

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, June 16, 2023

8:00 a.m.

CALL TO ORDER

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

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Marcia Hovey-Wright, Charles Nash, Remington Sprague, M.D.

Committee Members Absent: Stephanie Umlor.

Also Present: Rich Francisco, Holly Brink, Shannon Morgan, Tasha Percy, Brandy Carlson, Jennifer Stewart, Gary Ridley, Kelly Betts, Matt Plaska, Justine Belvitch, Brian Speer, Jackie Farrar, Mike Kimble, Melina Barrett

Guests: Angie Gasiewski, Mark Eisenbarth

MINUTES

It was moved by Commissioner Hovey-Wright, seconded by Ms. Thomas, to approve the minutes of the May 12, 2023, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for May 2023

It was moved by Mr. Hardy, seconded by Commissioner Nash, to approve expenditures for the month ending May 31, 2023, in the total amount of \$7,957,646.39.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

The May report was distributed for board member review, noting an overall cash balance of (\$4,488,199). Also presented were the month-end projection trends for board member review.

C. Program Budget Report

The HealthWest Expenditures Financial Statement was distributed for May 2023, which shows that expenditures to date are under budget by \$1,797,595.65.

D. FY23 Actual and Projected Expenditures

Ms. Carlson, Chief Financial Officer, presented the FSR.

E. Authorization to Increase Projected Contract Expenditures for FY23

It was moved by Dr. Sprague, seconded Commissioner Nash, to authorize HealthWest to increase the projected expenditures with CRC Recovery Inc. dba Western Michigan Treatment Center, for March 1, 2023, through September 30, 2023, at a cost not to exceed \$50,675.00 for FY2023.

MOTION CARRIED

F. Authorization to Contract with Doctor Katherine Jawor D.O.

It was moved by Ms. Thomas, seconded Commissioner Hovey-Wright, to authorize HealthWest to contract with Doctor Katherine Jawor, D.O., at a cost not to exceed \$57,600.00 for FY23, effective June 12, 2022 through September 30, 2023.

MOTION CARRIED

G. Authorization to Contract with Heart and Hand In Home Care and Cameo House

It was moved by Ms. Thomas, seconded Commissioner Hovey-Wright, to authorize HealthWest to contract with Heart and Hand In Home Care and Cameo House to provide CLS and specialized residential services to eligible HealthWest consumers, at a cost not to exceed \$55,000.00 for FY2023.

MOTION TABLED

H. Authorization to Increase Projected Contract Expenditures for FY23

It was moved by Ms. Thomas, seconded Mr. Hardy, to authorize HealthWest to approve changes to the projected expenditures for Hernandez Homes, Hope Network, Proto Call, and Dave McElfish, at a cost not to exceed \$877,500.00, effective October 1, 2022 through September 30, 2023.

MOTION TABLED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director, shared the privilege he has had of meeting the new staff and teams. Mr. Francisco has been working with Brandy Carlson, Chief Finance Officer, on operational guidelines for the County, and working through the changes to determine what will be processed through the County Board versus HealthWest Board. Mr. Francisco will be meeting with Quality Assurance to create a plan for determining areas for improvement, ways to provide more transparent financial reporting, and improving program outcomes on a clinical level.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:35 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

JF/hb

**PRELIMINARY MINUTES
To be approved at the Finance Meeting on
July 21, 2023**



FINANCE COMMITTEE

June 16, 2023 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

Zoom: <https://healthwest.zoom.us/j/92247046543?pwd=ZXY0QnFPVGc5UVZENIRwcExTTmdvdz09>

Join by Phone: (312) 626-6799, 92718779426#

Committee Chair: Jeff Fortenbacher

Committee Vice-Chair: Janet Thomas

AGENDA

- | | |
|---|-------------|
| 1) Call to Order | Quorum |
| 2) Approval of Agenda | Action |
| 3) Approval of the Minutes of May 12, 2023
(Attachment #1 – pg. 1-3) | Action |
| 4) Public Comment (on an agenda item) | |
| 5) Items for Consideration | |
| A) Approval of Expenditures for May 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 approve an increase to the contract for
CRC Recovery Inc. dba Western Michigan Treatment Center
(Attachment #6 – pg. 15) | Action |
| F) Authorization to contract with Doctor Katherine Jawor, D.O.
(Attachment #7 – pg. 16-17) | Action |

Main Office

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G) Authorization to approve increase to the contract for **Heart and Hand In Home Care and Cameo House**
(Attachment #8 – pg. 18-20) Action

H) Authorization to approve rate increase the contracts for **Hernandez Homes, Hope Network Behavioral Health Services, Proto Call and Dave McElfish**
(Attachment #9 – pg. 21) Action

6) Old Business

7) New Business

8) Communication / Director's Comment

9) Public Comment

10) Adjournment Action

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, May 12, 2023

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:02 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Marcia Hovey-Wright, Charles Nash

Committee Members Absent: Stephanie Umlor, Remington Sprague. M.D.

