2022 to poise SWMBH and the region for 2022 and beyond include but are not limited to 1. not renewing the National Committee for Quality Assurance Managed Behavioral Healthcare Organization Accreditation, 2. withdrawing from the MI Health Link Medicare-Medicaid Demonstration effective 1/1/23, 3. shedding rented space and expenses, 4. re-energizing its commitment to healthcare information exchange and healthcare data analytics, and 5. distributing millions of dollars in provider stability payments to avoid large scale provider exits or demises.

A key component of SWMBH's Mission is service to our CMHSPs. This takes many shapes from supporting their acquisition of skills in delegated managed care benefits management, and most importantly supporting their increasing effectiveness and efficiency as providers, their core Constitutional function invaluable to their communities and to persons served. While not always explicitly called out in this document the CMHSP-centric theme is embedded in all priorities and plans.

This Plan assumes a. that the SWMBH PIHP contract will be substantially unchanged by MDHHS in service area, populations served, roles, and behavioral health services covered, and b. that there will be no Board-authorized Mission or Market expansions as proposed by management several years ago. Should these assumptions be rendered false a fact-driven revision of the Strategic Plan will occur.

Environmental Scan

The Environmental Scan is a critical step in any planning process. Only through a thorough understanding of upstream policy & funding current realities and reasonably projecting future direction from Key Influencers can a learning organization align its fate to "where the puck will be" rather than where it is.

One can only describe the healthcare policy and practice environment since 2019 as fast-paced, unpredictable, and somewhat chaotic. Impacts from the COVID-19 pandemic are widely known, remain in force, and create stressors on individuals, agencies, and communities unlike those seen since the Great Depression. As many hope the COVID-19 public health emergency declaration will soon be lifted for legitimate reasons the negative impacts linger and, in many ways, drive current and future federal, state and interest group policy goals.

2022 is a non-presidential but still major federal and state election year with widely disparate party views and candidates. Recent Supreme Court rulings related to healthcare have disrupted

providers and patients and one may reasonably predict more Supreme Court action directly and indirectly effecting or reversing healthcare and related social issues.

This Strategic Plan will be reviewed against November 2022 federal and state election results and any presumed policy or funding alterations expected therefrom.

Federal

The single most health policy influencer is the federal government through Congressional action, executive branch regulations and oversight. The magnitude of the federal spend on healthcare of $4.1 trillion in 2020 19.7% of national gross domestic product drives provider and patient behavior like no other influencer. Key Congressional Committees develop, refine, and seek passage of hundreds of health related Bills each year. Administration of healthcare policy and dollars in the civilian world largely emerges through the Department of health and Human Services (DHHS) Center for Medicare and Medicaid Services (CMS). Significant policy and funds flow from the federal Substance Abuse and Mental Health Services Administration also a part of DHHS.

Generally speaking the federal policy and funding environments and recent actions in both areas are quite favorable towards the public behavioral health system and this atmosphere is likely to continue beyond the 2022 Congressional elections and at least through the presidential election in 2024.

In April of 2022 CMS published its Behavioral Health Strategy. Federal policy and funding will align hereto as will Michigan policy and funding and ultimately SWMBH strategy and tactics.

Goal 1: Strengthen Equity and Quality in Behavioral Health Care

Goal 2: Improve access to substance use disorders prevention, treatment, and recovery services

Goal 3: Ensure effective pain treatment and management

Goal 4: Improve access and quality of mental health care and services

Goal 5: Utilize data for effective actions and impact on behavioral health

SAMHSA recently published its target topics for presumed fiscal year 2023 grant-making. Most all align to regional, SWMBH and CMHSP needs and thus may be revenue opportunity 2023-2025. Sample titles include Mental Health Awareness, Improving Transitions for Youth and Young Adults with Serious Mental Disorders, Promoting Integration of Primary and Behavioral Health Care, Mental Illness and Homelessness Reduction, Supported Employment, Law Enforcement and Behavioral Health Partnerships, Offender Reentry Program, and Residential Treatment for Pregnant and Postpartum Women.

The recent federal Center for Medicare and Medicaid Services Innovation Center Strategy Refresh identified the following Vision Strategic Objectives: Drive Accountable Care, Advance

Health Equity, Support Innovation, Address Affordability and Partner to Achieve System Transformation.

In November 2021 the Center for Medicare and Medicaid Services Administrator Chiquita Brooks-LaSure published the Strategic Vison for Medicaid and the Children's Health Insurance Program (CHIP). Key elements included:

- Medicaid and CHIP provide essential healthcare coverage for over 80 million individuals and families including over 49% of America's children
- Medicaid is the largest payer for long term services and supports including Home and Community Based Services
- Strategic Priorities include Coverage & Access, Equity, and Innovation and Whole-person Care
- Collecting, understanding, and using data is essential

CMH published in April 2022 the *Framework for Health Equity 2022-2032* creating a conceptual model and action plans for reducing racial and ethnic disparities in health services access, quality, and outcomes, goals we all share. The *Framework* Preamble says *"The CMS Framework for Health Equity provides a strong foundation for our work as a leader and trusted partner dedicated to advancing health equity, expanding coverage, and improving health outcomes. This includes strengthening our infrastructure for assessment, creating synergies across the health care system to drive structural change, and identifying and working together to eliminate barriers to CMS-supported benefits, services, and coverage for individuals and communities who are underserved or disadvantaged and those who support them."*

Priorities include:

- Collect, Report, and Analyze Standardized Data
- Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps
- Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
- Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
- Increase All Forms of Accessibility to Health Care Services and Coverage

State of Michigan

Medicaid is a shared federal and state program for disable and/or persons in poverty with a federal cost share of 65%. Michigan Medicaid total spend is near $14 billion per year. The

Michigan Department of Health and Human Services is the Medicaid single state agency and the key executive branch driver of healthcare operations. The Michigan legislature initiated policy and ultimately appropriates funds, subject to the assent of the Governor.

According to Mental Health America's 2022 Report Michigan has the following rankings amongst US states and territories:

- Overall Ranking: 18th from 15th 2021
- Adult Services: 18th
- Youth Services: 27th
- Prevalence of Mental Illness: 21st
- Access to Care: 25th
- Adults With Any Mental Illness: 20.32 %, 1,571,000 people, rank 22nd
- Adults With Substance Use Disorder in the Past Year: 7.56%, 585,000 people, rank 18th
- Adults With Serious Thoughts of Suicide: 4.61%, 357,000 people, rank 15th
- Youth With At Least One Major Depressive Episode in the Past year: 16.55%, 125,000 people, rank 37th
- Youth With Substance Use Disorder in the Ost Year: 3.98%, 30,000 people, rank 19th
- Youth With Severe Major Depressive Episode: 11.9%, 87,000 people, rank 29th
- Adults With Any Mental Illness Who Did Not Receive Treatment: 55.4%, 866,000 persons, rank 33rd
- Adults With Any Mental Illness Reporting Unmet Need: 26.8%, 419,000 persons, rank 36th
- Adults With Any Mental Illness Who Are Uninsured: 6.9%, 108,000 persons, rank 13th
- Adults With Cognitive Disability Who Could Not See a Doctor Due to Costs: 27.5%, 281,553 persons, rank 25th
- Youth With Major Depressive Episode Who Did Not Receive Mental Health Services: 59.7%, 74,000 people, rank 32nd
- Youth With Severe Major Depressive Episode Who Received Some Consistent Treatment: 30.4%, 26,000 people, rank 21st
- Children With Private Insurance That Did Not Cover Mental or Emotional Problems: 6.1%, 27,000 people, rank 16th
- Students Identified With Emotional Disturbance for an Individualized Education Program: 8.52%, 11,314 people, rank 22nd
- Mental Health Workforce Availability: 360:1, rank 22nd

While these are statewide findings, they generally align to observations in the SWMBH region and can help determine and deploy necessary resources.

In an April presentation to the SWMBH Board Farah Hanley the recently appointed MDHHS Chief Deputy for Health over the Behavioral and Physical Health and Aging Services

Administration revealed that $5 billion 16% of state funding flows to behavioral health with $19 billion flowing to medical services. Further content included:

- DHHS prioritization on improving behavioral and physical health services
- DHHS having one voice related to adult physical and behavioral health services
- DHHS to improve on coordination and oversight of children's behavioral health services (driven by the recently settled KB v Lyon class action lawsuit)
- DHHS increased contract oversight and financial management (of Medicaid Health Plans and PIHPs)
- DHHS investments in workforce development and staffing
- DHHS establishment of a clinical review team
- Certified Community Behavioral Health Clinics as a major access and quality of care expansion
- DHHS intentional action on physical care and behavioral health care collaboration and coordination
    - Nearly 68% of adults with mental illness have another medical condition
    - There is excessive and overwhelming demand for and use of state and private inpatient psychiatric hospitals and medical emergency departments resulting in poor care for all
- DHHS commitment to adhering to federal Home and Community Based Services regulations assuring greater decision-making and freedom for persons served
- DHHS establishment of a child welfare day treatment pilot
- DHHS establishment of various approaches to strengthening the healthcare workforce including but not limited to loan repayment programs, workforce development funds and mental health care for first responders
- DHHS expanded Medicaid care for moms and babies
- DHHS commitment to and resources for reducing racial and ethnic disparities in healthcare access and health status
- DHHS commitment to and resources for critical direct care worker shortages
- DHHS Goals of health Equity, Housing Stability and Food Security
- DHHS managing unwinding of the Covid-19 public health emergency and resultant avalanche of Medicaid redeterminations therefrom
- DHHS improve long term care supports and services
- DHHS strengthen Social Determinants of Health efforts
- DHHS active involvement in the Opioid Settlement resulting in $766 million for the state and Michigan municipalities over 18 years to remediate negative impacts of the opioid crisis with 8 pillars of prevention, treatment, recovery, harm reduction, legal, pregnant/parenting, data, and equity. Note: SWMBH CEO has been appointed to the Opioid Advisory Commission under PA 84 of 2022.

Generally speaking the policy and funding environment at the state level is quite favorable to the public behavioral health system with the obvious exception of the threat to the behavioral health carveout. Attention to behavioral health issues – exacerbated by the pandemic and other influences – is genuine and mostly bipartisan. Examples from the Michigan fiscal year budget include:

- $325 million for a new state psychiatric facility complex
- $278 million to expand public and private behavioral health treatment capacity with $58 million for expanded beds at Hawthorne the state youth psychiatric facility and $270 million one-time grants for private inpatient psychiatric hospital capacity and $220 million for community-based behavioral health services
- $10 million for student loan reimbursement for behavioral health providers

The fiscal year 2023 MDHHS budget total is $33.3 billion and with boilerplate language runs 195 pages. It is under review for planning purposes.

One variable which could bring material change to the way PIHPs are structured and to the delegated managed care function of utilization management is the DHHS pursuit of so-called Conflict Free Access & Planning. Stemming primarily from federal regulations on Home and Community Based Services (HCBS) the state may require strict divisions of labor inside or across agencies for assessment, person-centered planning, service authorizations and payment to providers. SWMBH and CMHSP representatives are actively monitoring and influencing thinking in these areas.

The ongoing years-long policy and legislative threats to the public behavioral health system and especially the threat to PIHPs cannot go unmentioned. Since well before the so-called Section 298 Pilots well-funded and legislator-friendly Health Plans have craved and sought an end to the behavioral health carve-out seeking the populations, services, and funds for themselves as top line growth and a bottom line improvement opportunity. Given that the status on related current Michigan Senate and House Bills and maneuvers changes regularly we will simply note here that the threats are ongoing, real, disrupt public and private agencies alike, exacerbate the public system struggles recruiting and retaining clinical and administrative staff, and trouble many persons served. We will openly acknowledge these facts and impacts and take conscious deliberate action to support Enrollees, Providers and Colleagues.

The depth and length of the threats to the public behavioral health system especially to the PIHPs have created and will continue to create PIHP and provider management and staff angst and turnover. SWMBH must do all it can to acknowledge and mitigate this reality amongst SWMBH staff, providers and persons served. To be specific we will remain focused and intentional on SWMBH staff retention, development, and advancement as well as CMHSP and other provider clinical and administrative staff support, satisfaction, and stability.

It appears that DHHS is considering and will decide the fate of the federal-state Demonstration known as MI Health Link into and beyond 2023. Approved by CMS through 2023 it is possible and perhaps probable that DHHS will announce the end of the Demonstration at 12/31/23. Any eventuality will have only minor impact on SWMBH since as noted elsewhere we are withdrawing from the MHL Demonstration at 12/31/22.

DHHS has begun the rebid process for the Medicaid Health Plan naming it MI Healthy Life Initiative. The RFP will be distributed in fall 2023 with a go live October 1, 2024, fiscal year 2025. With prior CMS approval DHHS can make many changes to Michigan's Medicaid managed care program including altering the scope of populations and services the Medicaid Health Plans manage, e.g., child welfare foster care youth, young adults aging out of child welfare, etc. The new MHP contracts can readily and without legislative action move specialty supports and services in full or in part from PIHPs to MHPs, making the rebid as dangerous or perhaps more so than the Senate and House approaches which by nature require much processing and compromise. It is true however that some modifications would require revisions to the Mental Health Code and/or Michigan Social Welfare Act. It is likely that DHHS will require state-widedness for all Plans rather than the regional approach in place and will likely use this process to reduce the number of MHPs from the current 12 to some lesser number. We will watch these disruptive, opportunistic, and perhaps threatening developments closely and adjust accordingly. Operational changes for SWMBH and for CMHSPs from this major transition will begin to occur when Medicaid Health Plan contractor winners for October 2025 are announced in winter or spring 2024.

Notably the Robert Wood Johnson Foundation State Heath Value and Strategies division in its August 2022 Toolkit for State Medicaid Agencies Medicaid Managed Care Procurements suggests the following cycle and timeline:

Phase 1: Strategic Procurement Planning 6-12 months in advance of release of RFP

Phase 2: Solicitation Development 306 months

Phase 3: Bid Review and Selection: 3-6 months

Phase 4: Contract Execution, Readiness Review, and Implementation 6-9 months

Michigan seems behind this ideal diligent timeline and thus likely to result in a flawed process and perhaps flawed determinations with a probability of losing Plan appeals and perhaps lawsuits over the loss of multi-billions in revenue adding more confusion, time, and uncertainty to the overall process.

Health Information Exchange (HIE) and Healthcare Data Analytics are foundational to all Quadruple Aim successes. In January 2022 the state of Michigan published its Health IT Roadmap and significant state and federal funds are devoted to HIE and HAD annually. The Roadmap calls for:

- Identify champions and empower leaders
- Enhance health data utility
- Work to address Michigan's digital divide
- Improve onboarding and technical assistance programs
- Protect public health
- Adopt standards for social care data fields

SWMBH and partner CMHSPs must continue to be at the forefront of investments in and effective use of healthcare data directly pointed towards achievement of strategic results related to proven enhancements in population health and individual health.

Other Policy Influencers

In addition to the well-funded high campaign contributor Medicaid Health Plans and their *Michigan Association of Health Plans* staff and *Community Mental Health Association* many groups and individuals are influential in policy development with the legislative and executive branches related to the public behavioral health system and their own objectives, most of which are contrary to the values and preferences of the public behavioral health system. Trade associations actively engaged include *Michigan Health and Hospital Association* and the *Michigan State Medical Society*. Multiple advocacy organizations are equally influential such as *ARC Michigan*, *National Alliance for Mental Illness*, *Mental Health America of Michigan*, and *Autism Alliance of Michigan*. To the extent possible SWMBH maintains open dialogue with the leaders of these organizations, surveillance of their views and actions, or both. This enhances our awareness of and response to known or presumed policy developments.

The Kennedy Forum is arguably among the top three national behavioral health public policy experts and influencers. Their most recent State Policy Forum Recommendations for all states are:

- Invest in Youth Mental Health
    - Mental health screenings in school physicals
    - Prioritize Social-Emotional learning
    - Incorporate mental health and substance use education into school curricula
    - Reimburse schools for student mental health services
- Break Down Silos That Separate Mental Health from Physical Health
    - Require reimbursement for *Collaborative Care Model*
    - Pursue integration in Medicaid through Section 1115 Waivers
    - Train primary care doctors to screen and identify mental health and substance use disorders
    - Require specialized protocols for treating mental health and substance use disorders in emergency rooms
    - Support value-based payment models that reward good outcomes

    - Implement a statewide *Zero Suicide* program
- Increase access to high-quality affordable treatment
    - Aggressively enforce mental health and addiction parity laws
    - Require health plans to cover full continuum of mental health and substance use disorder care and follow national clinical care standards
    - Prohibit prior authorization requirements for lifesaving addiction treatment
    - Increase the number of diverse providers
- Advance equity by addressing Social Determinants of health
    - Build a comprehensive crisis response system for mental health and substance use disorders and suicide prevention through 988
    - Prioritize public health strategies for mental health and substance use disorders
    - Support the use of contingency management in addiction treatment
    - Invest in supportive services
    - Decriminalize mental health and substance use disorders

Key findings from a very recent EPIC/MRA poll of Michigan voters indicate that:

- 55% of voters think things are going positively with people having access to affordable health care in Michigan.
- Voters cite out-of-pocket costs being too high as the biggest issue in Michigan's health care system.
- There's a consensus among voters that it's important to cover mental health care, but a majority think it's difficult to find providers.
- 59% of voters say the greatest barriers to mental health care are lack of coverage or out-of-pocket costs.
- Only 24% of Michigan voters think a public option would do a lot to reduce health care costs.
- Over 8-in-10 voters support expansion of mental health care and mental health prescription drugs for Michigan residents.

