



FINANCE COMMITTEE

May 12, 2023 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

Committee Chair: Jeff Fortenbacher
Committee Vice-Chair: Janet Thomas

AGENDA

- | | | |
|----|---|-------------|
| 1. | Call to Order | Quorum |
| 2. | Approval of Minutes | |
| | A. Approval of the Minutes of April 21, 2023
(Attachment #1 pg.1-3) | Action |
| 3. | Items for Consideration | |
| | A. Approval of Expenditures for April 2023
(Attachment #2 pg. 4) | Action |
| | B. Monthly Report from the Chief Financial Officer
(Attachment #3 pg. 5-7) | Information |
| | C. Program Budget Report
(Attachment #4 pg. 8-10) | Information |
| | D. FY 23 Actual and Projected Expenditures
(Attachment #5 pg. 11-14) | Information |
| | E. Authorization to contract with Sacred Heart Rehabilitation Center, Inc.
(Attachment #6 pg. 15-16) | Action |
| | F. Authorization to approve increase to the contract for Preferred Lawn Care &
Snow Plowing, St. Mary's Family Pharmacy, and Voices for Health
(Attachment #7 pg. 17) | Action |
| | G. Authorization to approve the fee rate changes for services provided
(Attachment #8 pg. 18-20) | Action |

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659
HealthWest.net

4. Old Business
5. New Business
6. Communication
7. Director's Comments
8. Audience Participation
9. Adjournment

Action

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, April 21, 2023

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Remington Sprague, M.D., Thomas Hardy

Committee Members Absent: Charles Nash, Stephanie Umlor, Marcia Hovey-Wright

Also Present: Holly Brink, Kim Huey, Justing Belvitch, Jennifer Stewart, Chelsea Kirksey, Linda Wagner, Becky Burkholder, Jackie Farrar, Brian Speer, Linda Closz, Jason Bates, Gordon Peterman, Christy LaDronka, Amie Bakos, Cyndi Blair, Gary Ridley, Kelly Betts, Matt Plaska, Phil McPherson, Mickey Wallace, Suzanne Beckeman

Guests: Angie Gasiewski, Matt Farrar, Mark Eisenbarth, Derek Miller, Christina Schaub

MINUTES

It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve the minutes of the March 17, 2023, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for March 2023

It was moved by Mr. Hardy, seconded by Mr. Fortenbacher, to approve expenditures for the month ending March 31, 2023, in the total amount of \$5,951, 578.16.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

The March report was distributed for board member review, noting an overall cash balance of (\$6,292,133). Also presented were the month-end projection trends for board member review.

MOTION CARRIED.

C. Program Budget Report

The HealthWest Expenditures Financial Statement was distributed for March 2023, which shows that expenditures to date are under budget by \$1,807,081.18.

D. Financial Status Report

Report distributed to the Finance Committee to review.

E. FY 22 Year End Report

Report distributed to the Finance Committee to review.

F. FY 22 Year End Actual

Report distributed to the Finance Committee to review.

G. FY 22 Year End Budget Variance Analysis

Report distributed to the Finance Committee to review.

H. FY 22 Year End Revenue Projection - Final

Report distributed to the Finance Committee to review.

I. FY 22 Year End Program Budget Report

Report distributed to the Finance Committee to review.

J. FY 22 Year End Actual and Projected Expenditures

Report distributed to the Finance Committee to review.

K. FY 22 Year End Balance Sheets

Report distributed to the Finance Committee to review.

L. HealthWest Audit Presentation

Mr. Miller, with Roslund, Prestage & Company, P.C., presented the HealthWest Year End 2022 Compliance Audit. The audit report was distributed for the Finance Committee to review.

M. Authorization to Approve Contract Increase with Community Healing Centers

It was moved by Mr. Hardy, seconded Mr. Fortenbacher, to authorize HealthWest to approve the increase in projected expenditures for Community Healing Centers with a total not to exceed \$195,000.00 effective January 1, 2023 through September 30, 2023.

MOTION CARRIED

N. Authorization to Approve Contract Increase with West Shore Medical and Core Solutions

It was moved by Mr. Hardy, seconded Dr. Sprague, to authorize HealthWest to approve the increase in projected expenditures for West Shore Medical and Core Solutions with a total not to exceed \$287,000.00, effective October 1, 2022 through September 30, 2023.

MOTION CARRIED

O. Authorization to Approve Contracting with Helping at Home

It was moved by Mr. Hardy, seconded Dr. Sprague, to authorize HealthWest to contract with Help of Home Inc., effective May 1, 2023 through September 30, 2023, to provide CLS and Respite services to eligible HealthWest consumers, at a cost not to exceed \$25,000.00 for FY2023.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Ms. Blair, Interim Director, updated the Board on the Covid-19 protocols. Hospitals have lifted their masking mandates. However, our IHC (Integrated Health Care) still has not lifted masking due to being a part of Hackley Community Care. We are still encouraged to practice what we have learned and the importance of hand hygiene. Regarding the Medicaid update, letters were to come in March, but have been delayed. We are being as proactive as we can. This will be determined by the application date. This will be a positive for consumers receiving our services as well as the financial side here at HealthWest. There have been some issues for those who receive Medicaid as well as the Good Scripts Program. This is shown as duplicate insurance and creating denials.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:28 a.m.

Respectfully,

Jeff Fortenbacher
Committee Vice Chair

JF/hb

**PRELIMINARY MINUTES
To be approved at the Finance Meeting on
May 12, 2023**

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE May 12, 2023	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Expenditures for the month of April 2023 totaled \$6,315,847.09. Some unusual expenditures for the month include \$19,972.68 to Covenant Enabling Residences of MI for 2 months of specialized residential services, \$66,712.15 to Eastside Outpatient Services for multiple months of SUD MAT services, \$80,927.00 to Forest View Psychiatric Hospital for an increased use of inpatient services, \$84,951.59 to Pioneer Resources for previously approved Covid Relief funds, and \$54,770.36 to St. John's Health Care for 4 months of Medical CLS and respite.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve expenditures for the month of April 2023, in the total amount of \$6,315,847.09			
COMMITTEE DATE 05/12/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 05/19/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HealthWest

Financial Officer Report for April 2023

- ❖ **Disbursement Report** – A motion is requested to approve the April 2023 disbursements. A summary of those disbursements is included as an attachment.

- ❖ **Program Budget Report** – The Report for April is included as an attachment. Based on the budget approved in November 2022, there is a positive variance of \$2,335,338.98 or 4.5% less than what is budgeted to date.

- ❖ **Financial Status Report** – The March 2023 FSR is attached.

- ❖ **FY 2023 Revenue Projections** – April 2023 revenue and projections by program are below.

	TANF	DAB	HMP	Waiver	Total MM
Total MM	395,238	150,184	237,515	2,137	785,074
PMPM					
	TANF	DAB	HMP	Waiver	Total
Total Revenue PMPM	\$12,723,318.98	\$47,035,416.00	\$11,696,160.12	\$11,442,199.95	\$82,897,095.05
Total LRE Admin	\$(444,338.65)	\$(1,642,829.81)	\$(408,336.43)	\$(399,715.49)	\$(2,895,220.9)
Total ISF	\$-	\$-	\$-	\$-	\$-
Total Timely Reporting	\$-	\$-	\$-	\$-	\$-
Total Performance	\$-	\$-	\$-	\$-	\$-
Total PMPM Dollars Available	\$12,278,980.33	\$45,392,586.18	\$11,287,823.69	\$11,042,484.45	\$80,001,874.66
 Avg PMPM - After Deduct	 \$31.07	 \$302.25	 \$47.52	 \$5,167.28	 \$101.90

Allocation					
Dollars	TANF	DAB	HMP	Waiver	FY2023 Total
State Plan 1115	\$6,752,387.63	\$21,401,985.55	\$7,438,838.76		\$35,593,211.94
State Plan 1915 (i)	\$851,854.99	\$17,647,099.27		\$-	\$18,498,954.26
Autism	\$3,469,994.77	\$5,444,431.49	\$5,029.74		\$8,919,456.00
SUD	\$1,204,742.93	\$899,069.88	\$3,843,955.19		\$5,947,768.01
HSW				\$10,586,656.60	\$10,586,656.60
CWP				\$215,581.24	\$215,581.24
SED				\$240,246.61	\$240,246.61

Total Dollars Available	\$12,278,980.33	\$45,392,586.18	\$11,287,823.69	\$11,042,484.45	\$80,001,874.66
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PMPM	TANF	DAB	HMP	Waiver	FY2023
					Total
State Plan 1115	\$17.08	\$142.51	\$31.32		\$45.34
State Plan 1915 (i)	\$2.16	\$117.50	\$-		\$23.56
Autism	\$8.78	\$36.25	\$0.02		\$11.36
SUD	\$3.05	\$5.99	\$16.18		\$7.58
HSW				\$5,551.47	\$13.48
CWP				\$2,728.88	\$0.27
SED				\$1,591.04	\$0.31
Total PMPM	\$31.07	\$302.25	\$47.52	\$5,167.28	\$101.90

❖ **Cash Balances** – The cash balances in our two funds have improved in the month of March. Please note that our current deferred revenue remains at \$15,564,240.05 (\$1,694,004.87 for FY18, \$10,192,704.87 for FY19 and \$8,156,942.31 for FY22 and a Due to LRE of \$4,443,702 for FY22). Our region did receive a Bonus payment for the 2022 Fiscal Year of which HealthWest received \$551,213.48 additional dollars, which we were not anticipating.

