



Southwest Michigan Behavioral Health Board Meeting
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002
September 13, 2024
9:30 am to 11:30 am
(d) means document provided
Draft: 9/3/24

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda (2 minutes)**
 - a. August 9, 2024 SWMBH Board Meeting Minutes (d) pg.3
 - b. July 31, August 14, 2024 Operations Committee Meeting Minutes (d) pg.7
5. **Required Approvals (10 minutes)**
 - Operating Agreement (d) pg.13
6. **Ends Metrics Updates (*Requires motion)**

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

 - None scheduled
7. **Board Actions to be Considered (10 minutes)**
 - a. Financial Risk Management Plan (G. Guidry) (d) pg.26
 - b. Board Finance Committee Charter (T. Schmelzer) (d) pg.29
 - c. Holiday Luncheon
8. **Board Policy Review (5 minutes)**

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

 - a. BG-008 Board Member Job Description (d) pg.31
 - b. EO-001 Executive Role & Job Description (d) pg.33
9. **Executive Limitations Review (15 minutes)**

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

 - a. BEL-005 Treatment of Plan Members (L. Csokasy) (d) pg.34
 - b. BEL-008 Communication and Counsel (T. Schmelzer) (d) pg.40

10. Board Education (20 minutes)

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.45
 - a.i. BEL-002 Financial Conditions (d) pg.51
- b. Preview Fiscal Year 2025 Budget (G. Guidry) (to be displayed)
 - b.i. BEL-001 Budgeting (d) pg.53
- c. Compliance Role & Function (M. Todd) (d) pg.54
- d. Integrated Care (J. Bayyapuneedi) (d) pg.97

11. Communication and Counsel to the Board (5 minutes)

- a. Investments (G. Guidry)
- b. Draft October Board Agenda and October Board Policy Direct Inspection – BEL-002 Financial Conditions (L. Csokasy); Executive Officer Evaluation Committee (d) pg.108
- c. 9th Annual Regional Healthcare Policy Forum (d) pg.110

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
October 11, 2024
9:30 am - 11:30 am**



Board Meeting Minutes

August 9, 2024

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

9:30 am-11:30 am

Draft: 8/12/24

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

Members Absent: none

Guests Present: Brad Casemore, Chief Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Joel Smith, Director of Substance Use Treatment and Prevention Services, SWMBH; Cameron Bullock, Pivotal; Jeannie Goodrich, Summit Pointe; John Ruddell, Woodlands; Sue Germann, Pines BH; Jeff Patton, ISK; Debbie Hess, Van Buren County CMH; Richard Thiemkey, Barry County CMH; Lorianne Lindsey, Board Alternate, Barry County CMH; Richard Godfrey, Van Buren County Commissioner; Amy Dolinky, Michigan Association of Counties; Morgan Osaer, SWMBH Intern

Welcome Guests

Sherii Sherban called the meeting to order at 9:30 am.

Public Comment

None

Agenda Review and Adoption

Motion Edward Meny moved to approve the agenda as presented.
Second Louie Csokasy
Motion Carried

Financial Interest Disclosure (FID) Handling

Mila Todd stated that Louie Csokasy disclosed his service on the Cass County Mental Health Foundation. Mila Todd stated that there is no conflict with SWMBH therefore no Board action is necessary.

Consent Agenda

Motion Edward Meny moved to approve the July 12, 2024 Board minutes as presented.
Second Louie Csokasy
Motion Carried

June 26, July 10, 2024 Operations Committee Meeting Minutes

Minutes were included in the packet for the Board's information.

Motion Tom Schmelzer moved to approve the July 12, 2024 Board minutes as presented.

Second Edward Meny
Motion Carried

Required Approvals

Operating Agreement

Brad Casemore stated that the Regional Operations Committee unanimously consented to defer the Operating Agreement to September to further review with potential revisions. The Operating Agreement will be brought to the Board at the September meeting for approval.

Operations Committee Self-Evaluation

Brad Casemore reported as documented.

Ends Metrics Updates

None scheduled

Board Actions to be Considered

None scheduled

Board Policy Review

BG-003 Unity of Control

Sherii Sherban reported as documented.

Motion Edward Meny moved that the Board is in compliance with BG-003 Unity of Control and the policy does not need revisions.

Second Tom Schmelzer

Motion Carried

Executive Limitations Review

BEL-004 Treatment of Staff

Mark Doster reported that he reviewed materials provided by Anne Wickham and chose not to contact staff as there were no staff concerns presented by staff during the past two years. Mark Doster noted the thoroughness of the personal policies. Mark Doster asked if SWMBH is rightly sized. Discussion followed.

Motion Mark Doster moved that the Executive Officer is in compliance with BEL-004 Treatment of Staff and the policy does not need revisions.

Second Tom Schmelzer

Motion Carried

BEL-007 Compensation and Benefits

Tina Leary reported that she reviewed materials provided by Anne Wickham and expressed positive feedback on marketplace reviews and staff surveys.

Motion Tina Leary moved that the Executive Officer is in compliance with BEL-007 Compensation and Benefits and the policy does not need revisions.

Second Mark Doster

Motion Carried

Board Education

Fiscal Year 2024 Year to Date Financial Statements

Garyl Guidry reported as documented noting revenue, expenses and projected deficits and noted that the Region is projected to use all of its Internal Service Funds and enter the State's risk corridor for 5.5 million dollars. Garyl Guidry reviewed each PIHPs projections which indicate 6 of the 10 PIHPs will be in a deficit, with SWMBH having the largest deficit. Brad Casemore noted that updated regional projections will be sent to State Legislators for their awareness. Brad Casemore recently met with House Representative Christine Morse to discuss regional financial issues. Discussion followed.

Fiscal Year 2025 Budget Assumptions

Garyl Guidry reported as documented highlighting projected revenues and expenses noting SWMBH will enter fiscal year 2025 with minimal Internal Service Funds.

Substance Use Disorder Oversight Policy Board Update

Joel Smith/Richard Godfrey reported as documented. Discussion followed.

Opioid Settlement Funds-County Perspectives

Amy Dolinky reported as documented. Discussion followed.

Opioid Settlement Regional Municipal Funds and SWMBH

Morgan Osaer reported as documented.

Communication and Counsel to the Board

Managed Care Information System

Brad Casemore updated the Board on upcoming meetings to review transition to PCE.

Board Finance Committee

Tom Schmelzer updated the Board on the recent Board Finance Committee meeting where he was appointed Chair. The Committee reviewed a draft Charter that will be presented to the Board at the September meeting. Louie Csokasy added that the Committee is determining possible member expansion.

Conflict Free Access and Planning

Brad Casemore stated that MDHHS announced a delay in implementation of Conflict Free Access and Planning to a future date to be determined. Discussion followed.

10/4/24 Hold the Date Cards for the 9th Annual Regional Healthcare Policy Forum

Brad Casemore noted that the first save the date cards for the 9th Annual Regional Healthcare Policy Forum were mailed out with more information and details forthcoming.

September Board Direct Inspections

Brad Casemore noted September Board Policy direct inspections of: BEL-004 Treatment of Plan Members (L. Csokasy); BEL-008 Communication and Counsel (T. Schmelzer)

Public Comment

Mark Doster announced his resignation from the SWMBH Board effective September 1, 2024.

Adjournment

Motion Edward Meny moved to adjourn at 11:16 am.

Second Louie Csokasy

Motion Carried

Date:	08/14/2024
Time:	9:00a-11:00a
Facilitator:	Jeannie
Minute Taker:	Cameron
Meeting Location:	SWMBH Moses L. Walker Room Click here to join the meeting

- Present:** Rich Thiemkey (Barry) John Ruddell (Woodlands) Brad Casemore (SWMBH)
 Ric Compton (Riverwood) Jeff Patton (ISK) Mila Todd (SWMBH)
 Sue Germann (Pines BHS) Cameron Bullock (Pivotal) Garyl Guidry (SWMBH)
 Jeannie Goodrich (Summit) Debbie Hess (Van Buren)
 Guest(s):

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (All)		<ul style="list-style-type: none"> • Addition of Ops Comm Self Eval • Addition of Hospital Rates • Addition of Financial Risk Management Plan/Local Draft
2. Meeting Minutes (All)		<ul style="list-style-type: none"> • No changes or addition, approved
3. CFAP (Alena/Mila)		<ul style="list-style-type: none"> • No Update
4. YTD Financials (Garyl)		<ul style="list-style-type: none"> • No new update for P9 financials
5. FY25 Budget (Garyl)		<ul style="list-style-type: none"> • Only 1 meeting with Milliman at this point. Unusual for this point in the Budgeting process. • \$396 million total revenue • \$418.8 million total projected expense • \$22 Million projected deficit • \$ 2 million in reserve of ISF • \$14 million over ISF projected deficit. • No ISF, no savings for FY 25. • Cameron state that not sure how to cut expense his way out of this when he currently has additional needs to provide the care that is required and is

		<p>an entitlement for Medicaid especially when SMWBH, state and everyone else has requirements he must adhere to. His management is lean where multiple supervisors wear numerous hats and cannot continue to add duties without additional help.</p> <ul style="list-style-type: none"> • Jeff had wondered what we need to do if 6 PIHPs are underwater, and the state are not keeping up with increases to expenses. Jeff suggests bringing in the state Kirsten Jordan at the next ops comm meeting. • Jeannie mentioned that she is focusing on diversion for ER visits etc. Need regional approach to raises, spec res rates for large providers etc. Union is asking for a substantial raise during negotiations. • Debbie states that she has frozen things for many years and is losing providers to other higher paying providers, cant continue to freeze and not pay people appropriately. • Rich has budgeted a 3% raise, not guaranteed but is determined on performance. Providers are case by case depending on past history of rate increases. • Mila discussed a potential proposal for FFS as was done for substance abuse background information on rates and cost of doing business. Agreement was had that this is good information, but wont be in time for the coming FY. • CMH's to bring cost reduction strategies initiatives specially for Spec Res, Autism, and Inpt Hospitalization. SWMBH to provide regional data for review.
<p>6. Operating Agreement (Mila)</p>	<ul style="list-style-type: none"> • Review proposed revisions & finalize for inclusion in September SWMBH Board packet 	<ul style="list-style-type: none"> • Moved to next meeting
<p>8. PCE Update (Brad)</p>		<ul style="list-style-type: none"> • Scheduled live meeting with PCE, supported by TBD, at the end of October. Michelle to add to agenda

		when meeting has occurred so that update can be presented to Ops Comm.
9. CMH CEO Planning Inputs (d) (Brad)		<ul style="list-style-type: none"> Add to 8/28 meeting. CMH CEO's to review and then bring suggestions/conversations to decide if it is a majority viewpoint, or close to consensus as possible.
10. Hospital Rate Setting (Jeff)		<ul style="list-style-type: none"> Consensus on what the region is doing on raises and who is going to allow the increases to go through. Lots of major providers requesting increases and some are reasonable, and some are significant.
11. Financial Risk Management/Local		<ul style="list-style-type: none"> SWMBH is reviewing the Financial Risk Management plan for FY 24.
12. Ops Comm Self Eval		<ul style="list-style-type: none"> Moved to next meeting
13. Confirm Next Meeting	<p>August 28, 2024 9a-11a Facilitator: Jeannie</p>	
14. Next Meeting Agenda		<ul style="list-style-type: none"> Ops Comm Self Eval – Brad Eleos Presentation: Cameron/Eleos CMH CEO Planning Inputs (Brad) Kristen Jordan – Brad FY 25 Budget – Garyl Operating Agreement – Mila Delegation Grid- Mila

Date:	07/31/2024
Time:	9:00a-11:00a
Facilitator:	Ric Compton
Minute Taker:	Cameron Bullock
Meeting Location:	SWMBH Moses L. Walker Room Click here to join the meeting

- Present:** Rich Thiemkey (Barry) John Ruddell (Woodlands) Brad Casemore (SWMBH)
 Ric Compton (Riverwood) Jeff Patton (ISK) Mila Todd (SWMBH)
 Sue Germann (Pines BHS) Cameron Bullock (Pivotal) Garyl Guidry (SWMBH)
 Jeannie Goodrich (Summit) Debbie Hess (Van Buren)
 Guest(s):

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (All)	Approved	Add Spec Res
2. Meeting Minutes (All)		Minor changes, All approved.
3. CFAP (Alena/Mila)	Removed from Agenda	
4. YTD Financials (Garyl)	<ul style="list-style-type: none"> Geo Factors & specific request for review & action 	<ul style="list-style-type: none"> Current deficit – \$19.4 Million Projected deficit to be at \$26.8 million DAB enrollment is still trending down CMHs to provide specific examples of Plan First consumers to help use for examples. CCBHC rate amendment for this FY will change the base capitation amounts, to more supplemental payments. Currently 6 PIHPs that will be in risk sharing corridor with the state Met with Department and Milliman to discuss increase expenditures from FY 22 to FY 23. Department reviewed high level overview of issues identified by the department.

<p>5. FY25 Budget (Garyl)</p>		<ul style="list-style-type: none"> • Hope to have a copy out to everyone Friday, will discuss at Regional Finance 8/5/25. • Garyl reviewed FY 25 Budget assumptions and potential cost reduction options.
<p>6. Operating Agreement (Mila)</p>	<ul style="list-style-type: none"> • Review proposed revisions & finalize for inclusion in August SWMBH Board packet 	<ul style="list-style-type: none"> • Ops comm requests that Brad ask the board for an extension of the Operating Agreement. To be placed on the next Ops Comm meeting agenda.
<p>7. Operations Committee Self-Eval (Brad/Mila)</p>	<ul style="list-style-type: none"> • Finalize for inclusion in August SWMBH Board Packet 	<ul style="list-style-type: none"> • Approved the overall score slide for board review but will have further discussions at the next Ops Comm Meeting • Rich requests that there be a revision to the survey to be more actionable items moving forward so that we are not just checking a box and moving forward. • Q2- Needs to be reviewed for language as discussions implied that there are different interpretations of what the question was specifically asking. Acknowledgement of tension within the group and different pinch points over the past year, i.e PBIP, CFAP etc. Trust and collaboration. • Q3- Awkward questions- Changes still happening so hard to determine at this point in time. • Q4-Again clarity regarding the intent of the question and what is really asking. We should really be focusing on Ops Comm itself.
<p>8. PCE Update (Brad)</p>		<ul style="list-style-type: none"> • Formal conversation with PCE • Reviewing timing and resources needed for each step • Will have more information at next Ops Comm Meeting
<p>9. Delegated Functions (Mila)</p>	<ul style="list-style-type: none"> • Review grid of delegated managed care functions by CMH 	<ul style="list-style-type: none"> • Moved to next meeting
<p>10. CCBHC Committees (Brad)</p>		<ul style="list-style-type: none"> • Data/Quality committee will currently be suspended • Steering committee is suspended barring any future requests

11. Spec Res	Rich	<ul style="list-style-type: none"> Concerns regarding Spec Res demands and companies going to drop consumers if demands are not met.
12.DHS Worker	John R.	<ul style="list-style-type: none"> Conversations regarding benefits of DHHS worker
12. Confirm Next Meeting	August 14, 2024 9a-11a Facilitator: Cameron	
13. Next Meeting Agenda Items		<ul style="list-style-type: none"> Operation Agreement – Mila Operations Committee Self-Eval-Brad/Mila PCE Update – Brad Delegated Functions Grid - Mila
		<ul style="list-style-type: none">
		<ul style="list-style-type: none">

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH OPERATING AGREEMENT

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PURPOSE

Pursuant to Michigan Law, an Operating Agreement is “an agreement among an organization’s participant members to govern the organization’s business, and the participant member’s financial and managerial rights and duties.” (MCL 450.4102(2)(r)).

Southwest Michigan Behavioral Health (SWMBH) Operating Agreement is established between SWMBH and its participant Community Mental Health Services Programs (CMHSPs). The Operating Agreement is approved by the regional SWMBH Board, which has as its membership representatives from each of the participant CMHSP Boards.

The primary purposes of this Operating Agreement are to:

- Declare that the Regional Entity is a separate legal entity from the participant CMHSP organizations;
- Augment specific sections of the SWMBH Bylaws, as referenced therein;
- Further define the governance and management structure of SWMBH that the participant CMHSPs have chosen for the organization;
- Clarify the business and operational relationships between SWMBH and its participant CMHSPs; and
- Clarify the provisions and understandings by which SWMHB will operate.

PREAMBLE

Southwest Michigan Behavioral Health (hereinafter referred to as “SWMBH”) is a Regional Entity created pursuant to MCL 330.1204b of the Michigan Mental Health Code, 1974 PA 258. A Regional Entity is an independent public governmental entity, and is separate from the counties, authorities, or organizations that establish it. SWMBH operates under the authority of its own Board of Directors (the “SWMBH Board”), which consists of membership from each of the participant CMHSP boards, as delineated in the SWMBH Regional Entity Bylaws.

SWMBH was created with the filing of its Bylaws with Michigan’s Office of the Great Seal. These Bylaws were approved by the following participant Community Mental Health Services Programs, which are organized and operated as community mental health authorities under Michigan’s Mental Health Code (MCL 330.1001 et seq.)

- Barry County Community Mental Health Authority;
- Berrien Mental Health Authority d/b/a Riverwood Center;
- Branch County Community Mental Health Authority, d/b/a Pines Behavioral Health Services;
- Calhoun County Community Mental Health Authority; d/b/a Summit Pointe;
- Cass County Community Mental Health Authority d/b/a Woodlands Behavioral Healthcare Network;
- Kalamazoo County Community Mental Health Authority, d/b/a/ Integrated Services of Kalamazoo;
- Community Mental Health and Substance Abuse Services of Saint Joseph County d/b/a Pivotal; and
- Van Buren Community Mental Health Authority.

As the Bylaws reference the Operating Agreement and require an annual review of this Operating

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Agreement with revisions subject to approval by the SWMBH Board, the Operating Agreement will be filed by SWMBH with each County Clerk and the Office of the Great Seal when revisions occur.

SWMBH designated service area encompasses the following Michigan counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren. These counties are hereinafter known as the "Service Area" of SWMBH.

SWMBH was formed for the purpose of:

- (i) carrying out the provisions of the Mental Health Code in its Department designated service area as they relate to: serving as a prepaid inpatient health plan, as defined in 42 CFR 438.2 ("PIHP");
- (ii) managing the business lines for which SWMBH is the contractor to Michigan Department of Health and Human Services (MDHHS);
- (iii) ensuring a comprehensive array of services and supports as provided in the contracts with MDHHS;
- (iv) performing all the duties and responsibilities contained in the Department/Regional Entity Contract;
- (v) Substance Abuse Coordinating Agency (CA) required functions for its service area, pursuant to MCL 333.6230 et seq. (PA 501 of 2012; Amendments to Public Health Code), and MCL 330.1100a et seq. (PA 500 of 2012, Mental Health Code);
- ~~(vi)(v)~~ contractual participation in the Department's MI Health Link (MIHL) demonstration project for its service area, serving persons with behavioral health needs who have both Medicare and Medicaid coverage; and finally
- ~~(vii)(vi)~~ exercising the powers and authority set forth by the Bylaws and governed by the SWMBH Board.

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OPERATIONAL STRUCTURE

The aforementioned eight Community Mental Health Services Programs (the "Participants") have joined together to create a jointly governed regional entity operating as a Prepaid Inpatient Health Plan ("PIHP") for the purpose of supporting and furthering the work of the Participants in their roles as Community Mental Health Service Programs ("CMHSPs") as applicable in the counties they serve.

Inherent in this action is the belief that the Participants are best suited to provide services well matched to the needs of the communities and citizens served. SWMBH is established for the purpose of meeting its regulatory and statutory requirements, and other services as mutually agreed, while not encumbering, but enhancing, the efforts of the Participant CMHSPs. In serving and representing the counties of Barry, Berrien, Branch, Cass, Calhoun, Kalamazoo, Saint Joseph, Van Buren, SWMBH shall be dedicated to ensuring that equality in voice and governance exists, and that the benefit to the person participating in services is uniform, person centered, and locally available.

SWMBH is founded on a shared governance structure, using standing committees to create avenues for input. Certain checks and balances are created to ensure that governance remains balanced and equal.

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SWMBH exists to support all Participants, and all Participants must work collaboratively to ensure that SWMBH is successful in its core mission.

The SWMBH Board has final authority over governing SWMBH, as set forth in the Bylaws approved by the Participants and subject to those powers reserved to the Participants in the Bylaws. This Operating Agreement reinforces the responsibility for governance of the Regional Entity to the SWMBH Board, and management of the Regional Entity to its Executive Officer (EO).

The SWMBH Board will be best served by an EO who is an accomplished administrator and facilitator, capable of bringing many and varied voices together to achieve consensus. The EO must promote compliance, fiscal responsibility, quality programs, meaningful outcomes, and efficiencies that will funnel more resources to direct services. The SWMBH Board shall also be advised by an Operations Committee that brings management expertise, local perspectives, local needs, and greater vision to the operation of the PIHP.

ORGANIZATION

Formation and Qualification. SWMBH has been formed by the Participants pursuant to the authority granted under the Michigan Mental Health Code, MCL § 330.1204b and by filing Bylaws with the County Clerks of each of the eight counties and the Michigan Secretary of State, Office of the Great Seal.

Name. The business of SWMBH may be conducted under that name or, in compliance with applicable laws, any other name that the SWMBH Board deems appropriate or advisable. SWMBH shall file any certificates, articles, fictitious business name statements and the like, and any amendments and supplements thereto, as SWMBH considers appropriate or advisable.

Office. The principal office of SWMBH shall be at such place or places of business within the eight counties as the SWMBH Executive Officer may determine.