Key state legislators are also targets for maintenance of relations and educational communications. For years the SWMBH CEO has developed and maintained positive communications through multiple means including email, phone, live visits, and attendance at their fund raiser events. This will continue and be strengthened.

Cordial relations with senior and mid-level DHHS executives are similarly maintained. One cannot overestimate the value of receptive DHHS personnel. This will be continued and strengthened.

MHCA is a consortium of private residential and ambulatory behavioral health service providers. Their April 2022 CEO Report revealed the following priorities and insights.

- 47% of adults report negative mental health impacts from the COVID-19 pandemic

- 13% of adults used substances as a way to cope with the COVID-19 pandemic
- The top five priorities identified were
    - Training and retaining clinical staff
    - Delivering the right treatment at the right time to the right person
    - Expanding access to services
    - Delivering evidenced-based care
    - Measuring clinical outcomes at the individual level
- While measurement-based care is identified as a core agency and clinician skill for future success only 16% have actually implemented it to some degree and over one third are not gathering patient-reported outcome measures at all
- The majority of organizations are collecting and intervening on Social Determinants of Health markers

SWOT- (Strengths, Weaknesses, Opportunities, Threats)

SWMBH has a number of strengths. Chief among them are high-performing CMHSPs and Providers, a diverse talented and committed management team and staff, and a solid roster of external subject matter experts used on an as needed basis.

SWMBH has challenges such as continually adjusting to the agency hybrid model of on-site and remote work balancing, returning to pre-eminence in Health Services Advisory Group External Quality review areas, and implementing well the plethora of new federal and state Demonstrations, Pilots, administrative changes, and information demands balancing roles and resources across SWMBH and component CMHSPs.

SWMBH has threats most prominently the existential threats mentioned elsewhere. In addition SWMBH as all agencies are threatened by staff departures and on the near horizon by retirements.

SWMBH has opportunities in the areas of excellence in new initiatives with CMHSPs such as Certified Community Behavioral Health Clinics, openness of some Medicaid Health Plans to increase collaborations on population health and integrated care, and in excelling in health information exchange and healthcare data analytics two key strategic pillars for any Plan and all CMHSPs.

Board-approved Ends Which Guide Strategy

- Quality of Life
    - Persons with intellectual & developmental disabilities, serious emotional disturbance, autism spectrum disorders, serious mental illness, and substance use disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery, and family preservation
- Exceptional Care

    - Persons and families served are highly satisfied with the services they receive
- Improved Health
    - Individual mental health, physical health and functionality are measured and improved
- Mission and Value Driven
    - CMHSPs and SWMBH fulfill their agencies' missions and support the value of the public behavioral health system
- Quality and Efficiency
    - The SWMBH region is a learning agency where quality and cost are measured, improved, and reported

Strategic Imperatives

- To support effective and efficient care with favorable behavioral and physical health outcomes for persons served and value for DHHS
    - Identify, install, train to, and monitor use of all required evidence-based assessment and clinical practices including but not limited to….X
    - Expand and monitor usage and documentation of person-centered planning, self-determination, independent facilitation, and related services
    - Monitor and assure adherence to Home and Community Based Services regulations and philosophy
    - Identify and remediate regional provider stresses imperiling their quality or existence
    - Qualify and codify regional approaches, roles and authorities for care collaboration, care coordination and complex care management based upon best practices as well as population- or Demonstration-driven requirements
    - Resource and empower agencies and departments to initiate collaboration
    - Enhance and expand the usage of healthcare data analytics, reports, alerts and interventions with providers and persons served to speed access to behavioral and physical health care, client engagement, provider support and care results
    - Design and implement care outcomes process, content, format, and reporting for all populations
    - Maximize appropriate use of effective tele-health services, documentation, and coding
    - Assure regional consistency in use and result of functional assessment tools & scores, level of care guidelines, application of evidence based practices and the avoidance of over-or under-utilization of services
- To effectively adopt, install, and expand Health Home Initiatives at all willing CMHSPs
    - Behavioral Health Homes
    - Opioid Health Homes

    - Certified Behavioral Health Clinics, the most promising and likely widespread approach nation-wide
- To reinvigorate, document and implement deeper and broader regional Integrated Care and Population Health efforts synergizing the efforts and assets at SWMBH alongside the efforts and assets at CMHSPs
- To return SWMBH to top 3 of 10 PIHPs in 90% of objective, externally generated reports including but not limited to Health Services Advisory Group External Quality Reviews of Performance Measure Validation, Performance Improvement Project(s), and Managed Care Regulation Compliance
    - Assure consistency and proper documentation of delegated managed care functions
    - Elevate frequency of oversight & monitoring of delegated managed care functions
- To directly and indirectly support the state and participating municipalities in our region to achieve maximum effect and efficiency from Opioid Settlement funds and their remediation efforts
- To assure effective and efficient region-wide central and delegated Medicaid benefits management functions consistent with federal and state regulations
- To earn a minimum of 95% of the $2.9 million at risk revenue beginning in 2023 for Performance Bonus Incentive Program, Opioid Health Homes and Certified Behavioral Health Clinics which once earned becomes local funds shared with CMHSPs
- To identify, participate in, and influence public policy thought leader awareness of and support for our shared values and goals
    - CEO and others to have regular contact with elected and appointed officials
    - CEO participation as gubernatorial appointee to Michigan Mental Health Diversion Council
    - CEO participation in Michigan Opioid Advisory Commission as appointee of House Democratic Leader Donna Lasinski
    - Active participation in *CMHAM* policy and legislative activities
    - Active engagement with related trade, professional advocacy association leaders and activities
- To enhance support for CMHSPs and their Provider role development goals upon request
    - Offer externally-facilitated CMH Planning Process
- To assure best practice approaches to SWMBH human capital management and the continued quest for maximum diversity, equity, and inclusion therefrom
- As a stretch strategy for regional distinction and revenue enhancement we will identify, consider and possibility pursue one or more SAMHSA Grants in 2023 - 2025

Measurements of Success

Summary

References

United States Department of Health and Human Services Center for Medicare and Medicaid Services Behavioral Health Strategy, April 2022 https://www.cms.gov/cms-behavioral-health-strategy

SAMHSA 2023 Planned Grants:

https://www.samhsa.gov/grants/grant-announcements-2022/fy-2023-nofo-forecasts?utm_source=SAMHSA&utm_campaign=19bab65a45-SAMHSA_Headlines_2022_08_04_1601415&utm_medium=email&utm_term=0_ee1c4b138c-19bab65a45-168869066#

SWMBH Board Resolution v 8.4.22

Whereas United States Representative Fred Upton has diligently and ably served his House District 6 a diverse region that stretches from the shores of Lake Michigan all of Berrien, Cass, Kalamazoo, St. Joseph, and Van Buren counties, and most of Allegan County since 1986; and

Whereas from 2010 to 2016, Representative Upton was selected by his House colleagues to serve as Chairman of the Committee on Energy and Commerce a pivotal committee with jurisdiction over healthcare and other matters as well as oversight and investigations and under his leadership the Committee saw 202 legislative measures signed into law by the President; and

Whereas his successful support of individual and agency constituents such as *Integrated Services of Kalamazoo* and others championing physical and behavioral health needs and programs is unparalleled; and

Whereas over the decades he has served with distinction in numerous other federal, and state elected and appointed roles; and

Whereas he has a long history of Policy success in healthcare including but not limited to launching the 21st Century Cures initiative a bipartisan effort bringing researchers, industry, and patients together to speed up the discovery, development, and delivery of life-saving cures; and

Whereas he led the effort to ensure seniors keep access to their physicians and low-income children keep their insurance coverage through the Medicare Access and CHIP Reauthorization Acts, which permanently fixed the Medicare Sustainable Growth Rate, strengthened Medicare in the long-term, extended federal funding for community health centers, and extended the Children's Health Insurance Program covering approximately 100,000 children in Michigan; and

Whereas he has been the recipient of many awards and tributes recognizing his healthcare policy contributions including but not limited to the Detroit News Michiganian of the Year, the Rural Mental Health Outstanding Legislative Leader Award, and the Distinguished Community Health Champion Award; and

Whereas he has maintained focus, leadership, and results to combat prescription opioid abuse and address the heroin epidemic such as his instrumental role in securing passage of the Substance Use Disorder that Promotes Opioid Recovery and Treatment for Patients and Communities Act widely recognized as a rare and significant congressional effort to confront a single drug crisis in American history.

Therefore, Be it Resolved that the Southwest Michigan Behavioral Health Regional Entity Board and Management do hereby recognize Representative Fred Upton for his dedicated efforts and many consequential achievements impacting Southwest Michigan and the nation, and that we wish him health and happiness in the years subsequent to his retirement from Congress.

Edward Meny, Chairman, Southwest Michigan Behavioral Health Board

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: EO-002	Pages: 2
Subject: Monitoring of Executive Officer Performance	**Required By**: Policy Governance	**Accountability:** SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH EO		**Required Reviewer:** SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
03.14.14	11.12.21	07.11.2014, 03.13.15, 05.13.16 11.11.16, 11.10.17, 11.9.18, 10.11.19, 11.13.20

I. **PURPOSE:**

To ensure Executive Officer performance is monitored and evaluated.

II. **POLICY:**

Monitoring Executive Officer, EO, performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of EO performance, formal or informal, may be derived from these monitoring data.

III. **STANDARDS:**

Accordingly,

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring.

2. A given policy may be monitored in one or more of three ways; with a balance of using all of the three types of monitoring:
   a. Internal report: Disclosure of compliance information to the Board from the Executive Officer.
   b. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess Executive Officer performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
   c. Direct Board inspection: Discovery of compliance information by a Board Member, a Committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.

3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Board according to frequency and method.
   a. Internal
   b. External

c. Direct Inspection

4. Each November the Board will have a formal evaluation of the EO. This evaluation will consider monitoring data as defined here and as it has appeared over the calendar year.

5. The Executive Committee, (Chair, Vice Chair, and Secretary), will take data and information from the bulleted documents below upon which the annual performance of the EO will be evaluated. The overall evaluation consists of compliance with Executive Limitations Policies, Ends Interpretation and Ends Monitoring reports and supporting documentation, (as per the Board developed schedule), and follow through on Board requests, (what we ask for in subsequent meetings and what we want to see on the agendas). For the performance review the following should be documents given the Executive Committee at least one month prior, (October), to the Board EO evaluation, (November).
   - Minutes of all meetings
   - Ends Monitoring reports for the past year along with the Ends Interpretation for each Ends Monitoring report
   - Any supporting Ends documentation
   - Ends Monitoring Calendar
   - Other policies monitoring calendar

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance
Board Meeting: August 12, 2022

Policy Number: BEL-002
Policy Name: Financial Conditions
Assigned Reviewer: Louie Csokasy

Purpose: The Executive Officer shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board's Ends priorities, risk financial jeopardy, or fail to be derived from a budget plan.

Policy: With respect to the actual, ongoing condition of the organization's financial health, the Executive Officer may not cause or allow the development of fiscal jeopardy or the material deviation of actual expenditures from Board priorities established in policies.
This report addresses fiscal year 2021, October 1, 2020 to September 30, 2021. As expected, any material exceptions noted after September 30, 2021 to close of current year would be provided to the Board regardless of the reporting period.

Standards: Accordingly, the EO may not;

1. Expend more funds than have been received in the fiscal year to date, (including carry forward funds from prior year), unless the Board's debt guideline is met.

   EO Response: *SWMBH has not expended more funds than have been received for the reviewed fiscal year.*

   In fiscal year 2020, October 1, 2020 to September 30, 2021, SWMBH received gross revenues, (all types), of $322,598,890 million. Expenses during the period, (all types), were $301,353,093 million and a favorable difference of $21,245,797 million.

Please see 2021 Financial Audit as presented to the Board in May for a detailed breakdown by contract/business line/funding streams. Recall that Medicaid and Medicaid-Healthy Michigan are entitlements with cost settled risk contracts with MDHHS. Substance Abuse Prevention and Treatment Block Grant and PA2 are not entitlements and are funded with a do-not-exceed grant contract from MDHHS.

2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with Board approved schedule.

   EO Response: *SWMBH has incurred no debt obligations.*

3. Use any designated reserves other than for established purposes.

   EO Response: *No designated reserve funds, (Internal Service Fund), have been used for any purpose other than that mentioned above. SWMBH has no other contractual or Board-designated reserves.*

4. Conduct interfund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.

   EO Response: *No interfund shifting has occurred outside these parameters.*

5. Fail to settle payroll and debts in a timely manner.

   EO Response: *Payroll has been paid in a timely manner as evidenced by payroll run reports and absence of staff complaints related thereto. Accounts Payable payment policy is 30 days. All invoices received and deemed accurate for payment were paid within this timeframe, on average 1200 invoices a year.*

6. Allow tax payments or other government-ordered payments of filings to be overdue or inaccurately filed.

   EO Response: *Tax payments and other government-ordered payments tax returns have been timely and accurately filed. Tax filings are available upon request.*

7. Fail to adhere to applicable Generally Acceptable Accounting standards.

   EO Response: *Per CFO all monthly financial statements were prepared and presented in accordance with generally accepted accounting principles. This was verified by external auditors via their clean opinion.*

8. Make a single purchase or commitment of greater than $100,000 in a fiscal year, except for participant CMH contracts and Region 4 Clinical Service Providers. Splitting orders to avoid this limit is not acceptable.

   EO Response: *No single purchase or commitment of greater than $100,000 has occurred between October 1, 2020 and September 30, 2021. The EO interprets "purchase or commitment" as acquisition of a product or service which excludes a termination clause.*

9. Purchase or sell real estate in any amount absent Board authorization.

   EO Response: *No real estate has been purchased. No real estate is owned.*

10. Fail to aggressively pursue receivables after a reasonable grace period.

    EO Response: *Receivables largely include payments from MDHHS which are routine transmissions to us on a regular MDHHS-defined schedule. Immaterial receivables stem from contracts with other agencies who are invoiced promptly and pay promptly.*

Materials available for Review: Fiscal Year 2021 External Audit and Financial Statements (provided at the May 13, 2022 Board meeting).

Ms. Starkey was invited to contact the CEO and/or CFO, to request additional materials, or set a phone or live meeting to discuss.

Enclosures:

- 2021 Audited Financial Statements
- April 30, 2022 Financials

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitation	Policy Number: BEL-002	Pages: 2
Subject: Financial Conditions	**Required By**: Policy Governance	**Accountability:** SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH Executive Officer (EO)		**Required Reviewer:** SWMBH Board
Effective Date: 02.14.14	**Last Review Date**: 07.09.21	**Past Review Dates**: 10.12.14, 02.13.15, 5.13.16,5.12.17, 6.8.18; 6.14.19,06.12.20

I. **PURPOSE:**

The Executive Officer shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the board's Ends priorities, risk financial jeopardy, or fail to be derived from a budget plan.

II. **POLICY:**

With respect to the actual, ongoing condition of the organization's financial health, the Executive Officer may not cause or allow the development of fiscal jeopardy or the material deviation of actual expenditures from board priorities established in policies.

III. **STANDARDS:**

Accordingly, the Executive Officer may not:

1. Expend more funds than have been received in the fiscal year to date (including carry forward funds from prior year) unless the Board's debt guideline is met.

2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with Board approved schedule.

3. Use any designated reserves other than for established purposes.

4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.

5. Fail to settle payroll and debts in a timely manner.

6. Allow tax payments or other government-ordered payments of filings to be overdue or inaccurately filed.

7. Fail to adhere to applicable generally acceptable accounting standards.

8. Make a single purchase or commitment of greater than $100,000 in a fiscal year, except for participant CMH contracts and Region 4 Clinical Service Providers. Splitting orders to avoid this limit is not acceptable.

9. Purchase or sell real estate in any amount absent Board authorization.

10. Fail to aggressively pursue receivables after a reasonable grace period.

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance
August 31, 2022

Policy Number: BEL-004
Policy Name: Treatment of Staff
Assigned Reviewer: Ruth Perino

Purpose: To clearly define the Treatment of SWMBH staff. The Policy states that with respect to the treatment of treatment of paid and volunteer staff, the EO shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear. Accordingly, standards state that the EO may not: Operate without written personnel rules that clarify rules for staff, provide effective handling of grievances and protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons. According to policy, the EO, with respect to the treatment of paid and volunteer staff, shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear. Personnel rules state that written rules must clarify rules for staff, provide effective handling of grievances and protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.

