

## HEALTHWEST

### FINANCE COMMITTEE MEETING MINUTES

**August 16, 2024**

**8:00 a.m.**

#### CALL TO ORDER

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

#### ROLL CALL

Committee Members Present: Janet Thomas, Thomas Hardy, Commissioner Marcia Hovey-Wright, Remington Sprague, M.D.

Committee Members Absent: Commissioner Charles Nash, Jeff Fortenbacher

Also Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, John Weerstra, Melina Barrett, Christy LaDronka, Jackie Farrar, Kristi Chittenden, Jason Bates, Linda Wagner, Gina Kim, Justine Belvitch, Jennifer Stewart, Gary Ridley, Mickey Wallace

Guests Present: Angela Gasiewski, Kari Whitman

#### MINUTES

It was moved by Mr. Hardy seconded by Commissioner Hovey-Wright, to approve the minutes of the July 19, 2024, meeting as written.

**MOTION CARRIED**

#### ITEMS FOR CONSIDERATION

A. Approval of Expenditures for June 2024

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of June 2024, in the total amount of \$8,975,525.84.

**MOTION CARRIED**

B. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the June report, noting an overall cash balance of \$8,301,876.03 as of June 30, 2024.

C. Finance Update Memorandum

Ms. Carlson, Chief Financial Officer, presented the Finance Update Memorandum for the Board review.

D. Authorization to Approve Contract with Kalamazoo Probation Enhancement Program

It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to sign a contract with Kalamazoo Probation Enhancement Program (KPEP) for SUD outpatient services effective October 1, 2024 through September 30, 2024. The Funding is within the approved SUD budget of \$7,035,144.00

**MOTION CARRIED**

E. Authorization to Approve Additional FY2024 Contracts

It was moved by Commissioner Hovey-Wright, seconded by Mr. Hardy, to authorize the HealthWest Board of Director to approve adding Guardian Trac LLC, and Stuart Wilson, CPA, PC under the Outpatient budget of \$7,558,082.00 for October 1, 2023, through September 30, 2024

**MOTION CARRIED**

F. Authorization to Approve Contract with GenStar Insurance Service, LLC

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Board of Directors to contract with GenStar Insurance Service, LLC for Professional Liability Insurance, at a cost not to exceed \$79,591.25, effective August 7, 2024, through August 7, 2025.

**MOTION CARRIED**

G. Authorization to Approve FY2024 Fee Schedule

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the attached FY2024 HealthWest Fee Schedule effective September 1, 2024.

**MOTION CARRIED**

H. Authorization to Approve HealthWest FY2024 Budget Amendment

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest FY2024 Budget Amendment in the amount of \$118,912,197 for both revenues and expenditures.

**MOTION CARRIED**

I. Authorization to Approve HealthWest FY2025 Budget Amendment

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the HealthWest FY2025 Budget Amendment in the amount of \$97,711, 477 for both revenues and expenditures.

**MOTION CARRIED**

J. Authorization to Approve FY2025 Provider Network Category Budgets

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve the HealthWest Board of Directors to approve the FY25 budgets for the five Provider Network categories, effective October 1, 2024.

**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 HW

- LRE Contracts and CMHSP contracts are still being reviewed and are currently with our corporate compliance for review. For the CMHSP contract, our association has also reviewed and found no issues related to the contract and has advised the field to sign. The LRE contract has been updated and has been sent to the CMHSP for review. There is still quite a bit of discussion surrounding how to meet operational requirements of the contract which the CMHSP and LRE are discussing.
- I have instructed Brandy to proceed with a GF 236 transfer. Allegan will have a surplus, and HW will be in need of additional GF dollars to offset some of our GF overages. We are predicting about \$151k in GF but we also are seeing some deficits in the non-Medicaid CCBHC which can be covered by additional GF that we may receive from the field and local dollars.
- I have mentioned in several past board meetings and board committee meetings that we are delving into the cost per unit of service data, productivity numbers, and ongoing evaluation activities to review how efficiently we are delivering services. This will be ongoing for this year and is being completed in a variety of ways, such as using KATA, reviewing dashboards and altering practice and workflows as needed. Ultimately, our goal is to be able to provide more services with the funding we receive.

## **AUDIENCE PARTICIPATION**

There was no audience participation.