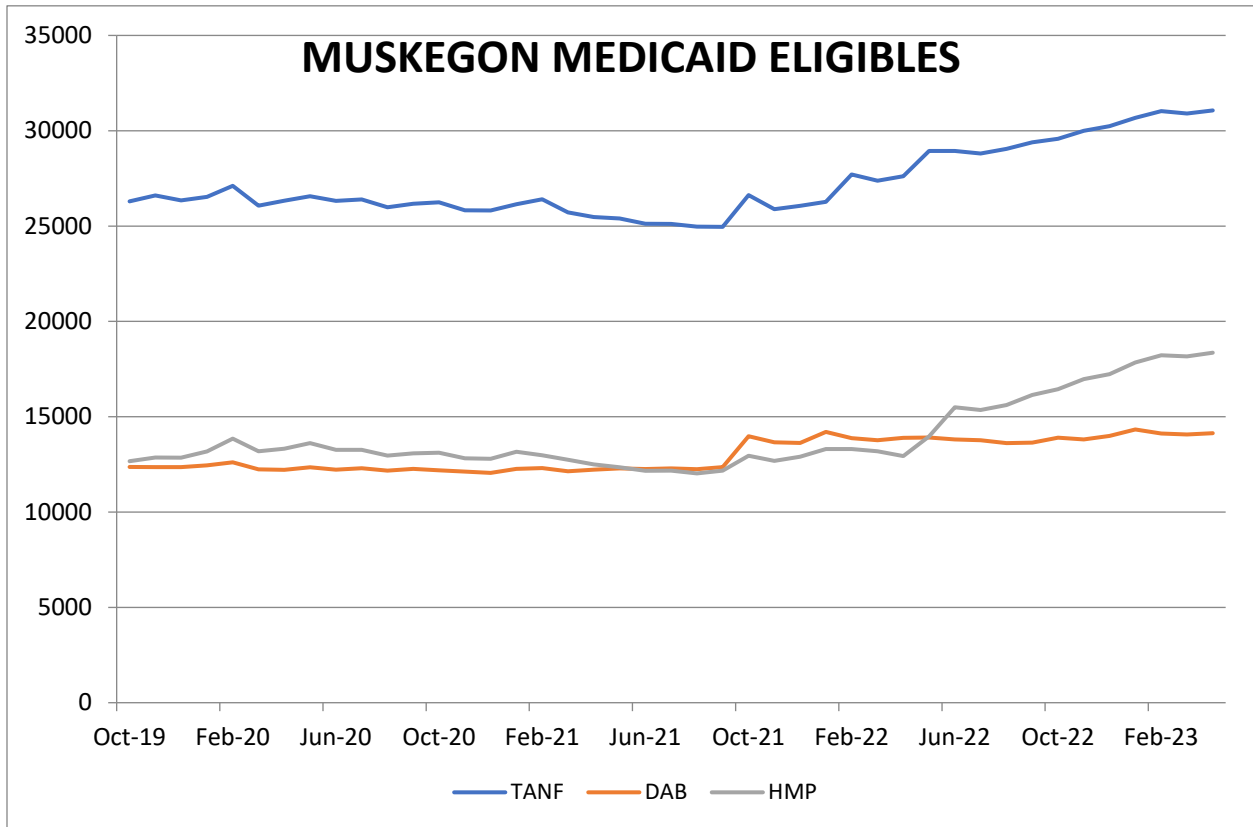
	MENTAL HEALTH	CMH CLIENT	TOTAL ALL
MAY, 2022	(\$12,058,521)	\$681,248	(\$11,377,272)
JUNE, 2022	(\$9,838,112)	\$700,401	(\$9,137,711)
JULY, 2022	(\$15,068,459)	\$653,725	(\$14,414,734)
AUGUST, 2022	(\$10,441,091)	\$656,827	(\$9,784,265)
SEPT. PRELIM., 2022	(\$11,767,427)	\$747,055	(\$11,020,372)
OCTOBER, 2022	(\$10,445,279)	\$657,381	(\$9,787,898)
NOVEMBER, 2022	(\$10,324,812)	\$674,073	(\$9,650,739)
DECEMBER, 2022	(\$7,479,568)	\$735,716	(\$6,743,852)
JANUARY, 2023	(\$7,697,954)	\$641,015	(\$7,056,937)
FEBRUARY 2023	(\$4,855,305)	\$658,782	(\$4,196,523)
MARCH 2023	(\$7,007,144)	\$715,010	(\$6,292,133)
APRIL, 2023	(\$5,337,705)	\$623,802	(\$4,713,904)

❖ **Financial Data/Charts** – The following chart contains an annual and monthly comparison of the number of individuals in our County who are eligible for each program. The number of eligible individuals in HealthWest determines the amount of revenue that HealthWest receives each month. Data is shown for October 2019 – April 2023. HealthWest also receives payments for other individuals who are not listed on these charges but are eligible for behavioral health services (i.e., individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program).

For the month of April, Muskegon County experienced the following changes in eligibility.

- HMP M 40 - 49 increased by 2.72%

- TANF F 19 - 25 increased by 2.92%
- TANF F 40 - 49 increased by 2.78%
- TANF F 65+ decreased by 5% (from 20 to 19)
- TANF M 19 - 25 increased by 4.88%
- TANF M 40 - 49 increased by 3.01%
- TANF M 50 - 64 increased by 3.18%
- TANF M 65+ increased by 6.67% (from 15 to 16)



HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
4/30/2023

	Expenses Year Ending	Average Monthly	Expenses Month Ending	Current Year-to-Date	Expenses Year Ending			
	09/30/2023	Budget	4/30/2023	Budget	09/30/2023			
	FY23 Budget		Current Month	Actual Expenses	Payroll Accrual	Contractual Services Accrual	Year-To Date	Variances
All Programs								
100-Recipient Rights	227,187.55	18,932.30	25,750.28	132,526.07	199,651.40	5,405.81	0.00	(72,531.14)
110-Diversity Equity & Inclusion	196,562.18	16,380.18	10,506.41	114,661.27	71,810.08	3,368.56	0.00	39,482.63
120-Information Systems	2,818,727.58	234,893.97	128,270.27	1,644,257.76	1,084,195.29	24,421.98	0.00	535,640.49
130-Data Analytics	1,171,200.69	97,600.06	66,398.38	683,200.40	540,708.34	22,143.08	0.00	120,348.98
140-Community Outreach	538,484.15	44,873.68	30,907.67	314,115.75	299,793.13	9,293.02	0.00	5,029.60
150-Community Relations	957,136.29	79,761.36	77,713.89	558,329.50	572,136.28	20,344.66	0.00	(34,151.43)
160-FINANCE	2,031,843.12	169,320.26	141,463.78	1,185,241.82	903,032.96	38,285.97	0.00	243,922.89
165-Facilities	905,917.17	75,493.10	82,254.73	528,451.68	671,616.21	5,936.35	0.00	(149,100.88)
170-HR	586,697.82	48,891.49	39,670.50	342,240.40	327,384.23	13,639.70	0.00	1,216.47
180-Contracts/Provider Network	323,811.93	26,984.33	17,482.85	188,890.29	119,424.92	5,507.69	0.00	63,957.68
190-Quality Assurance	313,717.11	26,143.09	50,997.86	183,001.65	366,025.22	7,230.35	0.00	(190,253.93)
200-Client Information	1,315,043.04	109,586.92	74,909.87	767,108.44	604,867.45	24,923.44	0.00	137,317.55
210-Utilization Management	848,797.82	70,733.15	71,850.26	495,132.06	493,603.65	18,268.65	0.00	(16,740.24)
221-Adult Assessment & Stabilization	1,907,622.91	158,968.58	121,110.21	1,112,780.03	901,322.10	45,020.98	0.00	166,436.95
222-Registration	7,281.68	606.81	0.00	4,247.65	0.00	172.54	0.00	4,075.11
223-Clinical Services Secretary	1,830.72	152.56	0.00	1,067.92	0.00	43.38	0.00	1,024.54
224-Intensive Crisis Stabilization	869,159.68	72,429.97	119,512.76	507,009.81	760,483.69	19,608.19	0.00	(273,082.06)
225-Veterans Services	144,373.44	12,031.12	9,223.12	84,217.84	60,778.07	2,202.40	0.00	21,237.37
226-Youth Assessment & Stabilization	1,202,239.89	100,186.66	114,519.29	701,306.60	700,402.50	28,417.10	0.00	(27,513.00)
230-School Based Services	1,264,476.28	105,373.02	60,631.49	737,611.16	368,280.89	30,176.42	0.00	339,153.86
240-Post Overdose Rapid Response	8,134.59	677.88	0.00	4,745.18	0.00	0.00	0.00	4,745.18
251-Law Enforcement Assisted Diversion	539,757.15	44,979.76	65,006.53	314,858.34	350,630.31	10,354.62	0.00	(46,126.59)
252-Correctional Recovery Coach Services	78,078.42	6,506.54	4,066.49	45,545.75	66,755.09	1,864.37	0.00	(23,073.71)
253-Jail Treatment	585,363.76	48,780.31	38,654.20	341,462.19	217,203.26	13,882.88	0.00	110,376.06
260-Jail Medical	872,650.74	72,720.90	0.00	509,046.27	3,407.43	19,272.27	0.00	486,366.56
270-IDD Supports Coordination	271,274.05	22,606.17	11,644.24	158,243.20	90,480.61	6,362.01	0.00	61,400.57
271-Adult Intensive Case Management I/DD	464,254.43	38,687.87	0.00	270,815.08	4,610.22	10,985.92	0.00	255,218.95
272-Adult Community Based DD Team 1	943,255.67	78,604.64	88,996.67	550,232.47	554,597.17	22,248.27	0.00	(26,612.96)
273-Adult Community Based DD Team 2	1,007,556.70	83,963.06	97,835.40	587,741.41	639,567.41	23,962.12	0.00	(75,788.13)
274-Transition -Age Team (Adult)	600,720.19	50,060.02	46,970.91	350,420.11	315,073.37	14,253.45	0.00	21,093.29
275-Medically Complex Team	715,620.26	59,635.02	66,855.62	417,445.15	449,100.01	17,090.72	0.00	(48,745.58)
276-Youth Supports Coordination/IDD	828,302.47	69,025.21	58,245.95	483,176.44	340,712.37	19,573.34	0.00	122,890.73

HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
4/30/2023

	Expenses Year Ending	Average Monthly	Expenses Month Ending	Current Year-to-Date		Expenses Year Ending		
	09/30/2023	Budget	4/30/2023	Budget		09/30/2023		
	FY23 Budget		Current Month		Actual Expenses	Payroll Accrual	Contractual Services Accrual	Year-To Date Variances
All Programs								
280-Autism	4,474,589.96	372,882.50	325,702.87	2,610,177.48	2,052,262.26	97,392.48	0.00	460,522.74
281-Youth Behavioral Support	590,029.86	49,169.16	62,405.15	344,184.09	408,214.50	12,786.72	0.00	(76,817.13)
282-DD Assessment	515,192.66	42,932.72	31,486.17	300,529.05	230,429.18	12,160.18	0.00	57,939.69
283-DD Clinic	474,118.44	39,509.87	17,012.05	276,569.09	89,183.47	9,828.25	0.00	177,557.37
290-Clinical Services MI Team 1	1,665,502.47	138,791.87	149,800.67	971,543.11	949,732.31	39,182.98	0.00	(17,372.18)
291-Clinical Services MI Team 2	1,544,006.06	128,667.17	149,762.63	900,670.20	939,902.18	35,612.51	0.00	(74,844.49)
292-Clinical Services MI High Intensity Team	368,757.67	30,729.81	0.00	215,108.64	125.93	8,680.23	0.00	206,302.48
293-Clinical Services / ACT	920,006.46	76,667.21	79,501.72	536,670.44	438,047.77	21,276.43	0.00	77,346.23
294-Clinical Service/ SUD	700,396.55	58,366.38	57,382.09	408,564.65	361,108.52	12,696.93	0.00	34,759.21
295-MI Adult Support Group Coordination	377,295.79	31,441.32	35,259.47	220,089.21	209,308.36	8,983.95	0.00	1,796.90
296-MI Adult Supports COFR	107,769.62	8,980.80	8,050.94	62,865.61	52,376.88	2,322.67	0.00	8,166.07
300-Vocational Services	516,964.20	43,080.35	33,172.38	301,562.45	245,378.41	11,621.14	0.00	44,562.90
310-Juvenile Justice	610,442.93	50,870.24	40,927.18	356,091.71	282,861.41	14,538.33	0.00	58,691.97
311-Youth Based Services Team 1	742,147.82	61,845.65	63,846.74	432,919.56	388,248.03	16,115.04	0.00	28,556.49
312-Youth Based Services Team 2	669,727.13	55,810.59	61,109.10	390,674.16	332,207.30	15,002.40	0.00	43,464.46
313-Youth/Infant/Early/Juvenile Clerical	83,185.85	6,932.15	10,332.07	48,525.08	74,827.93	1,957.18	0.00	(28,260.03)
314-Infant Mental Health/Early Childhood	826,242.07	68,853.51	38,881.40	481,974.54	280,270.65	18,681.79	0.00	183,022.10
320-Youth Wraparound	805,687.99	67,140.67	46,732.34	469,984.66	306,456.61	18,186.95	0.00	145,341.11
321-Youth Transition Age Services	909,578.41	75,798.20	61,472.29	530,587.41	447,766.57	21,581.04	0.00	61,239.80
324-Youth Home Based Services	1,118,270.07	93,189.17	69,613.84	652,324.21	464,622.84	25,111.70	0.00	162,589.67
330-Health Clinic	941,006.84	78,417.24	47,981.94	548,920.66	337,397.21	20,729.10	0.00	190,794.35
331-Integrated Health Care Clinic	787,296.96	65,608.08	53,277.46	459,256.56	345,118.02	18,793.50	0.00	95,345.04
332-Psychiatrist	2,363,800.65	196,983.39	143,770.57	1,378,883.71	943,300.61	38,114.61	0.00	397,468.49
340-Youth Crisis Residential	0.00	0.00	0.00	0.00	477.54	0.00	0.00	(477.54)
341-Adult Crisis Residential Team 1	607,355.86	50,612.99	58,072.96	354,290.92	383,727.51	11,835.31	0.00	(41,271.90)
342-Adult Crisis Residential Team 2	732,279.84	61,023.32	53,087.40	427,163.24	321,099.24	16,104.82	0.00	89,959.18
350-Medicated Assisted Treatment (MAT)	136,722.44	11,393.54	2,527.78	79,754.76	16,802.20	3,090.71	0.00	59,861.84
351-Injection Clinic	156,180.28	13,015.02	12,429.98	91,105.16	68,451.88	3,701.37	0.00	18,951.92
352-Outpatient Counseling	569,594.88	47,466.24	45,898.83	332,263.68	327,558.68	11,812.60	0.00	(7,107.60)
360-Lobby Services	383,160.44	31,930.04	6,715.48	223,510.26	61,725.44	9,130.41	0.00	152,654.41
361-Community Health	107,725.45	8,977.12	13,532.87	62,839.85	60,012.06	2,517.31	0.00	310.47
362-Housing Specialist	138,932.51	11,577.71	3,902.96	81,043.96	80,252.42	3,326.44	0.00	(2,534.90)

HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
4/30/2023

	Expenses Year Ending 09/30/2023	Average Monthly Budget	Expenses Month Ending 4/30/2023	Current Year-to-Date Budget		Expenses Year Ending 09/30/2023		
	FY23 Budget		Current Month		Actual Expenses	Payroll Accrual	Contractual Services Accrual	Year-To Date Variances
All Programs								
700-Executive Management	1,293,879.04	107,823.25	75,725.24	754,762.77	539,100.54	25,309.78	0.00	190,352.46
000 - Unassigned	2,560,008.09	213,334.01	0.00	1,493,338.05	2,817,114.21	109,609.81	940,660.46	(2,374,046.43)
820 - Lemonade/Recovery	143,744.83	11,978.74	13,926.57	83,851.15	85,100.63	0.00	0.00	(1,249.48)
831 - HUD 1	87,607.02	7,300.59	17,232.12	51,104.10	83,601.32	0.00	0.00	(32,497.23)
832 - HUD 2	16,433.78	1,369.48	1,528.00	9,586.37	17,448.90	0.00	0.00	(7,862.53)
833 - HUD 3	23,283.46	1,940.29	4,041.81	13,582.02	14,737.81	0.00	0.00	(1,155.79)
834 - HUD 4	24,076.44	2,006.37	2,750.00	14,044.59	18,945.94	0.00	0.00	(4,901.35)
800-SUD Contractual Services	4,010,934.07	334,244.51	241,786.05	2,339,711.54	2,209,450.86	0.00	0.00	130,260.68
801-MI Adult Inpatient	4,055,205.17	337,933.76	325,199.00	2,365,536.35	2,477,758.83	0.00	0.00	(112,222.48)
802-MI Child Inpatient	1,459,433.76	121,619.48	70,501.00	851,336.36	669,478.52	0.00	0.00	181,857.84
803-DD Supports Coordination	0.00	0.00	0.00	0.00	15.50	0.00	0.00	(15.50)
804-MI Adult Vocational	145.88	12.16	0.00	85.10	537.03	0.00	0.00	(451.93)
805-DD Vocational Services	1,463,464.11	121,955.34	31,189.41	853,687.40	294,264.53	0.00	0.00	559,422.87
806-In Home Support Services	4,453,898.32	371,158.19	309,033.90	2,598,107.35	2,419,513.32	0.00	0.00	178,594.03
807-DD Respite	367,990.17	30,665.85	7,731.36	214,660.93	160,535.53	0.00	0.00	54,125.40
808-Health Services	804,651.12	67,054.26	31,077.94	469,379.82	138,626.86	0.00	0.00	330,752.96
809-MI Respite	347,000.00	28,916.67	109.48	202,416.67	72,093.77	0.00	0.00	130,322.90
810-Autism Program	572,743.89	47,728.66	84,478.07	334,100.60	357,101.43	0.00	0.00	(23,000.83)
811-Homeless Project	1,367.20	113.93	0.00	797.53	350.00	0.00	0.00	447.53
812-MI Adult Partial Hospitalization	100,000.00	8,333.33	6,354.00	58,333.33	38,467.36	0.00	0.00	19,865.97
814-MI Child Residential	0.00	0.00	0.00	0.00	88,453.46	0.00	0.00	(88,453.46)
815-DD Residential	14,337,520.21	1,194,793.35	744,779.40	8,363,553.46	8,086,301.62	0.00	0.00	277,251.84
816-MI Adult Residential	2,307,097.65	192,258.14	123,629.87	1,345,806.96	1,896,722.22	0.00	0.00	(550,915.26)
860-Transportation - outpatient	0.00	0.00	0.00	0.00	290.00	0.00	0.00	(290.00)
365-Living Room	64,027.15	5,335.60	6,667.69	37,349.17	46,171.17	1,532.73	0.00	(10,354.73)
900-DCO	0.00	0.00	37,261.23	0.00	127,507.47	0.00	0.00	(127,507.47)
725 Managers	0.00	0.00	106,687.61	0.00	648,725.95	0.00	0.00	(648,725.95)
Total All Programs	87,985,559.00	7,332,129.92	5,746,788.71	51,324,909.42	46,885,322.36	1,163,587.62	940,660.46	2,335,338.98

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF) FINANCIAL STATUS REPORT - ALL NON MEDICAID				
CMHSP:	HealthWest	FISCAL YEAR:	FY23	FY23
SUBMISSION TYPE:	Monthly	Fiscal Period Ending	MAR	Projection
SUBMISSION DATE:		Column A	YTD	Annualized
A	MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)			
AC	CCBHC Services - Summary from FSR			
AE	OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services			
AG	HEALTH HOME SERVICES - Summary From FSR - Health Home Services			
AI	HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)			
AK	MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link			
RES	RESTRICTED FUND BALANCE ACTIVITY			
B	GENERAL FUND			
B	100	REVENUE		
B	101	CMH Operations		
B	120	Subtotal - Current Period General Fund Revenue	-	-
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services		
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services		
B	123	Prior Year GF Carry Forward		
B	140	Subtotal - Other General Fund Revenue	-	-
B	190	TOTAL REVENUE	-	-
B	200	EXPENDITURE		
B	201	100% MDHHS Matchable Services / Costs		
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap	-	-
B	203	90% MDHHS Matchable Services / Costs	-	-
B	290	TOTAL EXPENDITURE	-	-
B	295	NET GENERAL FUND SURPLUS (DEFICIT)	-	-
B	300	Redirected Funds (To) From		
B	304	(TO) Targeted Case Management - D301		
B	309	(TO) Allowable GF Cost of Injectable Medications - G301	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - I304	-	-
B	310.1	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - IA304	-	-
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - IB304	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - IC304	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID304	-	-
B	310.5	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - L304	-	-
B	312	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)	-	-
B	313	FROM CMHSP to CMHSP Earned Contracts - J302		
B	314	FROM Non-MDHHS Earned Contracts - K302		
B	330	Subtotal Redirected Funds rows 301 - 314	-	-
B	331	FROM Local Funds - M302		
B	332	FROM Risk Corridor - N303		
B	390	Total Redirected Funds	-	-
B	400	BALANCE GENERAL FUND (cannot be < 0)	-	-
OTHER GF CONTRACTUAL OBLIGATIONS				
C	CCBHC Non-Medicaid - (PIHP Use Only)			
FEE FOR SERVICE MEDICAID				
D	TARGETED CASE MANAGEMENT - (GHS Only)			
D	190	Revenue		
D	290	Expenditure		
D	295	NET TARGETED CASE MANAGEMENT (cannot be > 0)	-	-
D	300	Redirected Funds (To) From		
D	301	FROM General Fund - B304		
D	302	FROM Local Funds - M304		
D	303	(TO) CMHSP to CMHSP Earned Contracts - J304.4	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - J303.4		
D	390	Total Redirected Funds	-	-
D	400	BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)	-	-
E	INTENTIONALLY LEFT BLANK			
F	INTENTIONALLY LEFT BLANK			
G	INJECTABLE MEDICATIONS			
G	190	Revenue		
G	290	Expenditure		
G	295	NET INJECTABLE MEDICATIONS (cannot be > 0)	-	-
G	300	Redirected Funds (To) From		
G	301	FROM General Fund - B309		
G	302	FROM Local Funds - M309		
G	390	Total Redirected Funds	-	-
G	400	BALANCE INJECTABLE MEDICATIONS (must = 0)	-	-
OTHER FUNDING				
H	MDHHS EARNED CONTRACTS			
H	100	REVENUE		
H	101	Comprehensive Services for Behavioral Health		
H	102	Housing and Homeless Services		
H	103	Juvenile Justice Programs		
H	104	Suicide Lifeline Programs		
H	105	Projects for Assistance in Transition from Homelessness		
H	106	Regional Perinatal Collaborative		

H	107	Substance Abuse & Mental Health COVID-19 Grant Program		
H	108	Substance Use and Gambling Services		
H	150	Other MDHHS Earned Contracts (describe):		
H	151	Other MDHHS Earned Contracts (describe):		
H	190	TOTAL REVENUE	-	-
H	200	EXPENDITURE		
H	201	Comprehensive Services for Behavioral Health		
H	202	Housing and Homeless Services		
H	203	Juvenile Justice Programs		
H	204	Suicide Lifeline Programs		
H	205	Projects for Assistance in Transition from Homelessness		
H	206	Regional Perinatal Collaborative		
H	207	Substance Abuse & Mental Health COVID-19 Grant Program		
H	208	Substance Use and Gambling Services		
H	250	Other MDHHS Earned Contracts (describe):		
H	251	Other MDHHS Earned Contracts (describe):		
H	290	TOTAL EXPENDITURE	-	-
H	400	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)	-	-

