

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, July 21, 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, Remington Sprague, M.D.

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

Also Present: Rich Francisco, Holly Brink, Shannon Morgan, Gina Post, Tasha Percy, Brandy Carlson, Jennifer Stewart, Matt Plaska, Justine Belvitch, Brian Speer, Jackie Farrar, Gordon Peterman, Linda Closz, Nate Kennert

Guests: Angie Gasiewski

MINUTES

It was moved by Ms. Thomas, seconded by Dr. Sprague, to approve the minutes of the June 16, 2023, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Monthly Report from the Chief Financial Officer

Ms. Carlson presented the May report, noting an overall cash balance of (\$4,488,976). Also presented were the month-end projection trends for board member review.

B. Budget and Variances Analysis Report FY23

Ms. Carlson presented the May report, noting a positive variance in both Revenue and Expenses through the month of May for a net positive variance of \$6,773,915. Projected through the end of this year would be a positive variance of \$9,585,680.

C. FY23 Monthly FSR

Ms. Carlson presented the May month FSR, noting that based on our Spending Plan to Actual, HealthWest has a negative variance to date in revenue of \$1,115,811 and a positive variance to date in expenses of \$4,767,790 for a net positive variance of \$3,651,979 to date from actual to spending plan. However, overall, we have a positive variance with the LRE of \$7,895,529. Ms. Carlson had accounted for a \$6,365,325 swing in revenue due to the end of the Public Health Emergency (PHE), thus submitting a Spending Plan with the LRE with an unbalanced budget to allow room for revenue to decline.

D. HeathWest / LRE Escrow Agreement

Ms. Carlson, Chief Financial Officer, presented the Escrow Agreement.

E. Authorization to Contract with Redi-Rental

It was moved by Ms. Thomas, seconded Dr. Sprague, to authorize HealthWest to enter contract with Redi-Rental for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 17th, 2023, at a total cost not to exceed \$8,519.23.

MOTION CARRIED

F. Authorization to Approve Single Case Agreements

It was moved by Ms. Thomas, seconded Dr. Sprague, to authorize HealthWest Executive Director to sign single case agreements with various out of network hospitals in the amount of \$49,776.00 for psychiatric inpatient stays for HealthWest consumers.

MOTION CARRIED

G. Authorization to Increase Projected Contract Expenditures for FY23

It was moved by Dr. Sprague, seconded Mr. Hardy, to authorize HealthWest to approve the projected expenditures for Anikare, Positive Behavior Supports, Shel-Mar AFC, and Services of Hope as stated with a total not to exceed \$891,125.00, effective October 1, 2022 through September 30, 2023.

MOTION CARRIED

H. Authorization to Contract with You're Always at Home AFC

It was moved by Mr. Hardy, seconded Dr. Sprague, to authorize HealthWest Executive Director to sign a contract with You're Always at Home AFC#2 to provide specialized residential services to eligible HealthWest consumers, at a cost not to exceed \$93,600.00 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

Rich Francisco, Executive Director, provided his Director's Report:

- Mr. Francisco gave an update regarding LRE Motion 2323 that was passed in May for the Past liability settlement. As it relates to the amendment to the contract for the remaining 20% for past liabilities, there is some new concern brought by N180 and I agree with them that having a third party hold the money in ESCROW until LRE Finance Compliance Review is completed can be expensive. The fees that a third party can charge for ESCROW accounts can be as high as 1200 per month or more depending on the total amount being held. I guess no one really thought about this. So, the LRE staff/CEO is going to likely put a motion to alter the language stating that CMHS will hold the funds in a restricted account versus a third-party account.
- Mr. Francisco provided an update on the LRE Compliance audit, I attended the LRE Executive Committee and the LRE CEO meeting this past Wednesday 19th, and in both those meetings, the LRE CEO, Mary Dumas stated that they had received a letter from MDHHS stating that their request to update the FSR (Financial Status reports) for the past years to reflect past liabilities information was not accepted. The LRE will now have to revert back to their numbers and re-calculate the data. This will likely have an impact on the ISF numbers and savings numbers at the LRE. Not sure yet what other impacts this could have for the CMHSPs yet.
- Mr. Francisco also shared the LRE Wakely Rates/ISF Analysis and actuarial study – Wakely is a Health Management Associates company (HMA). Mary Dumas gave an update on the Wakely Study report, and they would like to present the data to the Directors and CFOs of the CMHSPs for input and reaction. The first meeting of two meetings will occur on 8/9. The CEOs of CFOs of CMHs are invited and will be given a chance to ask questions regarding the result. I will keep you updated on the data and results and potential impact it can have here at HW. Lastly, Mr. Francisco provided an update from the Director's Forum he attended this past week virtually. It was held in person at Lansing. The big update from the meeting was that Alan Bolter presented on the FY24 Michigan Budget and proceeded to highlight the impacts for Specific Mental Health/Substance Abuse Services

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:29 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