SCOPE AND AUTHORITY

The intention of this Operating Agreement is to provide a paradigm for decision-making, and a structure for effective communication among members of the SWMBH Board, the Participants, SWMBH administration and, potentially, provider representatives, persons in service, SWMBH staff, and stakeholders, that is inclusive, collegial, equal and responsive.

The Operations Committee participates meaningfully in the establishment of and alignment to regional, SWMBH, and common CMHSPs goals.

- Meetings. The Operations Committee shall meet as often as it deems necessary in order to perform its responsibilities. The Operations Committee may also meet by video and phone options and may act by unanimous written consent via e-mail in lieu of a meeting. Records of Operations Committee Meetings shall be kept.

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- Annual Self-Evaluation. At least annually, the Operations Committee shall evaluate its own performance, and provide recommendations and conclusions to the Board.
- Standing Committees and Subcommittees. The Operations Committee may form and delegate authority to one or more Standing Committees made up of CEOs, or it may form self-populated subcommittees or workgroups as it deems appropriate from time to time under the circumstances. Such efforts will avoid duplication or role confusion.

SWMBH BOARD COMMITTEES AND OVERSIGHT BOARDS

Pursuant to the SWMBH Bylaws, the SWMBH Board shall create the following Committees or Oversight Boards:

- Operations Committee;

Operations Committee

“An Operations Committee will be formed consisting of the CEOs of the CMHSPs or their designees. The Operations Committee will have the responsibilities and authorities assigned by the Board and outlined in the Operating Agreement.” (SWMBH Bylaws 5.1.1)

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

The Operations Committee shall function with a large degree of independence in the discharge of its responsibilities. The Operations Committee shall assess the information provided by the SWMBH management, in accordance with its business judgment; and will work in collaborative partnership with the SWMBH Executive Officer (EO) in carrying-out its responsibilities, and in the provision of advice and recommendations to the Board.

Operations Committee Responsibilities and Authorities

The Operations Committee and the individual CMHSP CEOs/Executive Directors will work actively and constructively to:

- A. Assure Participant CMHSP and community awareness of and alignment to SWMBH approved contracts, Participant subcontracts and related Plans, Policy and Procedures.
- B. Assure its CMHSP personnel are constructively involved in SWMBH Committees and

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related activities.

- C. Contribute to SWMBH and Participant CMHSP environmental awareness and SWMBH regional planning activities, including but not limited to strategic planning, Mission development, operational and capital budgeting, growth, infrastructure, products and markets.
- D. Seek to resolve boundary issues, differences and disputes.
- E. On an ongoing basis consider possible administrative efficiencies where appropriate (Bylaws 11.2).

As listed throughout the Operating Agreement the Operations Committee does the following:

- A. Advises both the EO and SWMBH Board.
- B. Participates in the development of the vision, mission, and long-term plans of SWMBH and ensures alignment with common CMHSP goals.
- C. Reviews the annual operating and capital budget, Financial Management Plan, Cost Allocation Plan and Financial Risk Management Plan prior to presentation and approval by the SWMBH Board.
- D. Reviews the Quality Assurance and Program Improvement Program (QAPIP) prior to presentation and approval by the SWMBH Board.
- E. Reviews the Utilization Management Program (UM Plan) prior to implementation and/or presentation to the SWMBH Board.
- F. Advises the EO in advance of, and throughout, engaging in any meaningful discussion with other entities that may impact the operations or decision of participants' CMHSP or SWMBH.
- G. Attempts to resolve disputes between the Participants or one or more Participants and SWMBH at step 2 in the formal Dispute Resolution process.
- H. Assists the SWMBH Board in hiring and retention decisions regarding the SWMBH EO in a manner consistent with Board policy, and as requested.
- I. Responds to the EO's consultation before the EO renders a formal policy interpretation that may materially or negatively affect the Participants - where feasible.
- J. Reviews all grant applications submitted on behalf of SWMBH prior to being submitted.
- K. Responds to the EO's consultation before the EO determines what functions remain with SWMBH and which can be delegated to the Participants consistent with the Balanced Budget Act. Medicaid Managed Care Regulations.
- L. Advises the EO regarding any additional SWMBH contractual arrangements that involve the Participants.
- M. Provides a recommendation to the SWMBH Governing Board regarding any additional SWMBH contractual arrangements that involve the Participants and/or other vendors and requires approval by the SWMBH Governing Board.
- N. Where appropriate, reviews and comments on agendas, materials, and minutes of the Substance Use Disorder Oversight Policy Board (SUDOPB).

OPERATIONAL COMMITTEES AND POLICY BOARD COMMITTEES

SWMBH POLICY BOARDS AND COMMITTEES

Substance Use Disorder Oversight Policy Board is established to assist SWMBH develop and sustain a comprehensive array of prevention programs, treatment and other services and a provider network

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capable of meeting the needs of persons with substance use disorders. SWMBH has executed an Intergovernmental Contract with 8 county commissions. This contract and related statutes and regulations shall guide the responsibilities of the SUD Oversight Policy Board. The Substance Use Disorder Oversight Policy Board will be constituted as required under MCL 330.1100a et seq. (PA 500 of 2012; Mental Health Code) and shall advise the SWMBH on issues concerning services to persons with substance use disorders. The functions and responsibilities assigned to the Board under law will include:

- A. Approval of that portion of SWMBH budget that includes local funds (PA2) for treatment or prevention of substance use disorders;
- B. Advice and recommendations regarding SWMBH budget for substance use disorder treatment or prevention using other nonlocal funding sources;
- C. Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers;
- D. Other functions and responsibilities requested by SWMBH and accepted by amending Intergovernmental Contract.

Customer Advisory Committee (CAC) is established to advise SWMBH. The CAC is comprised of active or former customers, and may also include family members. Membership will include at least two but not more than three representatives from each county, nominated by Participants and other sources, recommended by the SWMBH EO, and appointed by the SWMBH Board, unless otherwise required by contract or regulation. Representatives will reflect the SWMBH population served and include those living with developmental disabilities, mental illness, serious emotional disturbance, and substance use disorders.

SWMBH Corporate Compliance Committee is established to develop the Compliance Plan for SWMBH Board approval and assist in implementing Program Integrity/Compliance Program of SWMBH. Committee members will include the SWMBH key functional areas such as Compliance, Utilization Management, Quality Management, Information Technologies, Finance, etc. as appointed by the EO. The Corporate Compliance Officer has a dual reporting relationship with the EO and the SWMBH Board. The Operations Committee will appoint a member to the SWMBH Compliance Committee.

SWMBH Standing Committees

Standing Operating Committees of SWMBH are:

- Finance Committee
- Quality Management Committee
- Utilization Management Committee
- Clinical Practices Committee
- Provider Network Management Committee
- Regional Information Technology Committee
- Customer Services Committee
- Regional Compliance Coordinating Committee

The CMHSP CEOs will ensure representatives from participant CMHSPs on all SWMBH Standing Committees. Each Participant CMHSP shall identify their representative to each committee. The EO with CMHSP support and involvement will actively pursue customer representation on standing committees. Committee work plans and goals shall be reviewed by the Operations Committee annually

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and in the event of changes to ensure alignment with SWMBH and common CMHSP goals. At its discretion, the Operations Committee may request an in-depth committee report or update.

Finance Committee is established to advise the EO and is comprised of the SWMBH Fiscal Officer and participant CMHSP Fiscal Officer or Finance Director, as appointed by the Participant CEOs/Executive Directors. The Finance Committee will be charged with advising the EO and SWMBH CFO in the development of the annual operating and capital budget; Financial Management Plan, Cost Allocation Plan, and Financial Risk Management Plan, for review by the SWMBH Operating Committee prior to presentation and approval by the SWMBH Board.

Quality Management Committee is established to advise the EO and is comprised of both SWMBH QAPI leader and Participant CMHSP QM staff. The Quality Management Committee will be charged with advising the EO and SWMBH QAPI Director in the development of the Quality Assurance and Program Improvement Program (QAPIP), for review by the SWMBH Operating Committee prior to presentation and approval by the SWMBH Board.

Utilization Management Committee is established to advise the EO and is comprised of both SWMBH Clinical leader and Participant CMHSP UM staff. The UM Committee will be charged with advising the EO and the SWMBH staff in the development of the Utilization Management Program (UM Plan) for review by the SWMBH Operations Committee prior to implementation, and/or presentation to the SWMBH Board.

Clinical Practices Committee is established to advise the EO and is comprised of both SWMBH Clinical leader and Participant CMHSP clinical staff. The CP Committee will be charged with advising the EO and the SWMBH staff in the development of the Clinical Practices Program for review by the SWMBH Operations Committee prior to implementation, and/or presentation to the SWMBH Board.

Provider Network Management Committee is established to advise the EO and is comprised of both SWMBH Provider Network Manager Leader and Participant CMHSP PNM staff, as appointed by the Participant CEOs/Executive Directors.

Regional Information Technology Committee is established to advise the EO and is comprised of both SWMBH CIO and Participant CMHSP IS/IT staff, as appointed by the Participant CEOs/Executive Directors.

Customer Services Committee is established to advise the EO and is comprised of both SWMBH staff and Participant CMHSP CS leader, as appointed by the Participant CEOs/Executive Directors.

Regional Compliance Coordinating Committee consists of both SWMBH Chief Compliance Officer and CMHSP Compliance Officers as appointed by the Participant CEOs/Executive Directors. It is established to insure sharing of Compliance knowledge and best practice among the participants.

Each Committee shall have a Charter, subject to review by the Operations Committee. Periodic Operations Committee reviews of Committee Charters at the direction of the Operations Committee and SWMBH EO.

Responsibilities of SWMBH and Participants Regarding the Participants and Committees

SWMBH EO and the Participant CMHSP CEOs/Executive Directors shall mutually assure communication and collaboration including but not limited to:

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- A. Provide all parties, in a timely manner, copies of correspondence of a substantive nature to allow full consideration and deliberation prior to being called on to take action on such items. This includes but is not limited to: 1) policy, 2) contracts, 3) funding, 4) State and federal mandates, 5) items requiring a parties action and 6) legislative initiatives;
- B. Provide all parties with copies of minutes from meetings attended by staff as representatives of SWMBH, and provide timely reports to the Operations Committee, as requested;
- C. It is the intent of the parties to operate an efficient and well managed organization, keeping cost reasonable, thus allowing a maximum flow of funding for services. To this end all parties will share in representing the SWMBH at State level meetings and on committees at the regional, State, federal, and any association levels. Only those authorized to do so by the EO may speak on behalf of SWMBH, and those representing SWMBH are to provide a written summary or minutes of the proceedings. Determination of SWMBH representation, if other than SWMBH staff appointed by the EO, at standing statewide PIHP committees or meetings will be discussed by the Operations Committee;
- D. Provide timely and accurate financial reports, with detail at the level necessary to allow the Participant CEOs/Executive Directors to have a full understanding of fiscal operations and status of SWMBH matters;
- E. Provide data to all parties Boards in a complete and timely manner, and provide additional reasonable detail as requested by the Participants;
- F. Contribute to SWMBH and Participant CMHSPs environmental awareness and SWMBH regional planning activities, including but not limited to strategic planning, Mission development, operational and capital budgeting, growth, infrastructure, products and markets;
- G. Advise the Operations Committee in advance of engaging in any meaningful discussion with other entities that may impact the operations or decision of CMHSPs; and
- H. Establish and sustain a regular schedule for standing committee meetings and arrange for appropriate space and clerical support.

DISPUTE RESOLUTION PROCESS

“The manner for adjudicating a dispute or disagreement among Participants shall be set forth in an Operating Agreement, approved by the Regional Entity Board and incorporated herein by reference.”
(SWMBH Bylaws 3.6)

Occasionally disputes may arise that cannot be resolved through amiable discussion. Any unresolved disputes between the Participants or one or more Participant and SWMBH will be resolved as follows:

1. The Participant CMHSP CEOs/Executive Directors will attempt to resolve the dispute through discussion with each other, or the SWMBH EO if the dispute is with SWMBH.
2. If the dispute remains unresolved, the Participant CMHSP CEOs/Executive Directors, or the SWMBH EO if the dispute is with SWMBH, will bring the matter to the Operations Committee no later than its next scheduled meeting, which will discuss the matter and render a decision within fifteen (15) calendar days of the meeting, or within agreed upon timeframe by involved parties.
3. If the dispute continues to be unresolved to the satisfaction of the Participant/s or SWMBH, all parties to the dispute will provide written descriptions of the issue in dispute and propose a solution to the SWMBH Board within fifteen (15) calendar days or within agreed upon timeframe by involved parties. The SWMBH Board will have thirty (30) calendar days or a

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mutually agreed upon timeframe to provide a written decision.

4. If the Participant/s or SWMBH remain dissatisfied, the Participant/s or SWMBH may seek mediation, arbitration or legal recourse as provided by PIHP-CMHSP contract and law.
5. Participant sub-contracts will include a Dispute Resolution section congruous with this approach.

OPERATION OF SWMBH

A. Budget

The Finance Committee is charged with advising the EO and SWMBH CFO in the development of the regional annual operating and capital budget; Financial Management Plan, Cost Allocation Plan, and Financial Risk Management Plan, for review by the SWMBH Operating Committee prior to presentation and approval by the SWMBH Board as applicable.

From these plans, annual operating and capital budgets will be developed. The Participants play an integral part in the budget development via its representatives on the SWMBH Finance Committee.

Annual operating and capital budgets will be developed in accordance with the principles outlined in SWMBH Financial Management and Financial Risk Management Plan and Cost Allocation Plans which are incorporated herein by reference and considered a part of this Operating Agreement. The annual operating and capital budgets will be reviewed by the Operations Committee prior to presentation to the SWMBH Board.

The annual operating budget shall plan for adequate funds for projected supports and services to beneficiaries. Budgeting shall consider Participant CMHSPs needs for capital and operating costs, payments of principal and interest on obligations; prudent risk management; reinvestment of Medicaid savings to ensure benefit stabilization; Participant CMHSPs meeting local match obligations for Medicaid; equitable distribution of any surplus funds available after the completion of the Regional Entity's purpose, and operations efficiency and effectiveness across the region.

The SWMBH CFO and Finance Committee may recommend to the EO potential areas where functional consolidation and administrative efficiencies may be achieved. These in turn will be considered by the EO and the Operations Committee. After thorough review, a proposal may be presented to the SWMBH Board for approval if necessary.

Purchase of Services (POS)

Participant CMHSPs singly or in groups may purchase services from SWMBH. Such arrangements shall be documented in writing with mutual agreement as to specification and pricing.

Where there is a POS agreement between SWMBH and one or more Participants, only those Participants who are a party to the agreement will be subject to the terms and conditions of the agreement. Cost associated with any agreements shall be managed between SWMBH and applicable Participants, subject to request for review by the Operations Committee.

Nothing shall prohibit a Participant from withdrawing from an agreement established with SWMBH to provide a service on behalf of the Participant. However, the Participant, once a party to an agreement, will be bound by that agreement and may withdraw only according to the terms of the agreement.

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The SWMBH CFO and Finance Committee will establish a financial management system sufficient to monitor revenues and expenditures by funding source (Medicaid, HMP, General Fund, etc.) and the Participants. SWMBH shall maintain accounts and source records in which any and all revenues received and expenses incurred are ascertainable and verifiable and include date of receipt /payment and sources of funds. The SWMBH CFO has the responsibilities set forth in MCL § 330.1204b and will be responsible for receiving, depositing, investing, and disbursing SWMBH's funds in the manner authorized by SWMBH Bylaws, Board policy, and operational policy.

B. Planning

The SWMBH Board, in collaboration with the Operations Committee and the EO, will develop and publish a mission statement and vision statement consistent with the principles of SWMBH.

Per Board directive the EO will facilitate a planning session, involving the SWMBH Board and the Operations Committee to create, update, or modify the Long-Term Plan of SWMBH. The process will allow for broad input and is intended to meet all contractual and accreditation requirements. The SWMBH Board will approve the Long-term Plan prior to its publication.

C. Compliance

All parties recognize that SWMBH is a regional entity, and holds distinct and different legal status and responsibilities than the Participants. SWMBH is the Department designated PIHP and CA Office for the Southwest Michigan service area.

Throughout the implementation of this Operating Agreement, all parties enter into this arrangement in a spirit of good faith and cooperation. All parties recognize that SWMBH may need to, at the discretion and with the advanced approval of the SWMBH EO and his/her designee, conduct random audits and/or reviews of the Participants. Such activity would occur with timely notice to the Participant CEOs/Executive Directors and Participant Compliance Officer to communicate rationale for the review and findings. The Participants acknowledge that SWMBH is responsible for ensuring that covered services and administrative services furnished by and through the Participants are furnished and compensated in accordance with applicable laws and regulations. Accordingly, on behalf of itself and its providers, the Participants acknowledge that SWMBH has the right, responsibility and authority:

1. To detect and deter compliance violations by the Participants and their providers by any lawful means, including monitoring and announced audits; and
2. In conjunction with the Participant CMHSPs Compliance Officer to independently investigate alleged or suspected compliance violations by the Participants, a network provider, or an employee, owner, or governing body members of either.

The Participants acknowledge their obligation to submit all requested financial and quality data and reports within the timelines as found in subcontracts, MDHHS directives or as agreed upon. Should a Participant CMHSPs not submit requested financial and quality data and reports in a complete, valid and timely manner, SWMBH will be empowered to take corrective action, including agreed upon sanctions, in accordance with the terms of the SWMBH/CMHSP Contract.

D. Human Resources

SWMBH will directly employ the EO, CFO, and CIO. The Operations Committee may recommend to the SWMBH EO the use of other hired staff, or the use of a contract to secure other established positions as required.

The SWMBH EO shall appoint, or contract with, an individual or an organization to perform Human Resources functions.

The employee handbook of SWMBH shall be made available upon request to the Operations Committee.

The SWMBH Board has sole responsibility for all hiring and retention decisions regarding the SWMBH EO. The Operations Committee shall assist the SWMBH Board in this process as requested. This may include screening candidates to ensure the SWMBH Board receives only qualified applicants to consider and participation in the interview and evaluation process

E. Policy Development

The SWMBH EO, making full use of the Operations committee and standing committees, shall develop policies, exclusive of SWMBH internal operational policies.

The SWMBH EO shall consult with the Operations Committee before rendering a formal policy interpretation that may materially or negatively affect the Participants where feasible.

F. Contracts

SWMBH shall contract with the Participants as its CMHSP providers.

SWMBH, consistent with regulatory requirements and funds availability may consider with review from Operations Committee providing Participants with pilot or startup funding. Nothing other than federal or state statutory or regulatory prohibition should inhibit or prohibit a Participant CMHSPs from participating in opportunities to provide integrated and accountable care to serve the Medicaid population in its CMHSP catchment area provided that they are consistent with SWMBH policies, financial plan, financial risk management plan and cost allocation plan.

Consistent with the SWMBH mission, vision, and principles, all grant applications submitted on behalf of SWMBH must be reviewed by the Operations Committee prior to being submitted. This may necessitate review outside the regularly scheduled Operations Committee meetings due to funding application grant timelines.

The SWMBH EO shall, in consultation with Operations Committee, determine what functions remain with SWMBH and which can be delegated to the Participants consistent with the Medicaid Managed Care Rules.

The Operating Committee shall be consulted regarding significant contract arrangements that involve SWMBH and Participant CMHSPs. Nothing herein prohibits the participant CMHSPs from entering into opportunities at the local level to provide services.

“2.4.1 The Regional Entity shall have no powers, rights or authority with respect to:

- the Participants’ obligations under the Mental Health Code including those related to size,

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composition, and authority of the Participants' Board;

- the Participants' autonomous administrative, financial, or clinical operations; or
- the Participants' relationship with other providers unless the Regional Entity's involvement is so limited that it does not prevent the Participant from collaborating with other providers." (SWMBH Bylaws 2.4)

AMENDMENTS

This Operating Agreement shall be reviewed and an Operations Committee Self-Evaluation shall be performed by the Operations Committee on an annual basis, with a report to the Board on both. Any recommended changes to the Operating Agreement will be forwarded to the SWMBH Board for consideration. All revisions or amendments to the Operating Agreement shall be in writing and formally approved by the SWMBH Board.

Southwest Michigan Behavioral Health (SWMBH) Financial Risk Management Plan Fiscal Year 2024

Proposed Revisions September 13, 2024
SWMBH January 2024

1115 Demonstration waiver, 1915 (c)/(i), and Autism Program

SWMBH is solely responsible for Medicaid and Healthy Michigan Plan supports and services and any cost overruns at participating CMHSPs or in the aggregate. SWMBH will deduct and retain a portion of contract revenues to fund and maintain an Internal Service Fund (risk reserve) or purchase risk reinsurance, at levels appropriate for this purpose. SWMBH will maintain a funded Medicaid Internal Service Fund (ISF) Risk Reserve as its primary risk protection to assure that its risk commitment is met. This segregated risk reserve shall be funded based on state maximums and allowed risk reserve valuations in accordance with Governmental Accounting Standards Board Statement #10 (GASB10) or method deemed appropriate as described in the MDHHS contract. ~~As a financial risk management strategy, SWMBH maintains \$3 million in reserved local funds as a regional fund for possible use in the event of an entry into the state share of the Medicaid Risk Corridor.~~

Beyond this and in further protection of SWMBH, participating CMHSPs will submit timely, complete, and accurate financial information, results of operations and apportioned regional contract cost compared to sub-contract revenues which balance to actual confirmed claims and encounters. This shall be in a form and format determined by SWMBH.