I		PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY		
I	100	REVENUE		
I	101	Revenue - from PIHP Medicaid (incl Direct Care Wage)	23,257,718	56,867,427
I		Revenue - from PIHP Medicaid (incl Direct Care Wage) Autism	4,650,999	8,936,132
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	4,533,429	10,799,988
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	-	-
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate Autism	-	-
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate	-	-
I	190	TOTAL REVENUE	32,442,146	76,603,547
I	201	Expenditure - Medicaid (incl Direct Care Wage)	27,594,081	50,247,619
I	201	Expenditure - Medicaid (incl Direct Care Wage) Autism	1,166,885	4,075,184
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	4,415,170	7,885,618
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-	-
I	290	TOTAL EXPENDITURE	33,176,136	62,208,421
I	295	NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)	(733,990)	14,395,126
I	300	Redirected Funds (To) From		
I	301	(TO) CMHSP to CMHSP Earned Contracts - J306	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - J303	-	-
I	303	FROM Non-MDHHS Earned Contracts - K303	-	-
I	304	FROM General Fund - B310	-	-
I	306	FROM Local Funds - M309.1	-	-
I	390	Total Redirected Funds	-	-
I	400	BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)	(733,990)	14,395,126

IA		PIHP to Affiliate CCBHC Medicaid Contracts - CMHSP USE ONLY		
IA	100	REVENUE		
IA	101	Revenue - Medicaid Base	5,815,798	3,217,595
IA	102	Revenue - Medicaid Supplemental	1,492,866	1,215,667
IA	103	Revenue - MI Health Link CCBHC Consumers	-	-
IA	104	1st & 3rd Party Collections - Medicaid	-	-
IA	121	Revenue - Healthy Michigan Base	1,388,929	832,027
IA	122	Revenue - Healthy Michigan Supplemental	387,157	153,326
IA	124	1st & 3rd Party Collections - Healthy Michigan	-	-
IA	190	TOTAL REVENUE	9,084,750	5,418,615
IA	200	EXPENDITURE		
IA	201	Expenditure - Medicaid (Including MI Health Link)	8,118,518	12,863,844
IA	202	Expenditure - Healthy Michigan	1,754,128	3,624,362
IA	290	TOTAL EXPENDITURE	9,872,646	16,488,206
IA	295	NET PIHP to AFFILIATE CONTRACTS SURPLUS (DEFICIT)	(787,896)	(11,069,591)
IA	300	Redirected Funds (To) From		
IA	301	(TO) CMHSP to CMHSP Earned Contracts - J306.2	-	-
IA	302	FROM CMHSP to CMHSP Earned Contracts - J303.2	-	-
IA	303	FROM Non-MDHHS Earned Contracts - K303.2	-	-
IA	304	FROM General Fund - B310.1	-	-
IA	305	(TO) Local Funds - M316	-	-
IA	306	FROM Local Funds - M309.2	-	-
IA	390	Total Redirected Funds	-	-
IA	400	BALANCE PIHP to AFFILIATE SERVICES CONTRACTS (must = 0)	(787,896)	(11,069,591)

IB		PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY		
IB	190	Revenue - Medicaid Opioid Health Home Services - from PIHP	-	-
IB	290	Expenditure - Medicaid Opioid Health Home Services	-	-
IB	295	NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-
IB	300	Redirected Funds (To) From		
IB	304	FROM General Fund - B310.2	-	-
IB	306	FROM Local Funds - M309.3	-	-
IB	390	Total Redirected Funds	-	-
IB	400	BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be < 0)	-	-

IC		PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY		
IC	190	Revenue - Medicaid Health Home Services - from PIHP	-	-
IC	290	Expenditure - Medicaid Health Home Services	-	-
IC	295	NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-
IC	300	Redirected Funds (To) From		
IC	304	FROM General Fund - B310.3	-	-
IC	306	FROM Local Funds - M309.4	-	-
IC	390	Total Redirected Funds	-	-
IC	400	BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be < 0)	-	-

ID		PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY		
ID	100	REVENUE		
ID	101	Revenue - MI Health Link - from PIHP	-	-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate	-	-
ID	190	TOTAL REVENUE	-	-
ID	200	EXPENDITURE		
ID	201	Expenditure	-	-
ID	290	TOTAL EXPENDITURE	-	-
ID	295	NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-
ID	300	Redirected Funds (To) From		
ID	301	(TO) CMHSP to CMHSP Earned Contracts - J306.3	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - J303.3	-	-
ID	303	FROM Non-MDHHS Earned Contracts - K303.3	-	-
ID	304	FROM General Fund - B310.4	-	-
ID	306	FROM Local Funds - M309.5	-	-

ID	390	Total Redirected Funds	-	-
ID	400	BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)	-	-

J		CMHSP to CMHSP EARNED CONTRACTS		
J	190	Revenue		
J	290	Expenditure		
J	295	NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)	-	-
J	300	Redirected Funds (To) From		
J	302	(TO) General Fund - B313	-	-
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I302	-	-
J	303.2	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - IA302	-	-
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID302	-	-
J	303.4	(TO) Targeted Case Management - D304	-	-
J	303.5	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - L302	-	-
J	304.4	FROM Targeted Case Management - D303		
J	305	FROM General Fund - B312		
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - I301		
J	306.2	FROM PIHP to Affiliate CCBHC Medicaid Contracts - IA301		
J	306.3	FROM PIHP to MI Health Link Services Contracts - ID301		
J	306.4	FROM PIHP to Affiliate CCBHC Non-Medicaid Contracts - L301		
J	307	FROM Local Funds - M310		
J	390	Total Redirected Funds	-	-
J	400	BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)	-	-

K		NON-MDHHS EARNED CONTRACTS		
K	190	Revenue		
K	290	Expenditure		
K	295	NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)	-	-
K	300	Redirected Funds (To) From		
K	302	(TO) General Fund - B314	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I303	-	-
K	303.2	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - IA303	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID303	-	-
K	303.4	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - L303	-	-
K	304	(TO) Local Funds - M315	-	-
K	305	FROM Local Funds - M311		
K	390	Total Redirected Funds	-	-
K	400	BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)	-	-

L		PIHP to Affiliate CCBHC Non-Medicaid Contracts - CMHSP USE ONLY		
L	100	REVENUE		
L	101	Revenue		
L	102	1st & 3rd Party Collections (Not in Section 226a Funds)		
L	190	TOTAL REVENUE	-	-
L	200	EXPENDITURE		
L	201	Expenditure		
L	290	TOTAL EXPENDITURE	-	-
L	295	NET SURPLUS (DEFICIT)	-	-
L	300	Redirected Funds (To) From		
L	301	(TO) CMHSP to CMHSP Earned Contracts - J306.4	-	-
L	302	FROM CMHSP to CMHSP Earned Contracts - J303.5		
L	303	FROM Non-MDHHS Earned Contracts - K303.4		
L	304	FROM General Fund - B310.5		
L	305	(TO) Local Funds - M316.1	-	-
L	306	FROM Local Funds - M309.6		
L	390	Total Redirected Funds	-	-
L	400	BALANCE PIHP to Affiliate CCBHC Non-Medicaid Contracts (must = 0)	-	-