Also Present: Holly Brink, Shannon Morgan, Tasha Percy, Brandy Carlson, Jennifer Stewart, Chelsea Kirksey, Gordon Peterman, Gary Ridley, Kelly Betts, Matt Plaska, Suzanne Beckeman

Guests: Angie Gasiewski

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the April 21, 2023, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for April 2023

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve expenditures for the month ending April 30, 2023, in the total amount of \$6,315,847.09

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

The April report was distributed for board member review, noting an overall cash balance of (\$4,713,904). Also presented were the month-end projection trends for board member review.

C. Program Budget Report

The HealthWest Expenditures Financial Statement was distributed for April 2023, which shows that expenditures to date are under budget by \$2,335,338.98.

D. FY23 Actual and Projected Expenditures

Ms. Carlson, Chief Financial Officer, presented the FSR.

E. Authorization to Approve Contract with Sacred Heart Rehabilitation Center, Inc.

It was moved by Mr. Hardy, seconded Ms. Thomas, to authorize HealthWest to 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.

MOTION CARRIED

F. Authorization to Increase Projected Contract Expenditures for FY23

It was moved by Mr. Hardy, seconded Ms. Thomas, to authorize HealthWest to increase the projected expenditures for Preferred Lawn Care, St. Mary's Family Pharmacy, and Voices of Health, at a cost not to exceed \$195,418.00, effective October 1, 2022 through September 30, 2023.

MOTION CARRIED

G. Authorization to Approve the FY2023 Fee Schedule

It was moved by Ms. Thomas, seconded Mr. Hardy, to authorize HealthWest to approve changes to the Fee Rates for Services provided by HealthWest, effective June 1, 2023

It was moved by Commissioner Hovey-Wright, seconded Mr. Hardy, to table the motion until June, when we have more information regarding current data.

MOTION TABLED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Gary Ridley shared that the new website is live after months of hard work. Currently working on updating the links on the Compass to direct to the new website.

DIRECTOR'S COMMENTS

There were no Director's comments.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:24 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

JF/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
June 16, 2023

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE June 16, 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 May 2023 totaled \$7,957,646.39. Some unusual expenditures for the month include \$32,635.00 to Anikare for 2 months of specialized residential services, \$513,100.90 to Cherry Street Services for SUD services, \$98,572.85 to FA-HO-LO Family for 2 months of specialized residential services, \$309,151.51 to Trinity Hackley Behavioral Health for increased use of psychiatric inpatient services, and \$301,865.28 to Samaritas for 2 months of specialized residential services.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve expenditures for the month of May 2023, in the total amount of \$7,957,646.39.			
COMMITTEE DATE June 16, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE June 23, 2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HealthWest

Financial Officer Report for May 2023

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

- ❖ **Program Budget Report** – The Report for May is included as an attachment. Based on the budget approved in November 2022, there is a negative variance of \$1,797,598.65 or .03% more than what is budgeted to date. Expenses for Capital Outlay and Staff Development and Training are the only two areas over budget currently. HealthWest has had two large conferences within the last two months in which has put us over budget to date. However, this will even out as the year progresses.

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

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

	TANF	DAB	HMP	Waiver	Total MM
Total MM	396,415	150,513	238,189	2,169	787,285
PMPM					
	TANF	DAB	HMP	Waiver	Total
Total Revenue PMPM	\$12,721,816.39	\$46,966,690.01	\$11,692,662.54	\$11,502,729.25	\$82,883,898.18
Total LRE Admin	\$(444,788.67)	\$(1,642,226.94)	\$(408,719.79)	\$(402,258.55)	\$(2,897,993.93)
Total ISF	\$-	\$-	\$-	\$-	\$-
Total Timely Reporting	\$-	\$-	\$-	\$-	\$-
Total Performance	\$-	\$-	\$-	\$-	\$-
Total PMPM Dollars Available	<u>\$12,277,027.73</u>	<u>\$45,324,463.07</u>	<u>\$11,283,942.75</u>	<u>\$11,100,470.70</u>	<u>\$79,985,904.25</u>