This reporting will be inclusive of the activities of the CMHSP. While SWMBH has responsibility for only the regional contract activities and cost, SWMBH has to assure that it is being charged for only those costs that are ordinary and necessary, properly assigned, allocated and apportioned, for appropriate, medically necessary, covered services provided or arranged for contracted eligible beneficiaries. It is also in SWMBH's best interest to assure itself of the financial stability and viability of participating CMHSPs. Should a participating CMHSP exceed, or project to exceed, its sub-contract revenue amount, that CMHSP will be provided additional technical support and oversight from SWMBH and/or its agents. This could include:

- Enhanced management and financial review by SWMBH Chief Executive Officer, Chief Financial Officer, or their designees.
- Provision of special technical assistance off-site and on-site to the CMHSP
- Development and implementation of a Corrective Action Plan for excessive cost that could have been prevented or avoided.

SWMBH, if imposed with any contractual remedies, sanctions or penalties by a regulatory body or contractual payor that is a direct result of participating CMHSP failure to perform or rectify the participating CMHSP shall hold SWMBH harmless and make whole SWMBH for cost incurred or revenues lost as a result, with non-Medicaid funds.

Southwest Michigan Behavioral Health (SWMBH) Financial Risk Management Plan Fiscal Year 2024

Healthy Michigan Plan

SWMBH is solely responsible for Healthy Michigan supports and services and any cost overruns at participating CMHSPs or in the aggregate. To this end, SWMBH will deduct and retain a portion of contract revenues to fund and maintain an Internal Service Fund (risk reserve) and/or to purchase risk reinsurance, at levels appropriate for this purpose. SWMBH maintains a funded Medicaid Internal Service Fund (ISF) Risk Reserve as its primary risk protection to assure that its risk commitment is met. This segregated risk reserve shall be funded based on actuarially determined risk reserve valuations in accordance with Governmental Accounting Standards Board Statement #10 (GASB10) or method deemed appropriate as described in the MDHHS contract.

Substance Abuse Prevention and Treatment Block Grant/PA2

Allocation of substance use prevention and treatment Block Grant and PA2 revenues among participating CMHSPs are determined by eligible within the region, allocations based on the 2010 Census and regional county board request. PA2 funds and budgets are reserved to the sole authority of the Substance Use Disorder Oversight Policy Board. These are not entitled services and these services maybe reduced/suspended or terminated by SWMBH for lack of funding.

Other Revenues

SWMBH management and/or Board considers recommendations for other contracts and thus revenues and expense allocation on a case-by-case basis. SWMBH Board may allocate other contracts and revenues among participating CMHSPs and SWMBH based on several beneficiaries or other relevant statistics. SWMBH management will determine course of action for regional grants, if any, consistent with the Operating Agreement requirements.

Investment Management

It is the business practice of SWMBH to invest remaining funds in a manner which will provide the highest available investment return with reasonable and prudent security while meeting the daily cash flow objectives of the entity and conforming to all State statutes governing investment of public funds. Further information is provided on investment management in the Region Entity Investment Policy

Supervision of External Audits, Internal Audits, and Internal Controls

Southwest Michigan Behavioral Health (SWMBH)

Financial Risk Management Plan Fiscal

Year 2024

Independent Annual Audit - SWMBH and each participating CMHSP shall ensure the completion of an annual financial audit performed by an independent certified public accountant. A copy of the audit report, audited financial statements, footnotes and supplementary schedules, along with the management letter and management's response to the management letter, shall be submitted to SWMBH after the presentation to the CMHSP Board.

Compliance Examination - SWMBH will commission an independent certified public accounting firm to complete the MDHHS required compliance examination for SWMBH and each participating CMHSP. The compliance examination is to assure conformity with specified contract requirements established by SWMBH, MDHHS and other payers. A copy of the participating CMHSP compliance examination report and management's response thereto shall be submitted to SWMBH within 10 days of its completion by the audit firm unless received by current SWMBH auditors.

Internal Audits— SWMBH will perform internal audits on as needed basis.

Internal Controls - SWMBH shall maintain appropriate written policies and shall maintain the procedures necessary to carry out those policies, that ensure adequate internal controls in accordance with regulatory and contractual requirements and generally accepted accounting principles.

**Board Finance Committee
COMMITTEE CHARTER v 8.12.24**

Charter Effective Date: Board approval date _____	
Approved by: SWMBH Board	Authorization Signature: SWMBH Board Chair _____
SWMBH Liaison: Chief Financial Officer	Review dates:

Committee Authorization: SWMBH is a Regional Entity created under the Mental Health Code section 330.1204b(2) and operates under By-Laws established by the Participating County CMH Boards. These By-Laws under Article V section 5.1 allow for the Board to establish Committees. The Finance Committee was authorized through a motion, passed by the SWMBH Board at their meeting on July 12, 2024.

Committee Purpose: The Finance Committee’s purpose is to recommend to the Board financial policies, and financial integrity and health of SWMBH as well as:

- On a regular basis determined by regulation, best practices and Board preferences oversee a Board process for the external Audit firm selection process.
- Assist in establishing a schedule and an annual Board review of the results of the annual Financial Audit with the Audit firm and the Chief Financial Officer.
- Review on a regular basis SWMBH’s regional financial statements and provide input to the Board as to recommended Board actions.
- When the need arises, investigate and provide guidance to the Board regarding the financial implications of a pertinent issue as directed by the Board.
- On an annual basis review the performance of SWMBH regional investments and make recommendations to the Board.

Committee Scope of Responsibility: Ultimate authority for financial decisions at SWMBH rests with the SWMBH Board and SWMBH Management through the Policy Governance system. Therefore, The Finance Committee has no decision-making authority. It has a responsibility to assist the Board in understanding the current financial condition of the SWMBH region and projected future financials. In order to provide input to the Board the Finance Committee will have the ability to receive all financial information it deems necessary to complete its responsibilities to the Board, consistent with other relevant Board Policies. Annually assures establishment of Board Audit Committee membership and schedule.

Management Structure: The Finance Committee was created and reports to the Board and as such may be modified, suspended or terminated by the Board via formal Board action The members of the Committee shall annually elect a Committee Chair from

Committee members for the purposes of running the committee meetings and making assignments related to Committee business. In the event a Committee member departs from the SWMBH Board and thus can no longer serve on the Finance Committee the SWMBH Board Chair shall appoint a replacement. The Committee Chair has unilateral authority to cancel or reschedule Committee meetings.

Accountability and Reporting: The Finance Committee shall report to the Board on their activities at monthly SWMBH Board meetings.

Committee Roles: As defined by Board Governance Policy BG-010 The committee as a whole and or its members shall:

- Not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
- Assist the Board by preparing policy alternatives and implications for Board deliberation.
- Not speak or act for the Board except when formally given such authority via documented Board action for specific and time-limited purposes.
- Not direct management decisions or activities.

Committee Composition: The Committee will be composed of three (3) SWMBH Board members and/or Board alternates. The Executive Officer shall serve as an ex-officio (non-voting) Board Finance Committee member. The Chief Financial Officer shall support the Committee and is a necessary consultant to the Committee to provide financial and audit information. The SWMBH Board Chair and SWMBH Executive Officer are ex-officio (non-voting) members of the committee and may attend meetings at their discretion. SWMBH support staff shall be in attendance as required.

Committee Member Responsibilities and Values:

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

Committee Meetings: Meetings will be scheduled monthly on the first Friday of each month unless canceled by the SWMBH Board Finance Committee Chair. Per Board Governance Policy BG-001 this Committee will cease to exist when its business is completed. Minutes will be taken at each Board Finance Committee meeting and be included in the Monthly Board packet for the full Board review.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Governance		Policy Number: BG-008	Pages: 1
Subject: Board Member Job Description		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 9/08/23	Past Review Dates: 2.13.15, 2/12/16, 1/13/17,2/9/18,9/13/19,9/11/20, 09/10/21, 10/14/22	

I. PURPOSE:

To define the role and responsibility of the SWMBH Board.

II. POLICY:

Specific job outputs of the Board, as informed agents of ownership, are those that ensure appropriate organizational performance.

III. STANDARDS:

To distinguish the Board’s own unique job from the jobs of its staff, the Board will concentrate its efforts on the following job “products” or outputs:

1. The link between Southwest Michigan Behavioral Health and Participant counties.
2. Written governing policies which, at the broadest levels, address:
 - a. Accomplishments/Results/Ends: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good for which needs at what cost).
 - b. Executive Limitations: Constraints on executive authority, which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - c. Governance Process: Specification of how the Board conceives carries out and monitors its own task.
 - d. Board-EO Delegation: How Board expectations are assigned and properly monitored; the EO role, authority and accountability.
3. The assurance of organizational and EO performance.

IV. ORIENTATION:

New Board Members shall be required to complete an initial orientation for purposes of enhancing their knowledge of the roles and responsibilities of SWMBH as an agency, and their understanding to assist in governance decision-making.



Regional Entity 4 Governance Board Policy Manual

Specifically, they shall be provided the following information:

- **Governance Documents (Hierarchical)**
 - o SWMBH Board Bylaws
 - o SWMBH Operating Agreement
 - o Michigan Consortium of Healthcare Excellence Bylaws (MCHE)
- **Ends, Proofs and Strategy**
 - o Previous and Current Years' SWMBH Board Ends and Proofs
- **Context**
 - o SWMBH General PowerPoint
 - o Current SWMBH Board Meeting Calendar and Roster

In addition, new Board Members will be offered a live/remote briefing for each functional area leader.

Southwest Michigan

B E H A V I O R A L H E A L T H

Section: Board Policy – Executive Limitations		Policy Number: EO-001	Pages: 1
Subject: Executive Role and Job Description		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 9.8.23	Past Review Dates: 10.12.14, 10.9.15, 10.14.16, 10.13.17, 9.14.18, 10.11.19, 9.11.20, 9.10.21, 11.11.22	

I. **PURPOSE:**

To define the executive role and job description.

II. **POLICY:**

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

III. **STANDARDS:**

Accordingly:

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

**Executive Limitations
Monitoring to Assure Executive Performance
For the period August 2023 to August 2024**

Policy Number: BEL-005

Policy Name: Treatment of Plan Members

Assigned Reviewer: Louie Csokasy

Policy Purpose: To clearly define the Treatment of Plan Members by Southwest Michigan Behavioral Health (SWMBH).

Policy: With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

EO Comment: I broadly interpret "Plan Member" as any past, present, or potential future beneficiary of SWMBH-managed supports and services. Our contractual obligations apply to those in active Medicaid, Healthy Michigan, or in Block Grant substance use disorder prevention and treatment services. Enrollee Rights and Protections regulations for Medicaid are codified primarily in the federal Managed Care Regulations, via our contract with MDHHS, and in Michigan statute for persons with behavioral health and substance use disorders. Additional privacy, security and confidentiality protections are codified in multiple federal and state regulations.

Standards: Accordingly, the EO may not;

1. Use forms or procedures that elicit information for which there is no clear necessity.

EO Response: SWMBH only utilizes forms and procedures that are required by statutory, regulatory, or contractual obligations to request necessary information of members. There are no Member complaints known to SWMBH related to this issue for the time period under consideration.

2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.

EO Response: All electronic and paper member informational files at SWMBH are appropriately and securely stored, with "need-to-know" access to Protected Health Information (PHI) that is limited by job function(s). The Managed Care

Information System and other electronic storage access to PHI is strictly limited, individually assigned by job functions and auditable by individual staff. Logins and passwords are required for network and managed care information system applications; passwords are “change-forced” every ninety (90) days. Efforts have been completed to improve security by adding Duo multifactor authentication (MFA) for the Microsoft 365 Environment. MFA was previously in place for servers in our remote hosted private cloud and Financial Systems. SWMBH has comprehensive backup solutions and replicates all backups off-site to secure locations.

SWMBH has a designated Privacy Officer (Mila Todd) and Security Officer (Natalie Spivak) as required under HIPAA regulations. SWMBH has a set of privacy, security, and confidentiality related policies. Staff receive, sign acknowledgements for, and undergo annual training that includes federal regulations related to proper safeguarding and release of information rules for substance use disorder information (42 CFR Part 2). Signed staff attestations will be made available upon request of the Reviewer.

SWMBH has adopted a hybrid work model, therefore there are minimal clinical staff in the office. For those in the office, there is a designated clinical area that is protected with a digital key lock to restrict access to the area. SWMBH has created policy language to include security requirements for staff working remotely. As outlined in the policy, paper records are stored in locked cabinets. This language is included in policy 17.09 Remote Access policy. This is to ensure member protected health information is secure no matter where the workstation is located. There are no known Member complaints or compliance inquiries stemming from SWMBH related to this issue in the period under consideration.

3. Fail to inform the Board of the status of uniform benefits across the region or fail to assist Participant CMHs towards compliance.

EO Response: The Board periodically receives penetration and access reports indicative of basic Uniform Benefit markers such as readiness of access, timeliness of care, utilization data, and other measures. This information is provided in formats such as board ends reports, board education documents, and direct reporting from SWMBH senior leadership. CMHs are able to request this information from SWMBH leadership staff at any time to review the data. There is very little legitimate Michigan PIHP comparative data for benchmarking that compares Michigan’s performance to other states. SWMBH benefits use reports exist in the area of utilization, especially where assessment of functioning, level of care, and outcome is concerned. The MMBPIS indicators are Michigan specific, making national comparisons impossible. SWMBH is also able to assess and track any deficiencies with timeliness/access to care with our providers through the MMBPIS. We can identify challenges and barriers members may encounter.

Multiple evidence-based practices, (trauma informed care, seeking safety, helping men recovery, cognitive behavioral therapy, dialectical behavior therapy, motivational interviewing, parent management training), and member self-support tools have been promoted throughout the region at both the provider and member level. Common functional assessment tools utilized region wide, such as LOCUS and ASAM for adult mental health and adult co-occurring (mental health and substance use disorders).

Through various methodologies, including geo-mapping, SWMBH assesses the adequacy of our Provider Network against MDHHS Network Adequacy Standards. The Network Adequacy analysis is completed during the first quarter of each Fiscal Year. This allows the SWMBH region to adjust as necessary to member needs. This report is reviewed by the Regional Provider Network Management Committee and submitted to MDHHS annually by the designated due date.

As identified in the areas of opportunity from the 2022 Customer Satisfaction survey analysis, multiple changes were made to the survey to encourage participation and be more member friendly for the 2023 survey. The survey was determined to be out of compliance with ADA standards and language was changed to reduce the reading level and simplify the directions for answering the questions. The Quality Department's goal was to collect 1000 adult surveys (MHSIP) and 500 youth surveys (YSS). The Region was able to reach the goal for adults, receiving 1508 completed surveys, but did not meet the goal for youth and received only 395 completed surveys. Overall, the Region was able to collect more surveys total in 2023 than in 2022. Each CMHSP was provided their county specific results, including client comments, and developed corrective actions focused on improving completion rates and/or improving satisfaction scores where weaknesses were identified. The completion of the Customer Satisfaction surveys improves the Region's capability to identify and address member needs. The regional results of the Customer Satisfaction survey were shared with the SWMBH Board of Directors.

There are no member complaints registered by or to SWMBH related to the issue of lack of uniform benefit for the period under consideration. All member grievances and appeals are tracked and trended by SWMBH. SWMBH reviews and, if warranted, defends actions on termination, reduction, suspension, or denials of services at the local level appeal and Fair Hearing.

4. Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.

EO Response: All electronic and non-electronic information transmission activities, network design, and protections take place under applicable federal and state law, regulations, and established policies. Electronic mail with potential malicious messages are forced to quarantine before they can be opened or acted upon. SWMBH requires encryption on all outgoing e-mail messages containing

protected information and scan for data, such as social security numbers, going out unencrypted. SWMBH requires all staff to receive quarterly security awareness training, KnowBe4 Security Training. The training addresses common threats, social engineering, and Internet security. For the past four years SWMBH has used a rules-based system, Phish-ER, for reporting and resolving phishing attempts. If the outside agency uses Transport Layer Security (TLS), SWMBH can instruct our email system to utilize this encryption tunneling protocol instead. SWMBH reviews email security for hardening at least once a year and generally more often. Daily reviews of firewall logs are completed as well.

Data transmission with external trading partners occurs via encryption with passwords, inspection of technical systems and actual processes are overseen by the Security Officer and Privacy Officer.

For the period under review, twenty-eight (28) actual or potential privacy incidents were reported. They have all been investigated by the Program Integrity and Compliance Department. All were reviewed and considered by the SWMBH Breach Response Team which completed a Breach Risk Assessment Tool utilizing factors enumerated by the Federal Rules (45 CFR 164.402(2)) to assess the probability that the protected health information involved was compromised.

Of the twenty-eight (28) incidents assessed to date, zero were identified as rising to the level of a HIPAA breach and necessitating notification to the affected members and to the Office for Civil Rights (OCR).

5. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.

EO Response: The SWMBH Member Handbook outlines what services are mandatory, optional, and alternative by Benefit Plan for members. At intake, members sign to acknowledge the handbook has been offered to them either in paper format or electronically on SWMBH or the CMHSP's website. The Memorandum of Understanding (MOU), contract between SWMBH, and the Provider Manual outlines SWMBH's expectations of Providers in their Treatment of Plan Members. Ongoing Member education occurs via Newsletters and regular EO and Leadership attendance at the SWMBH Customer Advisory Council. Quarterly newsletters are provided electronically providing updates, changes, or clarify information to educate Plan Members. SWMBH has increased efforts in the last two (2) years to promote information and education for members through SWMBH social media sites such as Instagram and Facebook. There are no known Member complaints related to this topic for the period under consideration.

6. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

EO Response: The SWMBH Member Handbook delineates what issues are subject to Office of Recipient Rights complaints, Customer Service grievance and appeals, and Compliance Fraud, Waste, and Abuse reporting as well as how to access the related processes. Member newsletters periodically reinforce this policy and how to file a grievance or appeal. Participant CMH Customer Services representatives have been trained in their delegated roles and they receive ongoing oversight and monitoring from SWMBH. The SWMBH Customer Services Department completes, at a minimum, an annual grievance and appeal report that is provided annually to the SWMBH Board. The Treatment of Plan Members Policy is posted at SWMBH and reviewed in person with new staff by the EO. This Policy is available to all staff on the Shared Network Drive.

Related items offered for review:

- 2023 SWMBH CSS Regional Analysis
- 2023 RSA-r Survey Results
- FINAL - SWMBH FY24 Network Adequacy Analysis
- SWMBH Customer Handbook FY 24 Final
- 17.09 Remote Access policy
- CAC Oct 16 minutes
- CAC July minutes
- SWMBH Customer Newsletter Feb. 24
- SWMBH Customer Newsletter Apr. 24

The assigned SWMBH Behavioral Health Board direct inspector, Mr. Csokasy, was offered further contact with the EO, Chief Administrative Officer and Manager of Customer Services.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy		Policy Number: BEL-005	Pages: 1
Subject: Treatment of Plan Members		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 12.20.2013	Last Review Date: 09/8/23	Past Review Dates: 12/12/14, 1/8/16, 3/10/17, 3/18/18,8/9/19,08/14/20, 9/10/21, 10/14/22	

I. PURPOSE:

To clearly define the Treatment of Plan Members by SWMBH

II. POLICY:

With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

III. STANDARDS:

Accordingly the EO may not:

1. Use forms or procedures that elicit information for which there is no clear necessity.
2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.
3. Fail to inform the Board of the status of uniform benefits across the region or fail to assist Participant CMHs towards compliance.
4. Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.
5. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.
6. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

**Executive Limitations
Monitoring to Assure Executive Performance
September 13, 2024**

**Policy Number: BEL008
Policy Name: Communication and Counsel to the Board
Assigned Reviewer: Tom Schmelzer**

Purpose: To make appropriate decisions the board must be provided with accurate, timely and relevant information.

Policy: The Executive Officer shall not cause or allow the board to be uninformed or unsupported in its work.

Standards: The EO will not:

- a. Neglect to submit monitoring data required by the board in Board Policy and direction in a timely, accurate, and understandable fashion, directly addressing provisions of Board policies being monitored, and including Executive Officer interpretations as well as relevant data.

EO Response: The EO has submitted all monitoring data required by the Board as evidenced by Board materials and Board meeting Minutes which reflect acceptance or approval of the submissions. Submissions of the Board have included written reports or summaries of all external entity reviews of SWMBH including but not limited to Health Services Advisory Group (HSAG), MDHHS, external financial audit, external compliance audit, etc.

- b. Allow the board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the board regardless of the Board's monitoring schedule.

EO Response: The EO has reported to the Board actual or anticipated noncompliance with any Ends or Executive Limitations policy of the board as evidenced by retrospective Board materials and meeting Minutes. Ends Metrics update reports are provided monthly.

- c. Allow the board to be without decision information required periodically by the board or let the board be unaware of relevant trends.

EO Response: *The EO has assured the Board has decision-making information required and has routinely briefed the Board and provided materials on relevant trends as evidenced by retrospective Board materials, Board meeting Minutes, Board retreat materials and exposure to knowledgeable others.*

- d. Let the board be unaware of any significant incidental information it requires including anticipated media coverage, threatened, or pending lawsuits, and material internal and external changes.

EO Response: *The EO has provided all significant incidental information related to anticipated media coverage, threatened, or pending lawsuits, and material internal and external changes as evidenced by retrospective Board materials and Board meeting Minutes.*

- e. Allow the board to be unaware that, in the Executive Officer's opinion, the board is not in compliance with its own policies, particularly in the case of board behavior that is detrimental to the work relationship between the board and the Executive Officer.

EO Response: *The EO has not failed to bring information of this type forward. The EO has commented favorably on these policy matters at Board meetings as these related policies were self-assessed by the Board.*

- f. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation, and other.