JF/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
August 18, 2023



FINANCE COMMITTEE

July 21, 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 June 16, 2023
(Attachment #1 – pg. 1-3) | Action |
| 4) Public Comment (on an agenda item) | |
| 5) Items for Consideration | |
| A) Monthly Report from the Chief Financial Officer
(Attachment #2 – pg. 4-7) | Information |
| B) Budget and Variances Analysis Report FY23
(Attachment #3 – pg. 8) | Information |
| C) FY 23 Monthly FSR
(Attachment #4 – pg. 9) | Information |
| D) HealthWest / LRE Escrow Agreement
(Attachment #5 – pg. 10-11) | Information |
| E) Authorization to contract with Redi-Rental
(Attachment #6 – pg. 12-14) | Action |
| F) Authorization to approve Single Case Agreements
(Attachment #7 – pg. 15-21) | Action |

Main Office

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

HealthWest.net

G) Authorization to Increase Projected Contract Expenditures for FY23
(Attachment #8 – pg. 22) Action

H) Authorization to Contract with You're Always at Home AFC
(Attachment #9 – pg. 23-25) 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, 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 CARRIED

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 CARRIED

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**

HealthWest

Financial Officer Report for May 2023

- ❖ **Changes** - To better follow both the County Board and the Lakeshore Regional (LRE) Board financial schedule the HealthWest board will be receiving their financial reports one both behind. Therefore, I have updated the May reports and will be presenting them again today. This not only aligns us better with our partners, but it also provides more accurate data due to the financial period and close of the accounting period.
- ❖ **Disbursement Report** – Total disbursements for the month of May were \$4,026,462.65 for Salary and Fringes, \$82,538.98 for miscellaneous vendors and \$4,469,594.76 for approved contracts payments. All May disbursements were approved at the June Board meeting.
- ❖ **Budget Variance Analysis Report** – For a more accurate review of the expenses AND revenue for the entire agency, the Program Budget Report is being replaced by the Budget Variance Analysis Report.

With the additional time to obtain the May revenue, HealthWest has a positive revenue variance to date of \$2,283,977.

- Medicaid revenue has come in \$7,745,749 more than was budgeted to date.
- CCBHC has come in \$2,035,764 less than what was budgeted to date.
- With all other revenue, Commercial insurance, General Fund, Fee for Service arrangements and CMH partnerships has come in \$3,426,011 less than what was budgeted to date.

We will continue to keep a very close on all other revenue to make sure we obtain all fees due.

For expenditures, we have a positive variance of \$4,489,939.

- Salary and Fringes to date has a positive variance of \$3,375,025 to date.
- Building expense has a positive variance of \$405,102 to date. I expect this to decline as the year comes to an end.
- All other expenses have a positive variance of \$709,812 to date. We should remain very close to breaking even in this category as the year comes to a close.

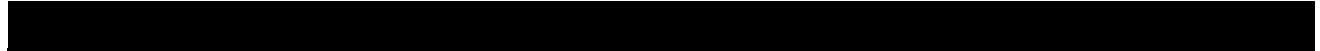
The net of these two categories butts HealthWest at \$6,773,915 positive variances which projects out to a \$9,585,680 positive variance. HealthWest budgeted for a positive variance of \$6,365,325 due to historic swings and anticipated disenrollments within Fiscal Year 2023. We still anticipate many disenrollments to start happening within July and August bringing our revenue down drastically.

- ❖ **Financial Status Report** – The May 2023 FSR is attached. I have created a separate template with our current approved spending plan at the LRE. As you can see, we are currently \$4,243,550 under budget just for our Medicaid, Healthy MI and CCBHC dollars. With a projection to end the year

under budget by \$7,895,529. This is \$1,530,204 more than we anticipated. HealthWest will continue to keep a close on the disenrollments as they start to come in and our services provided.

❖ **FY 2023 Revenue Projections** – May 2023 revenue and projections by program are below. And have no changes from the previous month’s report.

	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	\$12,277,027.73	\$45,324,463.07	\$11,283,942.75	\$11,100,470.70	\$79,985,904.25
Avg PMPM - After Deduct	\$30.97	\$301.13	\$47.37	\$5,117.78	\$101.60