Avg PMPM - After Deduct	\$30.97	\$301.13	\$47.37	\$5,117.78	\$101.60
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Allocation					
Dollars	TANF	DAB	HMP	Waiver	FY2023 Total
State Plan 1115	\$6,752,223.70	\$21,365,732.46	\$7,434,260.19		\$35,552,216.34
State Plan 1915 (i)	\$852,251.61	\$17,618,052.26		\$-	\$18,470,303.87
Autism	\$3,466,256.40	\$5,443,645.71	\$4,946.95		\$8,914,849.06
SUD	\$1,206,296.02	\$897,032.64	\$3,844,735.61		\$5,948,064.27
HSW				\$10,624,280.48	\$10,624,280.48

CWP				\$215,648.67	\$215,648.67
SED				\$260,540.55	\$260,540.55
Total Dollars Available	\$12,277,027.73	\$45,324,463.07	\$11,283,942.75	\$11,100,470.70	\$79,985,904.25

PMPM	TANF	DAB	HMP	Waiver	FY2023
					Total
State Plan 1115	\$17.03		\$141.95	\$31.21	\$45.16
State Plan 1915 (i)	\$2.15		\$117.05	\$-	\$23.46
Autism	\$8.74		\$36.17	\$0.02	\$11.32
SUD	\$3.04		\$5.96	\$16.14	\$7.56
HSW				\$5,516.24	\$13.49
CWP				\$2,729.74	\$0.27
SED				\$1,588.66	\$0.33
Total PMPM	\$30.97		\$301.13	\$47.37	\$5,117.78
				\$5,117.78	\$101.60

❖ **Cash Balances** – The cash balances in our two funds have improved in the month of May. 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). In June, HealthWest did received \$9,406,781.71, which will pay off FY18 and pay down FY19 to \$2,479,928.03. As soon as all regional partners’ Compliance audits are complete, we will receive the FY22 funds as well.

As of June 13, 2023, the HealthWest cash balance is positive \$1,784,026.50

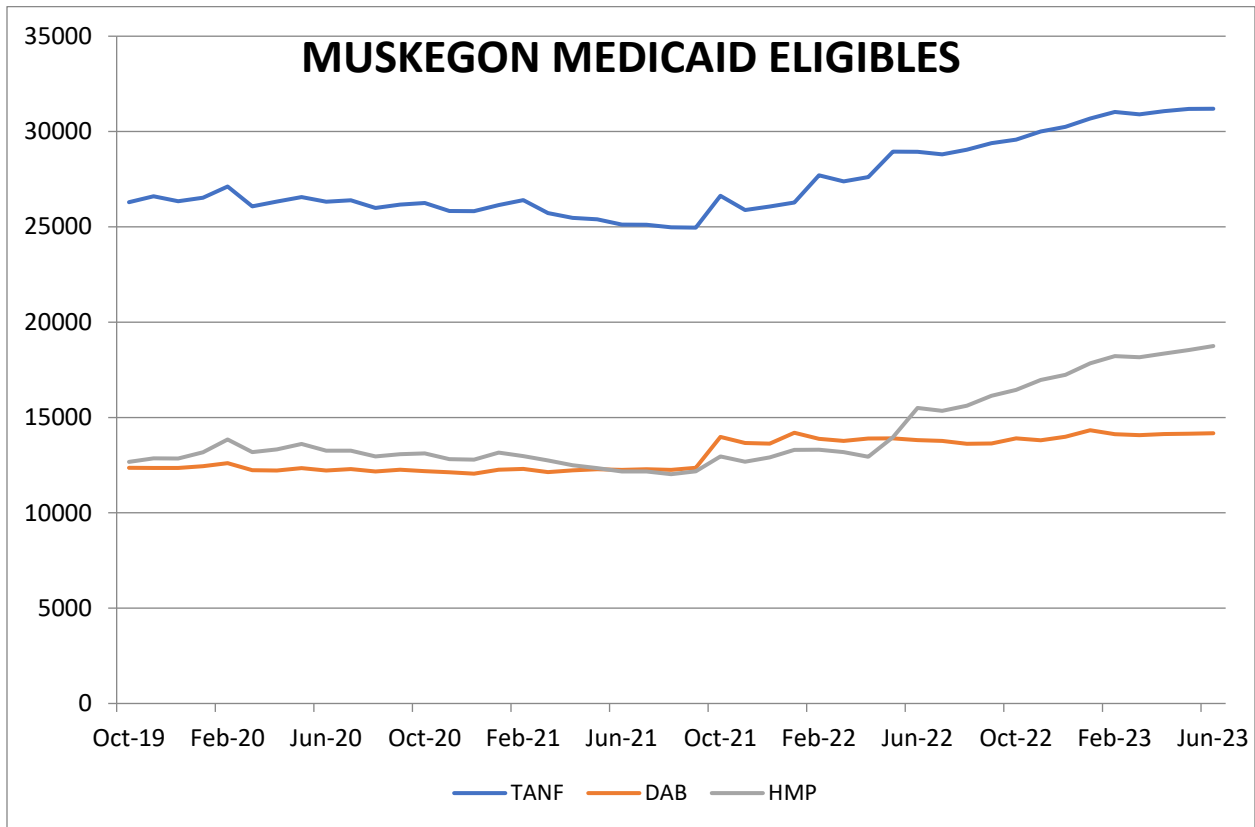
	MENTAL HEALTH	CMH CLIENT	TOTAL ALL
JUNE, 2022	(\$9,838,112)	\$700,401	(\$9,137,711)
JULY, 2022	(\$15,068,459)	\$653,725	(\$14,414,734)
AUGUST, 2022	(\$10,441,091)	\$656,827	(\$9,784,265)
SEPT. PRELIM., 2022	(\$11,767,427)	\$747,055	(\$11,020,372)
OCTOBER, 2022	(\$10,445,279)	\$657,381	(\$9,787,898)
NOVEMBER, 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)
MAY, 2023	(\$5,030,871)	\$542,672	(\$4,488,199)