Every element of this Policy BEL-004 is addressed in a response from Brad Casemore in specific detail. Brad references the Staff Handbook, that was updated with review by labor Counsel in July 2021, circulated to and available to staff. He writes that this Handbook has been reviewed in part at staff meetings, is available to all staff on the shared intranet portal and is provided upon hire and as revised with signature receipts on file. Independent Contractors are subject to the terms and conditions of their written Agreements. There have been no related staff or written complaints internally, nor to outside agencies to our knowledge.

In addition, he notes specific Ends Metrics, departmental strategic imperatives, and performance tracking mechanisms which support organized and clear goals, objectives, responsibilities, and accountabilities.

In May 2022, another full Cultural Insights survey was conducted which showed significant improvement to staff satisfaction and engagement. They show an uptick in all levels of staff satisfaction. A few comments that suggested dissatisfaction were carefully addressed by Anne Wickham.

Having carefully read the handbook, reviewed Brad Casemore's responses to Policy Number BEL-004, read the survey and comments, and with the careful attention paid to our metrics standards and reporting to the board, this review finds that the EO and the Board is in compliance and that Policy BEL-004, Executive Limitations; Treatment of Staff, does not need revision.

Ruth Perino, September 1, 2022

Southwest Michigan
BEHAVIORAL HEALTH

Section:	Policy Number:	Pages:
Board Policy	BEL-004	1
Subject:	**Required By**:	**Accountability:**
Treatment of Staff	Policy Governance	SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH EO		**Required Reviewer:** SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
03.14.2014	09/10/21	12/12/14, 3/11/16, 4/14/17, 4/13/18, 5/10/19, 5/8/20

I. **PURPOSE:**

To clearly define the Treatment of SWMBH staff by SWMBH.

II. **POLICY:**

With respect to the treatment of paid and volunteer staff, the EO shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear.

III. **STANDARDS:**

Accordingly the EO may not:

1. Operate without written personnel rules that:
   a. Clarify rules for staff
   b. Provide effective handling of grievances and
   c. Protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.

2. Retaliate against any staff member for expression of dissent.

3. Fail to acquaint staff with the EO interpretation of their protections under this policy.

4. Allow staff to be unprepared to deal with emergency situations.

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance
September 9, 2022

Policy Number: BEL-004
Policy Name: Treatment of Staff
Assigned Reviewer: Ruth Perino

Purpose: To clearly define the Treatment of SWMBH staff.

Policy: With respect to the treatment of paid and volunteer staff, the EO shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear.

Standards: Accordingly, the EO may not;

1. Operate without written personnel rules that:

    a. Clarify rules for staff
    b. Provide effective handling of grievances and
    c. Protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.

EO Response: A SWMBH Staff Manual exists which a. clarifies rules for staff, b. provides for handling of grievances – termed "conflict resolution", and c. protects against the wrongful conditions listed above, as well as a welcoming mechanism for reporting and resolving allegations of these conditions. The manual was revised and reviewed by SWMBH Labor Counsel in July 2021 and redistributed to all staff in August 2021. All new staff are provided the SWMBH employee manual at orientation.

I have been vigilant toward and responsive to staff needs and concerns, particularly in the areas of fairness, dignity and safety as expressed in this Board directive. Formal orientation and onboarding, inclusive of a mandatory meeting with me, occurs for new staff. Enforcement of expectations related to level of effort, work product output and professional demeanor have been consistent. Staff is treated with dignity & respect and is not subjected to unsafe work environment or conditions. Compliance with this Executive Limitation is evidenced by the absence of any known Worker's Compensation claims, OSHA complaints, FMLA violation claims and the like. In the past year staff SWMBH had two(2) employee complaints filed with Human Resources during the review period, both were handled by Human Resources and did not rise to the Executive Officer level for review or remediation.

An Employee Assistance Program is provided for SWMBH staff at no expense to them and is regularly advertised to staff.

In June 2018, a Cultural Insights Survey conducted by an outside contractor, HRM Inc, was conducted to measure staff satisfaction and cultural engagement, this survey led to a project plan to improve employee engagement and satisfaction developed by Senior Leaders. Follow up "pulse" surveys were conducted in 2018, through 2021 with some significant improvements seen in most areas. In May 2022, another full Cultural Insights survey was conducted which showed significant improvement to staff satisfaction and engagement. I continue to work with Senior Leadership and in consultation with Rose Street Advisors to improve upon and/or maintain these scores.

SWMBH has a Staff Handbook, that was updated with review by labor Counsel in July 2021, circulated to and available to staff. This Handbook has been reviewed in part at staff meetings, is available to all staff on the shared intranet portal and is provided upon hire and as revised with signature receipts on file. Independent Contractors are subject to the terms and conditions of their written Agreements. There have been no related staff or written complaints internally, nor to outside agencies to our knowledge.

We have specific Ends Metrics, departmental strategic imperatives, and performance tracking mechanisms which support organized and clear goals, objectives, responsibilities, and accountabilities in our fast-paced, complex environment. Mechanisms include but are not limited to production and review of management information reports, team meetings, and management deliberations and refinements.

Staff meetings occur a minimum of ten times per year, and include items on agency and regional financial status, Ends Metrics and Goal status, public policy developments, department reports, and major initiative updates. Staff meetings include nominal door prizes for attendees, including a monthly Lunch with Executive Officer. This, in addition to random activities planned through the SWMBH Employee Engagement Committee allows for informal interactions between me and staff.

2. Retaliate against any staff member for expression of dissent.

EO Response: No retaliation against any staff member has occurred for any reason including but not limited to an expression of dissent as evidenced by an absence of staff complaints to management, Human Resources or outside agencies in this regard. No staff member has been discriminated against in any shape or fashion for expressing an ethical dissent as evidenced by the absence of verbal or written complaints by staff either internal or to external agencies. Monthly staff meetings include a call for agenda items and views, and there is a HR-confidential question and issue submission process.

3. Fail to acquaint staff with the EO interpretation of their protections under this policy.

EO Response: This Policy has been reviewed at staff meeting and is prominently posted in the staff lounge. The EO personally covers this Policy and related information in a live meeting with all new staff as part of new employee orientation. This policy is posted at SWMBH, circulated and made available on the shared network drive, Intranet portal and to new staff. Related policies are on the shared network drive, and all staff have access to them. Staff is encouraged to raise personnel and operating policy questions and engage in dialogue amongst themselves, at staff meetings, with Human Resources and the Chief Administrative Officer. I have consistently considered human diversity in all dealings with staff, as evidenced by flexible yet consistent treatment; effective team relations; appropriate production and output; and consideration of staff needs and desires without sacrificing effectiveness or efficiency. This is evidenced by the absence of verbal or written complaints by staff related to diversity issues.

4. Allow staff to be unprepared to deal with emergency situations.

EO Response: Safety is an assigned role of Chief Administrative Officer and all staff are trained on safety plans during new employee orientation as well as periodic updates and refreshers at staff meetings. Emergency evacuation maps are centrally located in multiple places throughout the office to aid staff in the event of tornado, fire or bomb threat. Fire extinguishers and emergency lighting are available per commercial building code regulations. The Portage Fire Department inspects the premises twice per year to ensure there are no violations and to offer recommendations to the Chief Administrative Officer. SWMBH has a Business Continuity Plan under the direction of the Chief Administrative Officer who is responsible for continued staff training, drills and improvements. The Business Continuity Plan is reviewed and approved by the EO. SWMBH has a current Covid 19 Response Plan as required by the State of Michigan and the Chief Administrative Officer is responsible for its implementation.

The Board's direct inspector Mrs. Perino was provided with the staff contact information, this report and accompanying materials. She was invited to contact staff and to meet with the EO and Chief Administrative Officer.

Documents Provided:

SWMBH Staff Handbook
SWMBH Staff Contact Roster
July 2022 Cultural Insights Survey

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance
Board Date September 9, 2022

Policy Number: BEL-009
Policy Name: Global Executive Constraint
Assigned Reviewer: Sue Barnes

Policy

1) The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

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

Executive Officer Response

1) The EO has not caused or allowed any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent, in violation of commonly accepted business and professional ethics, or in violation of contractual obligations. This is evidenced by the absence of evidence or complaint of any of the above to the Executive Officer, Chief Financial Officer, Chief Compliance Officer or Board via Executive Officer self-report, by internal or external reviewers, staff, auditors, or authorities. Ongoing monitoring and surveillance of SWMBH and performance by the EO, SWMBH staff and SWMBH contractors exists, with frequent cross-agency and cross-functional assignments and reports. This strengthens the avoidance and early detection of anything that is or could go amiss.

2) The board has instructed the EO clearly and diligently through written policies or formal directives consistent with board policies. The EO interpretation and implementation of those policies and Ends has relied on ongoing monitoring and reporting to the Board, periodic formal consideration of the Environmental Scan, Strategic Plan, Board Ends, Ends Interpretations and Metrics status. This is evidenced by ongoing Board review of specific Executive Limitations Board Policies, regular reports to the Board, and frequent interactions with the Board by other Senior Leaders as well as Board Meeting Minutes.

Southwest Michigan
BEHAVIORAL HEALTH

Section:	Policy Number:	Pages:
Board- Policy Executive Limitations	BEL-009	1
Subject: Global Executive Constraint	**Required By**: Policy Governance	**Accountability:** SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH EO		**Required Reviewer:** SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
11.18.2013	09.10.21	9.12.14, 9.11.15, 9.9.16, 8.11.17,9.14.18,9.13.19,09.11.20

I. **POLICY:**

The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

III. **STANDARDS:**

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

	E	F	H	J	K	L	M	N	O	P	Q	R	S
1	***Southwest Michigan Behavioral Health***			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2022		**P10FYTD22**	**10**									
3	*(For Internal Management Purposes Only)*												
4	***INCOME STATEMENT***		**TOTAL**	**Medicaid Contract**	**Healthy Michigan Contract**	**Autism Contract**	**Opioid Health Home Contract**	**CCBHC**	**MI Health Link**	**MH Block Grant Contracts**	**SA Block Grant Contract**	**SA PA2 Funds Contract**	**SWMBH Central**
5													
6													
7	**REVENUE**												
18	Contract Revenue		283,487,199	203,471,781	42,383,863	17,185,434	1,360,690	7,893,408	4,241,459	-	5,173,375	1,777,189	-
19	DHHS Incentive Payments		543,258	543,258	-	-	-	-	-	-	-	-	-
20	Grants and Earned Contracts		566,831	-	-	-	-	-	-	566,831	-	-	-
21	Interest Income - Working Capital		23,289	-	-	-	-	-	-	-	-	-	23,289
22	Interest Income - ISF Risk Reserve		1,002	-	-	-	-	-	-	-	-	-	1,002
23	Local Funds Contributions		1,074,460	-	-	-	-	-	-	-	-	-	1,074,460
24	Other Local Income		-	-	-	-	-	-	-	-	-	-	-
25													
26	**TOTAL REVENUE**		**285,696,038**	**204,015,038**	**42,383,863**	**17,185,434**	**1,360,690**	**7,893,408**	**4,241,459**	**566,831**	**5,173,375**	**1,777,189**	**1,098,750**
27													
28	**EXPENSE**												
29	**Healthcare Cost**												
30	Provider Claims Cost		19,304,427	2,591,335	6,274,082	-	829,541	-	3,356,460	435,548	4,610,376	1,207,084	-
31	CMHP Subcontracts, net of 1st & 3rd party		206,288,137	153,144,765	16,786,916	13,306,469	-	22,232,536	426,227	-	391,222	-	-
32	Insurance Provider Assessment Withhold (IPA)		3,003,640	2,274,449	729,191	-	-	-	-	-	-	-	-
33	Medicaid Hospital Rate Adjustments		2,638,328	2,638,328	-	-	-	-	-	-	-	-	-
34	MHL Cost in Excess of Medicare FFS Cost		-	(287,889)	-	-	-	-	287,889		-	-	-
35													
36	**Total Healthcare Cost**		**231,234,531**	**160,360,989**	**23,790,189**	**13,306,469**	**829,541**	**22,232,536**	**4,070,576**	**435,548**	**5,001,598**	**1,207,084**	**-**
37	**Medical Loss Ratio (HCC % of Revenue)**		**81.4%**	**78.6%**	**56.1%**	**77.4%**	**61.0%**	**281.7%**	**96.0%**		**96.7%**	**67.9%**	
39	**Administrative Cost**												
40	Purchased Professional Services		366,059	-	-	-	-	-	-	-	-	-	366,059
41	Administrative and Other Cost		7,535,804	-	-	-	-	-	-	126,848	94	-	7,409,436
42	Interest Expense		-	-	-	-	-	-	-	-	-	-	-
43	Depreciation		4,769	-	-	-	-	-	-	-	-	-	4,769
44	Functional Cost Reclassification		-	-	-	-	-	-	-	-	-	-	-
45	Allocated Indirect Pooled Cost		0	-	-	-	-	-	-	-	-	-	(574)
46	Delegated Managed Care Admin		13,833,676	11,793,228	1,306,106	693,371	-	-	40,971	-	-	-	-
47	Apportioned Central Mgd Care Admin		0	5,348,580	792,004	456,996	28,490	763,551	129,912	19,315	171,777	-	(7,710,625)
48													
49	**Total Administrative Cost**		**21,740,308**	**17,141,808**	**2,098,110**	**1,150,367**	**28,490**	**763,551**	**170,883**	**146,163**	**171,872**	**-**	**69,064**
50	**Admin Cost Ratio (MCA % of Total Cost)**		**8.6%**	**9.7%**	**8.1%**	**8.0%**	**3.3%**	**3.3%**	**4.0%**		**3.3%**	**0.0%**	**3.0%**
51													
52	Local Funds Contribution		1,074,460	-	-	-	-	-	-	-	-	-	1,074,460
53	PBIP Transferred to CMHPs		-										-
54													
55	**TOTAL COST after apportionment**		**254,049,298**	**177,502,797**	**25,888,299**	**14,456,836**	**858,031**	**22,996,087**	**4,241,459**	**581,711**	**5,173,470**	**1,207,084**	**1,143,524**
56													
57	**NET SURPLUS before settlement**		**31,646,740**	**26,512,242**	**16,495,564**	**2,728,597**	**502,659**	**(15,102,679)**	**-**	**(14,880)**	**(95)**	**570,105**	**(44,773)**
58	**Net Surplus (Deficit) % of Revenue**		**11.1%**	**13.0%**	**38.9%**	**15.9%**	**36.9%**	**-191.3%**	**0.0%**	**-2.6%**	**0.0%**	**32.1%**	**-4.1%**
60	Prior Year Savings		-	-	-	-	-	-	-		-	-	-
61	Change in PA2 Fund Balance		(570,011)	-	-	-	-	-	-		-	(570,011)	-
62	ISF Risk Reserve Abatement (Funding)		(1,002)	-	-	-	-	-	-		-	-	(1,002)
63	ISF Risk Reserve Deficit (Funding)		-	-	-	-	-	-	-		-	-	-
64	Settlement Receivable / (Payable)		(6,532,973)	(4,412,003)	(13,992,393)	(2,728,597)	(502,659)	15,102,679	-	-	95	(95)	-
65	**NET SURPLUS (DEFICIT)**		**24,542,754**	**22,100,239**	**2,503,171**	**-**	**-**	**-**	**-**	**(14,880)**	**-**	**-**	**(45,775)**
66	*HMP & Autism is settled with Medicaid*												
67													
68	**SUMMARY OF NET SURPLUS (DEFICIT)**												
69	Prior Year Unspent Savings		-	-	-	-	-	-	-		-	-	-
70	Current Year Savings		22,425,638	19,922,467	2,503,171	-	-	-	-		-	-	-
71	Current Year Public Act 2 Fund Balance		-	-	-	-	-	-	-		-	-	-
72	Local and Other Funds Surplus/(Deficit)		2,117,117	2,177,772	-	-	-	-	-	(14,880)	-	-	(45,775)
74	**NET SURPLUS (DEFICIT)**		**24,542,754**	**22,100,239**	**2,503,171**	**-**	**-**	**-**	**-**	**(14,880)**	**-**	**-**	**(45,775)**
75													