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	\$101.60

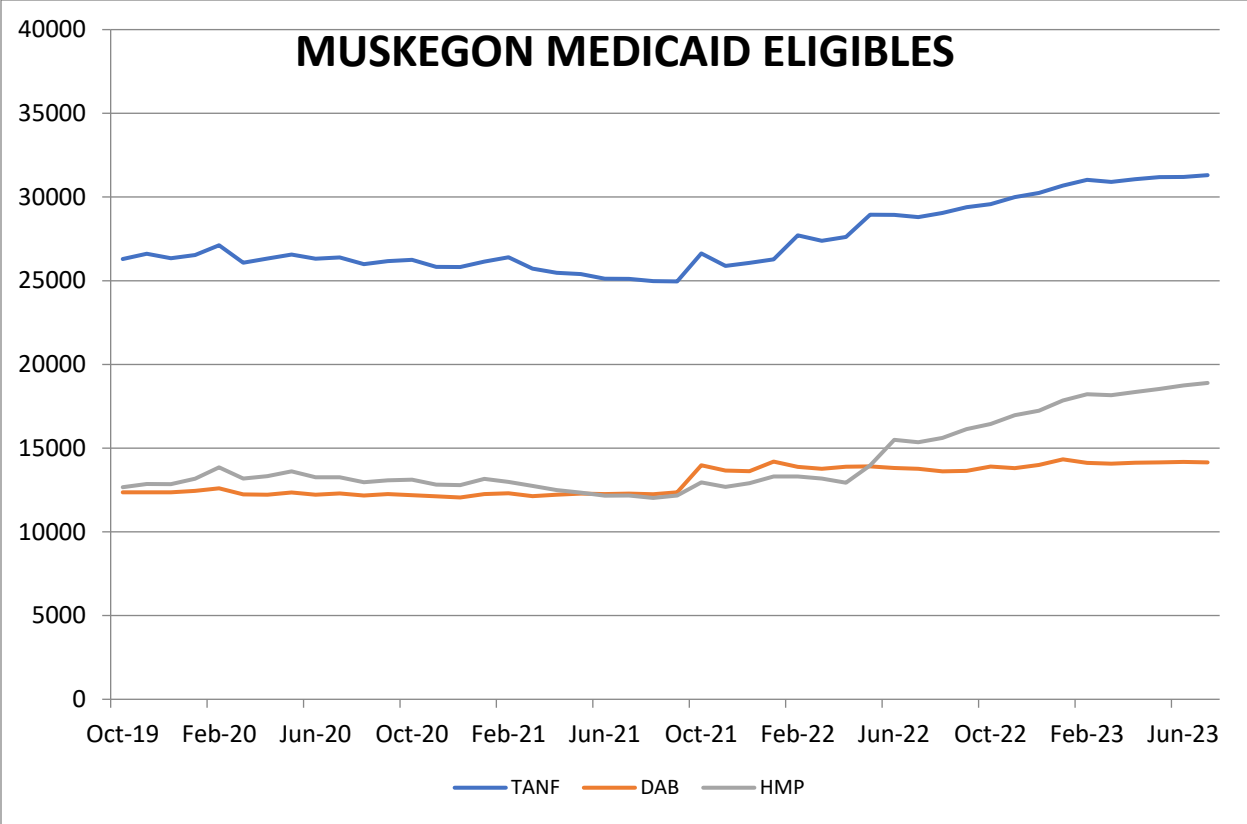
❖ **Cash Balances** – I know this is the May report, but I really wanted to continue to share the positive news of the June year end cash balance. Please enjoy as much as we do.

	MENTAL HEALTH	CMH CLIENT	TOTAL ALL
JULY, 2022	(\$15,063,668)	\$653,725	(\$14,409,943)
AUGUST, 2022	(\$10,431,397)	\$656,827	(\$9,774,570)
SEPTEMBER, 2022	(\$11,280,719)	\$747,055	(\$10,533,664)
OCTOBER, 2022	(\$10,778,614)	\$660,924	(\$10,117,690)
NOVEMBER, 2022	(\$6,840,301)	\$674,073	(\$6,166,228)
DECEMBER, 2022	(\$7,471,610)	\$735,716	(\$6,735,894)
JANUARY, 2023	(\$7,698,069)	\$641,015	(\$7,057,054)
FEBRUARY 2023	(\$4,815,268)	\$658,782	(\$4,156,486)
MARCH 2023	(\$7,007,144)	\$715,010	(\$6,292,134)
APRIL, 2023	(\$5,345,023)	\$623,802	(\$4,721,221)
MAY, 2023	(\$4,991,648)	\$542,672	(\$4,488,976)
JUNE, 2023	\$3,145,739	\$539,419	\$3,685,158

❖ **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 – July 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 July, Muskegon County experienced the following changes in eligibility.

- DAB F 26 - 39 increased by 2.03%
- DAB F 65+ increased by 1.82%
- DAB M 19 – 28 increased by 1.76%
- DAB M 65+ increased by 2.83%
- HMP F 19 – 25 decreased by 2.43%
- HMP M 19 - 25 decreased by 2.02%
- TANF F 40 - 49 increased by 1.64%
- TANF F 50 - 64 increased by 3.59%
- TANF F 65+ increased by 37.5% (16 to 22)
- TANF M 19 - 25 increased by 1.99%
- TANF M 26 – 39 decreased by 2.03%
- TANF M 40 – 49 increased by 4.45%
- TANF M 65+ by decreased by 6.67% (From 15 to 14)