❖ **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 – May 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.

- DAB F 19 – 25 increased by 2.09%
- DAB F 50 – 64 decreased by 2.06%
- DAB M 40 – 49 decreased by 2.99%
- DAB M 50 – 64 decreased by 2.58%
- HMP F 50 – 64 increased by 2.59%
- HMP M 40 - 49 increased by 1.53%
- HMP M 50 – 64 increased by 2.54%
- TANF F 65+ decreased by 15.79% (from 19 to 16)
- TANF M 19 - 25 increased by 3.91%
- TANF M 40 - 49 increased by 2.4%
- TANF M 50 - 64 increased by 2.63%



HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
5/31/2023

	Expenses Year Ending	Average Monthly	Expenses Month Ending	Current Year-to-Date	Expenses Year Ending			
	09/30/2023	Budget	5/31/2023	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	19,970.54	151,458.37	220,282.90	6,919.44	0.00	(75,743.97)
110-Diversity Equity & Inclusion	196,562.18	16,380.18	9,411.90	131,041.45	82,446.98	4,311.75	0.00	44,282.72
120-Information Systems	2,818,727.58	234,893.97	151,716.03	1,879,151.72	1,243,107.26	31,260.13	0.00	604,784.33
130-Data Analytics	1,171,200.69	97,600.06	66,671.60	780,800.46	604,748.42	28,343.14	0.00	147,708.90
140-Community Outreach	538,484.15	44,873.68	33,156.45	358,989.43	336,054.26	11,895.07	0.00	11,040.11
150-Community Relations	957,136.29	79,761.36	74,760.78	638,090.86	642,250.38	26,041.16	0.00	(30,200.68)
160-FINANCE	2,031,843.12	169,320.26	138,712.80	1,354,562.08	1,051,929.73	49,006.04	0.00	253,626.31
165-Facilities	905,917.17	75,493.10	112,681.94	603,944.78	833,323.66	7,598.53	0.00	(236,977.41)
170-HR	586,697.82	48,891.49	36,739.95	391,131.88	364,902.29	17,458.81	0.00	8,770.78
180-Contracts/Provider Network	323,811.93	26,984.33	13,497.61	215,874.62	133,820.88	7,049.85	0.00	75,003.89
190-Quality Assurance	313,717.11	26,143.09	56,036.77	209,144.74	422,797.89	9,254.85	0.00	(222,908.00)
200-Client Information	1,315,043.04	109,586.92	66,235.55	876,695.36	673,540.59	31,902.00	0.00	171,252.77
210-Utilization Management	848,797.82	70,733.15	64,019.73	565,865.21	563,633.25	23,383.87	0.00	(21,151.91)
221-Adult Assessment & Stabilization	1,907,622.91	158,968.58	109,973.46	1,271,748.61	1,011,308.71	57,626.86	0.00	202,813.04
222-Registration	7,281.68	606.81	0.00	4,854.45	0.00	220.85	0.00	4,633.60
223-Clinical Services Secretary	1,830.72	152.56	0.00	1,220.48	0.00	55.53	0.00	1,164.95
224-Intensive Crisis Stabilization	869,159.68	72,429.97	98,986.87	579,439.79	859,641.08	25,098.48	0.00	(305,299.77)
225-Veterans Services	144,373.44	12,031.12	13,433.46	96,248.96	78,088.63	2,819.07	0.00	15,341.26
226-Youth Assessment & Stabilization	1,202,239.89	100,186.66	88,408.25	801,493.26	789,345.86	36,373.89	0.00	(24,226.49)
230-School Based Services	1,264,476.28	105,373.02	49,293.95	842,984.19	417,574.84	38,625.81	0.00	386,783.54
240-Post Overdose Rapid Response	8,134.59	677.88	0.00	5,423.06	0.00	0.00	0.00	5,423.06
251-Law Enforcement Assisted Diversion	539,757.15	44,979.76	64,602.09	359,838.10	415,164.19	13,253.92	0.00	(68,580.01)
252-Correctional Recovery Coach Services	78,078.42	6,506.54	3,192.26	52,052.28	69,947.35	2,386.39	0.00	(20,281.46)
253-Jail Treatment	585,363.76	48,780.31	39,053.21	390,242.51	256,256.47	17,770.08	0.00	116,215.95
260-Jail Medical	872,650.74	72,720.90	421.00	581,767.16	3,988.43	24,668.51	0.00	553,110.22
270-IDD Supports Coordination	271,274.05	22,606.17	8,239.97	180,849.37	99,008.98	8,143.38	0.00	73,697.01
271-Adult Intensive Case Management I/DD	464,254.43	38,687.87	1,272.36	309,502.95	5,808.46	14,061.97	0.00	289,632.52
272-Adult Community Based DD Team 1	943,255.67	78,604.64	80,850.47	628,837.11	635,509.79	28,477.78	0.00	(35,150.46)
273-Adult Community Based DD Team 2	1,007,556.70	83,963.06	87,432.52	671,704.47	727,080.70	30,671.52	0.00	(86,047.75)
274-Transition -Age Team (Adult)	600,720.19	50,060.02	44,939.15	400,480.13	360,116.52	18,244.41	0.00	22,119.19
275-Medically Complex Team	715,620.26	59,635.02	53,882.74	477,080.17	541,972.97	21,876.12	0.00	(86,768.92)
276-Youth Supports Coordination/IDD	828,302.47	69,025.21	46,442.34	552,201.65	387,029.42	25,053.88	0.00	140,118.35

HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
5/31/2023

	Expenses Year Ending	Average Monthly	Expenses Month Ending	Current Year-to-Date	Expenses Year Ending			
	09/30/2023	Budget	5/31/2023	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	264,903.43	2,983,059.97	2,319,327.53	124,662.38	0.00	539,070.07
281-Youth Behavioral Support	590,029.86	49,169.16	47,078.10	393,353.24	455,287.27	16,367.00	0.00	(78,301.03)
282-DD Assessment	515,192.66	42,932.72	25,677.80	343,461.77	256,111.53	15,565.03	0.00	71,785.21
283-DD Clinic	474,118.44	39,509.87	18,536.13	316,078.96	109,551.31	12,580.16	0.00	193,947.49
290-Clinical Services MI Team 1	1,665,502.47	138,791.87	129,654.29	1,110,334.98	1,079,676.60	50,154.21	0.00	(19,495.83)
291-Clinical Services MI Team 2	1,544,006.06	128,667.17	132,961.89	1,029,337.37	1,073,164.07	45,584.01	0.00	(89,410.71)
292-Clinical Services MI High Intensity Team	368,757.67	30,729.81	0.00	245,838.45	125.93	11,110.69	0.00	234,601.82
293-Clinical Services / ACT	920,006.46	76,667.21	60,206.03	613,337.64	499,109.87	27,233.84	0.00	86,993.93
294-Clinical Service/ SUD	700,396.55	58,366.38	41,741.55	466,931.03	412,946.33	16,252.06	0.00	37,732.64
295-MI Adult Support Group Coordination	377,295.79	31,441.32	24,535.78	251,530.53	234,045.14	11,499.46	0.00	5,985.93
296-MI Adult Supports COFR	107,769.62	8,980.80	6,266.59	71,846.41	58,756.17	2,973.01	0.00	10,117.23
300-Vocational Services	516,964.20	43,080.35	40,022.80	344,642.80	290,619.15	14,875.06	0.00	39,148.59
310-Juvenile Justice	610,442.93	50,870.24	41,965.20	406,961.95	325,101.61	18,609.07	0.00	63,251.28
311-Youth Based Services Team 1	742,147.82	61,845.65	47,176.65	494,765.21	435,719.78	20,627.25	0.00	38,418.18
312-Youth Based Services Team 2	669,727.13	55,810.59	43,070.84	446,484.75	375,441.47	19,203.08	0.00	51,840.21
313-Youth/Infant/Early/Juvenile Clerical	83,185.85	6,932.15	5,295.03	55,457.23	80,102.39	2,505.19	0.00	(27,150.34)
314-Infant Mental Health/Early Childhood	826,242.07	68,853.51	48,010.72	550,828.05	328,324.57	23,912.69	0.00	198,590.78
320-Youth Wraparound	805,687.99	67,140.67	34,023.94	537,125.33	340,504.35	23,279.29	0.00	173,341.69
321-Youth Transition Age Services	909,578.41	75,798.20	45,118.46	606,385.61	492,757.30	27,623.73	0.00	86,004.58
324-Youth Home Based Services	1,118,270.07	93,189.17	62,376.07	745,513.38	527,180.75	32,142.97	0.00	186,189.66
330-Health Clinic	941,006.84	78,417.24	44,956.77	627,337.89	380,376.79	26,533.25	0.00	220,427.86
331-Integrated Health Care Clinic	787,296.96	65,608.08	46,855.92	524,864.64	392,010.66	24,055.68	0.00	108,798.30
332-Psychiatrist	2,363,800.65	196,983.39	105,966.34	1,575,867.10	1,103,496.95	48,786.70	0.00	423,583.45
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	48,298.04	404,903.91	433,836.91	15,149.20	0.00	(44,082.20)
342-Adult Crisis Residential Team 2	732,279.84	61,023.32	39,484.97	488,186.56	360,629.55	20,614.17	0.00	106,942.84
350-Medicated Assisted Treatment (MAT)	136,722.44	11,393.54	2,204.82	91,148.29	19,007.02	3,956.11	0.00	68,185.16
351-Injection Clinic	156,180.28	13,015.02	13,165.36	104,120.19	81,557.36	4,737.75	0.00	17,825.08
352-Outpatient Counseling	569,594.88	47,466.24	50,969.76	379,729.92	377,273.84	15,120.13	0.00	(12,664.05)
360-Lobby Services	383,160.44	31,930.04	46.16	255,440.29	61,895.52	11,686.92	0.00	181,857.85
361-Community Health	107,725.45	8,977.12	26,138.89	71,816.97	86,150.95	3,222.16	0.00	(17,556.14)
362-Housing Specialist	138,932.51	11,577.71	0.00	92,621.67	80,252.42	4,257.84	0.00	8,111.41