	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 7/31/2022			10									
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%*	81.6%	79.3%	78.2%	79.8%	84.6%	80.3%	35.4%	38.2%	81.2%
7	Subcontract Revenue		211,365,189	7,377,335	203,987,853	8,459,847	37,059,346	10,389,679	34,648,254	10,839,051	64,321,840	20,183,446	18,086,390
8	Incentive Payment Revenue		543,258	224,252	319,006	15,885	52,949	82,324	112,252	-	-	31,240	24,357
9	**Contract Revenue**		**211,908,447**	**7,601,587**	**204,306,860**	**8,475,731**	**37,112,295**	**10,472,003**	**34,760,506**	**10,839,051**	**64,321,840**	**20,214,686**	**18,110,747**
10													
11	External Provider Cost		132,479,113	2,591,335	129,887,777	4,523,960	19,607,012	6,533,743	23,027,776	6,468,213	44,229,700	14,925,767	10,571,607
12	Internal Program Cost		47,177,430	-	47,177,430	2,991,215	8,234,843	3,007,028	8,016,448	2,789,671	14,704,802	869,667	6,563,757
13	SSI Reimb, 1st/3rd Party Cost Offset		(1,354,613)	-	(1,354,613)	-	(636,155)	(56,483)	(279,390)	-	(330,497)	(8,407)	(43,681)
14	Insurance Provider Assessment Withhold (IPA)		4,912,777	4,912,777	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost		(751,566)	(751,566)	-	-	-	-	-	-	-	-	-
16	**Total Healthcare Cost**		**182,463,140**	**6,752,546**	**175,710,595**	**7,515,174**	**27,205,700**	**9,484,287**	**30,764,835**	**9,257,884**	**58,604,005**	**15,787,027**	**17,091,683**
17	**Medical Loss Ratio (HCC % of Revenue)**		**86.1%**	**88.8%**	**86.0%**	**88.7%**	**73.3%**	**90.6%**	**88.5%**	**85.4%**	**91.1%**	**78.1%**	**94.4%**
18													
19	**Managed Care Administration**		**17,182,779**	**5,348,580**	**11,834,198**	**915,438**	**3,131,843**	**414,051**	**2,327,125**	**1,010,052**	**2,204,480**	**546,523**	**1,284,687**
20	**Admin Cost Ratio (MCA % of Total Cost)**		**8.6%**	**2.7%**	**5.9%**	**10.9%**	**10.3%**	**4.2%**	**7.0%**	**9.8%**	**3.6%**	**3.3%**	**7.0%**
21													
22	**Contract Cost**		**199,645,919**	**12,101,126**	**187,544,793**	**8,430,612**	**30,337,543**	**9,898,338**	**33,091,960**	**10,267,936**	**60,808,485**	**16,333,549**	**18,376,369**
23	**Net before Settlement**		**12,262,528**	**(4,499,539)**	**16,762,067**	**45,119**	**6,774,752**	**573,665**	**1,668,546**	**571,115**	**3,513,355**	**3,881,136**	**(265,622)**
24													
25	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution		(4,412,003)	12,350,064	(16,762,067)	(45,119)	(6,774,752)	(573,665)	(1,668,546)	(571,115)	(3,513,355)	(3,881,136)	265,622
28	**Net after Settlement**		**7,850,525**	**7,850,525**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
29													
30	**Eligibles and PMPM**												
31	Average Eligibles		174,948	174,948	174,948	9,480	33,146	10,317	33,708	10,264	45,690	14,379	17,964
32	Revenue PMPM		$ 121.13	$ 4.35	$ 116.78	$ 89.41	$ 111.97	$ 101.50	$ 103.12	$ 105.60	$ 140.78	$ 140.58	$ 100.82
33	Expense PMPM		$ 114.12	$ 6.92	$ 107.20	$ 88.93	$ 91.53	$ 95.94	$ 98.17	$ 100.04	$ 133.09	$ 113.59	$ 102.30
34	Margin PMPM		$ 7.01	$ (2.57)	$ 9.58	$ 0.48	$ 20.44	$ 5.56	$ 4.95	$ 5.56	$ 7.69	$ 26.99	$ (1.48)
35													
36	***Medicaid Specialty Services***												
37	**Budget v Actual**												
38													
39	**Eligible Lives (Average Eligibles)**												
40	Actual		174,948	174,948	174,948	9,480	33,146	10,317	33,708	10,264	45,690	14,379	17,964
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)		23,955	23,955	23,955	1,732	4,018	1,837	5,064	1,306	5,979	1,917	2,102
43	% Variance - Fav / (Unfav)		15.9%	15.9%	15.9%	22.4%	13.8%	21.7%	17.7%	14.6%	15.1%	15.4%	13.3%
44													
45	**Contract Revenue before settlement**												
46	Actual		211,908,447	7,601,587	204,306,860	8,475,731	37,112,295	10,472,003	34,760,506	10,839,051	64,321,840	20,214,686	18,110,747
47	Budget		183,555,843	11,349,708	172,206,135	7,470,240	33,941,351	9,526,595	31,391,779	9,403,531	52,621,763	11,400,331	16,450,545
48	Variance - Favorable / (Unfavorable)		28,352,603	(3,748,121)	32,100,724	1,005,492	3,170,944	945,408	3,368,727	1,435,520	11,700,077	8,814,355	1,660,202
49	% Variance - Fav / (Unfav)		15.4%	-33.0%	18.6%	13.5%	9.3%	9.9%	10.7%	15.3%	22.2%	77.3%	10.1%
50													
51	**Healthcare Cost**												
52	Actual		182,463,140	6,752,546	175,710,595	7,515,174	27,205,700	9,484,287	30,764,835	9,257,884	58,604,005	15,787,027	17,091,683
53	Budget		167,170,880	9,256,250	157,914,630	6,614,218	30,251,392	8,550,630	28,652,311	7,887,728	49,367,170	11,974,312	14,616,869
54	Variance - Favorable / (Unfavorable)		(15,292,260)	2,503,704	(17,795,964)	(900,956)	3,045,692	(933,657)	(2,112,523)	(1,370,156)	(9,236,835)	(3,812,715)	(2,474,814)
55	% Variance - Fav / (Unfav)		-9.1%	27.0%	-11.3%	-13.6%	10.1%	-10.9%	-7.4%	-17.4%	-18.7%	-31.8%	-16.9%
56													
57	**Managed Care Administration**												
58	Actual		17,182,779	5,348,580	11,834,198	915,438	3,131,843	414,051	2,327,125	1,010,052	2,204,480	546,523	1,284,687
59	Budget		17,882,057	6,207,707	11,674,350	493,271	2,228,538	722,483	1,960,277	717,614	3,934,019	749,831	868,318
60	Variance - Favorable / (Unfavorable)		699,279	859,127	(159,848)	(422,167)	(903,305)	308,432	(366,848)	(292,438)	1,729,540	203,308	(416,369)
61	% Variance - Fav / (Unfav)		3.9%	13.8%	-1.4%	-85.6%	-40.5%	42.7%	-18.7%	-40.8%	44.0%	27.1%	-48.0%

	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 7/31/2022			**10**									
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		199,645,919	12,101,126	187,544,793	8,430,612	30,337,543	9,898,338	33,091,960	10,267,936	60,808,485	16,333,549	18,376,369
65	Budget		185,052,937	15,463,957	169,588,980	7,107,490	32,479,930	9,273,113	30,612,588	8,605,342	53,301,189	12,724,142	15,485,187
66	Variance - Favorable / (Unfavorable)		(14,592,982)	3,362,831	(17,955,813)	(1,323,123)	2,142,387	(625,225)	(2,479,372)	(1,662,595)	(7,507,296)	(3,609,407)	(2,891,183)
67	% Variance - Fav / (Unfav)		-7.9%	21.7%	-10.6%	-18.6%	6.6%	-6.7%	-8.1%	-19.3%	-14.1%	-28.4%	-18.7%
68													
69	**Net before Settlement**												
70	Actual		12,262,528	(4,499,539)	16,762,067	45,119	6,774,752	573,665	1,668,546	571,115	3,513,355	3,881,136	(265,622)
71	Budget		(1,497,094)	(4,114,249)	2,617,155	362,750	1,461,421	253,483	779,191	798,189	(679,426)	(1,323,812)	965,359
72	Variance - Favorable / (Unfavorable)		13,759,621	(385,290)	14,144,912	(317,631)	5,313,331	320,183	889,356	(227,074)	4,192,781	5,204,948	(1,230,981)
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 7/31/2022			10									
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%*	8.9%	12.2%	8.3%	16.3%	12.6%	7.7%	2.5%	3.5%	8.6%
76	**Contract Revenue**		**42,383,863**	**9,720,135**	**32,663,728**	**1,677,992**	**6,474,161**	**1,567,062**	**5,686,121**	**1,761,373**	**9,751,774**	**2,596,739**	**3,148,506**
77													
78	External Provider Cost		15,732,957	6,274,082	9,458,875	506,251	738,431	673,607	2,432,958	365,641	2,866,912	938,882	936,194
79	Internal Program Cost		7,328,041	-	7,328,041	648,364	2,228,973	613,387	2,290,384	523,774	96,740	58,911	867,508
80	Insurance Provider Assessment Withhold (IPA)		729,191	729,191	-	-	-	-	-	-	-	-	-
81	**Total Healthcare Cost**		**23,790,189**	**7,003,273**	**16,786,916**	**1,154,615**	**2,967,404**	**1,286,994**	**4,723,342**	**889,414**	**2,963,652**	**997,793**	**1,803,702**
82	**Medical Loss Ratio (HCC % of Revenue)**		**56.1%**	**72.0%**	**51.4%**	**68.8%**	**45.8%**	**82.1%**	**83.1%**	**50.5%**	**30.4%**	**38.4%**	**57.3%**
83													
84	**Managed Care Administration**		**2,098,110**	**792,004**	**1,306,106**	**140,646**	**259,646**	**84,460**	**371,775**	**97,037**	**156,514**	**60,455**	**135,574**
85	**Admin Cost Ratio (MCA % of Total Cost)**		**8.1%**	**3.1%**	**5.0%**	**10.9%**	**8.0%**	**6.2%**	**7.3%**	**9.8%**	**5.0%**	**5.7%**	**7.0%**
86													
87	**Contract Cost**		**25,888,299**	**7,795,276**	**18,093,023**	**1,295,261**	**3,227,050**	**1,371,454**	**5,095,116**	**986,451**	**3,120,166**	**1,058,248**	**1,939,277**
88	**Net before Settlement**		**16,495,564**	**1,924,858**	**14,570,705**	**382,730**	**3,247,111**	**195,608**	**591,005**	**774,922**	**6,631,608**	**1,538,491**	**1,209,229**
89													
90	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
91	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
92	Contract Settlement / Redistribution		(13,992,393)	578,312	(14,570,705)	(382,730)	(3,247,111)	(195,608)	(591,005)	(774,922)	(6,631,608)	(1,538,491)	(1,209,229)
93	**Net after Settlement**		**2,503,171**	**2,503,171**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
94													
95	**Eligibles and PMPM**												
96	Average Eligibles		75,357	75,357	75,357	3,822	14,813	3,567	13,770	4,515	21,724	5,903	7,243
97	Revenue PMPM		$ 56.24	$ 12.90	$ 43.35	$ 43.91	$ 43.71	$ 43.94	$ 41.29	$ 39.01	$ 44.89	$ 43.99	$ 43.47
98	Expense PMPM		34.35	10.34	24.01	33.89	21.78	38.45	37.00	21.85	14.36	17.93	26.77
99	Margin PMPM		$ 21.89	$ 2.55	$ 19.34	$ 10.01	$ 21.92	$ 5.48	$ 4.29	$ 17.16	$ 30.53	$ 26.06	$ 16.70
100													
101	***Healthy Michigan Plan***												
102	**Budget v Actual**												
103													
104	**Eligible Lives (Average Eligibles)**												
105	Actual		75,357	75,357	75,357	3,822	14,813	3,567	13,770	4,515	21,724	5,903	7,243
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)		22,992	22,992	22,992	1,279	3,979	1,102	4,426	1,314	7,028	1,803	2,061
108	% Variance - Fav / (Unfav)		43.9%	43.9%	43.9%	50.3%	36.7%	44.7%	47.4%	41.1%	47.8%	44.0%	39.8%
109													
110	**Contract Revenue before settlement**												
111	Actual		42,383,863	9,720,135	32,663,728	1,677,992	6,474,161	1,567,062	5,686,121	1,761,373	9,751,774	2,596,739	3,148,506
112	Budget		34,744,928	6,535,073	28,209,855	1,399,975	5,669,050	1,355,999	5,142,530	1,702,866	8,049,424	2,190,312	2,699,700
113	Variance - Favorable / (Unfavorable)		7,638,935	3,185,062	4,453,873	278,017	805,111	211,063	543,591	58,508	1,702,350	406,427	448,806
114	% Variance - Fav / (Unfav)		22.0%	48.7%	15.8%	19.9%	14.2%	15.6%	10.6%	3.4%	21.1%	18.6%	16.6%
115													
116	**Healthcare Cost**												
117	Actual		23,790,189	7,003,273	16,786,916	1,154,615	2,967,404	1,286,994	4,723,342	889,414	2,963,652	997,793	1,803,702
118	Budget		22,858,294	5,157,365	17,700,929	952,825	2,964,948	878,468	4,572,508	719,574	4,650,019	1,160,968	1,801,619
119	Variance - Favorable / (Unfavorable)		(931,895)	(1,845,907)	914,012	(201,791)	(2,456)	(408,525)	(150,833)	(169,841)	1,686,367	163,175	(2,083)
120	% Variance - Fav / (Unfav)		-4.1%	-35.8%	5.2%	-21.2%	-0.1%	-46.5%	-3.3%	-23.6%	36.3%	14.1%	-0.1%
121													
122	**Managed Care Administration**												
123	Actual		2,098,110	792,004	1,306,106	140,646	259,646	84,460	371,775	97,037	156,514	60,455	135,574
124	Budget		2,181,410	889,126	1,292,284	71,059	218,420	74,226	312,833	65,466	370,555	72,700	107,026
125	Variance - Favorable / (Unfavorable)		83,300	97,122	(13,822)	(69,587)	(41,226)	(10,234)	(58,942)	(31,571)	214,041	12,245	(28,549)
126	% Variance - Fav / (Unfav)		3.8%	10.9%	-1.1%	-97.9%	-18.9%	-13.8%	-18.8%	-48.2%	57.8%	16.8%	-26.7%
127													
128	**Total Contract Cost**												
129	Actual		25,888,299	7,795,276	18,093,023	1,295,261	3,227,050	1,371,454	5,095,116	986,451	3,120,166	1,058,248	1,939,277
130	Budget		25,039,704	6,046,491	18,993,212	1,023,884	3,183,368	952,694	4,885,341	785,040	5,020,574	1,233,667	1,908,644

	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 7/31/2022			**10**									
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													
131	Variance - Favorable / (Unfavorable)		(848,595)	(1,748,785)	900,190	(271,377)	(43,682)	(418,759)	(209,775)	(201,412)	1,900,408	175,419	(30,632)
132	% Variance - Fav / (Unfav)		-3.4%	-28.9%	4.7%	-26.5%	-1.4%	-44.0%	-4.3%	-25.7%	37.9%	14.2%	-1.6%
133													
134	**Net before Settlement**												
135	Actual		16,495,564	1,924,858	14,570,705	382,730	3,247,111	195,608	591,005	774,922	6,631,608	1,538,491	1,209,229
136	Budget		9,705,225	488,582	9,216,643	376,091	2,485,682	403,305	257,189	917,826	3,028,850	956,645	791,056
137	Variance - Favorable / (Unfavorable)		6,790,339	1,436,277	5,354,062	6,639	761,429	(207,696)	333,816	(142,904)	3,602,758	581,846	418,174
138													
139													