EO Response: *The EO has presented information in proper formats and contents as evidenced by retrospective Board materials and Board meeting minutes. Where collective Board preferences and desires were made known, modifications have been made.*

- g. Allow the board to be without a workable mechanism for official board, officer, or committee communications.

EO Response: *The EO has established workable mechanisms for official communications with and for official board, officer, and committee communications, including but not limited to and as evidenced by regular contact with the Chair and ad hoc Board Committees.*

- h. Deal with the board in a way that favors or privileges certain board members over others, except when fulfilling individual requests for information or responding to officers or committees duly charged by the board.

EO Response: *The EO has not violated these principles, as evidenced by an absence of known complaints to the EO or Board Chair in this area.*

- i. Fail to submit to the board a consent agenda containing items delegated to the Executive Officer yet required by law, regulation, or contract to be board-approved, along with applicable monitoring information.

EO Response: *The EO has regularly provided a consent agenda approach for items referenced above as evidenced by retrospective Board materials and Board meeting Minutes.*

Materials offered:

September 2024 – August 2024 Retrospective Board packets.

Southwest Michigan

B E H A V I O R A L H E A L T H

Section: Board Policy – Executive Limitations		Policy Number: BEL-008	Pages: 2
Subject: Communication and Counsel to the Board		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)			Required Reviewer: SWMBH Board
Effective Date: 01.10.2014	Last Review Date: 09.08.23	Past Review Dates: 10.12.14, 10.09.15, 10.14.16, 10.13.17, 10.12.18, 10.11.19, 10.9.20, 09.10.21, 10.14.22	

I. PURPOSE:

To make appropriate decisions the board must be provided with accurate, timely and relevant information.

II. POLICY:

The Executive Officer shall not cause or allow the Board to be uninformed or unsupported in its work.

III. STANDARDS:

The EO will not;

1. Neglect to submit monitoring data required by the Board in Board Policy and Direction in a timely, accurate, and understandable fashion, directly addressing provisions of Board policies being monitored, and including Executive Officer interpretations as well as relevant data.
2. Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board’s monitoring schedule.
3. Allow the Board to be without decision information required periodically by the Board or let the Board be unaware of relevant trends.
4. Let the Board be unaware of any significant incidental information it requires including anticipated media coverage, threatened or pending lawsuits, and material internal and external changes.
5. Allow the Board to be unaware that, in the Executive Officer’s opinion, the Board is not in compliance with its own policies, particularly in the case of Board behavior that is detrimental to the work relationship between the Board and the Executive Officer.
6. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation, and other.

7. Allow the Board to be without a workable mechanism for official Board, Officer, or Committee communications.
8. Deal with the Board in a way that favors or privileges certain Board Members over others, except when fulfilling individual requests for information or responding to Officers or Committees duly charged by the Board.
9. Fail to submit to the Board a consent agenda containing items delegated to the Executive Officer yet required by law, regulation, or contract to be Board-approved, along with applicable monitoring information.

	A	B	C	D	E	F	G	H	I	J	K	L
1	Southwest Michigan Behavioral Health											
2	MEDICAID Summary Income Statement											
3	For the Fiscal YTD Period Ended 7/31/2024											
4		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
5												
6		Medicaid Specialty Services										
7	Contract Revenue	\$ 208,194,843	\$ 14,779,122	\$ 193,415,721	\$ 9,013,832	\$ 37,238,129	\$ 10,171,436	\$ 35,594,255	\$ 12,672,742	\$ 55,529,691	\$ 12,688,867	\$ 20,506,770
8	Budget v Actual	\$ 10,561,864	\$ (7,785,779)	\$ 18,347,643	\$ 1,863,711	\$ 2,994,753	\$ 1,450,352	\$ 4,251,507	\$ 841,990	\$ 4,602,656	\$ 1,986,595	\$ 356,079
9	% Variance - Fav / (Unfav)	5.3%	-34.5%	10.5%	26.1%	8.7%	16.6%	13.6%	7.1%	9.0%	18.6%	1.8%
10												
11	Healthcare Cost	\$ 205,711,388	\$ 8,704,690	\$ 197,006,698	\$ 6,692,559	\$ 35,818,765	\$ 10,396,189	\$ 33,928,270	\$ 14,477,802	\$ 58,830,245	\$ 14,611,709	\$ 22,251,160
12	Budget v Actual	\$ (19,815,265)	\$ 570,574	\$ (20,385,839)	\$ (1,319,619)	\$ (1,097,488)	\$ (1,875,530)	\$ (7,527,979)	\$ (286,156)	\$ (2,002,384)	\$ (4,120,719)	\$ (2,155,965)
13	% Variance - Fav / (Unfav)	-10.7%	6.2%	-11.5%	-24.6%	-3.2%	-22.0%	-28.5%	-2.0%	-3.5%	-39.3%	-10.7%
14	MLR	98.8%	58.9%	101.9%	74.2%	96.2%	102.2%	95.3%	114.2%	105.9%	115.2%	108.5%
15												
16	Managed Care Administration	\$ 23,177,044	\$ 5,098,664	\$ 18,078,381	\$ 619,666	\$ 3,607,923	\$ 656,857	\$ 3,784,686	\$ 1,186,580	\$ 5,123,178	\$ 1,304,228	\$ 1,795,264
17	Budget v Actual	\$ (736,683)	\$ 532,719	\$ (1,269,402)	\$ 430,140	\$ (764,365)	\$ 318,062	\$ 250,124	\$ (44,803)	\$ (1,243,129)	\$ (545,425)	\$ 329,994
18	% Variance - Fav / (Unfav)	-3.3%	9.5%	-7.6%	41.0%	-26.9%	32.6%	6.2%	-3.9%	-32.0%	-71.9%	15.5%
19	ACR	10.1%	2.2%	7.9%	8.5%	9.2%	5.9%	10.0%	7.6%	8.0%	8.2%	7.5%
20												
21	Total Contract Cost	\$ 228,888,433	\$ 13,803,354	\$ 215,085,079	\$ 7,312,225	\$ 39,426,688	\$ 11,053,045	\$ 37,712,956	\$ 15,664,382	\$ 63,953,422	\$ 15,915,937	\$ 24,046,424
22	Budget v Actual	\$ (20,551,949)	\$ 1,103,293	\$ (21,655,241)	\$ (889,480)	\$ (1,861,852)	\$ (1,557,468)	\$ (7,277,855)	\$ (330,959)	\$ (3,245,512)	\$ (4,666,144)	\$ (1,825,971)
23	Variance - Favorable / (Unfavorable)	-9.9%	7.4%	-11.2%	-13.8%	-5.0%	-16.4%	-23.9%	-2.2%	-5.3%	-41.5%	-8.2%
24												
25												
26	Net before Settlement	\$ (20,693,590)	\$ 975,768	\$ (21,669,358)	\$ 1,701,607	\$ (2,188,559)	\$ (881,610)	\$ (2,118,701)	\$ (2,991,640)	\$ (8,423,731)	\$ (3,227,070)	\$ (3,539,654)
27	Budget v Actual	\$ (9,990,084)	\$ (6,682,486)	\$ (3,307,598)	\$ 974,231	\$ 1,132,900	\$ (107,116)	\$ (3,026,348)	\$ 511,031	\$ 1,357,143	\$ (2,679,549)	\$ (1,469,892)
28	Variance - Favorable / (Unfavorable)	-93.3%	-87.3%	-18.0%	133.9%	34.1%	-13.8%	-333.4%	14.6%	13.9%	-489.4%	-71.0%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											within +/- 2%
30	Date: 8/28/2024											>2% favorable
31												between -2&-4%
32												>4% unfavorable

	A	B	C	D	E	F	G	H	I	J	K	L
33	Southwest Michigan Behavioral Health											
34	HEALTHY MICHIGAN Summary Income Statement											
35	For the Fiscal YTD Period Ended 7/31/2024											
36		SWMBH	CMH							Integrated	Pivotal of St.	Van Buren
37	Total Region	Central	Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo	Joseph	MHA	
38	Healthy Michigan Plan (HMP)											
39	Contract Revenue	\$ 27,182,988	\$ 9,035,968	\$ 18,147,020	\$ 1,002,036	\$ 3,334,613	\$ 569,544	\$ 3,789,292	\$ 1,406,965	\$ 4,383,682	\$ 1,382,767	\$ 2,278,121
40	Budget v Actual	\$ (13,322,766)	\$ 5,855,624	\$ (19,178,390)	\$ (758,796)	\$ (4,292,863)	\$ (948,437)	\$ (3,176,830)	\$ (1,324,368)	\$ (6,268,364)	\$ (1,048,176)	\$ (1,360,554)
41	% Variance - Fav / (Unfav)	-32.9%	184.1%	-51.4%	-43.1%	-56.3%	-62.5%	-45.6%	-48.5%	-58.8%	-43.1%	-37.4%
42												
43	Healthcare Cost	\$ 28,131,991	\$ 10,052,135	\$ 18,079,857	\$ 578,645	\$ 2,688,509	\$ 798,006	\$ 4,879,093	\$ 1,672,111	\$ 3,795,126	\$ 1,408,116	\$ 2,260,251
44	Budget v Actual	\$ 910,861	\$ 1,462,807	\$ (551,946)	\$ 278,708	\$ (424,781)	\$ (83,515)	\$ (241,335)	\$ (792,344)	\$ (460,243)	\$ 895,669	\$ 275,895
45	% Variance - Fav / (Unfav)	3.1%	12.7%	-3.1%	32.5%	-18.8%	-11.7%	-5.2%	-90.1%	-13.8%	38.9%	10.9%
46	MLR	103.5%	111.2%	99.6%	57.7%	80.6%	140.1%	128.8%	118.8%	86.6%	101.8%	99.2%
47												
48	Managed Care Administration	\$ 2,743,153	\$ 630,865	\$ 2,112,289	\$ 53,577	\$ 436,249	\$ 98,983	\$ 665,911	\$ 144,385	\$ 330,493	\$ 178,976	\$ 203,714
49	Budget v Actual	\$ (51,227)	\$ 179,024	\$ (230,251)	\$ 126,657	\$ (307,423)	\$ 56,678	\$ (26,772)	\$ (10,247)	\$ (102,797)	\$ (45,920)	\$ 79,573
50	% Variance - Fav / (Unfav)	-1.9%	22.1%	-12.2%	70.3%	-238.6%	36.4%	-4.2%	-7.6%	-45.1%	-34.5%	28.1%
51	ACR	8.9%	2.0%	6.8%	8.5%	14.0%	11.0%	12.0%	7.9%	8.0%	11.3%	8.3%
52												
53	Total Contract Cost	\$ 30,875,145	\$ 10,682,999	\$ 20,192,145	\$ 632,221	\$ 3,124,758	\$ 896,989	\$ 5,545,004	\$ 1,816,496	\$ 4,125,619	\$ 1,587,092	\$ 2,463,965
54	Budget v Actual	\$ 31,734,779	\$ 12,324,830	\$ 19,409,949	\$ 1,037,586	\$ 2,392,554	\$ 870,152	\$ 5,276,898	\$ 1,013,905	\$ 3,562,579	\$ 2,436,842	\$ 2,819,433
55	% Variance - Fav / (Unfav)	2.7%	13.3%	-4.0%	39.1%	-30.6%	-3.1%	-5.1%	-79.2%	-15.8%	34.9%	12.6%
56												
57												
58	Net before Settlement	\$ (3,692,157)	\$ (1,647,032)	\$ (2,045,125)	\$ 369,815	\$ 209,855	\$ (327,445)	\$ (1,755,712)	\$ (409,531)	\$ 258,063	\$ (204,325)	\$ (185,844)
59	Budget v Actual	\$ (12,463,132)	\$ 7,497,455	\$ (19,960,586)	\$ (353,431)	\$ (5,025,067)	\$ (975,275)	\$ (3,444,937)	\$ (2,126,960)	\$ (6,831,404)	\$ (198,426)	\$ (1,005,086)
60	% Variance - Fav / (Unfav)	-142.1%	82.0%	-111.4%	-48.9%	-96.0%	-150.5%	-203.9%	-123.8%	-96.4%	-3364.0%	-122.7%
61	Note: HMP Savings can be applied to Medicaid cost savings or ISF											within +/- 2%
62												>2% favorable
63	Date: 8/28/2024											between -2&-4%
												>4% unfavorable

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health		<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 7/31/2024		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	Medicaid Specialty Services												
6	Subcontract Revenue	207,884,032	14,654,461	193,229,571	9,013,832	37,238,129	9,985,285	35,594,255	12,672,742	55,529,691	12,688,867	20,506,770	
7	Incentive Payment Revenue	310,811	124,661	186,150	-	-	186,150	-	-	-	-	-	
8	Contract Revenue	208,194,843	14,779,122	193,415,721	9,013,832	37,238,129	10,171,436	35,594,255	12,672,742	55,529,691	12,688,867	20,506,770	
9	External Provider Cost	180,665,912	3,329,485	177,336,427	4,989,038	33,692,156	9,997,887	31,387,166	10,427,206	57,248,010	13,952,417	15,642,547	
10	Internal Program Cost	20,351,530	-	20,351,530	1,709,317	2,610,765	398,301	2,624,516	4,050,596	1,584,713	659,291	6,714,030	
11	SSI Reimb, 1st/3rd Party Cost Offset	(681,260)	-	(681,260)	(5,796)	(484,156)	-	(83,412)	-	(2,479)	-	(105,417)	
12	Insurance Provider Assessment Withhold (IPA)	5,375,206	5,375,206	-	-	-	-	-	-	-	-	-	
13	Total Healthcare Cost	205,711,388	8,704,690	197,006,698	6,692,559	35,818,765	10,396,189	33,928,270	14,477,802	58,830,245	14,611,709	22,251,160	
14	Medical Loss Ratio (HCC % of Revenue)	98.8%	58.9%	101.9%	74.2%	96.2%	102.2%	95.3%	114.2%	105.9%	115.2%	108.5%	
15	Managed Care Administration	23,177,044	5,098,664	18,078,381	619,666	3,607,923	656,857	3,784,686	1,186,580	5,123,178	1,304,228	1,795,264	
16	Admin Cost Rate (MCA % of Total Cost)	10.1%	2.2%	7.9%	8.5%	9.2%	5.9%	10.0%	7.6%	8.0%	8.2%	7.5%	
17	Contract Cost	228,888,433	13,803,354	215,085,079	7,312,225	39,426,688	11,053,045	37,712,956	15,664,382	63,953,422	15,915,937	24,046,424	
18	Net before Settlement	(20,693,590)	975,768	(21,669,358)	1,701,607	(2,188,559)	(881,610)	(2,118,701)	(2,991,640)	(8,423,731)	(3,227,070)	(3,539,654)	
19	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
20	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
21	Contract Settlement / Redistribution	7,624,907	(14,044,451)	21,669,358	(1,701,607)	2,188,559	881,610	2,118,701	2,991,640	8,423,731	3,227,070	3,539,654	
22	Net after Settlement	(13,068,683)	(13,068,683)	(0)	-	-	-	-	-	-	-	-	
23	Eligibles and PMPM												
24	Average Eligibles	161,659	161,659	161,659	8,754	30,439	9,522	31,552	9,395	42,765	13,084	16,148	
25	Revenue PMPM	\$ 128.79	\$ 9.14	\$ 119.64	\$ 102.97	\$ 122.34	\$ 106.82	\$ 112.81	\$ 134.89	\$ 129.85	\$ 96.98	\$ 126.99	
26	Expense PMPM	\$ 141.59	\$ 8.54	\$ 133.05	\$ 83.53	\$ 129.53	\$ 116.08	\$ 119.53	\$ 166.73	\$ 149.55	\$ 121.64	\$ 148.91	
27	Margin PMPM	\$ (12.80)	\$ 0.60	\$ (13.40)	\$ 19.44	\$ (7.19)	\$ (9.26)	\$ (6.71)	\$ (31.84)	\$ (19.70)	\$ (24.66)	\$ (21.92)	
28	Medicaid Specialty Services												
29	Budget v Actual												
30	Eligible Lives (Average Eligibles)												
31	Actual	161,659	161,659	161,659	8,754	30,439	9,522	31,552	9,395	42,765	13,084	16,148	
32	Budget	182,355	182,355	182,355	10,091	34,298	10,758	35,395	10,670	47,729	15,030	18,384	
33	Variance - Favorable / (Unfavorable)	(20,696)	(20,696)	(20,696)	(1,337)	(3,859)	(1,236)	(3,843)	(1,275)	(4,964)	(1,946)	(2,236)	
34	% Variance - Fav / (Unfav)	-11.3%	-11.3%	-11.3%	-13.2%	-11.3%	-11.5%	-10.9%	-11.9%	-10.4%	-12.9%	-12.2%	
35	Contract Revenue before settlement												
36	Actual	208,194,843	14,779,122	193,415,721	9,013,832	37,238,129	10,171,436	35,594,255	12,672,742	55,529,691	12,688,867	20,506,770	
37	Budget	197,632,979	22,564,900	175,068,078	7,150,121	34,243,376	8,721,083	31,342,748	11,830,752	50,927,036	10,702,271	20,150,690	
38	Variance - Favorable / (Unfavorable)	10,561,864	(7,785,779)	18,347,643	1,863,711	2,994,753	1,450,352	4,251,507	841,990	4,602,656	1,986,595	356,079	
39	% Variance - Fav / (Unfav)	5.3%	-34.5%	10.5%	26.1%	8.7%	16.6%	13.6%	7.1%	9.0%	18.6%	1.8%	
40	Healthcare Cost												
41	Actual	205,711,388	8,704,690	197,006,698	6,692,559	35,818,765	10,396,189	33,928,270	14,477,802	58,830,245	14,611,709	22,251,160	
42	Budget	185,896,123	9,275,264	176,620,859	5,372,940	34,721,278	8,520,658	26,400,291	14,191,646	56,827,861	10,490,990	20,095,195	
43	Variance - Favorable / (Unfavorable)	(19,815,265)	570,574	(20,385,839)	(1,319,619)	(1,097,488)	(1,875,530)	(7,527,979)	(286,156)	(2,002,384)	(4,120,719)	(2,155,965)	
44	% Variance - Fav / (Unfav)	-10.7%	6.2%	-11.5%	-24.6%	-3.2%	-22.0%	-28.5%	-2.0%	-3.5%	-39.3%	-10.7%	
45	Managed Care Administration												
46	Actual	23,177,044	5,098,664	18,078,381	619,666	3,607,923	656,857	3,784,686	1,186,580	5,123,178	1,304,228	1,795,264	
47	Budget	22,440,361	5,631,382	16,808,979	1,049,805	2,843,558	974,919	4,034,810	1,141,778	3,880,049	758,803	2,125,258	
48	Variance - Favorable / (Unfavorable)	(736,683)	532,719	(1,269,402)	430,140	(764,365)	318,062	250,124	(44,803)	(1,243,129)	(545,425)	329,994	
49	% Variance - Fav / (Unfav)	-3.3%	9.5%	-7.6%	41.0%	-26.9%	32.6%	6.2%	-3.9%	-32.0%	-71.9%	15.5%	
50	Total Contract Cost												
51	Actual	228,888,433	13,803,354	215,085,079	7,312,225	39,426,688	11,053,045	37,712,956	15,664,382	63,953,422	15,915,937	24,046,424	
52	Budget	208,336,484	14,906,647	193,429,838	6,422,745	37,564,836	9,495,577	30,435,101	15,333,423	60,707,910	11,249,793	22,220,453	
53	Variance - Favorable / (Unfavorable)	(20,551,949)	1,103,293	(21,655,241)	(889,480)	(1,861,852)	(1,557,468)	(7,277,855)	(330,959)	(3,245,512)	(4,666,144)	(1,825,971)	
54	% Variance - Fav / (Unfav)	-9.9%	7.4%	-11.2%	-13.8%	-5.0%	-16.4%	-23.9%	-2.2%	-5.3%	-41.5%	-8.2%	
55	Net before Settlement												
56	Actual	(20,693,590)	975,768	(21,669,358)	1,701,607	(2,188,559)	(881,610)	(2,118,701)	(2,991,640)	(8,423,731)	(3,227,070)	(3,539,654)	
57	Budget	(10,703,505)	7,658,254	(18,361,759)	727,376	(3,321,459)	(774,494)	907,647	(3,502,671)	(9,780,874)	(547,521)	(2,069,762)	
58	Variance - Favorable / (Unfavorable)	(9,990,084)	(6,682,486)	(3,307,598)	974,231	1,132,900	(107,116)	(3,026,348)	511,031	1,357,143	(2,679,549)	(1,469,892)	
59	% Variance - Fav / (Unfav)	-93.3%	-87.3%	-18.0%	133.9%	34.1%	-13.8%	-333.4%	14.6%	13.9%	-489.4%	-71.0%	