BUDGETED VARIANCE ANALYSIS REPORT
FOR THE MONTH ENDING MAY 31, 2023

ITEM	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	TOTALS
REVENUES									
MH FEE COLLECTIONS *	\$696,914	(\$243,992)	\$705,090.09	\$1,671,864	\$1,256,392	\$1,278,469	\$1,241,034	\$771,034	\$7,376,805
SUD FEE COLLECTIONS*	(\$17,536)	(\$17,529)	(\$17,532.97)	(\$17,533)	\$219,966	\$115,942	\$53,637	\$49,529	\$368,944
CCBHC FEE COLLECTIONS	(\$565,921)	(\$179,420)	(\$191,415.59)	(\$237,901)	(\$53,647)	(\$287,198)	(\$565,922)	\$45,660	(\$2,035,764)
COMMERCIAL INSURANCE	(\$96,257)	(\$139,589)	(\$196,128)	(\$252,216)	(\$314,768)	(\$356,628)	(\$403,992)	\$1,288,987	(\$470,591)
OTHER REVENUES DIFFERENTIAL	(\$725,941)	(\$1,186,806)	(\$1,366,409)	(\$2,003,440)	(\$1,780,708)	(\$1,789,156)	(\$2,165,376)	\$8,061,800	(\$2,956,036)
OTHER CMH BOARDS DIFFERENTIAL **	\$0	(\$1)	(\$1)	(\$2)	(\$2)	(\$3)	(\$4)	\$636	\$624
OTHER ALLOCATION ADJUSTMENTS-STATE GRANT *	\$0	\$0	\$0	\$1	\$1	\$0	\$0	(\$7)	(\$5)
TOTAL REVENUES VARIANCE	(\$708,741)	(\$1,767,336)	(\$1,066,396)	(\$839,227)	(\$672,767)	(\$1,038,673)	(\$1,840,623)	\$10,217,639	\$2,283,977
EXPENDITURES									
SALARY AND FRINGES	(\$1,420,936)	\$1,352,665	(\$224,557)	\$573,631	\$456,989	\$2,435,073	\$490,793	(\$288,631)	\$3,375,025
RENT AND O & M ADJUSTMENTS:									
OTHER	\$41,938	\$86,800	\$41,516	\$75,305	\$69,014	\$41,412	\$72,454	\$57,936	\$486,375
OVERHEAD	\$99,615	\$104,214	(\$37,478)	\$53,929	\$48,111	\$16,344	\$37,678	(\$435,648)	(\$113,234)
UTILITIES	\$25,409	\$3,566	(\$643)	(\$17)	(\$3,272)	\$684	\$2,471	\$3,763	\$31,961
NET BUILDING ADJUSTMENTS	\$166,962	\$194,580	\$3,395	\$129,217	\$113,853	\$58,440	\$112,603	(\$373,949)	\$405,102
OTHER									
CAPITAL OUTLAY	\$0	\$0	\$0	\$0	\$0	(\$2,594)	\$0	\$0	(\$2,594)
CONTRACTUAL SERVICES	\$733,901	\$2,984,777	(\$807,710)	(\$1,426,665)	\$945,219	(\$1,945,854)	\$1,063,494	(\$1,179,597)	\$367,564
SUPPLIES	\$65,306	\$71,068	(\$1,041)	(\$11)	\$37,341	\$10,418	\$75,505	(\$5,555)	\$253,031
GENERAL LIABILITY/INSURANCE COSTS ***	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PLANNING ADJUSTMENTS	\$0	\$0	\$0	\$0	\$59,385	\$43,911	\$6,615	\$3,488	\$113,399
STAFF DEVELOPMENT AND TRAINING	\$8,727	(\$5,988)	\$14,765	(\$754)	\$15,119	(\$812)	(\$22,215)	(\$30,430)	(\$21,589)
TRANSFERS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER	\$807,933	\$3,049,857	(\$793,986)	(\$1,427,430)	\$1,057,064	(\$1,894,930)	\$1,123,398	(\$1,212,094)	\$709,812
TOTAL EXPENDITURES VARIANCE	(\$446,040)	\$4,597,102	(\$1,015,148)	(\$724,582)	\$1,627,906	\$598,583	\$1,726,793	(\$1,874,674)	\$4,489,939
NET BUDGET VARIANCE	(\$1,154,781)	\$2,829,766	(\$2,081,544)	(\$1,563,809)	\$955,139	(\$439,990)	(\$113,830)	\$8,342,965	\$6,773,915

OTHER ANTICIPATED CONTINGENCIES	EST. COST
TOTAL CONTINGENCIES *	\$0

*THESE SIX VARIANCES SHOULD BE BASED ON 1ST 12 MONTHS ONLY.	\$11,120,769	\$16,681,153
**THESE SIX VARIANCES SHOULD BE BASED ON LAST 12 MONTHS ONLY.	(\$356,568)	(\$611,259)
***THIS IS AN ANNUAL ADJUSTMENT	\$0	\$0
ALL OTHERS SHOULD BE BASED ON 13 MONTHS.	(\$3,990,285)	(\$6,484,214)
	\$6,773,915	\$9,585,680