	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 7/31/2022			10									
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%*	6.9%	3.4%	12.4%	0.1%	0.0%	4.7%	4.0%	0.0%	6.5%
141	**Contract Revenue**		**17,185,434**	**94,978**	**17,090,456**	**904,507**	**3,141,345**	**956,810**	**3,259,247**	**834,588**	**4,924,848**	**1,380,465**	**1,688,646**
142													
143	External Provider Cost		12,207,342	-	12,207,342	-	4,404,668	7,554	1,185,744	545,025	4,726,579	7,732	1,330,040
144	Internal Program Cost		1,099,128	-	1,099,128	321,678	5,362	3,014	728,353	-	-	-	40,720
145	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
146	**Total Healthcare Cost**		**13,306,469**	**-**	**13,306,469**	**321,678**	**4,410,030**	**10,568**	**1,914,097**	**545,025**	**4,726,579**	**7,732**	**1,370,760**
147	**Medical Loss Ratio (HCC % of Revenue)**		**77.4%**	**0.0%**	**77.9%**	**35.6%**	**140.4%**	**1.1%**	**58.7%**	**65.3%**	**96.0%**	**0.6%**	**81.2%**
148													
149	**Managed Care Administration**		**1,150,367**	**456,996**	**693,371**	**39,184**	**-**	**415**	**241,659**	**59,463**	**249,617**	**-**	**103,032**
150	**Admin Cost Ratio (MCA % of Total Cost)**		**8.0%**	**3.2%**	**4.8%**	**10.9%**	**0.0%**	**3.8%**	**11.2%**	**9.8%**	**5.0%**	**0.0%**	**7.0%**
151													
152	**Contract Cost**		**14,456,836**	**456,996**	**13,999,841**	**360,863**	**4,410,030**	**10,983**	**2,155,757**	**604,488**	**4,976,196**	**7,732**	**1,473,792**
153	**Net before Settlement**		**2,728,597**	**(362,018)**	**3,090,615**	**543,644**	**(1,268,685)**	**945,827**	**1,103,490**	**230,100**	**(51,348)**	**1,372,733**	**214,854**
154	Contract Settlement / Redistribution		(2,728,597)	362,018	(3,090,615)	(543,644)	1,268,685	(945,827)	(1,103,490)	(230,100)	51,348	(1,372,733)	(214,854)
155	**Net after Settlement**		**0**	**0**	**(0)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
156													
157													
158	***SUD Block Grant Treatment***			*HCC%*	0.2%	0.2%	0.2%	0.5%	2.8%	1.8%	0.0%	0.1%	0.2%
159	**Contract Revenue**		**5,173,375**	**4,692,597**	**480,779**	**31,463**	**162,746**	**23,556**	**-**	**50,796**	**93,298**	**65,807**	**53,113**
160													
161	External Provider Cost		4,610,576	4,610,376	200	-	-	200	-	-	-	-	-
162	Internal Program Cost		391,022	-	391,022	19,714	74,366	21,433	-	202,967	-	29,434	43,110
163	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
164	**Total Healthcare Cost**		**5,001,598**	**4,610,376**	**391,222**	**19,714**	**74,366**	**21,633**	**-**	**202,967**	**-**	**29,434**	**43,110**
165	**Medical Loss Ratio (HCC % of Revenue)**		**96.7%**	**98.2%**	**81.4%**	**62.7%**	**45.7%**	**91.8%**	**0.0%**	**399.6%**	**0.0%**	**44.7%**	**81.2%**
166													
167	**Managed Care Administration**		**171,777**	**171,777**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
168	**Admin Cost Ratio (MCA % of Total Cost)**		**3.3%**	**3.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
169													
170	**Contract Cost**		**5,173,376**	**4,782,153**	**391,222**	**19,714**	**74,366**	**21,633**	**-**	**202,967**	**-**	**29,434**	**43,110**
171	**Net before Settlement**		**(0)**	**(89,557)**	**89,556**	**11,749**	**88,380**	**1,923**	**-**	**(152,170)**	**93,298**	**36,374**	**10,003**
172	Contract Settlement		95	89,651	(89,556)	(11,749)	(88,380)	(1,923)	-	152,170	(93,298)	(36,374)	(10,003)
173	**Net after Settlement**		**94**	**94**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
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 7/31/2022			10									
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		276,107,861	21,885,044	254,222,816	11,073,808	46,837,598	12,937,107	43,593,622	13,485,809	79,091,760	24,226,457	22,976,655
178	Incentive Payment Revenue		543,258	224,252	319,006	15,885	52,949	82,324	112,252	-	-	31,240	24,357
179	**Contract Revenue**		**276,651,118**	**22,109,296**	**254,541,823**	**11,089,692**	**46,890,547**	**13,019,431**	**43,705,874**	**13,485,809**	**79,091,760**	**24,257,697**	**23,001,012**
180													
181	External Provider Cost		165,029,987	13,475,793	151,554,194	5,030,210	24,750,111	7,215,103	26,646,478	7,378,879	51,823,191	15,872,381	12,837,841
182	Internal Program Cost		55,995,621	-	55,995,621	3,980,971	10,543,544	3,644,862	11,035,185	3,516,411	14,801,542	958,012	7,515,095
183	SSI Reimb, 1st/3rd Party Cost Offset		(1,354,613)	-	(1,354,613)	-	(636,155)	(56,483)	(279,390)	-	(330,497)	(8,407)	(43,681)
184	Insurance Provider Assessment Withhold (IPA)		5,641,968	5,641,968	-	-	-	-	-	-	-	-	-
185	MHL Cost in Excess of Medicare FFS Cost		(751,566)	(751,566)	-	-	-	-	-	-	-	-	-
186	**Total Healthcare Cost**		**224,561,397**	**18,366,194**	**206,195,203**	**9,011,181**	**34,657,500**	**10,803,481**	**37,402,273**	**10,895,290**	**66,294,236**	**16,821,986**	**20,309,255**
187	**Medical Loss Ratio (HCC % of Revenue)**		**81.2%**	**83.1%**	**81.0%**	**81.3%**	**73.9%**	**83.0%**	**85.6%**	**80.8%**	**83.8%**	**69.3%**	**88.3%**
188													
189	**Managed Care Administration**		**20,603,033**	**6,769,357**	**13,833,676**	**1,095,269**	**3,391,489**	**498,926**	**2,940,559**	**1,166,552**	**2,610,611**	**606,977**	**1,523,293**
190	**Admin Cost Ratio (MCA % of Total Cost)**		**8.4%**	**2.8%**	**5.6%**	**10.8%**	**8.9%**	**4.4%**	**7.3%**	**9.7%**	**3.8%**	**3.5%**	**7.0%**
191													
192	**Contract Cost**		**245,164,430**	**25,135,552**	**220,028,879**	**10,106,450**	**38,048,989**	**11,302,407**	**40,342,832**	**12,061,842**	**68,904,847**	**17,428,963**	**21,832,548**
193	**Net before Settlement**		**31,486,688**	**(3,026,256)**	**34,512,944**	**983,243**	**8,841,558**	**1,717,024**	**3,363,042**	**1,423,966**	**10,186,913**	**6,828,734**	**1,168,464**
194													
195	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
196	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
197	Contract Settlement		(21,132,899)	13,380,045	(34,512,944)	(983,243)	(8,841,558)	(1,717,024)	(3,363,042)	(1,423,966)	(10,186,913)	(6,828,734)	(1,168,464)
198	**Net after Settlement**		**10,353,790**	**10,353,790**	**-**	**-**	**-**	**-**	**(0)**	**-**	**-**	**-**	**-**
199													
200													

	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 7/31/2022			10									
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													
201	***State General Fund Services***			*HCC%*	2.5%	4.9%	0.8%	3.3%	0.0%	5.4%	0.6%	1.1%	3.5%
202	**Contract Revenue**				**10,295,212**	**720,240**	**1,766,879**	**680,066**	**1,595,432**	**672,900**	**3,188,792**	**744,360**	**926,543**
203													
204	External Provider Cost				1,843,542	131,894	194,245	55,876	139,857	356,652	651,474	184,397	129,146
205	Internal Program Cost				2,528,107	334,498	95,701	125,466	954,326	270,665	-	129,990	617,461
206	SSI Reimb, 1st/3rd Party Cost Offset				(3,678)	-	-	-	-	-	(3,678)	-	-
207	**Total Healthcare Cost**				**4,367,971**	**466,392**	**289,946**	**181,342**	**1,094,183**	**627,317**	**647,796**	**314,387**	**746,607**
208	**Medical Loss Ratio (HCC % of Revenue)**				**42.4%**	**64.8%**	**16.4%**	**26.7%**	**68.6%**	**93.2%**	**20.3%**	**42.2%**	**80.6%**
209													
210	**Managed Care Administration**				**605,150**	**63,270**	**24,177**	**17,276**	**324,600**	**75,401**	**28,871**	**9,390**	**62,165**
211	**Admin Cost Ratio (MCA % of Total Cost)**				**12.2%**	**11.9%**	**7.7%**	**8.7%**	**22.9%**	**10.7%**	**4.3%**	**2.9%**	**7.7%**
212													
213	**Contract Cost**				**4,973,120**	**529,662**	**314,123**	**198,618**	**1,418,783**	**702,718**	**676,667**	**323,776**	**808,772**
214	**Net before Settlement**				**5,322,091**	**190,578**	**1,452,756**	**481,448**	**176,648**	**(29,818)**	**2,512,125**	**420,584**	**117,771**
215													
216	Other Redistributions of State GF				1,465,014	-	(289,817)	-	(530,196)	-	2,397,687	(112,660)	-
217	Contract Settlement				(259,062)	(187,618)	-	-	-	-	-	-	(71,444)
218	**Net after Settlement**				**6,528,043**	**2,960**	**1,162,939**	**481,448**	**(353,548)**	**(29,818)**	**4,909,812**	**307,924**	**46,327**
219	**CCBHC revenues and expenditures are currently included in Medicaid Specialty Service, Statement modifications are in progress to separate CCBHC from Medicaid Specialty Services.*												

	E	H	I	J	K	M
1	***Southwest Michigan Behavioral Health***					
2	For the Fiscal YTD Period Ended 9/30/2023		**FY23 Budget - DRAFT-**			
3	*(For Internal Management Purposes Only)*					
4	***INCOME STATEMENT***	**For Board Consideration**	**FY23 Budget Current Status**	**Variance**	**FY22 Budget**	**Proposed Cost Reductions**
5						
6	**REVENUE**					
7	**Contract Revenue**					
8	Medicaid Capitation	234,682,803	234,682,803	-	257,489,835	
9	Healthy Michigan Plan Capitation	47,850,979	47,850,979	-	44,859,735	
10	Autism Services Capitation	19,988,606	19,988,606	-	25,525,816	
11	Opioid Health Home Capitation	1,657,770	1,657,770	-	-	
12	CCBHC Supplemental	9,219,609	9,219,609	-	-	
13	Dual Eligibles Demonstration Project	4,913,318	4,913,318	-	3,716,984	
14	Mental Health Block Grant Funding	2,372,272	2,372,272	-	-	
15	SA Block Grant Funding	9,642,647	9,642,647	-	7,737,915	
16	SA PA2 Funding	1,799,627	1,799,627	-	1,925,017	
17						
18	Contract Revenue	332,127,631	332,127,631	-	341,255,301	
19	DHHS Incentive Payments	605,208	605,208	-	624,094	
20	Grants and Earned Contracts	-	-	-	2,575,000	
21	Interest Income - Working Capital	21,304	21,304	-	11,438	
22	Interest Income - ISF Risk Reserve	1,062	1,062	-	1,082	
23	Local Funds Contributions	1,289,352	1,289,352	-	1,726,192	
24	Other Local Income	-	-	-		
25						
26	**TOTAL REVENUE**	**334,044,558**	**334,044,558**	-	**346,193,107**	
27						
28	**EXPENSE**			-		
29	**Healthcare Cost**			-		
30	Provider Claims Cost	27,110,834	27,110,834	-	25,284,037	
31	CMHP Subcontracts, net of 1st & 3rd party	268,683,143	268,683,143	-	246,629,278	
32	Insurance Provider Assessment Withhold (IPA)	3,589,470	3,589,470	-	3,435,307	
33	Medicaid Hospital Rate Adjustments	2,067,450	2,067,450	-	3,222,501	
34	MHL Cost in Excess of Medicare FFS Cost	-	-	-	-	
35						
36	**Total Healthcare Cost**	**301,450,898**	**301,450,898**	-	**278,571,124**	
37	**Medical Loss Ratio (HCC % of Revenue)**	**90.6%**	**90.6%**	-	**81.5%**	
39	**Administrative Cost**					
40	Purchased Professional Services	627,125	627,125	-	712,181	
41	Administrative and Other Cost	11,316,335	11,316,335	-	10,734,399	
43	Depreciation	5,723	5,723	-	23,911	
44	Functional Cost Reclassification	-	-	-	-	
45	Allocated Indirect Pooled Cost	-	-	-	(0)	
46	Delegated Managed Care Admin	16,643,656	16,643,656	-	17,784,222	
47	Apportioned Central Mgd Care Admin	0	0	-	0	
48						
49	**Total Administrative Cost**	**28,592,838**	**28,592,838**	-	**29,254,713**	
50	**Admin Cost Ratio (MCA % of Total Cost)**	**8.7%**	**8.7%**		**9.5%**	
51						
52	Local Funds Contribution	1,289,352	1,289,352	-	1,726,192	
54						
55	**TOTAL COST after apportionment**	**331,333,088**	**331,333,088**	-	**309,552,029**	
56						
57	**NET SURPLUS before settlement**	**2,711,470**	**2,711,470**	-	**36,641,078**	
58	**Net Surplus (Deficit) % of Revenue**	**0.8%**	**0.8%**		**10.6%**	
60	Prior Year Savings	17,316,482	17,316,482			
61	Change in PA2 Fund Balance	(549,040)	(549,040)	-	-	
62	ISF Risk Reserve Abatement (Funding)	(1,062)	(1,062)	-	-	
63	ISF Risk Reserve Deficit (Funding)	-	-	-	-	
64	Settlement Receivable / (Payable)	(7,839,568)	(7,839,568)	-	-	
65	**NET SURPLUS (DEFICIT)**	**11,638,282**	**11,638,282**	-	**36,641,078**	

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	**Southwest Michigan Behavioral Health**			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	**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
8													
9	**Medicaid Specialty Services**			*HCC%*	72.8%	79.4%	79.5%	79.8%	84.4%	82.7%	61.1%	56.7%	81.2%
10	Subcontract Revenue		254,671,409	13,361,446	241,309,963	10,877,043	46,712,800	13,383,495	44,033,207	13,654,917	73,431,213	16,270,853	22,946,435
11	Incentive Payment Revenue		605,208	225,508	379,701	18,356	88,933	107,210	125,262	-	-	39,939	-
12	**Contract Revenue**		**255,276,617**	**13,586,954**	**241,689,663**	**10,895,399**	**46,801,733**	**13,490,705**	**44,158,469**	**13,654,917**	**73,431,213**	**16,310,791**	**22,946,435**
13													
14	External Provider Cost		172,319,166	2,784,690	169,534,476	5,395,361	32,951,995	8,363,086	30,015,122	7,564,353	56,992,262	14,776,208	13,476,090
15	Internal Program Cost		46,180,333	-	46,180,333	3,924,620	10,714,639	4,209,409	10,864,015	4,631,811	1,995,576	1,344,662	8,495,601
16	SSI Reimb, 1st/3rd Party Cost Offset		(408,022)	-	(408,022)	-	(232,670)	(76,461)	-	-	(30,602)	(15,414)	(52,875)
17	Insurance Provider Assessment Withhold (IPA)		4,841,155	4,841,155	-	-	-	-	-	-	-	-	-
18	MHL Cost in Excess of Medicare FFS Cost		(735,285)	(735,285)	-	-	-	-	-	-	-	-	-
19	**Total Healthcare Cost**		**222,197,347**	**6,890,560**	**215,306,788**	**9,319,981**	**43,433,964**	**12,496,034**	**40,879,137**	**12,196,164**	**58,957,236**	**16,105,456**	**21,918,816**
20	**Medical Loss Ratio (HCC % of Revenue)**		**87.0%**	**50.7%**	**89.1%**	**85.5%**	**92.8%**	**92.6%**	**92.6%**	**89.3%**	**80.3%**	**98.7%**	**95.5%**
21													
22	**Managed Care Administration**		**23,382,067**	**8,390,813**	**14,991,254**	**1,176,417**	**3,362,331**	**461,035**	**3,133,061**	**1,747,644**	**2,988,150**	**571,906**	**1,550,709**
23	**Admin Cost Ratio (MCA % of Total Cost)**		**9.5%**	**3.4%**	**6.1%**	**11.2%**	**7.2%**	**3.6%**	**7.1%**	**12.5%**	**4.8%**	**3.4%**	**6.6%**
24													
25	**Contract Cost**		**245,579,414**	**15,281,373**	**230,298,041**	**10,496,399**	**46,796,295**	**12,957,069**	**44,012,197**	**13,943,808**	**61,945,385**	**16,677,362**	**23,469,526**
26	**Net before Settlement**		**9,697,203**	**(1,694,419)**	**11,391,622**	**399,000**	**5,438**	**533,636**	**146,272**	**(288,891)**	**11,485,828**	**(366,571)**	**(523,091)**
27													
28	Prior Year Savings		16,894,120	16,894,120	-	-	-	-	-	-	-	-	-
29	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
30	Contract Settlement / Redistribution		(17,475,992)	(6,084,370)	(11,391,622)	(399,000)	(5,438)	(533,636)	(146,272)	288,891	(11,485,828)	366,571	523,091
31	**Net after Settlement**		**9,115,331**	**9,115,331**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
32													
33	**Eligibles and PMPM**												
34	Average Eligibles		174,379	174,379	174,379	9,423	33,008	10,297	33,586	10,237	45,533	14,354	17,941
35	Revenue PMPM		$ 121.99	$ 6.49	$ 115.50	$ 96.35	$ 118.16	$ 109.18	$ 109.57	$ 111.16	$ 134.39	$ 94.69	$ 106.58
36	Expense PMPM		$ 117.36	$ 7.30	$ 110.06	$ 92.83	$ 118.14	$ 104.86	$ 109.20	$ 113.51	$ 113.37	$ 96.82	$ 109.01
37	Margin PMPM		$ 4.63	$ (0.81)	$ 5.44	$ 3.53	$ 0.01	$ 4.32	$ 0.36	$ (2.35)	$ 21.02	$ (2.13)	$ (2.43)
38													
39	**Medicaid Specialty Services**												
40	**Budget v Actual**												
41													
42	**Contract Revenue before settlement**												
43	Actual		255,276,617	13,586,954	241,689,663	10,895,399	46,801,733	13,490,705	44,158,469	13,654,917	73,431,213	16,310,791	22,946,435
44	Budget		220,267,012	13,619,650	206,647,362	8,964,288	40,729,621	11,431,915	37,670,135	11,284,238	63,146,116	13,680,397	19,740,654
45	Variance - Favorable / (Unfavorable)		35,009,605	(32,696)	35,042,301	1,931,111	6,072,113	2,058,791	6,488,335	2,370,680	10,285,097	2,630,395	3,205,780
46	% Variance - Fav / (Unfav)		15.9%	-0.2%	17.0%	21.5%	14.9%	18.0%	17.2%	21.0%	16.3%	19.2%	16.2%
47													
48	**Healthcare Cost**												
49	Actual		222,197,347	6,890,560	215,306,788	9,319,981	43,433,964	12,496,034	40,879,137	12,196,164	58,957,236	16,105,456	21,918,816
50	Budget		200,605,056	11,107,500	189,497,556	7,937,062	36,301,670	10,260,756	34,382,774	9,465,273	59,240,604	14,369,174	17,540,243
51	Variance - Favorable / (Unfavorable)		(21,592,292)	4,216,940	(25,809,231)	(1,382,919)	(7,132,294)	(2,235,277)	(6,496,363)	(2,730,890)	283,368	(1,736,282)	(4,378,574)
52	% Variance - Fav / (Unfav)		-10.8%	38.0%	-13.6%	-17.4%	-19.6%	-21.8%	-18.9%	-28.9%	0.5%	-12.1%	-25.0%
53													
54	**Managed Care Administration**												
55	Actual		23,382,067	8,390,813	14,991,254	1,176,417	3,362,331	461,035	3,133,061	1,747,644	2,988,150	571,906	1,550,709
56	Budget		21,458,469	7,449,248	14,009,220	591,926	2,674,245	866,979	2,352,332	861,137	4,720,823	899,797	1,041,981
57	Variance - Favorable / (Unfavorable)		(1,923,598)	(941,565)	(982,033)	(584,492)	(688,086)	405,944	(780,729)	(886,507)	1,732,673	327,891	(508,728)
58	% Variance - Fav / (Unfav)		-9.0%	-12.6%	-7.0%	-98.7%	-25.7%	46.8%	-33.2%	-102.9%	36.7%	36.4%	-48.8%
59													
60	**Total Contract Cost**												
61	Actual		245,579,414	15,281,373	230,298,041	10,496,399	46,796,295	12,957,069	44,012,197	13,943,808	61,945,385	16,677,362	23,469,526
62	Budget		222,063,525	18,556,748	203,506,777	8,528,988	38,975,916	11,127,736	36,735,106	10,326,410	63,961,427	15,268,971	18,582,224
63	Variance - Favorable / (Unfavorable)		(23,515,890)	3,275,375	(26,791,265)	(1,967,411)	(7,820,380)	(1,829,334)	(7,277,092)	(3,617,397)	2,016,042	(1,408,391)	(4,887,302)