	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 7/31/2024			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	Healthy Michigan Plan													
76	Contract Revenue			27,182,988	9,035,968	18,147,020	1,002,036	3,334,613	569,544	3,789,292	1,406,965	4,383,682	1,382,767	2,278,121
77	HCC%						4.7%	5.4%	4.8%	9.2%	9.6%	9.9%	10.6%	8.5%
78	External Provider Cost			21,171,632	6,663,738	14,507,894	518,649	2,237,398	744,157	4,342,024	449,361	3,778,354	1,350,756	1,087,195
79	Internal Program Cost			3,572,104	-	3,572,104	59,996	451,111	53,849	537,068	1,222,749	16,913	57,361	1,173,056
80	SSI Reimb, 1st/3rd Party Cost Offset			(142)	-	(142)	-	-	-	-	-	(142)	-	-
81	Insurance Provider Assessment Withhold (IPA)			3,388,397	3,388,397	-	-	-	-	-	-	-	-	-
82	Total Healthcare Cost			28,131,991	10,052,135	18,079,857	578,645	2,688,509	798,006	4,879,093	1,672,111	3,795,126	1,408,116	2,260,251
83	Medical Loss Ratio (HCC % of Revenue)			103.5%	111.2%	99.6%	57.7%	80.6%	140.1%	128.8%	118.8%	86.6%	101.8%	99.2%
84	Managed Care Administration			2,743,153	630,865	2,112,289	53,577	436,249	98,983	665,911	144,385	330,493	178,976	203,714
85	Admin Cost Ratio (MCA % of Total Cost)			8.9%	2.0%	6.8%	8.5%	14.0%	11.0%	12.0%	7.9%	8.0%	11.3%	8.3%
86	Contract Cost			30,875,145	10,682,999	20,192,145	632,221	3,124,758	896,989	5,545,004	1,816,496	4,125,619	1,587,092	2,463,965
87	Net before Settlement			(3,692,157)	(1,647,032)	(2,045,125)	369,815	209,855	(327,445)	(1,755,712)	(409,531)	258,063	(204,325)	(185,844)
88	Prior Year Savings			-	-	-	-	-	-	-	-	-	-	-
89	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
90	Contract Settlement / Redistribution			3,692,157	1,647,032	2,045,125	(369,815)	(209,855)	327,445	1,755,712	409,531	(258,063)	204,325	185,844
91	Net after Settlement			(0)	(0)	-	-	-	-	-	-	-	-	-
92	Eligibles and PMPM													
93	Average Eligibles			64,926	64,926	64,926	3,329	13,037	3,152	11,978	3,786	18,578	4,951	6,116
94	Revenue PMPM			\$ 41.87	\$ 13.92	\$ 27.95	\$ 30.10	\$ 25.58	\$ 18.07	\$ 31.64	\$ 37.16	\$ 23.60	\$ 27.93	\$ 37.25
95	Expense PMPM			\$ 47.55	\$ 16.45	\$ 31.10	\$ 18.99	\$ 23.97	\$ 28.46	\$ 46.29	\$ 47.98	\$ 22.21	\$ 32.06	\$ 40.29
96	Margin PMPM			\$ (5.69)	\$ (2.54)	\$ (3.15)	\$ 11.11	\$ 1.61	\$ (10.39)	\$ (14.66)	\$ (10.82)	\$ 1.39	\$ (4.13)	\$ (3.04)
97	Healthy Michigan Plan Budget v Actual													
98	Eligible Lives (Average Eligibles)													
99	Actual			64,926	64,926	64,926	3,329	13,037	3,152	11,978	3,786	18,578	4,951	6,116
100	Budget			80,899	80,899	80,899	4,135	15,777	3,853	14,800	4,923	23,446	6,225	7,740
101	Variance - Favorable / (Unfavorable)			(15,974)	(15,974)	(15,974)	(806)	(2,740)	(701)	(2,822)	(1,137)	(4,868)	(1,275)	(1,624)
102	% Variance - Fav / (Unfav)			-19.7%	-19.7%	-19.7%	-19.5%	-17.4%	-18.2%	-19.1%	-23.1%	-20.8%	-20.5%	-21.0%
103	Contract Revenue before settlement													
104	Actual			27,182,988	9,035,968	18,147,020	1,002,036	3,334,613	569,544	3,789,292	1,406,965	4,383,682	1,382,767	2,278,121
105	Budget			40,505,754	3,180,344	37,325,410	1,760,833	7,627,476	1,517,982	6,966,122	2,731,333	10,652,046	2,430,943	3,638,676
106	Variance - Favorable / (Unfavorable)			(13,322,766)	5,855,624	(19,178,390)	(758,796)	(4,292,863)	(948,437)	(3,176,830)	(1,324,368)	(6,268,364)	(1,048,176)	(1,360,554)
107	% Variance - Fav / (Unfav)			-32.9%	184.1%	-51.4%	-43.1%	-56.3%	-62.5%	-45.6%	-48.5%	-58.8%	-43.1%	-37.4%
108	Healthcare Cost													
109	Actual			28,131,991	10,052,135	18,079,857	578,645	2,688,509	798,006	4,879,093	1,672,111	3,795,126	1,408,116	2,260,251
110	Budget			29,042,852	11,514,942	17,527,911	857,352	2,263,728	714,491	4,637,758	879,767	3,334,883	2,303,786	2,536,146
111	Variance - Favorable / (Unfavorable)			910,861	1,462,807	(551,946)	278,708	(424,781)	(83,515)	(241,335)	(792,344)	(460,243)	895,669	275,895
112	% Variance - Fav / (Unfav)			3.1%	12.7%	-3.1%	32.5%	-18.8%	-11.7%	-5.2%	-90.1%	-13.8%	38.9%	10.9%
113	Managed Care Administration													
114	Actual			2,743,153	630,865	2,112,289	53,577	436,249	98,983	665,911	144,385	330,493	178,976	203,714
115	Budget			2,691,926	809,888	1,882,038	180,234	128,826	155,661	639,139	134,138	227,697	173,056	283,288
116	Variance - Favorable / (Unfavorable)			(51,227)	179,024	(230,251)	126,657	(307,423)	56,678	(26,772)	(10,247)	(102,797)	(45,920)	79,573
117	% Variance - Fav / (Unfav)			-1.9%	22.1%	-12.2%	70.3%	-238.6%	36.4%	-4.2%	-7.6%	-45.1%	-34.5%	28.1%
118	Total Contract Cost													
119	Actual			30,875,145	10,682,999	20,192,145	632,221	3,124,758	896,989	5,545,004	1,816,496	4,125,619	1,587,092	2,463,965
120	Budget			31,734,779	12,324,830	19,409,949	1,037,586	2,392,554	870,152	5,276,898	1,013,905	3,562,579	2,436,842	2,819,433
121	Variance - Favorable / (Unfavorable)			859,634	1,641,831	(782,197)	405,365	(732,204)	(26,838)	(268,838)	(268,107)	(802,591)	(849,750)	355,468
122	% Variance - Fav / (Unfav)			2.7%	13.3%	-4.0%	39.1%	-30.6%	-3.1%	-5.1%	-79.2%	-15.8%	34.9%	12.6%
123	Net before Settlement													
124	Actual			(3,692,157)	(1,647,032)	(2,045,125)	369,815	209,855	(327,445)	(1,755,712)	(409,531)	258,063	(204,325)	(185,844)
125	Budget			8,770,975	(9,144,486)	17,915,461	723,246	5,234,922	647,830	1,689,224	1,717,428	7,089,467	(5,899)	819,242
126	Variance - Favorable / (Unfavorable)			(12,463,132)	7,497,455	(19,960,586)	(353,431)	(5,025,067)	(975,275)	(3,444,937)	(2,126,960)	(6,831,404)	(198,426)	(1,005,086)
127	% Variance - Fav / (Unfav)			-142.1%	82.0%	-111.4%	-48.9%	-96.0%	-150.5%	-203.9%	-123.8%	-96.4%	-3364.0%	-122.7%

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 7/31/2024			10									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
160	Certified Community Behavioral Health Clin												
161			HCC%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	26.3%	21.4%	0.0%	
162	Contract Revenue	55,094,340	(86,394)	55,180,734	2,620,404	10,732,215	4,001,293	10,204,674	-	22,533,375	5,088,772	-	
163	External Provider Cost	4,971,309	-	4,971,309	-	-	-	-	-	4,971,309	-	-	
165	Internal Program Cost	51,482,850	-	51,482,850	4,705,533	8,729,760	4,284,034	10,376,031	-	18,575,842	4,811,649	-	
166	SSI Reimb, 1st/3rd Party Cost Offset	(565,439)	-	(565,439)	-	-	(109,482)	-	-	(344,768)	(111,188)	-	
168	Total Healthcare Cost	56,324,407	-	56,324,407	5,141,220	8,729,760	4,174,552	10,376,031	-	23,202,383	4,700,461	-	
169	Medical Loss Ratio (HCC % of Revenue)	102.2%	0.0%	102.1%	196.2%	81.3%	104.3%	101.7%	0.0%	103.0%	92.4%	0.0%	
170	Managed Care Administration	1,424,943	1,424,943	-	-	-	-	-	-	-	-	-	
171	Admin Cost Ratio (MCA % of Total Cost)	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
172	Contract Cost	57,749,350	1,424,943	56,324,407	5,141,220	8,729,760	4,174,552	10,376,031	-	23,202,383	4,700,461	-	
173	Net before Settlement	(2,655,010)	(1,511,337)	(1,143,673)	(2,520,815)	2,002,455	(173,259)	(171,358)	-	(669,008)	388,312	-	
174	PPS-1 Supplemental Payment Difference	-	8,358,567	(8,358,567)	(2,520,815)	(1,641,891)	(1,157,849)	(1,699,252)	-	82,955	(1,421,715)	-	
175	Contract Settlement / Redistribution	-	(7,214,894)	7,214,894	-	3,644,346	984,591	1,527,895	-	(751,963)	1,810,026	-	
176	Net after Settlement	-	(7,214,894)	7,214,894	-	3,644,346	984,591	1,527,895	-	(751,963)	1,810,026	-	
177													
178													
179													
180	SWMBH CMHP Subcontracts												
199	Subcontract Revenue	290,161,360	23,604,035	266,557,325	12,636,273	51,304,957	14,556,123	49,588,221	14,079,707	82,446,748	19,160,406	22,784,891	
200	Incentive Payment Revenue	310,811	124,661	186,150	-	-	186,150	-	-	-	-	-	
201	Contract Revenue	290,472,171	23,728,696	266,743,475	12,636,273	51,304,957	14,742,273	49,588,221	14,079,707	82,446,748	19,160,406	22,784,891	
202	External Provider Cost	206,808,853	9,993,222	196,815,631	5,507,687	35,929,554	10,742,044	35,729,191	10,876,567	65,997,673	15,303,173	16,729,742	
203	Internal Program Cost	75,406,485	-	75,406,485	6,474,846	11,791,636	4,736,185	13,537,616	5,273,346	20,177,469	5,528,301	7,887,086	
204	SSI Reimb, 1st/3rd Party Cost Offset	(681,402)	-	(681,260)	(5,796)	(484,156)	(109,482)	(83,412)	-	(347,247)	(111,188)	(105,417)	
205	Insurance Provider Assessment Withhold (IPA)	8,763,603	8,763,603	-	-	-	-	-	-	-	-	-	
206	Total Healthcare Cost	290,297,539	18,756,825	271,540,856	11,976,737	47,237,034	15,368,747	49,183,394	16,149,913	85,827,895	20,720,286	24,511,411	
207	Medical Loss Ratio (HCC % of Revenue)	99.9%	79.0%	101.8%	94.8%	92.1%	104.2%	99.2%	114.7%	104.1%	108.1%	107.6%	
208	Managed Care Administration	27,345,141	7,154,471	20,190,670	673,242	4,044,172	755,840	4,450,597	1,330,966	5,453,671	1,483,203	1,998,978	
209	Admin Cost Ratio (MCA % of Total Cost)	8.6%	2.3%	6.4%	5.3%	7.9%	4.7%	8.3%	7.6%	6.0%	6.7%	7.5%	
210	Contract Cost	317,642,680	25,911,296	291,731,525	12,649,979	51,281,206	16,124,587	53,633,991	17,480,878	91,281,567	22,203,489	26,510,389	
211	Net before Settlement	(27,170,509)	(2,182,601)	(24,988,050)	(13,707)	23,751	(1,382,313)	(4,045,770)	(3,401,172)	(8,834,818)	(3,043,083)	(3,725,498)	
212	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
213	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
214	Contract Settlement	11,317,064	(20,755,985)	32,073,049	449,393	3,620,595	2,366,904	5,573,665	3,401,172	8,082,713	4,853,110	3,725,498	
215	Net after Settlement	(15,853,445)	(22,938,586)	7,084,999	435,686	3,644,346	984,591	1,527,895	-	(752,105)	1,810,026	-	
216													
217													
218													
219													
220													
221													
222													

	E	F	I	J	K
1	Southwest Michigan Behavioral Health				
2	For the Fiscal YTD Period Ended 9/30/2024		FY24 Projection Medicaid and Healthy Michigan		
3	(For Internal Management Purposes Only)		<i>Revised - FY24 Rate Amendment</i>		
4					
4					
6	REVENUE				
7	Contract Revenue				
8					
9					
10					
14					
19					
25					
26					
27					
28	EXPENSE				
29	Healthcare Cost				
30					
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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: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)			Required Reviewer: SWMBH Board
Effective Date: 02.14.14	Last Review Date: 10.13.23	Past Review Dates: 10.12.14, 02.13.15, 5.13.16, 5.12.17, 6.8.18; 6.14.19, 06.12.20, 7.9.21, 11.11.22	

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 negative deviation of actual expenditures from board priorities established in policies and inclusive of annual budget.

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).
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

Section: Board Policy – Executive Limitations		Policy Number: BEL-001	Pages: 1
Subject: Budgeting		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 02.14.2014	Last Review Date: 4/12/24	Past Review Dates: 8.8.14, 11/13/15, 1/13/17, 1/12/18,1/11/19,1/10/20, 2/12/21, 3/11/22, 4/14/23	

I. PURPOSE:

II. POLICY:

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate from Board Accomplishments/Results/Ends priorities, risk fiscal jeopardy, or fail to be derived from multi-year plan.

III. STANDARDS:

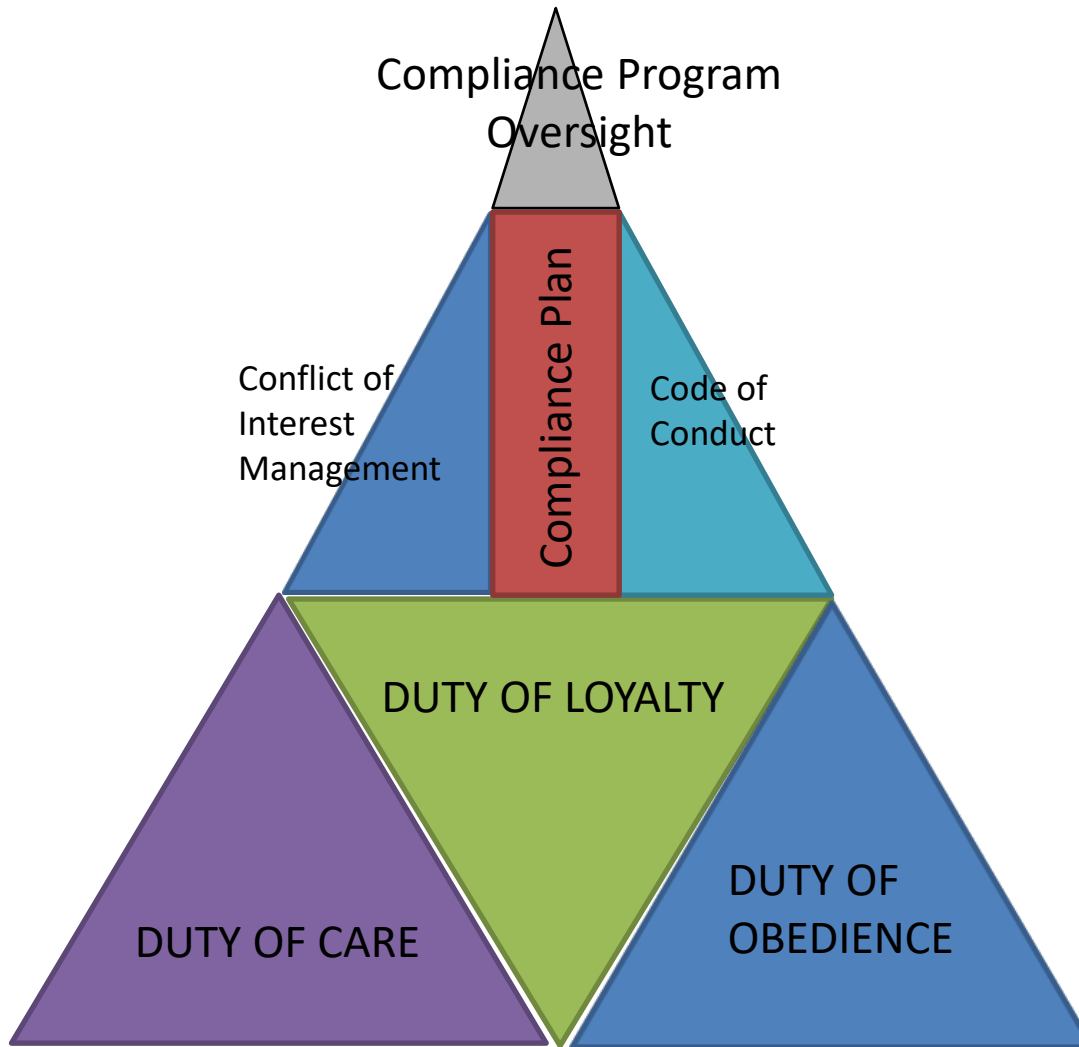
Accordingly the Executive Officer may not allow budgeting which;

1. Contains too little information or omits information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Plans the expenditures in any fiscal year of more funds than are conservatively projected to be available for that period.
3. Provide less than is sufficient for board prerogatives, such as costs of fiscal audit, Board development, Board and Committee meetings, and Board legal fees.
4. Endangers the fiscal soundness of future years or ignore the building of organizational capability sufficient to achieve future ends.
5. Cannot be shared with the Board on a monthly basis.



SWMBH Board Corporate Compliance Role and Function

Board of Directors: Role & Function



Board of Directors: Role & Function

FIDUCIARY DUTIES OWED TO SWMBH:

- Duty of Care – requires a Board Member to exercise reasonable care that an ordinarily prudent person would use in similar circumstances.
- Duty of Loyalty – requires a Board Member to act faithfully in the best interest of the organization and never for self-benefit financially or any other personal gain.
- Duty of Obedience – requires a Board Member to serve in a manner that is faithful to and consistent with the organization’s mission.

SWMBH Board Members’ Compliance role flows from and complements these fiduciary duties.



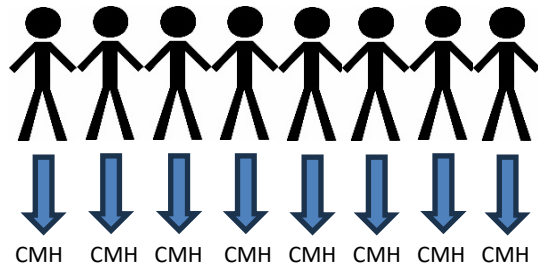
Board of Directors: Role & Function

Conflicts of Interest

- Inherent conflicts: How do SWMBH Board members fulfill their fiduciary duties within the structure of the PIHP-CMHSP governance system?

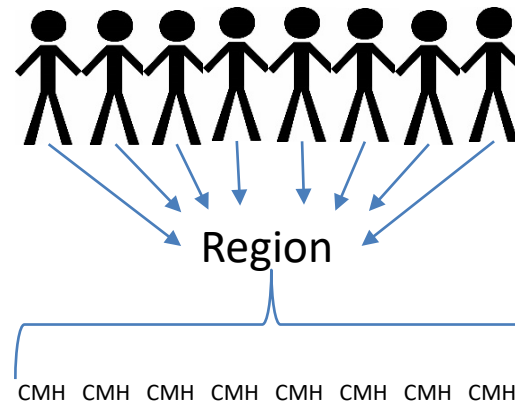
CMH Board Member

Duties owed to a discreet
CMH (individually)



Regional Entity Board Member

Duties owed to the Regional
Entity/region as a whole
(collectively)



Board of Directors: Role & Function

Managing Conflicts of Interest

- Questions to ask yourself (duty to disclose) and your fellow Board Members (duty to inquire)
 - Can I act in the best interests of the Region as a whole?
 - Do I have a relationship/position that may effect my decision-making when sitting as a SWMBH Board Member?
 - Examples – spouse is employed by a provider within SWMBH’s provider network; you serve as a Board member for a contracted entity; child works for a SWMBH vendor.
 - **Open Meetings Act compliance** – ensuring Board deliberations and decisions happen in a meeting open to the public
- Complete Financial Interest Disclosure Statements (FIDs) annually and whenever a new actual or perceived COI exists.
 - Chief Compliance Officer reviews and Board determines if an actual or perceived conflict of interest exists and any steps necessary to manage the conflict.
- Protects the integrity of Board action and ensures that you are fulfilling your fiduciary duties owed to SWMBH.

Board of Directors: Role & Function

Comply with Corporate Compliance Plan & Code of Conduct

- Comply with SWMBH's Corporate Compliance Plan;
- Comply with SWMBH's Code of Conduct including:
 - Understanding and abiding by reporting obligations – duty to report actual/suspected fraud, waste, or abuse to the Chief Compliance Officer;
 - Cooperating fully with any Compliance investigation;
 - Remaining free of the influence of alcohol and illegal drugs while performing Board service;
 - Abstaining from harassment and discrimination in any form;
 - Remaining free from conflicts of interest;
 - Maintaining confidentiality, when appropriate (subject to OMA);
 - Not accepting or soliciting business courtesies or gifts meant to effect business decisions, nor any single gift of more than a \$25 value or \$300 value per year.



Board of Directors: Role & Function

Ensure Compliance Program Oversight

Compliance Program Oversight – the exercise of reasonable care to assure that SWMBH staff carry out their management responsibilities and comply with the law, and that the Compliance Program is effective.

How should Board oversight of Compliance Program functions be accomplished?