M		LOCAL FUNDS		
M	100	REVENUE		
M	101	County Appropriation for Mental Health		
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds		
M	103	Section 226 (a) Funds		
M	105	Medicaid Fee for Service Adjuster Payments		
M	106	Local Grants		
M	107	Interest		
M	109	SED Partner		
M	110	All Other Local Funding		
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding		
M	190	TOTAL REVENUE	-	-
M	200	EXPENDITURE		
M	201	GF 10% Local Match		
M	202	Local match cap amount		
M	203	GF Local Match Capped per MHC 330.1308		
M	204	Local Cost for State Provided Services		
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)		
M	207	Local Match to Grants and MDHHS Earned Contracts		
M	209	Local Only Expenditures		
M	290	TOTAL EXPENDITURE	-	-
M	295	NET LOCAL FUNDS SURPLUS (DEFICIT)	-	-
M	300	Redirected Funds (To) From		
M	302	(TO) General Fund - B331	-	-
M	304	(TO) Targeted Case Management - D302	-	-
M	309	(TO) Injectable Medications - G302	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - I306	-	-
M	309.2	(TO) PIHP to Affiliate CCBHC Medicaid Service Contracts - IA306	-	-
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - IB306	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - IC306	-	-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID306	-	-
M	309.6	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - L306	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts - J307	-	-
M	311	(TO) Non-MDHHS Earned Contracts - K305	-	-
M	313	(TO) Activity Not Otherwise Reported - O302	-	-
M	315	FROM Non-MDHHS Earned Contracts - K304		
M	316	FROM PIHP to Affiliate CCBHC Medicaid Services Contracts - IA305		
M	316.1	FROM PIHP to Affiliate CCBHC Non-Medicaid Contracts - L305		
M	390	Total Redirected Funds	-	-
M	400	BALANCE LOCAL FUNDS	-	-

N		RISK CORRIDOR		
N	100	REVENUE		
N	101	Stop/Loss Insurance		
N	190	TOTAL REVENUE	-	-

N	300	Redirected Funds (To) From		
N	303	(TO) General Fund - B332	-	-
N	390	Total Redirected Funds	-	-
N	400	BALANCE RISK CORRIDOR (must = 0)	-	-

O	ACTIVITY NOT OTHERWISE REPORTED			
O	100	REVENUE		
O	101	Other Revenue (describe):		
O	102	Other Revenue (describe):		
O	103	Other Revenue (describe):		
O	190	TOTAL REVENUE	-	-
O	200	EXPENDITURE		
O	201	Other Expenditure (describe):		
O	202	Other Expenditure (describe):		
O	203	Other Expenditure (describe):		
O	290	TOTAL EXPENDITURE	-	-
O	295	NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)	-	-
O	300	Redirected Funds (To) From		
O	302	FROM Local Funds - M313		
O	390	Total Redirected Funds	-	-
O	400	BALANCE ACTIVITY NOT OTHERWISE REPORTED	-	-

P	GRAND TOTALS			
P	190	GRAND TOTAL REVENUE	41,526,896	82,022,162
P	290	GRAND TOTAL EXPENDITURE	43,048,782	78,696,627
P	390	GRAND TOTAL REDIRECTED FUNDS (must = 0)	-	-
P	400	NET INCREASE (DECREASE)	(1,521,886)	3,325,535

Q	REMARKS	
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.	
Q		
Q		
Q		
Q		
Q		
Q		
Q		
Q		

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED												
REQUESTING DIVISION Provider Network Management	REQUEST DATE May 12, 2023	REQUESTOR SIGNATURE Jennifer Stewart, Clinical Services Manager													
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>															
<p>HealthWest Board authorization is requested to approve a contract with Sacred Heart Rehabilitation Center, Inc., located at 400 Stoddard Road, Richmond, MI. 48062. The contract is to provide services effective May 1, 2023 through September 30, 2023 for methadone daily dosage, residential, and room and board.</p> <ol style="list-style-type: none"> 1. References completed with OnPoint and WMCMH on April 24, 2023. 2. LRE Credentialing and approval completed on May 26, 2022 <p>Our three contracted Methadone Treatment providers are not located in the same county as our contracted Residential Treatment providers, making the delivery of daily Methadone dosing a significant barrier and burden. This contract will allow access to a provider that offers Methadone and Residential Treatment concurrently in the same geographic location.</p> <p>The contract would be effective May 1, 2023 through September 30, 2023. The provider will be paid through SUD Block Grant and SUD Medicaid dollars at the agreed upon LRE Regional SUD Rates. The contract will not exceed \$55,000.00 The contract services will include the following daily rates:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">H0018:W5</td> <td style="width: 65%;">Clinically Managed High Intensity short-term residential (ASAM 3.5); without Room & Board</td> <td style="width: 20%; text-align: right;">\$206.26</td> </tr> <tr> <td>H0010:W7</td> <td>Medically Monitored Intensive short-term residential (ASAM 3.7); without Room & Board</td> <td style="text-align: right;">\$398.76</td> </tr> <tr> <td>H0020</td> <td>Methadone Daily Dosing</td> <td style="text-align: right;">\$19.00</td> </tr> <tr> <td>S9976</td> <td>SUD Residential Room & Board</td> <td style="text-align: right;">\$27.81</td> </tr> </table>				H0018:W5	Clinically Managed High Intensity short-term residential (ASAM 3.5); without Room & Board	\$206.26	H0010:W7	Medically Monitored Intensive short-term residential (ASAM 3.7); without Room & Board	\$398.76	H0020	Methadone Daily Dosing	\$19.00	S9976	SUD Residential Room & Board	\$27.81
H0018:W5	Clinically Managed High Intensity short-term residential (ASAM 3.5); without Room & Board	\$206.26													
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H0020	Methadone Daily Dosing	\$19.00													
S9976	SUD Residential Room & Board	\$27.81													
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>															
<p>I move to authorize the HealthWest Interim Executive Director to sign a contract with Sacred Heart Rehabilitation Center, Inc., for May 1, 2023 through September 30, 2023 to provide SUD services, at a cost not to exceed \$55,000.00 for FY2023.</p>															
COMMITTEE DATE 05/12/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other														
BOARD DATE 05/19/2023	BOARD APPROVAL _____ Yes _____ No _____ Other														

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Exhibit 4: Sole Source Justification Form

Single/ Sole Source Justification

Please explain why the recommended vendor is the only vendor that can meet the required needs. Are there other vendors who can do this job? What conditions (e.g. technological superiority, or performance risks, etc.) exist so that the recommended vendor has a significant advantage over any other vendor who can do this job?

It is important to sufficiently address the key reason for awarding an order without soliciting competitive bids/quotes. The rationale must be clear and convincing, avoiding generalities and unsupported conclusions.

Vendor Name: Sacred Heart Rehabilitation Center, Inc. Requisition #: _____

Complete the Following Checklist	
A specific contractor is the only source of the required item because (check all that apply)	
<input type="checkbox"/>	It is the only source capable of supplying the item/need in the local area where the required need is to be met. Using a provider outside of the local area will substantially increase the cost or not meet the need of the services requested.
<input type="checkbox"/>	It is not possible to obtain competitive bids for consideration. Documentation* is attached to verify market research to preclude other brands or vendors considered and justification of Single Qualified Source.
<input type="checkbox"/>	The required item(s) is proprietary to the Contractor. (Branded, Exclusive, Trademarked, Copyright...)
<input type="checkbox"/>	The required item(s) is under warranty to the Contractor and all service agreements / maintenance agreements are exclusive to the Contractor.
<input type="checkbox"/>	The required item(s) needed to be compatible or interchangeable with existing hardware or system currently in place. Only compatible items can be used for spares, replacements, or modifications to the current system.
<input type="checkbox"/>	There is a substantial technical risk in contracting with any other contractor, (e.g. only one contractor has been successful to date in implementing / completing this process / project). Documentation* is attached to verify market research to preclude other brands or vendors considered and justification of Single Qualified Source.
<input checked="" type="checkbox"/>	The service provider selected is predetermined by an outside source such as a Medical Provider, Courts, or other preapproved source and the services cannot be Bid
<input type="checkbox"/>	A grantor/funding agency or pass-through entity expressly authorizes a noncompetitive proposal in response to a written request. Documentation is attached.

*Documentation- Examples of documentation to attach include: A narrative explaining market research, reference checks on vendors, or a clearly written explanation of why a vendor meets the Sole Source Justification Description and any written information gathered in making this determination.

Comments: Sacred Heart Rehabilitation Center, Inc. is contracted with OnPoint and WCMCMH.

The LRE credentialing packet was completed and approval letter was dated 5/26/2022.

References from both CMH'S and a site visit was completed on 4/24/2023.