HealthWest

1 - Program Budget Report

Reporting Book:
As of Date:

ACCRUAL
5/31/2023

	Expenses Year Ending	Average Monthly	Expenses Month Ending	Current Year-to-Date	Expenses Year Ending			
	09/30/2023	Budget	5/31/2023	Budget	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	98,209.20	862,586.03	637,940.42	32,396.51	0.00	192,249.09
000 - Unassigned	2,560,008.09	213,334.01	450,140.18	1,706,672.06	3,813,442.86	140,300.56	2,709,186.89	(4,956,258.25)
820 - Lemonade/Recovery	143,744.83	11,978.74	20,234.97	95,829.89	107,727.26	0.00	0.00	(11,897.37)
831 - HUD 1	87,607.02	7,300.59	11,460.00	58,404.68	95,061.32	0.00	0.00	(36,656.64)
832 - HUD 2	16,433.78	1,369.48	3,056.00	10,955.85	20,504.90	0.00	0.00	(9,549.05)
833 - HUD 3	23,283.46	1,940.29	2,292.00	15,522.31	17,029.81	0.00	0.00	(1,507.50)
834 - HUD 4	24,076.44	2,006.37	2,750.00	16,050.96	21,695.94	0.00	0.00	(5,644.98)
800-SUD Contractual Services	4,010,934.07	334,244.51	935,414.14	2,673,956.05	3,318,078.49	0.00	0.00	(644,122.44)
801-MI Adult Inpatient	4,055,205.17	337,933.76	490,195.71	2,703,470.11	2,990,690.26	0.00	0.00	(287,220.15)
802-MI Child Inpatient	1,459,433.76	121,619.48	185,937.29	972,955.84	918,204.45	0.00	0.00	54,751.39
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	192.38	97.25	1,087.84	0.00	0.00	(990.59)
805-DD Vocational Services	1,463,464.11	121,955.34	60,701.85	975,642.74	316,499.37	0.00	0.00	659,143.37
806-In Home Support Services	4,453,898.32	371,158.19	479,466.78	2,969,265.55	2,920,934.44	0.00	0.00	48,331.11
807-DD Respite	367,990.17	30,665.85	25,001.96	245,326.78	184,227.73	0.00	0.00	61,099.05
808-Health Services	804,651.12	67,054.26	30,200.41	536,434.08	165,263.41	0.00	0.00	371,170.67
809-MI Respite	347,000.00	28,916.67	203.32	231,333.33	72,406.57	0.00	0.00	158,926.76
810-Autism Program	572,743.89	47,728.66	136,864.74	381,829.26	518,632.28	0.00	0.00	(136,803.02)
811-Homeless Project	1,367.20	113.93	0.00	911.47	350.00	0.00	0.00	561.47
812-MI Adult Partial Hospitalization	100,000.00	8,333.33	7,603.71	66,666.67	55,150.71	0.00	0.00	11,515.96
814-MI Child Residential	0.00	0.00	37,682.98	0.00	88,453.46	0.00	0.00	(88,453.46)
815-DD Residential	14,337,520.21	1,194,793.35	1,523,239.80	9,558,346.81	9,767,311.53	0.00	0.00	(208,964.72)
816-MI Adult Residential	2,307,097.65	192,258.14	306,357.79	1,538,065.10	2,344,335.17	0.00	0.00	(806,270.07)
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	5,528.21	42,684.77	51,699.38	1,961.89	0.00	(10,976.51)
900-DCO	0.00	0.00	30,778.16	0.00	171,451.28	0.00	0.00	(171,451.28)
725 Managers	0.00	0.00	106,382.50	0.00	756,075.04	0.00	0.00	(756,075.04)
Total All Programs	87,985,559.00	7,332,129.92	8,080,638.16	58,657,039.33	56,256,058.94	1,489,392.16	2,709,186.89	(1,797,598.65)