**HEALTHWEST SUBMITTED
LAKESHORE REGIONAL ENTITY SPENDING PLAN**

As of May 31, 2023

	FY2023 Spending Plan as of 12/8/22	Projected YTD Totals	Variance	Spending Plan to Date	Totals to Date	Variance
Capitated Revenue						
Medicaid	50,592,580	46,039,968	(4,552,612)	33,728,387	30,693,312	(3,035,075)
Autism	8,877,222	9,193,880	316,658	5,918,148	6,129,253	211,105
Healthy Michigan	9,801,631	8,903,642	(897,990)	6,534,421	5,935,761	(598,660)
Medicaid - CCBHC Base Capitation	9,235,815	11,945,676	2,709,861	6,157,210	7,963,784	1,806,574
Medicaid - CCBHC Supplemental	4,547,160	4,361,100	(186,060)	3,031,440	2,907,400	(124,040)
Healthy Michigan - CCBHC Base Capitation	1,746,766	2,808,725	1,061,958	1,164,511	1,872,483	707,972
Healthy Michigan - CCBHC Supplemental	1,467,538	1,342,007	(125,531)	978,358	894,671	(83,687)
Total Budgeted Capitated Revenue	86,268,712	84,594,996	(1,673,716)	57,512,475	56,396,664	(1,115,811)
Capitated Expense						
Medicaid	49,141,727	44,825,613	4,316,114	32,761,151	29,883,742	2,877,409
Medicaid - MCO Admin	3,690,820	-	3,690,820	2,460,547	-	2,460,547
Autism	2,213,297	2,277,461	(64,164)	1,475,531	1,518,307	(42,776)
Autism - MCO Admin	196,652	-	196,652	131,101	-	131,101
Healthy Michigan	7,425,741	7,659,170	(233,429)	4,950,494	5,106,113	(155,619)
Healthy Michigan - MCO Admin	752,200	-	752,200	501,467	-	501,467
Medicaid CCBHC	13,365,909	14,912,880	(1,546,971)	8,910,606	9,941,920	(1,031,314)
Healthy Michigan CCBHC	3,117,041	3,076,580	40,462	2,078,027	2,051,053	26,974
Total Budgeted Capitated Expense	79,903,387	72,751,703	7,151,685	53,268,925	48,501,135	4,767,790
Budgeted Surplus (Deficit)	6,365,325	11,843,294	(8,825,400)	4,243,550	7,895,529	(5,883,600)
Medicaid Surplus (Deficit)	(2,239,967)	1,214,355	(1,025,612)	(1,493,311)	809,570	(683,741)
Autism Surplus (Deficit)	6,467,273	6,916,419	449,146	4,311,515	4,610,946	299,431
Subtotal Medicaid/Autism Surplus (Deficit)	4,227,306	8,130,774	3,903,468	2,818,204	5,420,516	2,602,312
Healthy Michigan Surplus (Deficit)	1,623,690	1,244,472	(379,218)	1,082,460	829,648	(252,812)
Medicaid - CCBHC Surplus (Deficit)	417,066	1,393,896	976,830	278,044	929,264	651,220
Healthy Michigan - CCBHC Surplus (Deficit)	97,263	1,074,152	976,889	64,842	716,101	651,259
Total Medicaid/HMP Budgeted Surplus (Deficit)	6,365,325	11,843,294	4,901,503	4,243,550	7,895,529	3,267,669

Surplus Medicaid due to LRE	\$ 9,375,246.00
Deficit Medicaid due to HealthWest	\$ -
Deficit CCBHC Supplemental from HealthWest Local Funds	\$ -
Surplus CCBHC Supplemental moved to HealthWest Local Funds	\$ 2,468,047.50

\$ 6,250,164.00
\$ -
\$ -
\$ 1,645,365.00

ESCROW AGREEMENT

This Escrow Agreement is made as of this ____ day of June, 2023, by and between Lakeshore Regional Entity (“LRE”) and Muskegon County CMH Authority, d/b/a/ HealthWest (“HealthWest”). LRE and HealthWest are referred to collectively as the “Parties.”

By Resolution 23-23 (the “Resolution”), the Board of Directors of LRE on May 24, 2023 directed and authorized payment by LRE to its member community mental health programs of all unpaid net cost settled amounts for Fiscal Years 2018, 2019, 2020 and 2021, subject to certain conditions contained in the Resolution, such payment to be made within seven (7) days of the Resolution. Of this amount, twenty percent (20%) was to be distributed subject to an escrow arrangement that would require return to or recapture by LRE of that amount under certain circumstances. This Agreement is intended to implement the understanding and agreement of the Parties with respect to the payment and conditional right to return or recapture of the referenced funds.

1. The Parties agree that the amount that is to be transferred to HealthWest by LRE that is subject to this Agreement is Two Million Four Hundred Seventy-nine Thousand Nine Hundred Twenty-eight Dollars and Three cents (\$2,479,928.03) (the Escrowed Funds).
2. HealthWest shall establish a separate account (the “Restricted Account”) with a financial institution of its choice into which LRE shall transfer the Funds. The Restricted Account shall be used exclusively to hold and retain the Funds. The Funds in the Restricted Account shall not be pledged, expended, or transferred from the Restricted Account except as permitted under Paragraph 4 of this Agreement.
3. The Funds shall be transferred into the Restricted Account by LRE within three (3) business days of LRE’s receipt of written or electronic notice of the account information necessary to permit wire transfer of the funds into the Restricted Account.
4. Funds in the Restricted Account shall be returned to or may be recaptured by LRE if any of the conditions for the return or recapture set forth in the Resolution arise prior to June 1, 2024. If none of the conditions allowing for return or recapture of the Funds arise prior to that date, or if any Funds remain in the Restricted Account after amounts required to be returned to or recaptured by LRE pursuant to the Resolution have been returned or recaptured, HealthWest may transfer all funds remaining in the Restricted Account to any unrestricted account of its choice held in its name and for its benefit.
5. The Parties agree that if all the Restricted Funds are ultimately transferred to an unrestricted account of HealthWest as permitted by this Agreement, such transfer will satisfy any indebtedness or other payment obligation of LRE to HealthWest pertaining to Fiscal Years 2018, 2019, 2020 and 2021. If some or all the Restricted Funds are returned to or recaptured by LRE, the Parties retain and reserve their claims and defenses as to whether the returned or recaptured amount constitutes indebtedness owed by LRE to HealthWest. The Parties agree that pending litigation between them shall be dismissed without prejudice.