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	***Southwest Michigan Behavioral Health***			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	***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**
8													
64	% Variance - Fav / (Unfav)		-10.6%	17.7%	-13.2%	-23.1%	-20.1%	-16.4%	-19.8%	-35.0%	3.2%	-9.2%	-26.3%
65													
66	**Net before Settlement**												
67	Actual		9,697,203	(1,694,419)	11,391,622	399,000	5,438	533,636	146,272	(288,891)	11,485,828	(366,571)	(523,091)
68	Budget		(1,796,513)	(4,937,098)	3,140,586	435,300	1,753,705	304,179	935,029	957,827	(815,311)	(1,588,574)	1,158,430
69	Variance - Favorable / (Unfavorable)		11,493,716	3,242,679	8,251,036	(36,300)	(1,748,267)	229,457	(788,757)	(1,246,718)	12,301,139	1,222,003	(1,681,522)
70													
71													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	**Southwest Michigan Behavioral Health**			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	**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
8													
72	**Healthy Michigan Plan**			*HCC%*	9.2%	12.0%	7.7%	16.3%	12.5%	6.5%	6.3%	11.7%	9.0%
73	**Contract Revenue**		**47,850,979**	**9,177,686**	**38,673,293**	**1,944,456**	**7,512,371**	**1,817,289**	**7,147,258**	**2,280,391**	**11,303,833**	**3,016,191**	**3,651,504**
74													
75	External Provider Cost		22,785,465	7,515,379	15,270,086	547,087	1,752,766	1,305,614	3,237,588	424,635	5,428,619	1,383,778	1,190,000
76	Internal Program Cost		10,241,325	-	10,241,325	801,108	2,056,139	1,256,048	2,810,977	478,705	135,373	1,628,296	1,074,678
77	Insurance Provider Assessment Withhold (IPA)		815,765	815,765	-	-	-	-	-	-	-	-	-
78	**Total Healthcare Cost**		**33,842,555**	**8,331,144**	**25,511,411**	**1,348,195**	**3,808,905**	**2,561,662**	**6,048,565**	**903,340**	**5,563,993**	**3,012,074**	**2,264,678**
79	**Medical Loss Ratio (HCC % of Revenue)**		**70.7%**	**90.8%**	**66.0%**	**69.3%**	**50.7%**	**141.0%**	**84.6%**	**39.6%**	**49.2%**	**99.9%**	**62.0%**
80													
81	**Managed Care Administration**		**2,928,014**	**1,275,611**	**1,652,403**	**170,176**	**293,285**	**137,569**	**487,157**	**129,444**	**197,263**	**77,288**	**160,221**
82	**Admin Cost Ratio (MCA % of Total Cost)**		**8.0%**	**3.5%**	**4.5%**	**11.2%**	**7.1%**	**5.1%**	**7.5%**	**12.5%**	**3.4%**	**2.5%**	**6.6%**
83													
84	**Contract Cost**		**36,770,569**	**9,606,755**	**27,163,814**	**1,518,371**	**4,102,190**	**2,699,230**	**6,535,723**	**1,032,783**	**5,761,256**	**3,089,362**	**2,424,899**
85	**Net before Settlement**		**11,080,410**	**(429,069)**	**11,509,479**	**426,086**	**3,410,181**	**(881,941)**	**611,535**	**1,247,608**	**5,542,577**	**(73,171)**	**1,226,605**
86													
87	Prior Year Savings		422,362	422,362	-	-	-	-	-	-	-	-	-
88	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
89	Contract Settlement / Redistribution		(8,910,582)	2,598,897	(11,509,479)	(426,086)	(3,410,181)	881,941	(611,535)	(1,247,608)	(5,542,577)	73,171	(1,226,605)
90	**Net after Settlement**		**2,592,189**	**2,592,189**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
91													
92	**Eligibles and PMPM**												
93	Average Eligibles		74,889	74,889	74,889	3,793	14,729	3,546	13,688	4,485	21,571	5,873	7,204
94	Revenue PMPM		$ 53.25	$ 10.21	$ 43.03	$ 42.72	$ 42.50	$ 42.71	$ 43.51	$ 42.37	$ 43.67	$ 42.80	$ 42.24
95	Expense PMPM		40.92	10.69	30.23	33.36	23.21	63.44	39.79	19.19	22.26	43.83	28.05
96	Margin PMPM		$ 12.33	$ (0.48)	$ 12.81	$ 9.36	$ 19.29	$ (20.73)	$ 3.72	$ 23.18	$ 21.41	$ (1.04)	$ 14.19
97													
98	**Healthy Michigan Plan**												
99	**Budget v Actual**												
100													
101	**Contract Revenue before settlement**												
102	Actual		47,850,979	9,177,686	38,673,293	1,944,456	7,512,371	1,817,289	7,147,258	2,280,391	11,303,833	3,016,191	3,651,504
103	Budget		41,693,914	7,842,087	33,851,826	1,679,970	6,802,860	1,627,199	6,171,036	2,043,439	9,659,308	2,628,375	3,239,640
104	Variance - Favorable / (Unfavorable)		6,157,065	1,335,599	4,821,467	264,487	709,511	190,091	976,221	236,952	1,644,524	387,816	411,864
105	% Variance - Fav / (Unfav)		14.8%	17.0%	14.2%	15.7%	10.4%	11.7%	15.8%	11.6%	17.0%	14.8%	12.7%
106													
107	**Healthcare Cost**												
108	Actual		33,842,555	8,331,144	25,511,411	1,348,195	3,808,905	2,561,662	6,048,565	903,340	5,563,993	3,012,074	2,264,678
109	Budget		27,429,953	6,188,839	21,241,114	1,143,389	3,557,938	1,054,162	5,487,010	863,489	5,580,023	1,393,161	2,161,942
110	Variance - Favorable / (Unfavorable)		(6,412,602)	(2,142,305)	(4,270,297)	(204,805)	(250,967)	(1,507,500)	(561,555)	(39,851)	16,030	(1,618,913)	(102,735)
111	% Variance - Fav / (Unfav)		-23.4%	-34.6%	-20.1%	-17.9%	-7.1%	-143.0%	-10.2%	-4.6%	0.3%	-116.2%	-4.8%
112													
113	**Managed Care Administration**												
114	Actual		2,928,014	1,275,611	1,652,403	170,176	293,285	137,569	487,157	129,444	197,263	77,288	160,221
115	Budget		2,617,692	1,066,951	1,550,741	85,271	262,104	89,071	375,399	78,559	444,666	87,240	128,431
116	Variance - Favorable / (Unfavorable)		(310,323)	(208,660)	(101,662)	(84,905)	(31,181)	(48,498)	(111,758)	(50,885)	247,403	9,952	(31,791)
117	% Variance - Fav / (Unfav)		-11.9%	-19.6%	-6.6%	-99.6%	-11.9%	-54.4%	-29.8%	-64.8%	55.6%	11.4%	-24.8%
118													
119	**Total Contract Cost**												
120	Actual		36,770,569	9,606,755	27,163,814	1,518,371	4,102,190	2,699,230	6,535,723	1,032,783	5,761,256	3,089,362	2,424,899
121	Budget		30,047,644	7,255,790	22,791,855	1,228,660	3,820,041	1,143,233	5,862,409	942,048	6,024,689	1,480,401	2,290,373
122	Variance - Favorable / (Unfavorable)		(6,722,925)	(2,350,966)	(4,371,959)	(289,710)	(282,149)	(1,555,997)	(673,313)	(90,736)	263,433	(1,608,961)	(134,526)
123	% Variance - Fav / (Unfav)		-22.4%	-32.4%	-19.2%	-23.6%	-7.4%	-136.1%	-11.5%	-9.6%	4.4%	-108.7%	-5.9%
124													
125	**Net before Settlement**												
126	Actual		11,080,410	(429,069)	11,509,479	426,086	3,410,181	(881,941)	611,535	1,247,608	5,542,577	(73,171)	1,226,605

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	***Southwest Michigan Behavioral Health***			***Mos in Period***									
5	**FY23 Budget**			**12**									
6	*(For Internal Management Purposes Only)*			***ok***									
7	***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**
8													
127	Budget		11,646,269	586,298	11,059,972	451,309	2,982,819	483,966	308,627	1,101,391	3,634,620	1,147,974	949,267
128	Variance - Favorable / (Unfavorable)		(565,860)	(1,015,367)	449,508	(25,224)	427,362	(1,365,907)	302,908	146,217	1,907,957	(1,221,145)	277,338
129													
130													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	***Southwest Michigan Behavioral Health***			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	***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**
8													
131	***Certified Community Behavioral Health Clin***			*HCC%*	9.6%	0.0%	0.0%	0.0%	0.0%	0.0%	23.7%	20.5%	0.0%
132	**Contract Revenue**		**9,219,609**	**197,686**	**9,021,923**	**-**	**-**	**-**	**-**	**-**	**7,015,580**	**2,006,343**	**-**
133													
134	External Provider Cost		10,396,521	-	10,396,521	-	-	-	-	-	4,951,149	5,445,372	-
135	Internal Program Cost		16,940,093	-	16,940,093	-	-	-	-	-	16,940,093	-	-
136	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
137	**Total Healthcare Cost**		**27,336,614**	**-**	**27,336,614**	**-**	**-**	**-**	**-**	**-**	**21,891,242**	**5,445,372**	**-**
138	**Medical Loss Ratio (HCC % of Revenue)**		**296.5%**	**0.0%**	**303.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**312.0%**	**271.4%**	**0.0%**
139													
140	**Managed Care Administration**		**-**	**-**	**-**								
141	**Admin Cost Ratio (MCA % of Total Cost)**		**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
142													
143	**Contract Cost**		**27,336,614**	**-**	**27,336,614**	**-**	**-**	**-**	**-**	**-**	**21,891,242**	**5,445,372**	**-**
144	**Net before Settlement**		**(18,117,005)**	**197,686**	**(18,314,691)**	**-**	**-**	**-**	**-**	**-**	**(14,875,662)**	**(3,439,029)**	**-**
145	Contract Settlement / Redistribution		19,172,842	858,150	18,314,691	-	-	-	-	-	14,875,662	3,439,029	-
146	**Net after Settlement**		**1,055,837**	**1,055,837**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
147													
148													
149	***SUD Block Grant Treatment***			*HCC%*	0.2%	0.2%	0.3%	0.5%	0.0%	0.8%	0.0%	0.3%	0.3%
150	**Contract Revenue**		**9,642,647**	**9,118,625**	**524,022**	**37,755**	**195,296**	**28,267**	**-**	**120,000**	**-**	**78,969**	**63,736**
151													
152	External Provider Cost		8,651,876	8,651,876	-	-	-	-	-	-	-	-	-
153	Internal Program Cost		528,331	-	528,331	22,941	153,484	78,540	17,102	112,001	-	78,969	65,293
154	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
155	**Total Healthcare Cost**		**9,180,207**	**8,651,876**	**528,331**	**22,941**	**153,484**	**78,540**	**17,102**	**112,001**	**-**	**78,969**	**65,293**
156	**Medical Loss Ratio (HCC % of Revenue)**		**95.2%**	**94.9%**	**100.8%**	**60.8%**	**78.6%**	**277.9%**	**0.0%**	**93.3%**	**0.0%**	**100.0%**	**102.4%**
157													
158	**Managed Care Administration**		**367,505**	**358,903**	**8,602**	**-**	**-**	**8,602**	**-**	**-**	**-**	**-**	**-**
159	**Admin Cost Ratio (MCA % of Total Cost)**		**3.8%**	**3.8%**	**0.1%**	**0.0%**	**0.0%**	**9.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
160													
161	**Contract Cost**		**9,547,712**	**9,010,780**	**536,933**	**22,941**	**153,484**	**87,143**	**17,102**	**112,001**	**-**	**78,969**	**65,293**
162	**Net before Settlement**		**94,935**	**107,845**	**(12,910)**	**14,813**	**41,812**	**(58,876)**	**(17,102)**	**7,999**	**-**	**-**	**(1,557)**
163	Contract Settlement		0	(12,910)	12,910	(14,813)	(41,812)	58,876	17,102	(7,999)	-	-	1,557
164	**Net after Settlement**		**94,935**	**94,935**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
165													
166													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	***Southwest Michigan Behavioral Health***			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	***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**
8													
167	***SWMBH CMHP Subcontracts***												
168	Subcontract Revenue		321,384,644	31,855,444	289,529,201	12,859,254	54,420,467	15,229,052	51,180,465	16,055,308	91,750,626	21,372,355	26,661,674
169	Incentive Payment Revenue		605,208	225,508	379,701	18,356	88,933	107,210	125,262	-	-	39,939	-
170	**Contract Revenue**		**321,989,852**	**32,080,951**	**289,908,901**	**12,877,610**	**54,509,401**	**15,336,262**	**51,305,727**	**16,055,308**	**91,750,626**	**21,412,293**	**26,661,674**
171													
172	External Provider Cost		214,153,028	18,951,945	195,201,083	5,942,448	34,704,761	9,668,700	33,252,710	7,988,987	67,372,029	21,605,358	14,666,090
173	Internal Program Cost		73,890,082	-	73,890,082	4,748,669	12,924,262	5,543,997	13,692,094	5,222,517	19,071,043	3,051,927	9,635,573
174	SSI Reimb, 1st/3rd Party Cost Offset		(408,022)	-	(408,022)	-	(232,670)	(76,461)	-	-	(30,602)	(15,414)	(52,875)
175	Insurance Provider Assessment Withhold (IPA)		5,656,920	5,656,920	-	-	-	-	-	-	-	-	-
176	MHL Cost in Excess of Medicare FFS Cost		(735,285)	(735,285)	-	-	-	-	-	-	-	-	-
177	**Total Healthcare Cost**		**292,556,724**	**23,873,580**	**268,683,144**	**10,691,117**	**47,396,353**	**15,136,236**	**46,944,803**	**13,211,504**	**86,412,470**	**24,641,871**	**24,248,788**
178	**Medical Loss Ratio (HCC % of Revenue)**		**90.9%**	**74.4%**	**92.7%**	**83.0%**	**87.0%**	**98.7%**	**91.5%**	**82.3%**	**94.2%**	**115.1%**	**90.9%**
179													
180	**Managed Care Administration**		**26,677,586**	**10,025,328**	**16,652,258**	**1,346,593**	**3,655,616**	**607,206**	**3,620,218**	**1,877,088**	**3,185,413**	**649,194**	**1,710,931**
181	**Admin Cost Ratio (MCA % of Total Cost)**		**8.4%**	**3.1%**	**5.2%**	**11.2%**	**7.2%**	**3.9%**	**7.2%**	**12.4%**	**3.6%**	**2.6%**	**6.6%**
182													
183	**Contract Cost**		**319,234,310**	**33,898,908**	**285,335,402**	**12,037,711**	**51,051,969**	**15,743,442**	**50,565,021**	**15,088,592**	**89,597,883**	**25,291,065**	**25,959,718**
184	**Net before Settlement**		**2,755,542**	**(1,817,957)**	**4,573,499**	**839,899**	**3,457,431**	**(407,180)**	**740,706**	**966,716**	**2,152,743**	**(3,878,772)**	**701,956**
185													
186	Prior Year Savings		17,316,482	17,316,482	-	-	-	-	-	-	-	-	-
187	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
188	Contract Settlement		(7,213,733)	(2,640,233)	(4,573,499)	(839,899)	(3,457,431)	407,180	(740,706)	(966,716)	(2,152,743)	3,878,772	(701,956)
189	**Net after Settlement**		**12,858,292**	**12,858,292**	**0**	**-**	**-**	**(0)**	**(0)**	**0**	**0**	**-**	**-**
190													
191													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
4	***Southwest Michigan Behavioral Health***			*Mos in Period*									
5	**FY23 Budget**			12									
6	*(For Internal Management Purposes Only)*			*ok*									
7	***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**
8													
192	***State General Fund Services***			*HCC%*	2.9%	5.0%	3.2%	3.3%	3.0%	5.6%	0.8%	3.9%	3.3%
193	**Contract Revenue**				**12,717,855**	**925,327**	**2,208,386**	**880,617**	**1,859,500**	**807,480**	**3,826,552**	**1,042,561**	**1,167,432**
194													
195	External Provider Cost				2,956,142	182,411	350,553	72,919	305,092	552,764	651,324	741,080	100,000
196	Internal Program Cost				4,508,872	377,128	1,200,496	451,458	1,167,980	231,853	75,615	272,769	731,573
197	SSI Reimb, 1st/3rd Party Cost Offset				(1,160)	-	-	-	-	-	(1,160)	-	-
198	**Total Healthcare Cost**				**7,463,854**	**559,539**	**1,551,049**	**524,377**	**1,473,071**	**784,617**	**725,780**	**1,013,849**	**831,573**
199	**Medical Loss Ratio (HCC % of Revenue)**				**58.7%**	**60.5%**	**70.2%**	**59.5%**	**79.2%**	**97.2%**	**19.0%**	**97.2%**	**71.2%**
200													
201	**Managed Care Administration**				**938,324**	**78,595**	**119,431**	**49,446**	**434,145**	**125,190**	**37,473**	**28,712**	**65,332**
202	**Admin Cost Ratio (MCA % of Total Cost)**				**11.2%**	**12.3%**	**7.1%**	**8.6%**	**22.8%**	**13.8%**	**4.9%**	**2.8%**	**7.3%**
203													
204	**Contract Cost**				**8,402,178**	**638,133**	**1,670,480**	**573,823**	**1,907,216**	**909,808**	**763,253**	**1,042,561**	**896,905**
205	**Net before Settlement**				**4,315,677**	**287,194**	**537,906**	**306,794**	**(47,716)**	**(102,328)**	**3,063,299**	**-**	**270,527**
206													
207	Other Redistributions of State GF				4,800,000	-	-	-	-	-	4,800,000	-	-
208	Contract Settlement				(212,155)	-	-	-	-	-	-	-	(212,155)
209	**Net after Settlement**				**8,903,522**	**287,194**	**537,906**	**306,794**	**(47,716)**	**(102,328)**	**7,863,299**	**-**	**58,372**
210													