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	APR	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)	29,374,298	56,867,427
I		Revenue - from PIHP Medicaid (incl Direct Care Wage) Autism	5,436,695	8,936,132
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	5,819,744	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	40,630,737	76,603,547
I	201	Expenditure - Medicaid (incl Direct Care Wage)	28,430,165	50,247,619
I	201	Expenditure - Medicaid (incl Direct Care Wage) Autism	1,414,199	4,075,184
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	4,972,946	7,885,618
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-	-
I	290	TOTAL EXPENDITURE	34,817,310	62,208,421
I	295	NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)	5,813,427	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)	5,813,427	14,395,126

IA		PIHP to Affiliate CCBHC Medicaid Contracts - CMHSP USE ONLY		
IA	100	REVENUE		
IA	101	Revenue - Medicaid Base	6,939,184	3,217,595
IA	102	Revenue - Medicaid Supplemental	1,747,773	1,215,667
IA	103	Revenue - MI Health Link CCBHC Consumers		
IA	104	1st & 3rd Party Collections - Medicaid	72,188	-
IA	121	Revenue - Healthy Michigan Base	1,648,769	832,027
IA	122	Revenue - Healthy Michigan Supplemental	445,895	153,326
IA	124	1st & 3rd Party Collections - Healthy Michigan	11,313	-
IA	190	TOTAL REVENUE	10,865,122	5,418,615
IA	200	EXPENDITURE		
IA	201	Expenditure - Medicaid (Including MI Health Link)	9,465,508	12,863,844
IA	202	Expenditure - Healthy Michigan	1,996,591	3,624,362
IA	290	TOTAL EXPENDITURE	11,462,099	16,488,206
IA	295	NET PIHP to AFFILIATE CONTRACTS SURPLUS (DEFICIT)	(596,977)	(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)	(596,977)	(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	51,495,859	82,022,162
P	290	GRAND TOTAL EXPENDITURE	46,279,409	78,696,627
P	390	GRAND TOTAL REDIRECTED FUNDS (must = 0)	-	-
P	400	NET INCREASE (DECREASE)	5,216,449	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 June 16, 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 \$20,000.00 increase to the contract for CRC Recovery Inc. dba Western Michigan Treatment Center located at 3584 Fairlanes Ave. SW Suite 2, Grandville MI. 49418-1583 effective March 1, 2023 through September 30, 2023.</p> <p>CRC Recovery Inc dba as Western Michigan Treatment Center projected contract amount was \$30,675.00 for FY 2023. The requested amount of \$20,000.00 is to cover the extensive increase in SUD services related to the required increase for H0002 Methadone Administration. The total projected expenditure will not exceed \$50,675.00. Their services include:</p> <ul style="list-style-type: none"> • Medication Assisted Treatment/Opioid Treatment Program • SUD Outpatient Services 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize the HealthWest Board of Directors to approve the increase in projected expenditure for CRC Recovery Inc dba as Western Michigan Treatment Center at a cost not to exceed \$50,675.00 effective March 1, 2023 through September 30, 2023.</p>			
COMMITTEE DATE June 16, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE June 23, 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 Administration	REQUEST DATE June 16, 2023	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to contract with Doctor Katherine Jawor D.O. for Psychiatric Services up to 24 hours a week effective June 12, 2023 through September 30, 2023. The hourly rate is \$150.00. The agreement will not exceed \$57,600.00 for FY23.</p> <p>HealthWest had Physician leave in May which resulted in recruiting in a timely manner. Doctor Jawor previously worked with HealthWest in the past and agreed to come back and work a couple of days a week on site.</p>			
<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 Doctor Katherine Jawor, D.O. with a total not to exceed \$57,600.00 effective June 12, 2023 through September 30, 2023.</p>			
COMMITTEE DATE June 16, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE June 23, 2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