[Signatures on the Following Page]

IN WITNESS WHEREOF, the Parties have executed this Addendum as of the date described above.

“LRE”
Lakeshore Regional Entity

“HealthWest”
Muskegon County CMH, d/b/a HealthWest

Signature

Signature

Mary Marlatt-Dumas

Rich Francisco

Chief Executive Officer

Executive Director

Date

Date

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE July 21, 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 contract with Redi-Rental (2232 Glade St., Muskegon, MI 49444) for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 17th, 2023 at Hackley Park. The Health, Wellness, and Recovery event is an open house at Hackley Park for our providers to present information about their respective services. Redi-Rental has offered to be a sponsor of the event by taking \$3,500 off the total invoice for a total cost not to exceed \$8,519.23. This event also has a \$0 net expense, as the event has numerous sponsorships to cover the total cost of the event.</p> <p>Several companies were contacted to request quotes. Cascade Rental Center was already booked for the date, and both Rent Smart and Statewide Party Rentals did not have enough inventory to support our needs.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize HealthWest to sign a contract with Redi-Rental for the rental of portable restrooms, sinks, tables, chairs, tents and fencing for the Health, Wellness, and Recovery Picnic on August 17 th , 2023, at a total cost not to exceed \$8,519.23.			
COMMITTEE DATE 07/21/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 07/28/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 127-F



Contract #: 192808-1
2232 GLADE ST
MUSKEGON HTS MI 49444
www.redirental.com
231-737-7368 Phone
231-733-2290 Fax
Status: Reservation
Event Date: Wed 8/16/2023 7:30AM

Customer #: 65238

MUSKEGON CO - HEALTH WEST

Phone 231-724-6466

376 E APPLE AVE
MUSKEGON, MI 49442

Job Descr: RECOVERY PICNIC 2023

After hours assistance: Tools 231-740-5622 ** After hours assistance: Party 231-740-0182

Ordered By: GARY

Sales Rep: BRANDI brandi@redirental.com

Delivery Wed 8/16/2023 7:30AM

Pickup Thu 8/17/2023 5:30PM

GARY RIDLEY 231-670-6938
HACKLEY PARK
350 W WEBSTER
MUSKEGON, MI 49440

GARY RIDLEY 231-670-6938
HACKLEY PARK
350 W WEBSTER
MUSKEGON, MI 49440

SET-UP TENT ONLY ON WEDNESDAY AFTERNOON,
DELIVER TABLES AND CHAIRS AND RESTROOMS THURSDAY DONE BY 9AM
TAKE DOWN THURSDAY START AFTER 2:45PM

Qty	Key	Items	Event End Date	Price
2	TENTF20x90W	TENT FRAME 20'x 90'WHITE	Thu 8/17/2023 5:30PM	\$2,457.09
44	BNB350-1	BLOCK AND ROLL 350/500#	Thu 8/17/2023 5:30PM	\$741.51
4	TENTF20x30W1	TENT FRAME 20'x 30' WHT 1 PC 2X (2) 20X30 NEXT TO EACH OTHER TO MAKE A 20X60...MAKING (2) 20X60 BY THE FOUNTAIN	Thu 8/17/2023 5:30PM	\$1,614.48
40	BNB350-1	BLOCK AND ROLL 350/500#	Thu 8/17/2023 5:30PM	\$674.10
123	105-0440-1	TABLE BANQUET 30X96" 8-10 PLEASE COUNT TABLES BEFORE & AFTER LOADING	Thu 8/17/2023 5:30PM	\$888.37
300	105-0385-1	CHAIR VINYL DINING BROWN	Thu 8/17/2023 5:30PM	\$337.50
5	STBR-1	STEEL BARRICADE FENCING 42" X 90"	Thu 8/17/2023 5:30PM	\$67.42
7	150-0300-1	DELIVERY/PU CHARGE ZONE 1		\$1,050.00
2	TENTF20x40W	TENT FRAME 20'x 40'WHITE RENTAL RATE DOES NOT INCLUDE SIDE CURTAINS TENTS ARE NOT WARRANTED TO BE 100% WATERPROOF RENTAL RATE INCLUDES REDI RENTAL SET UP/TAKE DOWN	Thu 8/17/2023 5:30PM	\$1,076.88
24	BNB350-1	BLOCK AND ROLL 350/500#	Thu 8/17/2023 5:30PM	\$404.46
1	TENTF20x60W	TENT FRAME 20'x 60'WHITE	Thu 8/17/2023 5:30PM	\$833.36
16	BNB350	BLOCK AND ROLL 350/500#	Thu 8/17/2023 5:30PM	\$269.64
4	060-0001-1	NON INVENTORY RESTROOMS -- NO CHARGE (ALREADY PAID FOR ON PARTIES IN THE PARK CONTRACT)	Thu 8/17/2023 5:30PM	\$0.00
1	DELRS	DELIVERY/PU OFF SCHEDULE FEE DRIVING ON GRASS MAY CAUSE DAMAGE SIGN: _____		\$75.00
4	145-0007-1	PUMP OUT FOR RESTROOM PUMP OUT FRIDAY WHEN THE OTHER PARTIES IN THE PARK RESTROOMS ARE DELIVERED CUSTOMER ALLOWS REDI RENTAL TO DRIVE ON GRASS. SIGN: _____	Thu 8/17/2023 5:30PM	\$50.55
1	S2U-1	SINK 2 USER FREESTANDING	Thu 8/17/2023 5:30PM	\$74.15