MI Health Link Transition Update

9/9/22

Transition Timeline & Efforts

July

- Met with ICO leadership for Meridian/Centene and Aetna/CVS
- Established 3 Transition Goals
  - #1 minimal impact on Members
  - #2 minimal impact on Providers
  - #3 full transition by 12/31/22
- Hosted two Transition Kickoff meetings: Leadership, PMs, SMEs

August

- Functional Area Breakouts: resource/data sharing, FAQs, processes
- Functional Areas: UM, CC, PN, CS, IT, FI, QAPI
- Cross functionality

September – December

- Implementation

What to Expect

- **Notification letters from SWMBH to Providers, with ICO contact information were mailed on 8/18/22**
- **ICOs are pursuing CMHs and Providers for contracts**
- **SWMBH and ICOs are working together to transition care coordination caseloads according to acuity level**
- **Co-branded FAQs are being developed for Members and Providers**
- **Transition MOUs are currently being drafted**
- **Public updates will be on the ICO and SWMBH websites**

7th ANNUAL REGIONAL HEALTHCARE POLICY FORUM: *WORKING TOGETHER*

Southwest Michigan Behavioral Health

Friday, October 7, 2022
8:30 am to 3:00 pm

Four Points by Sheraton Kalamazoo
3600 E Cork St Ct,
Kalamazoo, MI 49001

PANELISTS

Facilitator: Lauren Gibbons
Capitol Reporter, Bridge Michigan

- **Alan Bolter** *Community Mental Health Association of Michigan*
- **Sherri Boyd** *The Arc Michigan*
- **Kevin Fischer** *National Alliance on Mental Illness Michigan*
- **Sean Harris** *Recovery Institute of Southwest Michigan*
- **Dave Schneider** *Health Management Associates*

- Panel and Participant Discussion on Public Behavioral Health and Integrated Care
- Meet local, regional, and state-wide candidates

REGISTER AT

HealthcareForum@swmbh.org

*All federal, state and county public office candidates are invited.

AGENDA

8:30-9:15 am
Registration and Continental Breakfast
9:15-9:30 am
Welcome
9:30-12:15 pm
Panel Discussion
12:15-1:00 pm
Heavy Hors d'oeuvres
1:00-3:00 pm
Meet the Candidates

Barry County Community Mental Health Authority
Community Mental Health & Substance Abuse Services of St. Joseph County
Integrated Services of Kalamazoo — Community • Independence • Empowerment
Pines Behavioral Health — "Life should be enjoyed...not endured"
Riverwood Center
Summit Pointe
064
Van Buren Community Mental Health
Woodlands

MICHIGAN MUNICIPAL
RISK MANAGEMENT
AUTHORITY

BLANKET FAITHFUL PERFORMANCE BOND
CERTIFICATE OF PROTECTION

KNOW ALL MEN BY THESE PRESENTS:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder unless amended below.

This certifies that Southwest MI Behavioral Health as a member of this Authority

has Blanket Faithful Performance Bond Protection in the amount of One Million Dollars

($1,000,000.00).

Blanket Faithful Performance
Description of Protection

Fidelity

(1) The Scope of Loss Fund Protection includes loss caused to the member by conversion to personal use or through the failure of any of the employees, acting alone or in collusion with others, to perform faithfully his duties or to account properly for all monies and property received by virtue of his position or employment during the period of membership in the Authority, the amount of indemnity of each of such employees being the amount indicated on the Limits of Liability.

Section 2

General Agreement-Loss Under Prior Bond

(1) If the protection of this provision is substituted for any prior coverage carried by the member which prior bond is terminated, cancelled or allowed to expire as of the time of such substitution, the member agrees that such agreement applies to loss sustained by, or caused to, the member, as the case may be, prior to or during the bond period, provided that such loss is discovered after the beginning of the period of membership and that such loss would have been recoverable by the member under such prior bond except for the fact that the time within which to bring suit, action or proceeding of any kind thereunder had expired, and provided further:
   (a) The indemnity afforded by this agreement shall be a part of and not in addition to the limit afforded above;
   (b) Such loss would have been covered under such insuring agreement had such insuring agreement with its agreements, conditions and limitations as of the time of such substitutions been in force when the acts or defaults causing such loss were committed;
   (c) Recovery under this agreement on account of such loss shall in no event exceed the amount which would have been recoverable under such insuring agreement in the amount for which it is written as of the time of such substitution, had such insuring agreement been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond had such prior bond continued in force until the discovery of such loss if the latter amount be smaller.

Section 3

Definitions

(1) "Employee" means person while in the employ of the member during the period of membership.

Section 4

Conditions

(1) In case a loss is alleged to have been caused to the member through acts or defaults by an employee and the member shall be unable to designate the specific employee causing such loss, the member shall nevertheless have the benefit of this provision provided that the evidence submitted reasonably establishes that the loss was in fact caused by an employee through such acts or defaults and provided, further, that regardless of the number of such employees concerned or implicated in such loss, the aggregate liability for any such loss shall not exceed the limit of liability.

(2) The limit of liability shall not be cumulative from year to year.

(3) This provision shall be deemed to be cancelled as to any employee:
   (a) Immediately upon discovery by the member of any act on the part of such employee which would constitute a liability under this provision covering such employee; or
   (b) Upon the death, resignation or removal of such employee; or
   (c) Upon termination of membership in the Authority.

Should the member indicated below withdraw from the Authority prior to the expiration date shown, the Authority shall notify the certificate holder in writing thirty (30) days in advance of such withdrawal, but failure to mail such notice shall impose no obligation or liability of any kind upon the Authority.

Certificate Holder:

Southwest MI Behavioral Health
5250 Lovers Lane, Suite 200
Portage, MI 49002

Member:

Southwest MI Behavioral Health
5250 Lovers Lane, Suite 200
Portage, MI 49002

Expiration Date of Membership Continuous Until Cancelled

Date Issued: October 1, 2022

Authorized Representative

RISK

MICHIGAN MUNICIPAL
RISK MANAGEMENT
AUTHORITY

CERTIFICATE OF COVERAGE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder except to the extent shown below. This certificate does not amend, extend, or alter the coverage contained in the Authority's Joint Powers Agreement and coverage attachments thereto.

This is to certify that a Self-Insured Program has been undertaken by the member listed below through the Authority pursuant to Act 138 P.A. 1982.

The coverage provided by the Authority is as follows:

1. Liability coverage for general liability, automobile (including Michigan No-Fault), law enforcement, and public officials liability; in the sum of $10,000,000 each occurrence inclusive of loss adjustment and defense costs.
2. Property Coverage including loss to real & personal property, to amounts stipulated in coverage documents and overview for this member.
3. Motor Vehicle Physical Damage Coverage for the vehicles stipulated in the Coverage Document.
4. X Information only.
5. _ The entity named below is included in the scope of protection as respects claims arising from a COVERED CONTRACT as defined in the MMRMA Liability and Motor Vehicle Physical Damage Coverage Document.
6. X Other (as described here): **COVERAGE ABOVE INCLUDES MEDICAL MALPRACTICE FOR NURSES; PUBLIC AND MENTAL HEALTH OPERATIONS AND FACILITIES; AND PARAMEDICS, EMERGENCY MEDICAL SERVICE TECHNICIANS, POLICE OR FIRE PERSONNEL ONLY FOR IMMEDIATE MEDICAL ASSISTANCE OR TREATMENT IN AN EMERGENCY SITUATION OR WHILE PARTICIPATING IN SCHEDULED TRAINING AS REQUIRED TO PERFORM WITHIN THE SCOPEOF THEIR OFFICIAL DUTIES. COVERAGE EXCLUDES THE RENDERING OR FAILURE TO RENDER PROFESSIONAL SERVICES BY A DENTIST OR PHYSICIAN EXCEPT FOR A CORONER OR MEDICAL EXAMINER OR THEIR DEPUTIES BY THOSE TITLES.**

This certificate is issued in accordance with and is subject to all provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulation and administrative procedures. Should the member identified below withdraw from the Authority, or its Authority Membership be otherwise terminated, the Authority shall endeavor to notify the certificate holder in writing thirty (30) days in advance thereof, but failure to furnish such notice shall impose no obligation or liability of any kind upon the Authority, or its representatives.

Certificate Holder:
TO WHOM IT MAY CONCERN

Member:
SOUTHWEST MI BEHAVIORAL HEALTH
5250 LOVERS LANE, SUITE 200
PORTAGE, MI 49002

Certificate Expiration Date: October 1, 2023
Date Issued: October 1, 2022

Member Number: # M0001669
Effective Date of Membership: October 1, 2013

Distribution:
Ms. Tracy Dawson, Southwest MI Behavioral Health
MMRMA Underwriting

Authorized Representative

IBEX
INSURANCE AGENCY

P.O. Box 3355
Farmington Hills, Michigan 48333-3355
877-888-IBEX (4239) 248-538-0470 Fax 248-538-0471 www.ibexagency.com

Phase 11 Coverage Document Edits

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
PROPERTY AND CRIME DOCUMENT

SECTION 2
COVERED PROPERTY:
MEMBER BUILDINGS AND PERSONAL PROPERTY

Current Wording

A. MEMBER'S BUILDING

Member building means an existing structure roofed and walled on file with MMRMA and includes the following if attached to the building or within 1,000 feet of the building:

1. Incomplete additions and all component parts;

2. Permanently installed fixtures, machinery and equipment; and

3. Indoor and outdoor equipment, signs, fixtures and personal property used to maintain or service the building.

4. Building does not mean:

   a. Paved surfaces;

   b. Retaining walls, except when those walls form a part or extension of the building;

   c. Land, water, landfills;

   d. Outdoor trees, shrubs, plants or lawns except loss from a **named cause of loss** to golf course greens only is not excluded;

   e. Foundations or supports below the surface of the lowest floor or basement;

   f. Underground pipes, flues, drains and appurtenances thereto;

   g. Electrical poles, power lines, transformers; or

   h. Building or renovation under construction.

Approved Wording

A. MEMBER'S BUILDING

Member building means an existing structure roofed and walled on file with MMRMA and includes the following if attached to the building or within 1,000 feet of the building:

1. Incomplete additions and all component parts;

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   e. Foundations or supports below the surface of the lowest floor or basement;

   f. Underground pipes, flues, drains and appurtenances thereto;

   g. Electrical poles, power lines, transformers; or

   h. Building or renovation under construction.

SECTION 3
ADDITIONAL COVERED PROPERTY AND LIMITS OF COVERAGE

Current Wording

E. DEBRIS REMOVAL

1. Debris removal coverage means the Member's expense to remove debris of covered property from the Member's premises caused by or resulting from a covered cause of loss that occurs during membership. These expenses will be paid only if they are reported to MMRMA within 180 days of the date of direct physical loss or damage or termination of membership, whichever is earlier.

2. Debris removal coverage does not apply to costs to extract **pollutants** from land or water or remove, restore or replace polluted land or water.

3. The most MMRMA will pay for debris removal, per **occurrence**, is the actual cost of removal to the limits of coverage for Debris Removal stated in the Coverage Overview.

Approved Wording

E. DEBRIS REMOVAL

1. Debris removal coverage means the Member's expense to remove debris of covered property from the Member's premises caused by or resulting from a covered cause of loss that occurs during membership. These expenses will be paid only if they are reported to MMRMA within 180 days of the date of direct physical loss or damage or termination of membership, whichever is earlier.

2. Debris removal coverage does not apply to costs to extract **pollutants** from Member covered property, land or water or remove, restore or replace polluted land or water.

3. The most MMRMA will pay for debris removal, per **occurrence**, is the actual cost of removal to the limits of coverage for Debris Removal stated in the Coverage Overview.

Current Wording

H. FIRE OR EMERGENCY VEHICLES

1. Fire or emergency vehicles means the Member's self propelled motor vehicles used primarily for fire, medical emergency, or rescue services and which are designed and licensed for travel on public roads. The definition also includes the equipment routinely used for such services if the equipment is carried on or in the vehicle. Mobile equipment or law enforcement vehicles are not fire or emergency vehicles.

2. Each vehicle, and its maximum replacement value or **agreed amount**, must be on file with MMRMA.

   Replacement valuation will apply only to Member Fire or Emergency vehicles with a model year that does not exceed fifteen (15) years at time of reporting. The most MMRMA will pay for any fire or emergency vehicle with a model year that exceeds fifteen (15) years is **agreed amount** or **actual cash value**.

3. If the Member actually replaces or repairs the vehicle, the most MMRMA will pay is either the actual replacement or repair cost, not to exceed the maximum replacement value or **agreed amount** for that specific vehicle on file with MMRMA. The most MMRMA will pay, per **occurrence**, is the limits of coverage for aggregate Fire or Emergency Vehicles stated in the Coverage Overview. If the Member does not replace or repair the vehicle, the most MMRMA will pay is the **actual cash value** of the vehicle immediately prior to the loss.

4. The Member may select **actual cash value** coverage for any or all of the Member's fire or emergency vehicles. If the Member does so, the most MMRMA will pay is the **actual cash value** of the vehicle.

5. MMRMA will pay for the rental of fire or emergency vehicles to replace temporarily a damaged or lost vehicle. The rental shall not exceed twelve (12) weeks and the weekly rate stated in the Coverage Overview. No Member deductible or self-insured retention shall apply to such rental.

6. MMRMA will not pay any loss or damage that is due to inadequate or improper maintenance, wear and tear, freezing, mechanical or electrical breakdown or failure.

Approved Wording

2. Each vehicle, and its maximum replacement value, as provided by Member or actual cash value, must be on file with MMRMA. Replacement valuation will apply only to Member Fire or Emergency vehicles with a model year that does not exceed fifteen (15) years at time of reporting. The most MMRMA will pay for any fire or emergency vehicle with a model year that exceeds fifteen (15) years is the actual cash value.

3. If the Member actually replaces or repairs the vehicle, the most MMRMA will pay is either the actual replacement or repair cost, not to exceed the maximum replacement value or actual cash value for that specific vehicle on file with MMRMA. The most MMRMA will pay, per occurrence, is the limits of coverage for aggregate Fire or Emergency Vehicles stated in the Coverage Overview. If the Member does not replace or repair the vehicle, the most MMRMA will pay is the actual cash value of the vehicle immediately prior to the loss.