Adequate reporting systems.



Board Oversight Responsibilities

Making inquiries to ensure:

- (1) a corporate information and reporting system exists, and
- (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course. *(In re Caremark Int'l, Inc. Derivative Litig. 698 A.2d 959 (Del. Ch. 1996)).*

Practical Guidance for Health Care Governing Boards on Compliance Oversight (Published April 20, 2015):

- “The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.”

Board Oversight Responsibilities

(1) a corporate information and reporting system exists...

- Designation of Chief Compliance Officer
 - Delegated day-to-day operational responsibility for the development and implementation of the compliance program
 - Direct access and accountability to the Board
 - Schedule for reporting included on the Board Calendar
- Reporting obligations, including Whistleblower protections, are well-publicized and communicated to Board members, staff, and network providers
 - Corporate Compliance Plan
 - SWMBH Code of Conduct
 - SWMBH Policy for reporting FWA

Board Oversight Responsibilities

(2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.

- Annually the Board reviews and prospectively approves the SWMBH Corporate Compliance Plan.
 - Includes Audit & Monitoring Plan
- Bi-annual reports to the Board regarding Program Integrity & Compliance (PI/C) investigations, breaches, and audits. Includes any reporting to outside entities.
- Annual PI/C Program Evaluation submitted to the Board to review program initiatives, changes, and improvements.
- Communications as needed for education and/or regulatory changes affecting the Board.

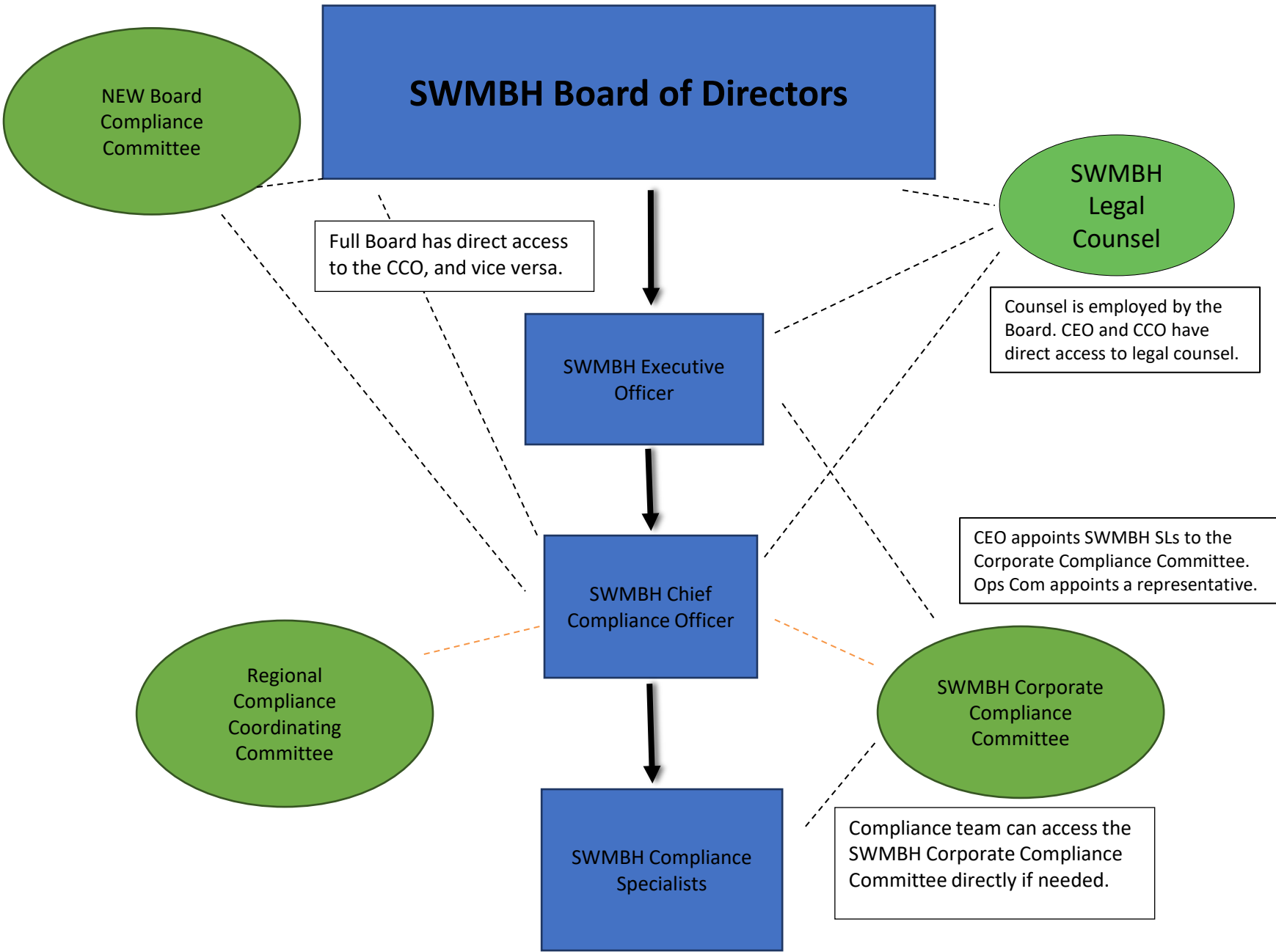
Are you satisfied with the information you receive? If not, it is your responsibility to instruct management that you want more.

SWMBH Compliance Team

- **SWMBH Program Integrity & Compliance Department**
 - Three Compliance Specialists – Alison Strasser, Jordan Huyser and Ramiah Johnson
 - Responsible for day-to-day operations of the Compliance Program
- **SWMBH Compliance Committee**
 - Comprised of SWMBH Senior leadership from varying departments, as well as a CMH CEO (presently Van Buren’s Debbie Hess)
 - Responsible for oversight of Compliance Program activities
 - Meets monthly
- **Regional Compliance Coordinating Committee**
 - Compliance Officer from each CMHSP and SWMBH Compliance Dept.
 - Meets monthly to coordinate compliance activities across the Region
- **Corporate Counsel**
- **PIHP Compliance Officers**
 - Meet periodically to discuss compliance related issues

SWMBH Compliance Team (cont.)

- **NEW Board Regulatory Compliance Committee**
 - Required by the Code of Federal Regulations and the MDHHS-PIHP Master Contract.
 - Consists of three (3) SWMBH Board Members and the SWMBH Chief Compliance Officer.
 - Purpose: Support and enhance the Board's duty to exercise reasonable oversight of the SWMBH compliance program and its compliance with the requirements applicable to the PIHP.



Board Compliance Reports

- Current schedule:
 - Bi-annual reports
 - Number, type, and outcome of investigations and breaches
 - Update on on-going compliance audits
 - Annual Corporate Compliance education
 - Updates as needed
 - Anytime an external agency is involved, or when disclosure is required to an authoritative body
 - Any situations that would implicate the entity's Executive Officer
 - Board prospectively reviews and approves the Corporate Compliance Plan for the coming Fiscal Year
- **Do you feel this meets your needs?**
- **Is there additional information you feel is necessary?**



Code of Conduct

Important Phone Numbers

Compliance Hotline: (800) 783-0914

Mila C. Todd, Chief Compliance & Privacy Officer: (269) 488-6794

Southwest Michigan Behavioral Health Vision, Mission, Values and Behavioral Standards

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH VISION

To ensure persons with specialty care needs reside in their own community, have a quality and healthy lifestyle and are fully accepted.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH MISSION

To provide a community-based, integrated specialty care system for individuals and families with mental health, developmental disabilities and substance abuse needs that empowers people to succeed. To ensure all persons receiving our services have access to the highest quality care available.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH VALUES

Customer Driven
Person-Centered
Recovery Oriented
Evidenced-Based
Integrated Care
Trust
Integrity

Transparency
Inclusive
Accessibility
Acceptability
Impact
Value
Culturally Competent & Diverse Workforce
High Quality Services
Regulatory Compliance

The Code of Conduct serves to function as a foundational document that details the fundamental principles, values and framework for action within Southwest Michigan Behavioral Health's (SWMBH) compliance program. The Code of Conduct articulates SWMBH's commitment to comply with all applicable Federal and State standards. The standards not only address compliance with statutes and regulations, but also set forth broad principles that guide employees in conducting business professionally and properly. The standards included in the Code of Conduct will promote integrity, support objectivity, and foster trust. Furthermore, the SWMBH standards of conduct will reflect a commitment to high quality health care delivery as evidenced by its conduct, of on-going performance assessment, improved outcomes of care, and respect for the rights of SWMBH's consumers.

SWMBH is committed to conducting its business in a manner that facilitates quality, efficiency, honesty, integrity, confidentiality, respect and full compliance with applicable laws and regulations. In order to achieve this goal, SWMBH recognizes that it must require its staff to maintain a standard of behavior that is both lawful and ethical. Accordingly,

- SWMBH will advise and train its staff about the applicable laws and requirements.
- SWMBH board members, administration, staff, participating CMHSP's and providers are expected to assume personal responsibility and accountability for understanding relevant laws, regulations and contract and grant requirements and for ensuring compliance.
- SWMBH management is committed to informing those under their supervision that they should comply with the applicable standards and, if they do not comply, appropriate disciplinary action will be taken.

Definitions

- Abuse: means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

- Fraud (per CMS): means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act.
- Fraud (per Michigan Medicaid): Michigan law permits a finding of Medicaid fraud based upon “constructive knowledge.” This means that if the course of conduct “reflects a systematic or persistent tendency to cause inaccuracies” then it may be fraud, rather than simply a good faith error or mistake.
- Waste: means overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.

Reporting Violations

All staff or agents of the organization have the responsibility not only to comply with the laws and regulations but to ensure that others do as well. Any staff or agent who has firsthand knowledge of activities or omissions that may violate applicable laws and regulations is required to report such wrongdoing. Reporting suspected violations is mandatory, not optional. Staff will be informed that in some instances, failure to report a suspected violation may be the basis for disciplinary action against the staff. Corporate Compliance violations may be reported to the Chief Compliance Officer through either the hotline **(800) 783-0914**, e-mail, in person or in writing. All reports of wrongdoing shall be investigated to the extent necessary to determine their validity. No staff, provider or agent making such a report in good faith shall be retaliated against by SWMBH, staff, or agents and will be protected by the Michigan Whistleblower’s Protection Act. Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, or discipline for any other performance-related reason unconnected to reporting potential violations is not retaliation.

Resources for Guidance

Staff or agents may seek clarification from the Compliance Program, organizational policies, or may direct questions to the Chief Compliance Officer through either the hotline, e-mail, in person or in writing.

Confidentiality

All staff or agents making reports are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigation. Nonetheless, anonymous reports are better than no report at all, and no report shall be refused or treated less seriously because the

reporter wishes to remain anonymous. Confidentiality and anonymity of the reporter/complainant and the content of the report will be preserved to the extent permitted by law and by the circumstances. Information about reports, investigations, or follow-up actions shall not be disclosed to anyone other than those individuals charged with responsibility in investigation and remedial action as well as legal counsel.

Examples of Fraud, Waste and Abuse That Should Be Reported

Examples of fraud, waste and abuse activities that should be reported include, but are not limited to, the following;

- Financial
 - Forgery or alteration of documents related to SWMBH services and/or expenditures (checks, contracts, purchase orders, invoices, etc.);
 - Misrepresentation of information on documents (financial records and medical records);
 - Theft, unauthorized removal, or willful destruction of SWMBH records or property;
 - Misappropriation of SWMBH funds or equipment, supplies or other assets purchased with Medicaid or Medicare funds; and
 - Embezzlement or theft
- Beneficiaries/Consumers:
 - Changing, forging or altering medical records;
 - Changing referral forms;
 - Letting someone else use their Medicaid or Medicare card to obtain SWMBH covered services;
 - Misrepresentation of eligibility status;
 - Identity theft;
 - Prescription diversion and inappropriate use;
 - Resale of medications on the black market;
 - Prescription stockpiling;
- Provider
 - Lying about credentials such as a college degree;
 - Billing for services that were not provided;
 - Billing a balance that is not allowed;
 - Double billing or upcoding;
 - Underutilization – not ordering or providing services that are medically necessary;
 - Overutilization – ordering or providing services in excess of what is medically necessary;

- Falsifying information (not consistent with the consumer’s condition or medical record) submitted through a prior authorization or other service utilization oversight mechanism in order to justify coverage;
- Forging a signature on a contract or other document;
- Pre- or post-dating a contract or other document;
- Intentionally submitting a false claim;
- Changing, forging or altering medical records;
- Kickbacks, inducements and/or other illegal remunerations; and
- Illegal use of drug samples

Internal Investigation

All reports of wrongdoing, however received, shall be investigated and documented according to the Corporate Compliance Investigation Procedure. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within SWMBH who is not involved in the investigatory process or to anyone outside SWMBH without the prior approval of the Chief Compliance Officer. All staff and agents are expected to cooperate fully with investigation efforts.

Disciplinary Accountability and Consequences

SWMBH has formulated guidelines regarding the consequences and disciplinary action for staff who have failed to comply with SWMBH policies and procedures, Federal and State laws or the Corporate Compliance Plan. The disciplinary measures will vary depending upon the severity of the transgression. Sanctions could range from an oral warning to suspension, termination or financial penalties as appropriate.

Disciplinary actions will be taken in a fair, equitable, appropriate and consistent manner. All staff will be subject to the same disciplinary action for the commission of similar offenses.

Conflicts of Interest

In order to safeguard SWMBH’s commitment to ethical and legal standards of conduct, Board Members, all officers, all senior management members, medical staff, and individuals with Board-designated powers and/or authority shall avoid any action that conflicts with the interests of the organization and refrain from being influenced by personal considerations in the performance of their duties. Unless properly disclosed and approved by SWMBH, it could be a conflict of interest to, but is not limited to:

- Have an interest in a publicly held company, vendor, customer or competitor of SWMBH;
- Work for, consult with or provide services to a competitor; and/or
- Use confidential information obtained for any person’s personal gain or benefit.

Accordingly, staff/agents, officers, senior managers, and medical staff must disclose the existence and nature of any actual or potential conflict of interest on their Conflict of Interest Form or to the Chief Compliance Officer at the time of interview, orientation and annually thereafter and/or when a conflicting interest arises. All actual or potential conflicts of interest

disclosed shall be reviewed by the Chief Compliance Officer, according to previously identified criteria, to determine whether there is a conflict of interest.

Substance Abuse

To protect staff/agents and consumers, SWMBH is committed to an alcohol and drug-free environment. All staffs/agents must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drugs or alcohol, having an illegal drug in one's system, or using, possessing, or distributing/selling illegal drugs while on SWMBH's work time or property may result in immediate termination.

Harassment

Mutual respect among all staff members in the way we treat each other is expected. Each SWMBH staff/agent has the right to work in an environment free of harassment. Therefore, harassment of staff/agents in the work place by any person or in any form is prohibited by SWMBH. This includes sexual harassment; harassment based on sex, race, color, religion, national origin, citizenship, disability, age, sexual orientation, or any other protected category; or conduct such as ridicule or degrading comments to others which severely and adversely affect their work environment or interferes with their ability to perform their job. Alleged harassment should be reported to a member of the senior management team or to the Human Resources Director.

Confidentiality

SWMBH is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any consumer information to anyone other than a staff/agent or staff member involved in the care and treatment of that consumer. Any staff/agent who engages in the unauthorized disclosure of any information concerning a consumer may be subject to immediate termination. Staff/agents shall comply with the SWMBH Confidentiality Policy, the Michigan Mental Health Code, HIPAA Privacy requirements, and all other applicable laws and regulations.

To ensure that all consumer information remains confidential, staff/agents are required to comply with the following guidelines:

- Staff/agents shall not discuss any consumer in an external or internal environment where such information could be heard by unauthorized personnel or other consumer/visitors.
- If asked about a consumer by anyone other than staff/agents involved in the care or treatment of the consumer, staff/agents will disclose no information unless first obtaining the written consent of the consumer or the consumer's representative/legal guardian.
- Medical staff members and staff/agents may not have access to the records of any consumer unless they are involved in the care and treatment of the consumer, or if a legal or administrative reason exists requiring them to have access to those documents.

Political Activities and Contributions

SWMBH funds or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations. SWMBH resources include financial and non-financial donations of funds, products, or services to any political cause.

Staff/agents may make voluntary contributions provided they do not communicate that their contributions are from SWMBH.

At times, SWMBH may ask staff/agents to make personal contact with government officials or to write letters to present the organization's position on specific issues. In addition, it is part of the role of some SWMBH management to interface on a regular basis with government officials. Such activity is permissible provided that funds and resources are not contributed.

Marketing Practices

There are times when SWMBH directly markets services to potential consumers; however, the federal Anti-Kickback Statute of the Social Security Act makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by the Medicaid or Medicare programs.

Under no circumstances will SWMBH offer free items or services that are not related to medical or health care. Moreover, any free items offered must have no monetary value.

SWMBH staff/agents will not engage in any prohibitive marketing activities. These activities include: the giving of gifts or payments to induce enrollments, discrimination of any kind, unsolicited door-to-door marketing, and contracting outreach efforts to individuals or organizations whose sole responsibility involves direct contact with the elderly to solicit enrollment.

Charitable Contributions

All charitable contributions must be made for the benefit of SWMBH and for the purpose of advancing SWMBH's mission. The Executive Officer will oversee all charitable contributions to ensure that they are administered in accordance with the donor's intent. All checks and other documents must be made payable to SWMBH and given to the Finance Department to deposit into the appropriate account.

Contractual/Financial Arrangements with Health Care Professionals

SWMBH is committed to ensuring that all contractual and financial arrangements with health care professionals are structured in accordance with Federal and State laws and other regulations and are in the best interests of the organization and the consumers it serves. In order to ethically and legally meet all standards regarding referrals and enrollments, SWMBH will strictly adhere to the following:

- SWMBH does not pay for referrals. Consumer referrals and enrollments will be accepted based solely on the consumer's clinical needs and our ability to render the needed services. SWMBH does not pay or offer to pay anyone for referrals or consumers. Violation of this policy may have grave consequences for the organization and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded healthcare programs.

- SWMBH does not accept payments for referrals. No SWMBH staff/agent or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers.
- SWMBH does not use financial incentives to encourage barriers to care and services and/or decisions the result in underutilization. SWMBH does not reward practitioners, or other individuals conducting utilization review, for issuing denials of coverage or service. All utilization management decision-making is based only on the existence of coverage and appropriateness of care and service. Clinical decisions are based on the clinical features of the individual case and the medical necessity criteria.

Receiving Business Courtesies and Gifts

No staff/agent or officer shall accept or solicit any gifts, gratuities, loans (in nature of a gratuity), or favors of any kind from any individual, firm, or corporation doing business with or seeking to do business with SWMBH or any of its affiliates, if the gift is offered or appears to be offered in exchange for any type of favorable treatment or advantage. Specifically, no gifts or favors shall be accepted if valued in excess of \$25, with a maximum of \$300 per year, or intended to affect the recipient's business decisions with SWMBH. Perishable or consumable gifts, except for items of minimal value such as flowers, cookies or candy from consumers and/or family members given to a department or group are not subject to any specific limitation. Under no circumstances shall a direct care staff receive monetary gifts from consumers and/or family members. Consumers wishing to make a gift must follow the protocol for charitable contributions. If there are concerns regarding any staff's acceptance of gifts, the Chief Compliance Officer, in coordination with the SWMBH Compliance Committee, shall make the final decision.

There are some circumstances where staff are invited to an event at a vendor's expense to receive information about new products or services. Prior to accepting any such invitation, approval must be received from the Executive Officer. Accepting personal gifts and/or entertainment can sometimes be construed as an attempt to influence judgment concerning patient care or performance of other duties at SWMBH. It may also violate the anti-kickback statute or conflict of interest policy. To that end, no staff may accept any cash amount, or any single gift of more than \$25 value with the total not to exceed \$300 per year.



Practical Guidance for Health Care Governing Boards on Compliance Oversight

Office of Inspector General,
U.S. Department of Health and Human Services
Association of Healthcare Internal Auditors
American Health Lawyers Association
Health Care Compliance Association

About the Organizations

This educational resource was developed in collaboration between the Association of Healthcare Internal Auditors (AHIA), the American Health Lawyers Association (AHLA), the Health Care Compliance Association (HCCA), and the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS).

AHIA is an international organization dedicated to the advancement of the health care internal auditing profession. The AHLA is the Nation's largest nonpartisan, educational organization devoted to legal issues in the health care field. HCCA is a member-based, nonprofit organization serving compliance professionals throughout the health care field. OIG's mission is to protect the integrity of more than 100 HHS programs, including Medicare and Medicaid, as well as the health and welfare of program beneficiaries.

The following individuals, representing these organizations, served on the drafting task force for this document:

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This document is intended to assist governing boards of health care organizations (Boards) to responsibly carry out their compliance plan oversight obligations under applicable laws. This document is intended as guidance and should not be interpreted as setting any particular standards of conduct. The authors recognize that each health care entity can, and should, take the necessary steps to ensure compliance with applicable Federal, State, and local law. At the same time, the authors also recognize that there is no uniform approach to compliance. No part of this document should be taken as the opinion of, or as legal or professional advice from, any of the authors or their respective agencies or organizations.