7 day cancellation for refund



Rental w/ 25% Disc:	\$9,489.51
Damage Waiver:	\$1,404.72
Delivery Charge:	\$1,125.00
Subtotal:	\$12,019.23
Total:	\$12,019.23
Paid:	\$0.00
Amount Due:	\$12,019.23

Signature: _____

MUSKEGON CO - HEALTH WEST

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network Management	REQUEST DATE July 21, 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 approve single case agreements with various non-contracted hospitals for the provision of Inpatient Psychiatric Services for HealthWest consumers.</p> <p>Listed below are hospitals that are out-of-network providers of Inpatient Psychiatric Services and single case agreements that are required in order to reimburse the claims for the consumers' inpatient services.</p> <ul style="list-style-type: none"> • Neurobehavioral, located at 9330 Broadway, Crown Point, IN 46307- Consumer stay from April 25, 2023 to May 4, 2023. The total expense for this nine (9) day stay is not to exceed <u>\$13,500.00</u>. • Hurley Medical Center, located at 1 Hurley Plaza, Flint, MI 48503- Consumer stay from December 28, 2022 to January 12, 2023. The total expense for this sixteen (16) day stay is not to exceed <u>\$13,776.00</u>. • Medical Behavioral Hospital of Mishawaka dba Rivercrest Specialty, located at 1625 East Jefferson Boulevard, Mishawaka, IN 46545 - Consumer stay from March 23, 2023 to April 6, 2023. The total expense for this fifteen (15) day stay is not to exceed <u>\$22,500.00</u>. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize the HealthWest Executive Director to sign single case agreements with various out of network hospitals in the amount of \$49,776.00 for psychiatric inpatient stays for HealthWest consumers.			
COMMITTEE DATE 07/21/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 07/28/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 128-F

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: Neurobehavioral Requisition #: _____

Complete the Following Checklist	
A specific contractor is the only source of the required item because (check all that apply)	
<input checked="" 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: Inpatient single case agreement conumser stay 04/25/2023-05/04/2023

Signature  Date _____
Brandy Carlson (Jul 14, 2023 08:58 EDT)

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.
For Emergency Purchases:	
Administrator Signature _____	Date _____

Neurobehaviorl-0425-050423-Single-Source-Form-PDF

Final Audit Report

2023-07-14

Created:	2023-07-14
By:	Jason Bates (jason.bates@healthwest.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAISAxq6nUu0H5JHn2ahYkPvV9e6H-MyNW

"Neurobehaviorl-0425-050423-Single-Source-Form-PDF" History






-  Document created by Jason Bates (jason.bates@healthwest.net)
2023-07-14 - 12:55:59 PM GMT - IP address: 64.85.144.34
-  Document emailed to Brandy Carlson (brandy.carlson@healthwest.net) for signature
2023-07-14 - 12:57:29 PM GMT
-  Email viewed by Brandy Carlson (brandy.carlson@healthwest.net)
2023-07-14 - 12:58:07 PM GMT - IP address: 104.47.55.126
-  Document e-signed by Brandy Carlson (brandy.carlson@healthwest.net)
Signature Date: 2023-07-14 - 12:58:27 PM GMT - Time Source: server- IP address: 68.61.132.179
-  Agreement completed.
2023-07-14 - 12:58:27 PM GMT

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: Rivercrest Specialty Hospital Requisition #: _____

Complete the Following Checklist

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

<input checked="" 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: Single case agreement inpatient services for consumer for 03/23/2023 thru 04/06/2023

Signature: Justin Belwicht 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.
--------------------------	---

For Emergency Purchases:
 Administrator Signature _____ Date _____

RivercrestSingle-Source-Form-PDF

Final Audit Report

2023-07-12

Created:	2023-07-12
By:	Jason Bates (jason.bates@healthwest.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAILmU4CpoOJBaygQXwz2F1gZllqOqfLk

"RivercrestSingle-Source-Form-PDF" History



Document created by Jason Bates (jason.bates@healthwest.net)

2023-07-12 - 2:56:32 PM GMT - IP address: 64.85.144.34



Document emailed to Justine Belvitch (justine.belvitch@healthwest.net) for signature

2023-07-12 - 2:57:07 PM GMT



Email viewed by Justine Belvitch (justine.belvitch@healthwest.net)

2023-07-12 - 4:23:18 PM GMT - IP address: 104.47.55.126



Document e-signed by Justine Belvitch (justine.belvitch@healthwest.net)

Signature Date: 2023-07-12 - 4:23:36 PM GMT - Time Source: server- IP address: 75.48.196.240



Agreement completed.