Signature Justine Belvitch Digitally signed by Justine Belvitch Date: 2023.05.09 08:13:02 -04'00' Date 5-9-23

Emergency Purchase:

<input type="checkbox"/>	Emergency: It is the only source capable of supplying the item/need in time to meet the required need due to an unforeseen situation involving the breakdown of machinery and/or a threatened termination of essential services, including maintenance and repair of essential office equipment, or a dangerous condition develops, or when supplies are needed for immediate use which may vitally affect the safety, health, property or welfare of the public.
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For Emergency Purchases:

Administrator Signature Justine Belvitch Digitally signed by Justine Belvitch Date: 2023.05.09 08:13:23 -04'00' Date 5-9-23

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE May 12, 2023	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Authorization is requested for HealthWest to increase projected contract expenditures for FY23 (October 1, 2022 - September 30, 2023) for the agencies and amounts identified below:</p> <ol style="list-style-type: none"> 1. Preferred Lawn Care & Snow Plowing, LLC- Increase from \$50,091.00 to a total not to exceed \$55,509.00 to cover final snow plowing and salt services for HealthWest locations. 2. St. Mary's Family Pharmacy- Increase from \$180,000.00 to a total not to exceed \$360,000.00 to cover the Increased Jail Medication Usage. Current usage is approximately \$30,000.00 per month. These expenses are covered under the CMHC Grant. 3. Voices for Health- Increase from \$30,000.00 to a total not to exceed \$40,000.00 to cover in-person interpretation services. The transition to AMN services, another approved translation and interpretation vendor, has taken longer than expected. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize HealthWest to approve the projected expenditures for Preferred Lawn Care, St. Mary's Family Pharmacy, and Voices for Health as stated above with a total not to exceed \$195,418.00, effective October 1, 2022 through September 30, 2023.</p>			
COMMITTEE DATE 05/12/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 05/19/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

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REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED																																																
REQUESTING DIVISION Finance Department	REQUEST DATE May 12, 2023	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer																																																	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)																																																			
<p>Authorization is requested for HealthWest to approve the FY2023 Fee Schedule effective June 1, 2023.</p> <p>Rates have been calculated based on billable services provided in FY2022 utilization of services. HealthWest rates continue to align with Commercial Insurance, which will assist us in maximizing third party revenue. HealthWest also aligns with Community Mental Health Services Programs across the State.</p> <p>For your review, the highest utilized services are as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%;">CPT Code:</th> <th style="width: 55%;">Service Description:</th> <th style="width: 15%;">Proposed HealthWest Rate</th> <th style="width: 15%;">FY19 Section 904 Report Average</th> </tr> </thead> <tbody> <tr><td>H0036</td><td>Homebased Services</td><td>\$148.57</td><td>\$72.00</td></tr> <tr><td>H0031</td><td>Mental Health Assessment by Non-Physician</td><td>\$343.72</td><td>\$273.00</td></tr> <tr><td>H2030</td><td>Clubhouse Psychosocial</td><td>\$4.38</td><td>\$6.00</td></tr> <tr><td>T1017</td><td>Targeted Case Management</td><td>\$116.29</td><td>\$74.00</td></tr> <tr><td>H0018</td><td>Crisis Residential</td><td>\$465.25</td><td>\$440.00</td></tr> <tr><td>H0032</td><td>Mental Health Service Plan Development by Non-Physician</td><td>\$247.35</td><td>\$187.00</td></tr> <tr><td>H2023</td><td>Supported Employment</td><td>\$23.35</td><td>\$7.00</td></tr> <tr><td>T1002</td><td>RN Services</td><td>\$78.71</td><td>\$4.00</td></tr> <tr><td>90837</td><td>Psychotherapy, 60 minutes</td><td>\$204.67</td><td>\$186.00</td></tr> <tr><td>H0039</td><td>Assertive Community Treatment</td><td>\$142.36</td><td>\$67.00</td></tr> <tr><td>99215</td><td>Evaluation & Management – Established Patient</td><td>\$276.58</td><td>\$274.00</td></tr> </tbody> </table>				CPT Code:	Service Description:	Proposed HealthWest Rate	FY19 Section 904 Report Average	H0036	Homebased Services	\$148.57	\$72.00	H0031	Mental Health Assessment by Non-Physician	\$343.72	\$273.00	H2030	Clubhouse Psychosocial	\$4.38	\$6.00	T1017	Targeted Case Management	\$116.29	\$74.00	H0018	Crisis Residential	\$465.25	\$440.00	H0032	Mental Health Service Plan Development by Non-Physician	\$247.35	\$187.00	H2023	Supported Employment	\$23.35	\$7.00	T1002	RN Services	\$78.71	\$4.00	90837	Psychotherapy, 60 minutes	\$204.67	\$186.00	H0039	Assertive Community Treatment	\$142.36	\$67.00	99215	Evaluation & Management – Established Patient	\$276.58	\$274.00
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<p>I move to approve the attached fee rates for services provided by HealthWest effective June 1, 2023.</p>																																																			
COMMITTEE DATE 05/12/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other																																																		
BOARD DATE 05/19/2023	BOARD APPROVAL _____ Yes _____ No _____ Other																																																		