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Introduction

Previous guidance¹ has consistently emphasized the need for Boards to be fully engaged in their oversight responsibility. A critical element of effective oversight is the process of asking the right questions of management to determine the adequacy and effectiveness of the organization's compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management. Given heightened industry and professional interest in governance and transparency issues, this document seeks to provide practical tips for Boards as they work to effectuate their oversight role of their organizations' compliance with State and Federal laws that regulate the health care industry. Specifically, this document addresses issues relating to a Board's oversight and review of compliance program functions, including the: (1) roles of, and relationships between, the organization's audit, compliance, and legal departments; (2) mechanism and process for issue-reporting within an organization; (3) approach to identifying regulatory risk; and (4) methods of encouraging enterprise-wide accountability for achievement of compliance goals and objectives.

A critical element of effective oversight is the process of asking the right questions....

¹ OIG and AHHA, *Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards of Directors* (2003); OIG and AHHA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors* (2004); and OIG and AHHA, *Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors* (2007).

2

Expectations for Board Oversight of Compliance Program Functions

A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.² The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

Boards are encouraged to use widely recognized public compliance resources as benchmarks for their organizations. The Federal Sentencing Guidelines (Guidelines),³ OIG's voluntary compliance program guidance documents,⁴ and OIG Corporate Integrity Agreements (CIAs) can be used as baseline assessment tools for Boards and management in determining what specific functions may be necessary to meet the requirements of an effective compliance program. The Guidelines "offer incentives to organizations to reduce and ultimately eliminate criminal conduct by providing a structural foundation from which an organization may self-police its own conduct through an effective compliance and ethics program."⁵ The compliance program guidance documents were developed by OIG to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements. CIAs impose specific structural and reporting requirements to

2 *In re Caremark Int'l, Inc. Derivative Litig.*, 698 A.2d 959 (Del. Ch. 1996).

3 U.S. Sentencing Commission, *Guidelines Manual* (Nov. 2013) (USSG), http://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2013/manual-pdf/2013_Guidelines_Manual_Full.pdf.

4 OIG, *Compliance Guidance*, <http://oig.hhs.gov/compliance/compliance-guidance/index.asp>.

5 USSG Ch. 8, Intro. Comment.

promote compliance with Federal health care program standards at entities that have resolved fraud allegations.

Basic CIA elements mirror those in the Guidelines, but a CIA also includes obligations tailored to the organization and its compliance risks. Existing CIAs may be helpful resources for Boards seeking to evaluate their organizations' compliance programs. OIG has required some settling entities, such as health systems and hospitals, to agree to Board-level requirements, including annual resolutions. These resolutions are signed by each member of the Board, or the designated Board committee, and detail the activities that have been undertaken to review and oversee the organization's compliance with Federal health care program and CIA requirements. OIG has not required this level of Board involvement in every case, but these provisions demonstrate the importance placed on Board oversight in cases OIG believes reflect serious compliance failures.

Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort....

Although compliance program design is not a “one size fits all” issue, Boards are expected to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. Ensuring that management is aware of the Guidelines, compliance program guidance, and relevant CIAs is a good first step.

One area of inquiry for Board members of health care organizations should be the scope and adequacy of the compliance program in light of the size and complexity of their organizations. The Guidelines allow for variation according to “the size of the organization.”⁶ In accordance with the Guidelines,

6 USSG § 8B2.1, comment. (n. 2).

OIG recognizes that the design of a compliance program will depend on the size and resources of the organization.⁷ Additionally, the complexity of the organization will likely dictate the nature and magnitude of regulatory impact and thereby the nature and skill set of resources needed to manage and monitor compliance.

While smaller or less complex organizations must demonstrate the same degree of commitment to ethical conduct and compliance as larger organizations, the Government recognizes that they may meet the Guidelines requirements with less formality and fewer resources than would be expected of larger and more complex organizations.⁸ Smaller organizations may meet their compliance responsibility by “using available personnel, rather than employing separate staff, to carry out the compliance and ethics program.” Board members of such organizations may wish to evaluate whether the organization is “modeling its own compliance and ethics programs on existing, well-regarded compliance and ethics programs and best practices of other similar organizations.”⁹ The Guidelines also foresee that Boards of smaller organizations may need to become more involved in the organizations’ compliance and ethics efforts than their larger counterparts.¹⁰

Boards should develop a formal plan to stay abreast of the ever-changing regulatory landscape and operating environment. The plan may involve periodic updates from informed staff or review of regulatory resources made available to them by staff. With an understanding of the dynamic regulatory environment, Boards will be in a position to ask more pertinent questions of management

⁷ Compliance Program for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434, 59436 (Oct. 5, 2000) (“The extent of implementation [of the seven components of a voluntary compliance program] will depend on the size and resources of the practice. Smaller physician practices may incorporate each of the components in a manner that best suits the practice. By contrast, larger physician practices often have the means to incorporate the components in a more systematic manner.”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289 (Mar. 16, 2000) (recognizing that smaller providers may not be able to outsource their screening process or afford to maintain a telephone hotline).

⁸ USSG § 8B2.1, comment. (n. 2).

⁹ *Id.*

¹⁰ *Id.*

and make informed strategic decisions regarding the organizations' compliance programs, including matters that relate to funding and resource allocation. For instance, new standards and reporting requirements, as required by law, may, but do not necessarily, result in increased compliance costs for an organization. Board members may also wish to take advantage of outside educational programs that provide them with opportunities to develop a better understanding of industry risks, regulatory requirements, and how effective compliance and ethics programs operate. In addition, Boards may want management to create a formal education calendar that ensures that Board members are periodically educated on the organizations' highest risks.

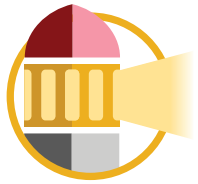
Finally, a Board can raise its level of substantive expertise with respect to regulatory and compliance matters by adding to the Board, or periodically consulting with, an experienced regulatory, compliance, or legal professional. The presence of a professional with health care compliance expertise on the Board sends a strong message about the organization's commitment to compliance, provides a valuable resource to other Board members, and helps the Board better fulfill its oversight obligations. Board members are generally entitled to rely on the advice of experts in fulfilling their duties.¹¹ OIG sometimes requires entities under a CIA to retain an expert in compliance or governance issues to assist the Board in fulfilling its responsibilities under the CIA.¹² Experts can assist Boards and management in a variety of ways, including the identification of risk areas, provision of insight into best practices in governance, or consultation on other substantive or investigative matters.

11 See Del Code Ann. tit. 8, § 141(e) (2010); ABA Revised Model Business Corporation Act, §§ 8.30(e), (f)(2) Standards of Conduct for Directors.

12 See Corporate Integrity Agreements between OIG and Halifax Hospital Medical Center and Halifax Staffing, Inc. (2014, compliance and governance); Johnson & Johnson (2013); Dallas County Hospital District d/b/a Parkland Health and Hospital System (2013, compliance and governance); Forest Laboratories, Inc. (2010); Novartis Pharmaceuticals Corporation (2010); Ortho-McNeil-Janssen Pharmaceuticals, Inc. (2010); Synthes, Inc. (2010, compliance expert retained by Audit Committee); The University of Medicine and Dentistry of New Jersey (2009, compliance expert retained by Audit Committee); Quest Diagnostics Incorporated (2009); Amerigroup Corporation (2008); Bayer HealthCare LLC (2008); and Tenet Healthcare Corporation (2006; retained by the Quality, Compliance, and Ethics Committee of the Board).

Roles and Relationships

Organizations should define the interrelationship of the audit, compliance, and legal functions in charters or other organizational documents. The structure, reporting relationships, and interaction of these and other functions (e.g., quality, risk management, and human resources) should be included as departmental roles and responsibilities are defined. One approach is for the charters to draw functional boundaries while also setting an expectation of cooperation and collaboration among those functions. One illustration is the following, recognizing that not all entities may possess sufficient resources to support this structure:



The compliance function promotes the prevention, detection, and resolution of actions that do not conform to legal, policy, or business standards. This responsibility includes the obligation to develop policies and procedures that provide employees guidance, the creation of incentives to promote employee compliance, the development of plans to improve or sustain compliance, the development of metrics to measure execution (particularly by management) of the program and implementation of corrective actions, and the development of reports and dashboards that help management and the Board evaluate the effectiveness of the program.

The legal function advises the organization on the legal and regulatory risks of its business strategies, providing advice and counsel to management and the Board about relevant laws and regulations that govern, relate to, or impact the organization. The function also defends the organization in legal proceedings and initiates legal proceedings against other parties if such action is warranted.

The internal audit function provides an objective evaluation of the existing risk and internal control systems and framework within an organization. Internal audits ensure monitoring functions are working as intended and identify where management monitoring and/or additional

Board oversight may be required. Internal audit helps management (and the compliance function) develop actions to enhance internal controls, reduce risk to the organization, and promote more effective and efficient use of resources. Internal audit can fulfill the auditing requirements of the Guidelines.

The human resources function manages the recruiting, screening, and hiring of employees; coordinates employee benefits; and provides employee training and development opportunities.

The quality improvement function promotes consistent, safe, and high quality practices within health care organizations. This function improves efficiency and health outcomes by measuring and reporting on quality outcomes and recommends necessary changes to clinical processes to management and the Board. Quality improvement is critical to maintaining patient-centered care and helping the organization minimize risk of patient harm.

Boards should be aware of, and evaluate, the adequacy, independence,¹³ and performance of different functions within an organization on a periodic basis. OIG believes an organization's Compliance Officer should neither be counsel for the provider, nor be subordinate in function or position to counsel or the legal department, in any manner.¹⁴ While independent, an organization's counsel and compliance officer should collaborate to further the interests of the organization. OIG's position on separate compliance and legal functions reflects the independent roles and professional obligations of each function;¹⁵

13 Evaluation of independence typically includes assessing whether the function has uninhibited access to the relevant Board committees, is free from organizational bias through an appropriate administrative reporting relationship, and receives fair compensation adjustments based on input from any relevant Board committee.

14 See OIG and AHHA, *An Integrated Approach to Corporate Compliance: A Resource for Health Care Organization Boards of Directors*, 3 (2004) (citing Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998)).

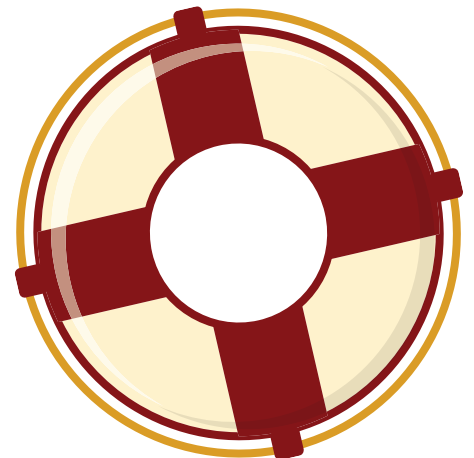
15 See, generally, *id.*

the same is true for internal audit.¹⁶ To operate effectively, the compliance, legal, and internal audit functions should have access to appropriate and relevant corporate information and resources. As part of this effort, organizations will need to balance any existing attorney-client privilege with the goal of providing such access to key individuals who are charged with the responsibility for ensuring compliance, as well as properly reporting and remediating any violations of civil, criminal, or administrative law.

The Board should have a process to ensure appropriate access to information; this process may be set forth in a formal charter document approved by the Audit Committee of the Board or in other appropriate documents. Organizations that do not separate these functions (and some organizations may not have the resources to make this complete separation) should recognize the potential risks of such an arrangement. To partially mitigate these potential risks, organizations should provide individuals serving in multiple roles the capability to execute each function in an independent manner when necessary, including through reporting opportunities with the Board and executive management.

Boards should also evaluate and discuss how management works together to address risk, including the role of each in:

- 1.** identifying compliance risks,
- 2.** investigating compliance risks and avoiding duplication of effort,
- 3.** identifying and implementing appropriate corrective actions and decision-making, and
- 4.** communicating between the various functions throughout the process.



¹⁶ Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8,987, 8,997 (Feb. 23, 1998) (auditing and monitoring function should “[b]e independent of physicians and line management”); Compliance Program Guidance for Home Health Agencies, 63 Fed. Reg. 42,410, 42,424 (Aug. 7, 1998) (auditing and monitoring function should “[b]e objective and independent of line management to the extent reasonably possible”); Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,302 (Mar. 16, 2000).

Boards should understand how management approaches conflicts or disagreements with respect to the resolution of compliance issues and how it decides on the appropriate course of action. The audit, compliance, and legal functions should speak a common language, at least to the Board and management, with respect to governance concepts, such as accountability, risk, compliance, auditing, and monitoring. Agreeing on the adoption of certain frameworks and definitions can help to develop such a common language.

Reporting to the Board

The Board should set and enforce expectations for receiving particular types of compliance-related information from various members of management. The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts—separately and independently—from a variety of key players, including those responsible for audit, compliance, human resources, legal, quality, and information technology. By engaging the leadership team and others deeper in the organization, the Board can identify who can provide relevant information about operations and operational risks. It may be helpful and productive for the Board to establish clear expectations for members of the management team and to hold them accountable for performing and informing the Board in accordance with those expectations. The Board may request the development of objective scorecards that measure how well management is executing the compliance program, mitigating risks, and implementing corrective action plans. Expectations could also include reporting information on internal and external investigations, serious issues raised in internal and external audits, hotline call activity, all allegations of material fraud or senior management misconduct, and all management exceptions to the organization's

The Board should receive regular reports regarding the organization's risk mitigation and compliance efforts....

code of conduct and/or expense reimbursement policy. In addition, the Board should expect that management will address significant regulatory changes and enforcement events relevant to the organization's business.

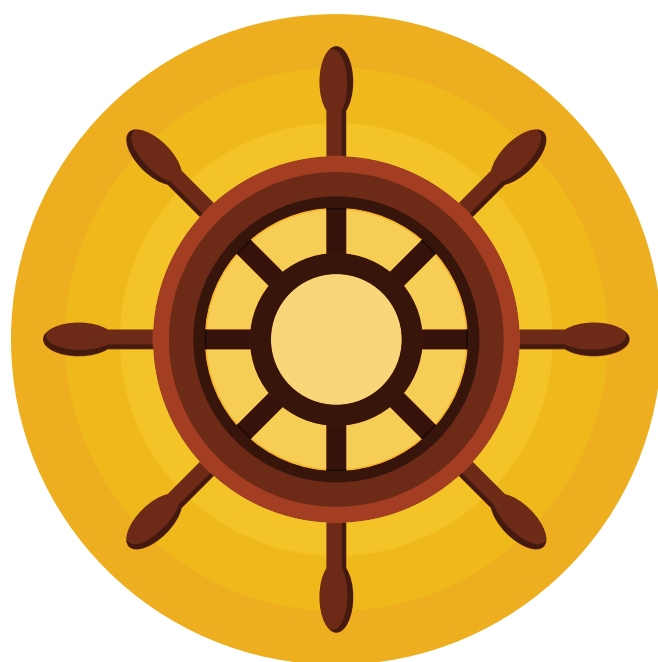
Boards of health care organizations should receive compliance and risk-related information in a format sufficient to satisfy the interests or concerns of their members and to fit their capacity to review that information. Some Boards use tools such as dashboards—containing key financial, operational and compliance indicators to assess risk, performance against budgets, strategic plans, policies and procedures, or other goals and objectives—in order to strike a balance between too much and too little information. For instance, Board quality committees can work with management to create the content of the dashboards with a goal of identifying and responding to risks and improving quality of care. Boards should also consider establishing a risk-based reporting system, in which those responsible for the compliance function provide reports to the Board when certain risk-based criteria are met. The Board should be assured that there are mechanisms in place to ensure timely reporting of suspected violations and to evaluate and implement remedial measures. These tools may also be used to track and identify trends in organizational performance against corrective action plans developed in response to compliance concerns. Regular internal reviews that provide a Board with a snapshot of where the organization is, and where it may be going, in terms of compliance and quality improvement, should produce better compliance results and higher quality services.

As part of its oversight responsibilities, the Board may want to consider conducting regular “executive sessions” (i.e., excluding senior management) with leadership from the compliance, legal, internal audit, and quality functions to encourage more open communication. Scheduling regular executive sessions creates a continuous expectation of open dialogue, rather than calling such a session only when a problem arises, and is helpful to avoid suspicion among management about why a special executive session is being called.

Identifying and Auditing Potential Risk Areas

Some regulatory risk areas are common to all health care providers. Compliance in health care requires monitoring of activities that are highly vulnerable to fraud or other violations. Areas of particular interest include referral relationships and arrangements, billing problems (e.g., upcoding, submitting claims for services not rendered and/or medically unnecessary services), privacy breaches, and quality-related events.

The Board should ensure that management and the Board have strong processes for identifying risk areas. Risk areas may be identified from internal or external information sources. For instance, Boards and management may identify regulatory risks from internal sources, such as employee reports to an internal compliance hotline or internal audits. External sources that may be used to identify regulatory risks might include professional organization publications, OIG-issued guidance, consultants, competitors, or news media. When failures or problems in similar organizations are publicized, Board members should ask their own management teams whether there are controls and processes in place to reduce the risk of, and to identify, similar misconduct or issues within their organizations.



The Board should ensure that management consistently reviews and audits risk areas, as well as develops, implements, and monitors corrective action plans. One of the reasonable steps an organization is expected to take

under the Guidelines is “monitoring and auditing to detect criminal conduct.”¹⁷ Audits can pinpoint potential risk factors, identify regulatory or compliance problems, or confirm the effectiveness of compliance controls. Audit results that reflect compliance issues or control deficiencies should be accompanied by corrective action plans.¹⁸

Recent industry trends should also be considered when designing risk assessment plans. Compliance functions tasked with monitoring new areas of risk should take into account the increasing emphasis on quality, industry consolidation, and changes in insurance coverage and reimbursement. New forms of reimbursement (e.g., value-based purchasing, bundling of services for a single payment, and global payments for maintaining and improving the health of individual patients and even entire populations) lead to new incentives and compliance risks. Payment policies that align payment with quality care have placed increasing pressure to conform to recommended quality guidelines and improve quality outcomes. New payment models have also incentivized consolidation among health care providers and more employment and contractual relationships (e.g., between hospitals and physicians). In light of the fact that statutes applicable to provider-physician relationships are very broad, Boards of entities that have financial relationships with referral sources or recipients should ask how their organizations are reviewing these arrangements for compliance with the physician self-referral (Stark) and anti-kickback laws. There should also be a clear understanding between the Board and management as to how the entity will approach and implement those relationships and what level of risk is acceptable in such arrangements.

Emerging trends in the health care industry to increase transparency can present health care organizations with opportunities and risks. For example, the Government is collecting and publishing data on health outcomes and quality measures (e.g., Centers for Medicare & Medicaid Services (CMS) Quality Compare Measures), Medicare payment data are now publicly available (e.g.,

17 See USSG § 8B2.1(b)(5).

18 See USSG § 8B2.1(c).

CMS physician payment data), and the Sunshine Rule¹⁹ offers public access to data on payments from the pharmaceutical and device industries to physicians. Boards should consider all beneficial use of this newly available information. For example, Boards may choose to compare accessible data against organizational peers and incorporate national benchmarks when assessing organizational risk and compliance. Also, Boards of organizations that employ physicians should be cognizant of the relationships that exist between their employees and other health care entities and whether those relationships could have an impact on such matters as clinical and research decision-making. Because so much more information is becoming public, Boards may be asked significant compliance-oriented questions by various stakeholders, including patients, employees, government officials, donors, the media, and whistleblowers.

Encouraging Accountability and Compliance

Compliance is an enterprise-wide responsibility. While audit, compliance, and legal functions serve as advisors, evaluators, identifiers, and monitors of risk and compliance, it is the responsibility of the entire organization to execute the compliance program.

In an effort to support the concept that compliance is “a way of life,” a Board may assess employee performance in promoting and adhering to compliance.²⁰ An organization may assess individual, department, or facility-level performance or consistency in executing the compliance program. These assessments can then be used to either withhold incentives or to provide bonuses

Compliance is an enterprise-wide responsibility.

19 See Sunshine Rule, 42 C.F.R. § 403.904, and CMS *Open Payments*, <http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html>.

20 Compliance Program Guidance for Nursing Facilities, 65 Fed. Reg. 14,289, 14,298-14,299 (Mar. 16, 2000).

based on compliance and quality outcomes. Some companies have made participation in annual incentive programs contingent on satisfactorily meeting annual compliance goals. Others have instituted employee and executive compensation claw-back/recoupment provisions if compliance metrics are not met. Such approaches mirror Government trends. For example, OIG is increasingly requiring certifications of compliance from managers outside the compliance department. Through a system of defined compliance goals and objectives against which performance may be measured and incentivized, organizations can effectively communicate the message that everyone is ultimately responsible for compliance.

Governing Boards have multiple incentives to build compliance programs that encourage self-identification of compliance failures and to voluntarily disclose such failures to the Government. For instance, providers enrolled in Medicare or Medicaid are required by statute to report and refund any overpayments under what is called the 60 Day Rule.²¹ The 60-Day Rule requires all Medicare and Medicaid participating providers and suppliers to report and refund known overpayments within 60 days from the date the overpayment is “identified” or within 60 days of the date when any corresponding cost report is due. Failure to follow the 60-Day Rule can result in False Claims Act or civil monetary penalty liability. The final regulations, when released, should provide additional guidance and clarity as to what it means to “identify” an overpayment.²² However, as an example, a Board would be well served by asking management about its efforts to develop policies for identifying and returning overpayments. Such an inquiry would inform the Board about how proactive the organization’s compliance program may be in correcting and remediating compliance issues.

21 42 U.S.C. § 1320a-7k.

22 Medicare Program; Reporting and Returning of Overpayments, 77 Fed. Reg. 9179, 9182 (Feb. 16, 2012) (Under the proposed regulations interpreting this statutory requirement, an overpayment is “identified” when a person “has actual knowledge of the existence of the overpayment or acts in reckless disregard or deliberate ignorance of the overpayment.”) disregard or deliberate ignorance of the overpayment.”); Medicare Program; Reporting and Returning of Overpayments; Extensions of Timeline for Publication of the Final Rule, 80 Fed. Reg. 8247 (Feb. 17, 2015).