2023-07-12 - 4:23:36 PM GMT



Adobe Acrobat Sign

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: Hurley Medical Center Requisition #: _____

Complete the Following Checklist	
A specific contractor is the only source of the required item because (check all that apply)	
<input checked="" 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: Inpatient single case agreement consumer stay 12/28/2022-01/12/2023

Signature  Date _____
Brandy Carlton (Jul 14, 2023 08:55 EDT)

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.
--------------------------	---

For Emergency Purchases:
Administrator Signature _____ Date _____





Hurley Medical 122822-011223-Single-Source-Form-PDF

Final Audit Report

2023-07-14

Created:	2023-07-14
By:	Jason Bates (jason.bates@healthwest.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAm96J6WK4h7hSOJ7MGZn3B6C06ZXIDq19

"Hurley Medical 122822-011223-Single-Source-Form-PDF" History

-  Document created by Jason Bates (jason.bates@healthwest.net)
2023-07-14 - 12:54:04 PM GMT- IP address: 64.85.144.34
-  Document emailed to Brandy Carlson (brandy.carlson@healthwest.net) for signature
2023-07-14 - 12:54:16 PM GMT
-  Email viewed by Brandy Carlson (brandy.carlson@healthwest.net)
2023-07-14 - 12:54:57 PM GMT- IP address: 104.47.55.126
-  Document e-signed by Brandy Carlson (brandy.carlson@healthwest.net)
Signature Date: 2023-07-14 - 12:55:29 PM GMT - Time Source: server- IP address: 68.61.132.179
-  Agreement completed.
2023-07-14 - 12:55:29 PM GMT

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE July 21, 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. Anikare- Increase from \$160,000.00 to a total not to exceed \$196,000.00 to cover additional specialized residential hi-acuity consumers. 2. Positive Behavior Supports- Increase from \$275,000.00 to a total not to exceed \$315,000.00 to cover additional utilization of ABA consumers. 3. Shel-Mar AFC - Increase from \$54,000.00 to a total not to exceed \$79,000.00 to cover additional specialized residential placements. 4. Services of Hope- Increase from \$201,125.00 to a total not to exceed \$301,125.00 to cover an additional utilization. 			
<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 Anikare, Positive Behavior Supports, Shel-Mar AFC, and Services of Hope as stated above with a total not to exceed \$891,125.00, effective October 1, 2022 through September 30, 2023.</p>			
COMMITTEE DATE 07/21/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 07/28/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 129-F

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network Management	REQUEST DATE July 21, 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 You're Always at Home AFC #2, located at 210 Burnham Dr., Kalamazoo, MI, to provide specialized residential services effective July 18, 2023 through September 30, 2023. You're Always at Home AFC #2 is fully credentialed through the LRE and will be paid with Medicaid funding within the HealthWest budget at a cost not to exceed \$93,600.00.</p>			
<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 You're Always at Home AFC #2 to provide specialized residential services to eligible HealthWest consumers, at a cost not to exceed \$93,600.00 for FY2023.</p>			
COMMITTEE DATE 07/21/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 07/28/2023	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: You're Always at Home AFC #2 Requisition #: _____

Complete the Following Checklist	
A specific contractor is the only source of the required item because (check all that apply)	
<input checked="" 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 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: Specialized residential services

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.
For Emergency Purchases:	
Administrator Signature _____	Date _____

Youralwaysathome--Single-Source-Form-PDF

Final Audit Report

2023-07-18

Created:	2023-07-18
By:	Jason Bates (jason.bates@healthwest.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAsivwsMeAqGPDEIOBJRFbEgepa2O6syf4

"Youralwaysathome--Single-Source-Form-PDF" History

-  Document created by Jason Bates (jason.bates@healthwest.net)
2023-07-18 - 3:14:04 PM GMT- IP address: 64.85.144.34
-  Document emailed to Justine Belvitch (justine.belvitch@healthwest.net) for signature
2023-07-18 - 3:18:31 PM GMT
-  Email viewed by Justine Belvitch (justine.belvitch@healthwest.net)
2023-07-18 - 3:24:38 PM GMT- IP address: 104.47.58.126
-  Document e-signed by Justine Belvitch (justine.belvitch@healthwest.net)
Signature Date: 2023-07-18 - 5:00:21 PM GMT - Time Source: server- IP address: 64.85.144.34
-  Agreement completed.
2023-07-18 - 5:00:21 PM GMT