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CPT	Crosswalk Category	CPT Description	From Date	Thru Date	Billing Rate
	97151 Applied Behavior Analysis	ABA Behavior identification assessment, administered by a physic	10/1/2021	9/30/2027	\$30.00
0373T	Applied Behavior Analysis	ABA Direct treatment of severe maladaptive behavior in specializ	10/1/2021	9/30/2027	\$30.00
	90791 Assess Health Psych Eval	Psychiatric Diagnostic Evaluation (no medical services)	2/1/2023	9/30/2027	\$309.00
	90792 Assess Health Psych Eval	Psychiatric Diagnostic Evaluation (with medical services)	2/1/2023	9/30/2027	\$272.57
	90887 Assess Health Psych Eval	Interpretation or explanation of results of psychiatric exams	10/1/2021	9/30/2027	\$52.00
	96112 Assess Health Psych Eval	Developmental test administration (incl. assessment of fine and/	10/1/2021	9/30/2027	\$141.02
	96113 Assess Health Psych Eval	Developmental test administration (incl. assessment of fine and/	10/1/2021	9/30/2027	\$66.54
	96130 Assess Health Psych Eval	Psychological testing evaluation services by physician or other	2/1/2023	9/30/2027	\$193.00
H0002	Assess Health Psych Eval	Brief screening to non-inpatient program	2/1/2023	9/30/2027	\$160.47
H0031	Assess Health Psych Eval	Mental Health Assessment, by Non-Physician	2/1/2023	9/30/2027	\$343.72
H0031 WX	Assess Health Psych Eval	LOCUS Assessment	2/1/2023	9/30/2027	\$343.72
H0031 WY	Assess Health Psych Eval	Supports Intensity Scale (SIS) Assessment	2/1/2023	9/30/2027	\$343.72
T1001	Assess Health Psych Eval	Nursing Assessment	10/1/2021	9/30/2027	\$304.00
T1023	Assess Health Psych Eval	Screening for inpatient programs	10/1/2021	9/30/2027	\$25.00
	97153 Autism Benefit	ABA Adaptive behavior treatment by protocol, administered by tec	10/1/2021	9/30/2027	\$15.00
	97154 Autism Benefit	ABA Group adaptive behavior treatment by protocol, administered	10/1/2021	9/30/2027	\$4.29
	97155 Autism Benefit	ABA Adaptive behavior treatment with protocol modification, admi	10/1/2021	9/30/2027	\$30.00
	97156 Autism Benefit	ABA Family adaptive behavior treatment guidance, administered by	10/1/2021	9/30/2027	\$30.00
	97157 Autism Benefit	ABA Multiple-family group adaptive behavior treatment guidance,	10/1/2021	9/30/2027	\$12.00
	97158 Autism Benefit	ABA Group adaptive behavior treatment with protocol modification	10/1/2021	9/30/2027	\$8.57
H2000	Behavior Management Rev	Comprehensive Multidisciplinary Evaluation	10/1/2021	9/30/2027	\$72.00
H2000 TS	Behavior Management Rev	Monitoring of Behavior Treatment Plan	2/1/2023	9/30/2027	\$75.00
H2030	Clubhouse Psych Rehab Prog	Mental Health Clubhouse	10/1/2021	9/30/2027	\$4.38
H2015	Community Living Supports	Community Living Supports (CLS)	10/1/2021	9/30/2027	\$7.00
H2016	Community Living Supports	CLS per Diem, Specialized Residential Setting	10/1/2021	9/30/2027	\$382.97
T2027	Community Living Supports	Overnight Health and Safety Supports	10/1/2021	9/30/2027	\$9.05
T2036	Community Living Supports	Therapeutic Camping, Overnight	10/1/2021	9/30/2027	\$127.00
H0018	Crisis Residential Services	Behavioral Health; Short-Term Residential	10/1/2021	9/30/2027	\$465.25
H2011	Crisis Stab. Serv/Responses		2/1/2023	9/30/2027	\$132.89
	90870 Electro. Therapy-Prac Man	Electroconvulsive Therapy, Attending Physician Charges	2/1/2023	9/30/2027	\$50.44
G0177	Family Skills Trng/Support	Family Psycho-Education: Family Educational Groups	10/1/2021	9/30/2027	\$228.57
S5110	Family Skills Trng/Support	Family Psychoeducation Skills Workshop	10/1/2021	9/30/2027	\$23.96
S5111	Family Skills Trng/Support	Family Training	10/1/2021	9/30/2027	\$184.80
T1015	Family Skills Trng/Support	Family Psychoeducation Joining	10/1/2021	9/30/2027	\$223.69
T2025	Fiscal Intermediary Services	Fiscal Intermediary Services	10/1/2021	9/30/2027	\$125.00
	96372 Health Services	Medication Administration or Injection	2/1/2023	9/30/2027	\$38.75
	97803 Health Services	Medical Nutrition Therapy, Reassessment & Intervention	2/1/2023	9/30/2027	\$75.66
	99407 Health Services	Smoking and tobacco use cessation counseling visit; intensive, g	10/1/2021	9/30/2027	\$50.00
H0034	Health Services	Medication Training & Support	10/1/2021	9/30/2027	\$257.00
S9470	Health Services	Nutritional Counseling, Dietician Visit	10/1/2021	9/30/2027	\$64.00
T1002	Health Services	RN Services	10/1/2021	9/30/2027	\$78.71
H0036	Home Based Services	Homebased Services	10/1/2021	9/30/2027	\$148.57
T2038	Housing Assistance	Community transition, waiver, per service	10/1/2021	9/30/2027	\$1.00
CARE	Indirect Staff Activity Codes	Care Coordination	10/1/2021	9/30/2027	\$1.00
JJT	Indirect Staff Activity Codes	Juvenile Justice Treatment Team Bundle	10/1/2021	9/30/2027	\$47.00
JTC	Indirect Staff Activity Codes	Indirect Staff Activity Codes	2/1/2023	9/30/2027	\$19.44
	99202 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$139.68
	99203 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$197.88
	99204 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$238.62
	99205 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$392.85
	99212 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$97.00
	99213 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$136.00
	99214 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$238.65
	99215 Medication Review	Office or other outpatient visit for the evaluation and manageme	2/1/2023	9/30/2027	\$276.58
	97110 Occupational Therapy	OT/PT Therapeutic exercises, strength or range of motion	2/1/2023	9/30/2027	\$166.84
H0038	Peer Directed & Op Supp Ser	Peer Support Specialist Services	10/1/2021	9/30/2027	\$34.00
H0046	Peer Directed & Op Supp Ser	DD Peer Mentor Services	10/1/2021	9/30/2027	\$93.00
	97530 Physical Therapy	OT/PT Individual Therapeutic Activities	2/1/2023	9/30/2027	\$152.29
G0176	Physical Therapy	Music, Art, and Recreation	10/1/2021	9/30/2027	\$85.00
H0025	Prevention Srvc-Dir Model	Behavioral health prevention education service (delivery of serv	10/1/2021	9/30/2027	\$418.00
T2015	Prevocation Out of Home	Out of Home Pre-Vocational (HSW Only)	10/1/2021	9/30/2027	\$8.92
S9123	Private Duty Nursing	Private Duty Nursing, RN (individual nurse only); HSW 21 years a	10/1/2021	9/30/2027	\$46.68
S9124	Private Duty Nursing	Private Duty Nursing, LPN (individual nurse only); HSW 21 years	10/1/2021	9/30/2027	\$44.56
H0045	Respite Care	Respite Care Services, not in the home, licensed residential set	10/1/2021	9/30/2027	\$360.00
T1005	Respite Care	Respite care services	10/1/2021	9/30/2027	\$11.67
H2014	Skill Building Assistance	Skill Building & Training	2/1/2023	9/30/2027	\$6.79
	92507 Speech & Language Therapy	Speech & Language Therapy, Individual	2/1/2023	9/30/2027	\$297.79
	92523 Speech & Language Therapy	Evaluation of speech sound production with evaluation of languag	2/1/2023	9/30/2027	\$340.78
	92526 Speech & Language Therapy	Tx of Function for Swallowing	2/1/2023	9/30/2027	\$352.63
	92610 Speech & Language Therapy	Speech/Language - Evaluation of oral & pharyngeal swallowing fu	2/1/2023	9/30/2027	\$330.45

H0001	SUD: Individual Assessment	Alcohol and/or Drug Assessment	10/1/2021	9/30/2027	\$150.00
H0020	SUD: Methadone	Alcohol and/or drug services; Methadone administration and/or se	10/1/2021	9/30/2027	\$25.00
H0005	SUD: Outpatient Care	Alcohol and/or drug services; group counseling by a clinician	10/1/2021	9/30/2027	\$35.00
H0006	SUD: Outpatient Care	Alcohol &/Or Drug Service; Case Management	10/1/2021	9/30/2027	\$98.00
H0048	SUD: Outpatient Care	Alcohol and drug testing, collection and handling only, specimen	10/1/2021	9/30/2027	\$46.00
H0050	SUD: Outpatient Care	Outpatient alcohol/other drug treatment services (brief interven	10/1/2021	9/30/2027	\$49.00
H2036	SUD: Outpatient Care	Outpatient alcohol/other drug treatment services, per diem	10/1/2021	9/30/2027	\$73.00
T1012	SUD: Outpatient Care	Recovery Supports	10/1/2021	9/30/2027	\$41.00
H2023	Supported Employment Srvcs	Supported Employment	10/1/2021	9/30/2027	\$23.35
T1016	Supports Coordination	Supports Coordination	10/1/2021	9/30/2027	\$1.00
T1017	Targeted Case Management	Targeted Case Management & Supports Coordination	2/1/2023	9/30/2027	\$119.89
T1017	Targeted Case Management	Targeted Case Management	2/1/2023	9/30/2027	\$116.29
90832	Therapy, Mntl Hlth Chd/Adlt	Individual therapy, 16-37 minutes	2/1/2023	9/30/2027	\$85.36
90834	Therapy, Mntl Hlth Chd/Adlt	Individual therapy, 38-52 minutes	2/1/2023	9/30/2027	\$124.16
90837	Therapy, Mntl Hlth Chd/Adlt	Individual therapy, 53+ minutes	2/1/2023	9/30/2027	\$204.67
90839	Therapy, Mntl Hlth Chd/Adlt	Psychotherapy for crisis, 60 min	2/1/2023	9/30/2027	\$321.07
90846	Therapy, Mntl Hlth Chd/Adlt	Family Therapy Without Client Present	2/1/2023	9/30/2027	\$245.41
90847	Therapy, Mntl Hlth Chd/Adlt	Family Therapy With Client Present	2/1/2023	9/30/2027	\$178.00
90853	Therapy, Mntl Hlth Chd/Adlt	Group Therapy	2/1/2023	9/30/2027	\$89.24
H2019	Therapy, Mntl Hlth Chd/Adlt	Therapeutic Behavioral Services; Dialectical Behavioral Therapy	10/1/2021	9/30/2027	\$93.00
S0215	Transportation	Non-Emergency Transportation; Mileage, Per Mile	10/1/2021	9/30/2027	\$0.56
T2003	Transportation	Non-Emergency Transportation; Encounter/Trip.	10/1/2021	9/30/2027	\$50.00
H0032	Treatment Planning	Mental health service plan development by non-physician	2/1/2023	9/30/2027	\$247.35
H0032 TS	Treatment Planning	Mental health service plan development by non-physician - Monito	10/1/2021	9/30/2027	\$255.00
H2021	Wraparound Services	Specialized Wraparound Facilitation	10/1/2021	9/30/2027	\$96.00
H2022	Wraparound Services	Community-based Wraparound services, per diem (SED Waiver only)	10/1/2021	9/30/2027	\$263.00