Organizations that discover a violation of law often engage in an internal analysis of the benefits and costs of disclosing—and risks of failing to disclose—such violation to OIG and/or another governmental agency. Organizations that are proactive in self-disclosing issues under OIG’s Self-Disclosure Protocol realize certain benefits, such as (1) faster resolution of the case—the average OIG self-disclosure is resolved in less than one year; (2) lower payment—OIG settles most self-disclosure cases for 1.5 times damages rather than for double or treble damages and penalties available under the False Claims Act; and (3) exclusion release as part of settlement with no CIA or other compliance obligations.²³ OIG believes that providers have legal and ethical obligations to disclose known violations of law occurring within their organizations.²⁴ Boards should ask management how it handles the identification of probable violations of law, including voluntary self-disclosure of such issues to the Government.

As an extension of their oversight of reporting mechanisms and structures, Boards would also be well served by evaluating whether compliance systems and processes encourage effective communication across the organizations and whether employees feel confident that raising compliance concerns, questions, or complaints will result in meaningful inquiry without retaliation or retribution. Further, the Board should request and receive sufficient information to evaluate the appropriateness of management’s responses to identified violations of the organization’s policies or Federal or State laws.

Conclusion

A health care governing Board should make efforts to increase its knowledge of relevant and emerging regulatory risks, the role and functioning of the organization’s compliance program in the face of those risks, and the flow and elevation of reporting of potential issues and problems to

²³ See OIG, *Self-Disclosure Information*, <http://oig.hhs.gov/compliance/self-disclosure-info>.

²⁴ See *id.*, at 2 (“we believe that using the [Self-Disclosure Protocol] may mitigate potential exposure under section 1128J(d) of the Act, 42 U.S.C. 1320a-7k(d).”)

senior management. A Board should also encourage a level of compliance accountability across the organization. A Board may find that not every measure addressed in this document is appropriate for its organization, but every Board is responsible for ensuring that its organization complies with relevant Federal, State, and local laws. The recommendations presented in this document are intended to assist Boards with the performance of those activities that are key to their compliance program oversight responsibilities. Ultimately, compliance efforts are necessary to protect patients and public funds, but the form and manner of such efforts will always be dependent on the organization's individual situation.

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Board Regulatory Compliance COMMITTEE CHARTER

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

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

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

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

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

Committee Composition & Purpose:

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

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

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

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

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

Committee Structure

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

Committee Member Responsibilities and Values:

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

Committee Meetings

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

DRAFT



Integrated Care

Integrated Care is a person-centered approach to coordinated care that addresses all aspects of a person's health. Care coordination initiatives are designed to enhance the quality and coordination of healthcare services. Such initiatives recognize the importance of delivering comprehensive and integrated care and include a variety of strategies to address the complex care needs of the population services with striving to achieve positive health outcomes and cost-effective care.

SWMBH has a robust Integrated Care department aimed at improving the health of members served. Our supports range from member outreach to providing education and awareness to providers and community stakeholders in efforts of improving equitable access to behavioral services. Below you will find a summary of the unique positions which comprise the

SWMBH Integrated Care Team:

Douglas Stewart <i>Integrated Healthcare Specialist II</i>	Jacqueline Burke <i>Level of Care Transition Navigator</i>	Vincent Miller <i>Level of Care Transition Navigator</i>	Kimberly Feathers <i>Priority Population Transition Navigator</i>	David Misiuk <i>Health Equity Project Coordinator</i>
<ul style="list-style-type: none"> • 40 years experience as Registered Nurse in both medical and behavioral health fields • Primary focus are the Medicaid Health Plans (MHP). There are a total of 7 in the region. • Conducts weekly risk stratifications in CC360 for each MHP to identify high IP/ED utilization focusing on both behavioral health and physical health conditions. • Facilitates monthly Integrated Care Team (ICT) meetings. • Reviews initial and recertification requests for private duty nursing. • FUA/FUH metrics 	<ul style="list-style-type: none"> • Experience in both medical and mental health fields. • Mental health block grant funded position • Primary focus are members experiencing psychiatric admission not engaged with local CMHSP and/or have history of IP admits without participation in aftercare. • Assists UM department with coordination on complex cases, in need of placement or higher level of care, as part of transition from inpatient care. • FUH metrics 	<ul style="list-style-type: none"> • Certified Peer Recovery Mentor, CADC • Mental health block grant funded position • Primary focus are co-occurring members entering medical withdrawal management and/or SUD residential services. Targeted members who historically have multiple residential admissions without follow through to aftercare. • Strives to outreach to members prior to admission to increase motivation and follow through. • FUH/IET metrics 	<ul style="list-style-type: none"> • Experience in both medical and mental health fields. • Certified Community Health Worker. • Substance use block grant funded position offered by the State of Michigan to improve access to care and care coordination efforts for those who are considered priority population members (pregnant and injecting user, pregnant, injecting user, parents at risk of losing their children) and/or those with MDOC involvement. • FUA/IET metrics 	<ul style="list-style-type: none"> • Experience in Health Administration • Mental health block grant funded project with goal to reduce racial disparities in access to behavioral health treatment. • Grant goals include increasing awareness of disparities, provide education to CMHs and partner organizations through focus group discussions and training opportunities. • Anti-stigma marketing campaign. • FUH, FUA, and IET metrics

Joint Care Agreement

facilitated by MDHHS provides expectations of how PIHPs and MHPs work together to improve the wellbeing of shared beneficiaries. This is achieved through joint care management and quality improvement metrics.

Integrated Care Team (ICT) meetings:

ICT meetings include staff from, but not limited to, SWMBH, MHP, CMHSP and other care providers participating in monthly care coordination with a shared goal of person-centered planning toward improved health outcomes. To expand these efforts, MDDHS has added two new expectations: a benchmark that 25% of qualified adult beneficiaries identified through risk stratification will have joint care plans in CC360 and to conduct risk stratification identifying youth with significant behavioral health and complex physical care needs, including children in foster care.

Follow-Up After Hospitalization for Mental Illness within 30 Days (FUH)

measures the percentage of discharges for beneficiaries 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days. Minimum standards are established for ages 6-17 and ages 18 and older. Data is stratified by race/ethnicity and provided to plans tasked to reduce the disparity between the index population and at least one minority group.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

measures the percentage of ED visits for beneficiaries aged 13 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Data is stratified by race/ethnicity and provided to plans tasked to reduce the disparity between the index population and at least one minority group.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

measures the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. There are two IET measures: IET-14 which is the percentage of new SUD episodes resulting in treatment initiation within 14 days and IET-34, the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. Racial disparities are measured for this metric as well.

Transition Navigators making a difference in our region!!

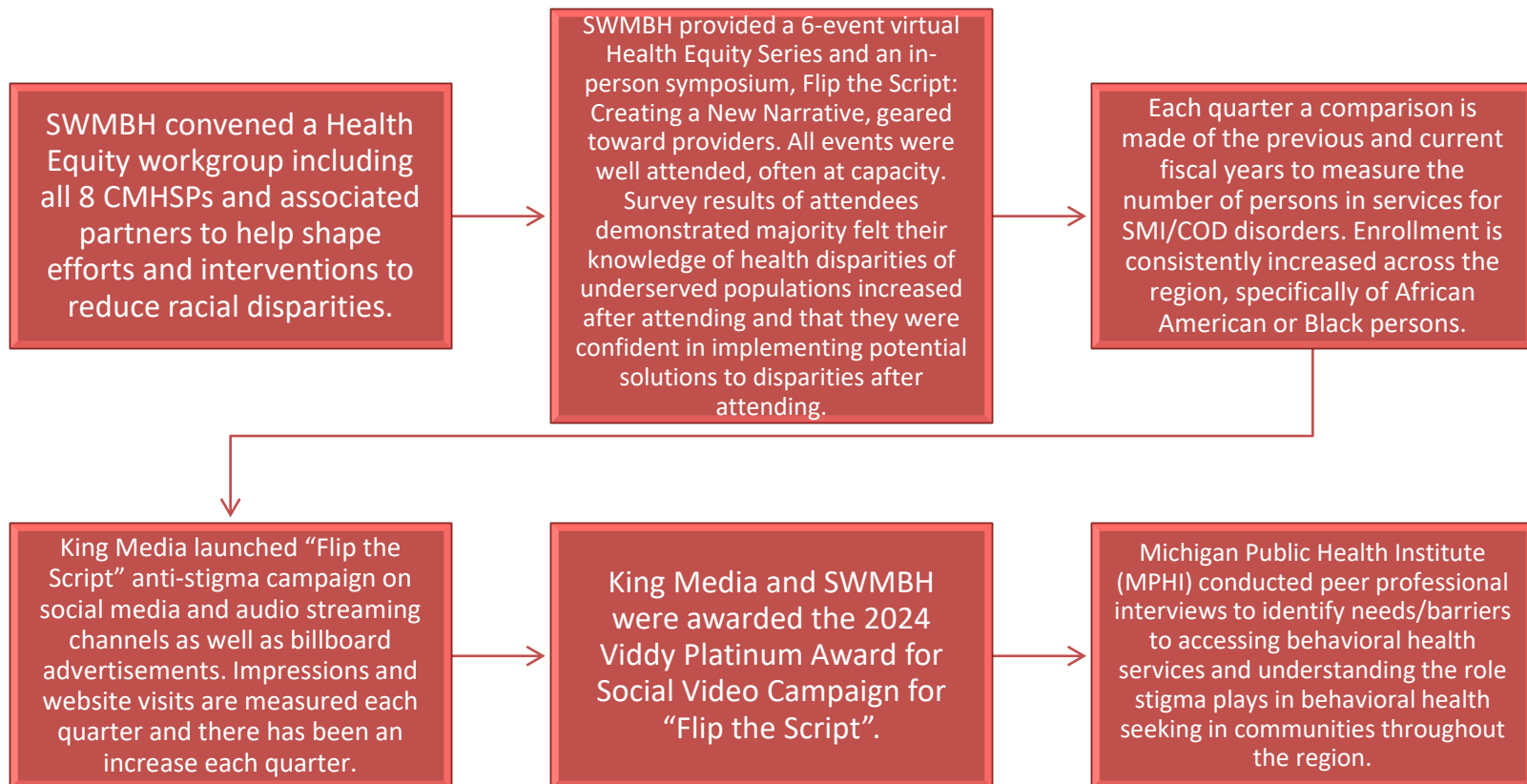
Level of Care Transition Navigator(s)

- Provide care coordination and recovery support to members with severe mental illness and co-occurring disorders experiencing inpatient admissions, either psychiatric or SUD residential, with the goal of improving follow-up to aftercare treatment services.
- Referrals are coordinated through the SWMBH UM Department either at inpatient continued stay review or at time of request for SUD residential or withdrawal management services.
- Readmissions can be a high occurrence for those with IP admits that do not attend aftercare. The Navigator tracking such members has been able to work collaboratively with CMHSP partners to advocate for higher levels of services post discharge.
- The Navigator supporting co-occurring members seeking SUD residential services has found members positively respond to outreach efforts and are more likely to engage in recommended recovery services and supports feeling like SWMBH “cared” enough to outreach to them.
- The average FUH-30 for members tracked following IP admits so far in FY24 is 72.69% and for co-occurring members tracked following SUD residential services is 68.45%.

Priority Population Transition Navigator

- Substance using members are considered priority population if they are pregnant and injecting, injecting, at risk of losing their children, and/or under the supervision of Michigan Department of Corrections (MDOC)
- Members who qualify as priority population are identified by the SWMBH UM Department at request for services, regardless of level of care.
- Members considered Priority Population historically have lower follow through rates for both initiation and engagement of SUD services. Outreach efforts are an intervention strategy to improve this.
- In FY24, the Priority Population Transition Navigator became a certified Community Health Worker and strives to align outreach and care coordination activities with national CHW standards.
- So far in FY24, the Priority Population Transition Navigator has outreached to an average of 124 members per quarter.

SWMBH Health Equity Project FY24 highlights



Flip the Script anti-stigma campaign

FLIP THE SCRIPT
ON BLACK MENTAL HEALTH

I'M STRONGER FOR GETTING HELP.

800-890-3712
swmbh.org

FLIP THE SCRIPT
ON BLACK MENTAL HEALTH

I DON'T CARE WHAT PEOPLE MIGHT THINK.

Many people in the Black community struggle with their mental health. And we want you to know that there's no shame in admitting it, or in looking for help. Reach out to us at the phone number below. We'll help you get the assistance you need, including finding the right option for your level of insurance—even if you're uninsured. We're flipping the negative attitudes, beliefs and stereotypes on mental illness in the community into positive thoughts, solutions and outcomes. Let us help you.

Give us a call, or contact your local Community Mental Health office:

Barry County 289-948-8041	Cass County 289-445-2451
Berrien County 289-925-0585	Kalamazoo County 269-373-8000
Branch County 517-278-2129	St. Joseph County 269-467-1000
Calhoun County 289-966-1480	Van Buren County 269-657-5574

800-890-3712
swmbh.org

Care Coordination: where is it happening?

CCBHCs must coordinate care across the spectrum of health services and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the who person.

The PIHP holds responsibility to monitor aspects of CCBHC care coordination, including but not limited to, quality improvement measures, social determinants of health (SDoH) screening, outreach, use of CareConnect360, coordination agreements with key stakeholders, and more.

Care coordination activities include but are not limited to:

Organization of all aspects of a beneficiary's care.	Management of all integrated primary and specialty medical services, behavioral health services, physical health services, and social, educational, vocational, housing, and community services.	Information sharing between providers, patient, authorized representative(s), and family.	Resource management and advocacy.
Appointment making assistance, including coordinating transportation.	Development and implementation of care plan.	Medication adherence and monitoring.	Referral tracking.
Tracking of test results.	Requiring discharge summaries.	Providing patient-centered training (e.g., diabetes education, nutrition education, etc.).	Connect beneficiary to resources (e.g., smoking cessation, substance use disorder treatment, nutritional counseling, obesity reduction and prevention, disease-specific education, etc.)

Care coordination is regarded as an activity rather than a service.

CCBHC and the Health Homes

CCBHC Demonstration → service delivery

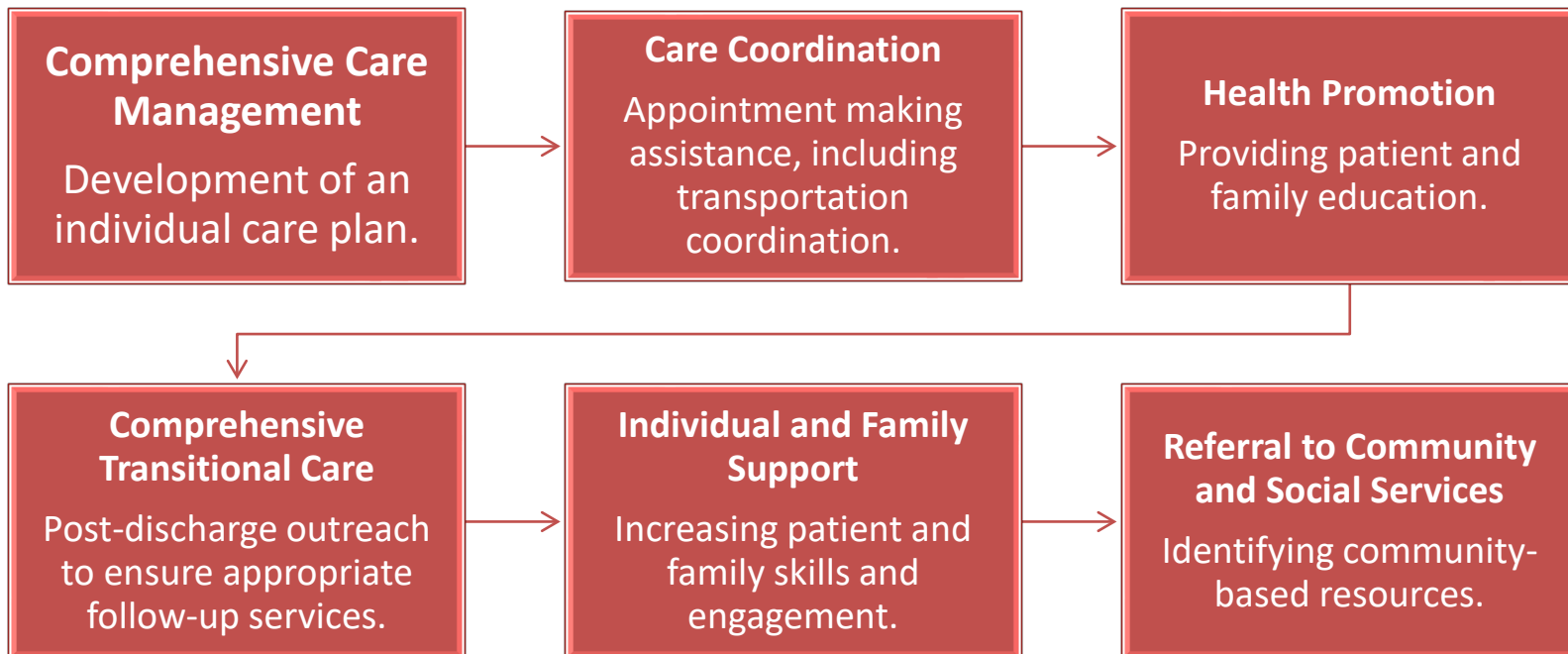
CCBHCs provide a robust and comprehensive range of mental health and SUD services to anyone with a behavioral health diagnosis, regardless of insurance status, ability to pay, and geographic location.

Health Homes → comprehensive care management

Health Home providers integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person with an emphasis on peer support and community health workers. Health Homes are not charged with providing behavioral health services, instead providers deliver comprehensive care management.

SWMBH currently offers **Opioid Health Homes** (expanding to SUD Health Homes 10/1). SWMBH has entered the **Behavioral Health Home** expansion for FY25.

HEALTH HOME CORE SERVICES



Integrated Care Team welcomes coordination and partnership!

Please reach out if there is anyway our team can be of support or assistance.

SWMBH Integrated Care

269-488-6852

1-800-676-0423 select option 7

carecoordination@swmbh.org

Jeannette Bayyapuneedi, MA LPC CAADC

Behavioral Health & Integrated Care Manager

269-330-9207

jeannette.b@swmbh.org



**Southwest Michigan Behavioral Health Board Meeting
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002**

**October 11, 2024
9:30 am to 11:30 am
(d) means document provided
Draft: 8/22/24**

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.**
- 3. Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
- 4. Consent Agenda (2 minutes)**
 - a. September 13, 2024 SWMBH Board Meeting Minutes (d) pg.
 - b. September 11, 2024 Operations Committee Meeting Minutes (d) pg.
- 5. Required Approvals (15 minutes)**
 - a. Fiscal Year 2025 Program Integrity Compliance Plan (M. Todd) (d) pg.
 - b. Credentialing of Behavioral Health Practitioners (M. Todd) (d) pg.
 - c. Credentialing of Organizational Providers (M. Todd) (d) pg.
 - d. Michigan Consortium for Healthcare Excellence Membership (B. Casemore)
- 6. Ends Metrics Updates (*Requires motion) (10 minutes)**

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

 - Health Services Advisory Group Performance Measure Validation Audit (N. Spivak) (d). pg.
- 7. Board Actions to be Considered (25 minutes)**
 - a. Fiscal Year 2025 Budget Approval (G. Guidry) (d) pg.
 - b. SWMBH Board Ends (S. Radwan) (d) pg.
 - c. Board Finance Committee (T. Schmelzer)
- 8. Board Policy Review (5 minutes)**

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

 - EO-003 Emergency Executive Officer Succession (B. Casemore) (d) pg.

9. Executive Limitations Review (10 minutes)

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

- BEL-002 Financial Conditions (L. Csokasy) (d) pg.

10. Board Education (15 minutes)

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.
- b. Michigan Consortium for Healthcare Excellence Update (B. Casemore) (d) pg.

11. Communication and Counsel to the Board (5 minutes)

- Draft November Board Agenda and November Board Policy Direct Inspection – BEL-010 RE 501 (C) (3) (S. Sherban); Monitoring Executive Officer Performance (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
November 8, 2024
9:30 am - 11:30 am**

SAVE THE DATE!

9th Annual Regional Healthcare Policy Forum

Friday, October 4, 2024 8:30 am to 3:00 pm

Advia Credit Union Community Room, 6400 West Main St. Kalamazoo, MI 49009



EMCEE: Colleen Allen, Ph.D. Chief Executive Officer, Autism Alliance of Michigan

Guest Speaker: Tim Skubick, Senior Capitol Correspondent

Honoree: Richard Godfrey, Van Buren County Commissioner

Panelists:

- Meghan Groen, Senior Deputy Director, Behavioral and Physical Health and Aging Services
- Dominick Pallone, Executive Director, Michigan Association of Health Plans
- Laura Appel, Executive Vice President, Michigan Health and Hospital Association
- Phillip Bergquist, Chief Executive Officer, Michigan Primary Care Association
- State Representative Julie Rogers, Chair, House Health Policy
- Alan Bolter, Associate Director, Community Mental Health Association of Michigan



8:30—9:00 am Registration and Continental Breakfast

9:30 am—3:00pm Program and Hors d'oevres

*stay tuned for more information at <https://www.swmbh.org/news-events/>

**Federal, State and Local officials are invited.*

Seating is limited!



"Life should be enjoyed...not endured"