Approved Wording

M. OTHER COVERED PROPERTY - LIMITS OF COVERAGE

The most MMRMA will pay for loss from a covered cause of loss, except as otherwise stated, per **occurrence**, for the other covered property listed in Items 1-8 below is the actual loss to the limits of coverage for Other Covered Property stated in the Coverage Overview. The limits apply separately to each covered property on an **occurrence** basis.

Other covered property is:

9. Unmanned aircraft

Unmanned aircraft means an aircraft that is not:

a. designed,
b. manufactured, or
c. modified after manufacture

to be controlled directly by a person from within or on the aircraft;

and is not more than 55 pounds in total weight.

Current Wording

O. DAMS AND INLAND LAKE LEVEL CONTROLS

1. MMRMA will pay for the actual cost to repair or replace any loss or damage to a covered property from a covered cause of loss subject to the limits of coverage for **Member's** Dams as stated below.

2. Dams means any artificial barrier including appurtenant works, that impounds, diverts, or is designed to impound or divert water or a combination of water and any other liquid or material in the water; that is or will be when complete 6 feet or more in height; and that has or will have an impounding capacity at design flood elevation of 5 surface acres or more. Appurtenant works means the structure and machinery incident to or annexed to a dam that is built to operate and maintain a dam, including spillways, either in a dam or separate from the dam; lower level outlet works; and water conduits such as tunnels, pipelines, or penstocks, located either through the dam or through the abutments of the dam.

3. Inland lake means a natural or artificial lake, pond, impoundment, or a part of one of those bodies of water. Inland lake does not include the Great Lakes or Lake St. Clair. A dam used to regulate or maintain the level of an inland lake means an artificial barrier, structure, or facility and appurtenant works.

4. Dam does not mean:

   a. storage or processing tank or standpipe constructed of steel or concrete;

   b. dikes, embankments including earthen or any other material; or

   c. dug pond where there is no impoundment of water or waste materials containing water at levels above adjacent natural grade levels.

5. The most MMRMA will pay if the **Member** repairs or replaces the dam or inland lake level controls is the **replacement cost** provided by the **Member** and accepted by and on file with MMRMA up to a maximum of $15,000,000 per occurrence. **Member** is not required to provide appraisal of inland lake level controls valued with a **replacement cost** less than $250,000.

6. The most MMRMA will pay if **Member** does not provide **replacement cost** is the **actual cash value** or agreed amount provided by the **Member** and accepted by and on file with MMRMA of the dam or inland lake level controls immediately prior to loss or damage.

Approved Wording

5. The most MMRMA will pay if the **Member** repairs or replaces the dam or inland lake level controls is the **replacement cost** provided by the **Member** and accepted by and on file with MMRMA up to a maximum of $15,000,000 per occurrence.

6. **Member** is required to provide appraisal of all dams and inland lake level controls valued with a **replacement cost** greater than $250,000.
The most MMRMA will pay if **Member** does not provide **replacement cost** is the **actual cash value** of the dam or inland lake level controls immediately prior to loss or damage.

Approved Wording

P. GOLF COURSE GREENS

MMRMA will pay for the actual cost to repair or replace any loss or damage from a **named cause of loss** to golf course greens owned by the Member.

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
LIABILITY AND MOTOR VEHICLE PHYSICAL DAMAGE
COVERAGE DOCUMENT

SECTION 2
EXCLUSIONS

Current Wording

X. Communicable Disease: This Exclusion shall apply to any loss, damage, liability, compensation, injury, sickness, disease, death, medical payment, defense cost, cost, expense, or any other amount incurred by or accruing directly or indirectly, originating from, caused by, contributed to by, resulting from, arising out of, or in connection, or any nature whatsoever caused by, arising out of, related to, or resulting from, directly or indirectly, in whole or in part:

1. Any Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease regardless of any other cause or event contributing concurrently or in any sequence thereto. As used herein, a Communicable Disease includes, but is not limited to, a virus, bacterium, pathogen, fungus, parasite, or other microorganism or any variation thereof, whether deemed living or not, that induces or is capable of inducing physical distress, illness, disease, or can cause or threaten damage to human health or human welfare,

2. Any action or inaction of any **Member** or any action or order of a governmental representative, authority, or agency undertaken to control, prevent, suppress, mitigate, test for, monitor, treat, or remediate the actual, suspected, or anticipated presence, existence, or transmission of any Communicable Disease; that actually or allegedly induces or is capable of inducing physical distress, illness, or disease.

3. Any action or inaction of any **Member** or any action or order of a governmental representative, authority, or agency undertaken in response to any pandemic, or epidemic.

4. This Exclusion applies even if claims against any **Member** allege negligence or other wrongdoing in the:

    a. supervising, hiring, employing, training, or monitoring of others that may be infected with and spread a communicable disease, or

    b. failure to report disease to authorities.

The addition of this exclusion does not imply that other Coverage Document provisions do not also exclude coverage for loss, damage, liability, compensation, injury, sickness, disease, death, medical payment, defense cost, cost, expense, or any other amount incurred by or accruing, directly or indirectly, originating from, caused by, contributed to by, resulting from, arising out of, in connection, or any nature whatsoever, caused by, arising out of, related to, or resulting from, directly or indirectly, in whole or in part, any Communicable Disease.

Approved Wording

X. Communicable Disease: This Exclusion shall apply to any loss, damage, liability, compensation, injury, sickness, disease, death, medical payment, defense cost, cost, expense or any other amount incurred by or accruing, directly or indirectly, originating from, caused by, contributed to by, resulting from, arising out of, or in connection, or any nature whatsoever caused by, arising out of, related to, or resulting from, directly or indirectly, in whole or in part:

1. Any Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease regardless of any other cause or event contributing concurrently or in any sequence thereto. As used herein, a Communicable Disease includes, but is not limited to, a virus, bacterium, pathogen, fungus, parasite or other microorganism or any variation thereof, whether deemed living or not that induces or is capable of inducing physical distress, illness, disease, or can cause or threaten damage to human health or human welfare.

2. Any action or inaction by a **Member** or any action by or order of a governmental representative, authority or agency undertaken to control, prevent, suppress, mitigate, test for, monitor, treat or remediate the actual, suspected, or anticipated presence, existence or transmission of any Communicable Disease; that actually or allegedly induces or is capable of inducing physical distress, illness, or disease.

3. Any action or inaction by a **Member** or any action by or order of a governmental representative, authority or agency undertaken in response to any pandemic or epidemic, as determined by the World Health Organization, U.S. Department of Health and Human Services and/or Centers for Disease Control and Prevention, including but not limited to COVID-19.

4. This Exclusion applies whether or not claims against a **Member** allege negligence or other wrongdoing in the:

   a. supervising, hiring, employing, training and/ or monitoring of others that may be infected with and spread a Communicable Disease, and/or

   b. failure to report disease to authorities.

This Exclusion shall not apply to **bodily injury**, **property damage**, or **personal injury** arising from municipal health care services provided by a Member for: 1) the administration of an approved United States Food and Drug Administration vaccine and / or immunization; or 2) municipal health care services provided by a Member to test for Communicable Disease. For purposes of this exception, municipal health care services includes **wrongful acts** or medical malpractice of a nurse; public or mental health operation or facility; paramedic; emergency medical service technician; law enforcement; or fire personnel.

3	Sewage System Overflows	0	N/A	0	N/A
4	Volunteer Medical Payments	25,000	N/A	N/A	N/A
5	First Aid	2,000	N/A	N/A	N/A
6	Vehicle Physical Damage	0	N/A	N/A	N/A
7	Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
	Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8	Michigan No-Fault	Per Statute	N/A	N/A	N/A
9	Terrorism	5,000,000	N/A	N/A	5,000,000

	Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
		Member	All Members	Member	All Members
1	Buildings and Personal Property	2,882,811	350,000,000	N/A	N/A
2	Personal Property in Transit	2,000,000	N/A	N/A	N/A
3	Unreported Property	5,000,000	N/A	N/A	N/A
4	Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5	Fine Arts	2,000,000	N/A	N/A	N/A
6	Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7	Money and Securities	1,000,000	N/A	N/A	N/A
8	Accounts Receivable	2,000,000	N/A	N/A	N/A
9	Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10	Fire and Emergency Vehicle Rental (12 week limit)	1,000 per week	N/A	N/A	N/A
11	Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12	Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13	Transformers	0	N/A	N/A	N/A
14	Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15	Marine Property	1,000,000	N/A	N/A	N/A
16	Other Covered Property	10,000	N/A	N/A	N/A
17	Income and Extra Expense	5,000,000	N/A	N/A	N/A
18	Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19	Faithful Performance	Per Statute	N/A	N/A	N/A
20	Earthquake	5,000,000	N/A	5,000,000	100,000,000
21	Flood	5,000,000	N/A	5,000,000	100,000,000
22	Terrorism	50,000,000	50,000,000	N/A	N/A

Approved: Increasing Fire and Emergency Vehicle Rental to $2,000 per week

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE PROPOSAL

Member:	**South West Michigan Behavioral Health**	**Proposal No: Q000013729**
Date of Original Membership:	**October 1, 2013**	
Proposal Effective Dates:	**October 01, 2022 To October 01, 2023**	
Member Representative:	**Tracy Dawson**	**Telephone #: (269) 488-6442**
Regional Risk Manager:	**Ibex Insurance Agency**	**Telephone #: (248) 538-0470**

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter "MMRMA") is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **South West Michigan Behavioral Health** (hereinafter "Member") is eligible to be a Member of MMRMA. **South West Michigan Behavioral Health** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

South West Michigan Behavioral Health is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Proposal summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member's Self Insured Retention (SIR) and deductibles contained in this Coverage Proposal, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligation - Deductibles and Self Insured Retentions

South West Michigan Behavioral Health is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member's Self Insured Retention (hereinafter the "SIR"). **South West Michigan Behavioral Health's** SIR and deductibles are as follows:

Table I

Member Deductibles and Self Insured Retentions

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	State Pool Member
Vehicle Physical Damage	$250 Per Vehicle	State Pool Member
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

The **South West Michigan Behavioral Health** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Expense Recovery Coverage
3.
4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

South West Michigan Behavioral Health agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations - Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

Table II

Limits of Coverage

	Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
		Member	All Members	Member	All Members
1	Liability	10,000,000	N/A	N/A	N/A
2	Judicial Tenure	N/A	N/A	N/A	N/A
3	Sewage System Overflows	0	N/A	0	N/A
4	Volunteer Medical Payments	25,000	N/A	N/A	N/A
5	First Aid	2,000	N/A	N/A	N/A
6	Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7	Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
	Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8	Michigan No-Fault	Per Statute	N/A	N/A	N/A
9	Terrorism	5,000,000	N/A	N/A	5,000,000

	Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
		Member	All Members	Member	All Members
1	Buildings and Personal Property	1,584,071	350,000,000	N/A	N/A
2	Personal Property in Transit	2,000,000	N/A	N/A	N/A
3	Unreported Property	5,000,000	N/A	N/A	N/A
4	Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5	Fine Arts	2,000,000	N/A	N/A	N/A
6	Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7	Money and Securities	1,000,000	N/A	N/A	N/A
8	Accounts Receivable	2,000,000	N/A	N/A	N/A
9	Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10	Fire and Emergency Vehicle Rental (12 week limit)	2,000 per week	N/A	N/A	N/A
11	Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12	Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13	Transformers	0	N/A	N/A	N/A
14	Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15	Marine Property	1,000,000	N/A	N/A	N/A
16	Other Covered Property	10,000	N/A	N/A	N/A
17	Income and Extra Expense	5,000,000	N/A	N/A	N/A
18	Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19	Faithful Performance	Per Statute	N/A	N/A	N/A
20	Earthquake	5,000,000	N/A	5,000,000	100,000,000
21	Flood	5,000,000	N/A	5,000,000	100,000,000
22	Terrorism	50,000,000	50,000,000	N/A	N/A

Table III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.				
	Limits of Coverage Per Occurrence/Claim	**Deductible Per Occurrence/Claim**		**Retroactive Date**
	$2,000,000			
Coverage A Nework and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	$25,000	Each Claim	10/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	$25,000	Each Claim	10/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	$25,000	Each Unauthorized Access Retention Period of 72 hours of Business Interruptoin Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	$25,000	Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach $1,000,000 Occ./$1,000,000 Agg. Included in limit above	$25,000	Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident $100,000 Occ./$100,000 Agg Included in limit above	$25,000	Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim or Loss; up to $25,000 Included in Limit above		Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	$25,000 Included in limit above		Not Applicable	Occurrence

Annual Aggregate Limit of Liability

Member Aggregate	**All Members Aggregate**
$2,000,000	$17,500,000

The total liability of MMRMA shall not exceed $2,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total Liability of MMRMA and MCCRMA shall not exceed $17,500,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

Table IV

Specialized Emergency Response Expense Recovery Coverage

Limits of Coverage

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

Table V

Specialized Emergency Response Expense Recovery Coverage

Deductibles

Specialized Emergency Response Expense Recovery	Deductible per Occurrence
	Member
	N/A

D. Contribution for MMRMA Participation

South West Michigan Behavioral Health

Period: October 01, 2022 To October 01, 2023

Coverages per Member Coverage Overview:	$45,382
TOTAL ANNUAL CONTRIBUTIONS:	$45,382

E. List of Addenda

This document is for the purpose of quotation only and does not bind coverage in the Michigan Municipal Risk Management Authority, unless accepted and signed by both the authorized Member Representative and MMRMA Representative below.

Accepted By:

South West Michigan Behavioral Health

Proposal No:

Q000013729

MMRMA

Member Representative

MMRMA Representative

Date

8-4-2022

Date

Community: **SW MI Bahavioral Health**

Renewal period: Oct 1, 2022 to Oct 1, 2023

	Total Contribution	**Property Totals**
Last Year	$47,083	$567,059
This Year	$45,382	$584,071
Total Change	-$1,701	$17,012
% Change (+ -)	**-3.6%**	**3.0%**

RAP Grants:

	Net Asset Distribution	**Loss Fund Distribution**	**Total**	
MMRMA Coverage 2013-14				**LZ**
MMRMA Coverage 2014-15				**KD**
2015 MMRMA Distribution:	$3,911	$2,149	$6,060	**KD**
2016 MMRMA Distribution:	$3,196	$1,511	$4,707	**KE**
2017 MMRMA Distribution:	$4,463	$2,095	$6,558	**MR**
2018 MMRMA Distribution:	$6,785	$3,802	$10,587	**KE**
2019 MMRMA Distribution:	$10,544	$4,950	$15,494	**KE**
2020 MMRMA Distribution:	$14,400	$4,187	$18,587	**MR**
2021 MMRMA Distribution:	$9,697	$2,726	$12,423	**LZ**
2022 MMRMA Distribution:	$14,209	$2,862	$17,071	**MR**
	$67,205	**$24,282**	**$91,487**	

Southwest Michigan Behavioral Health Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
October 14, 2022
9:30 am to 11:00 am
(d) means document provided
Draft: 7/25/22

1. **Welcome Guests/Public Comment**

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

3. **Financial Interest Disclosure Handling (M. Todd)**

   - None Scheduled

4. **Consent Agenda**

   - September 9, 2022 SWMBH Board Meeting Minutes (d)

5. **Operations Committee**

   a. Operations Committee August 24, 2022 Meeting minutes (d)
   b. Operations Committee Quarterly Report (D. Hess) (d)

6. **Ends Metrics Updates *(*Requires motion)***
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

   a. Home Adult Benefit Waiver (J. Gardner) (d)
   b. Health Services Advisory Group Performance Measure Validation Results (d) (J. Gardner and N. Spivak)

7. **Board Actions to be Considered**

   a. Fiscal Year 2023 Budget (T. Dawson) (d)
   b. Fiscal Year 2023 Program Integrity Compliance Plan (M. Todd) (d)
   c. Credentialing of Behavioral Health Practitioners (M. Todd) (d)
   d. Credentialing of Organizational Providers (M. Todd) (d)
   e. Michigan Consortium for Healthcare Excellence Membership (B. Casemore) (d)

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?

   - BEL-008 Communication and Counsel (E. Meny) (d)

10. Board Education

a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d)
b. Michigan Consortium for Healthcare Excellence Written Report (B. Casemore) (d)
c. 7th Annual Public Policy Healthcare Forum Debrief (B. Casemore)

11. Communication and Counsel to the Board

a. System Transformation Legislation
b. November 11, 2022 Board Agenda (d)
c. Board Member Attendance Roster (d)
d. November Direct Inspection Reports- BEL-010 501 (c) (3) Representation (T. Schmelzer); Executive Officer Evaluation (Executive Committee)

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

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
November 11, 2022
9:30 am - 11:00 am

2022 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)												
Sherii Sherban (Calhoun)												
Marcia Starkey (Calhoun)												
Louie Csokasy (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)												
Jeanne Jourdan (Cass)												
Patricia Guenther (Kalamazoo)												
Karen Longanecker (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 8/12/22

Green = present
Red = absent
Black = not a member
Gray = meeting cancelled