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: _____ Requisition #: _____

Complete the Following Checklist

A specific contractor is the only source of the required item because (check all that apply)

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.

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.

The required item(s) is proprietary to the Contractor.
(Branded, Exclusive, Trademarked, Copyright...)

The required item(s) is under warranty to the Contractor and all service agreements / maintenance agreements are exclusive to the Contractor.

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.

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.

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

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: _____

Signature BCD _____ Date _____

Emergency Purchase:

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.

For Emergency Purchases:

Administrator Signature _____ Date _____

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network Management	REQUEST DATE June 16, 2023	REQUESTOR SIGNATURE Brian Speer, Provider Network Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to contract with 2 providers at stated below:</p> <ol style="list-style-type: none"> 1. Heart and Hand In Home Care, located at 2999 Whitehall Road, Muskegon MI 49445 to provide services effective June 1, 2023 through September 30, 2023. Heart and Hand completed credentialing and received approval through the Lakeshore Regional Entity. Heart and Hand will be paid with funding within the HealthWest budget for in-home CLS services, at a cost not to exceed \$25,000.00. 2. Cameo House, located at 356 West Cleveland, Coopersville, MI 49404 to provide specialized residential services effective June 15, 2023 through September 30, 2023. Cameo House is fully credentialed through the LRE. Cameo House will be paid with funding within the HealthWest budget for specialized residential services, at a cost not to exceed \$30,000.00. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize the HealthWest Executive Director to sign a contract with Heart and Hand In Home Care and Cameo House to provide CLS and specialized residential services to eligible HealthWest consumers, at a cost not to exceed \$55,000.00 for FY2023.</p>			
COMMITTEE DATE June 16, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE June 23, 2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

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: Heart and Hand In Home Care 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: Heart and Hand In Home Care fully credentialed with the LRE for CLS services. The Contract template is approved by counsel and community living supports services are fully billable through Medicaid.

Signature _____ Date _____

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 Oct 2023 06 21 556 2 6- 047 0

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: Cameo House Requisition #: _____

Complete the Following Checklist

A specific contractor is the only source of the required item because (check all that apply)

- 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.
- 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.
- The required item(s) is proprietary to the Contractor. (Branded, Exclusive, Trademarked, Copyright...)
- The required item(s) is under warranty to the Contractor and all service agreements / maintenance agreements are exclusive to the Contractor.
- 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.
- 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.
- 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
- 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: Cameo House is fully credentialed with the LRE for residential services and contracted with the Network 180.
The contract template is approved by counsel and specialized residential services are fully billable through Medicaid.

Signature Justine Belvitch Digitally signed by Justine Belvitch Date: 2023.06.12 15:56:04 -04'00' Date _____

Emergency Purchase:

- 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.

For Emergency Purchases:

Administrator Signature _____ Date _____

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE June 16, 2023	REQUESTOR SIGNATURE Brian Speer, Provider Network Manager	
<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. Hernandez Homes- Increase from \$86,000.00 to a total not to exceed \$116,000.00 to cover additional specialized residential placements. 2. Hope Network Behavioral Health Services- Increase from \$510,000.00 to a total not to exceed \$1,290,000.00 to cover additional high acuity residential placements in specialized homes. Hope Network has seen an increase in 1:1 consumer placement in the past 6 months. 3. Proto Call - Increase from \$75,000.00 to a total not to exceed \$105,000.00 to cover higher call volumes for the after-hours crisis line. 4. Dave McElfish- Increase from \$162,500.00 to a total not to exceed \$200,000.00 to cover an additional 300 hours as a contracted employee. 			
<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 Hernandez Homes, Hope Network, Proto Call, and Dave McElfish as stated above with a total not to exceed \$877,500.00, effective October 1, 2022 through September 30, 2023.</p>			
COMMITTEE DATE June 16, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE June 23, 2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

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