## **ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:33 a.m.

Respectfully,

Janet Thomas Vice Chair

/hb

**PRELIMINARY MINUTES**  
**To be approved at the Finance Meeting on**  
September 20, 2024



## FINANCE COMMITTEE

August 16, 2024 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

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

### AGENDA

- |    |   |             |
|----|---|-------------|
| 1. | Call to Order   | Quorum      |
| 2. | Approval of Minutes   |             |
|    | A. Approval of the Minutes of July 19, 2024<br>(Attachment #1 pg.1-3)   | Action      |
| 3. | Items for Consideration   |             |
|    | A. Approval of Expenditures for June 2024<br>(Attachment #2 pg. 4)  | Action      |
|    | B. Monthly Report from the Chief Financial Officer<br>(Attachment #3 pg. 5-8)   | Information |
|    | C. Finance Update Memorandum<br>(Attachment #4 pg. 9-10)  | Information |
|    | D. Authorization to Approve Contract with Kalamazoo Probation<br>Enhancement Program (KPEP)<br>(Attachment #5 pg. 11) | Action      |
|    | E. Authorization to Approve Additional FY2024 Contracts<br>(Attachment #6 pg. 12)                                     | Action      |
|    | F. Authorization to Approve Contract with GenStar Insurance Service, LLC<br>(Attachment #7 pg. 13-18)                 | Action      |
|    | G. Authorization to Approve FY2024 Fee Schedule<br>(Attachment #8 pg. 19-25)  | Action      |
|    | H. Authorization to Approve HealthWest FY2024 Budget Amendment<br>(Attachment #9 pg. 26-27)                           | Action      |
|    | I. Authorization to Approve HealthWest FY2025 Budget Amendment<br>(Attachment #10 pg. 28)                             | Action      |

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- |   |             |
|---|-------------|
| J. Authorization to Approve FY2025 Provider Network Category Budgets<br>(Attachment #11 pg. 29) | Action      |
| 4. Old Business   |             |
| 5. New Business   |             |
| 6. Communication  | Information |
| 7. Director's Comments  | Information |
| 8. Audience Participation   |             |
| 9. Adjournment  | Action      |

/hb

**HEALTHWEST****FINANCE COMMITTEE MEETING MINUTES****July 19, 2024****8:00 a.m.****CALL TO ORDER**

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

**ROLL CALL**

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

Committee Members Absent: Remington Sprague, M.D., Commissioner Charles Nash

Also Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Shannon Morgan, John Weerstra, Melina Barrett, Brittani Duff, Christy LaDronka, Gordon Peterman, Jackie Farrar, Anissa Goodno, Kristi Chittenden, Jason Bates, Linda Wagner, Kim Davis, Gina Kim

Guests Present: Angela Gasiewski

**MINUTES**

It was moved by Commissioner Hovey-Wright, seconded by Mr. Hardy, to approve the minutes of the June 21, 2024, meeting as written.

**MOTION CARRIED****ITEMS FOR CONSIDERATION****A. Approval of Expenditures for May 2024**

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve expenditures for the month of May 2024, in the total amount of \$8,561,698.85.

**MOTION CARRIED****B. Monthly Report from the Chief Financial Officer**

Ms. Carlson, Chief Financial Officer, presented the May report, noting an overall cash balance of \$7,122,940.99 as of May 31, 2024.

**C. Finance Update Memorandum**

Ms. Carlson, Chief Financial Officer, presented the Finance Update Memorandum for the Board review.

**D. Authorization to Amend Provider Network Category Budgets**

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to approve the HealthWest Executive Director to amend the budgets for the three Provider Network categories with a zero net dollar effect, effective July 29, 2024.

**MOTION CARRIED**

E. Authorization to Approve Contract with Lazarusman Consulting, PLLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Lazarusman Consulting, PLLC effective August 1, 2024, through September 30, 2025, to provide services eligible to HealthWest Consumers. The funding is within the Outpatient Budget of \$7,558,082.00.

**MOTION CARRIED**

F. Authorization to Approve Contract with Pendogani GL LLC

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Pendogani GL LLC effective August 1, 2024 through September 30, 2025, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$20,998,125.00.

**MOTION CARRIED**

G. Authorization to Approve Increase of Board Motion HWB 81-F

It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright to authorize HealthWest increasing the approved motion HWB 81-F to procure and fund a Bathroom Remodification completed by Accessible Home Design, LLC up to \$19,400 to be completed by September 30, 2024.

**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 HW

- The LRE Executive Committee is going to be proposing a resolution for the next LRE Board meeting (next week, July 24th) that is a response to Proposed language by MDHHS for Fiscal Year 2025 Limiting the Funding and Use of the Internal Service Fund (ISF). The language by MDHHS for FY2025 arbitrarily caps the amount of funding allowed to be retained by the PIHP (7.5%). This shifts the risk-sharing arrangements between the parties to benefit MDHHS. The LRE further concludes that limiting the funding of the ISF to an amount is not actuarially sound (As you may recall, the LRE hired Wakely Milliman to do an actuarial analysis of how much the LRE should be keeping in their ISF).

The funding limitation of the ISF to an amount:

- Is considered not best practice for operating reserves as proposed by the Government Finance Officers Association (GFOA)

- Contractually limits the LRE's ability to operate independently and manage its risk.
  - LRE would return funds earned and retained from a prior contractual period.
- The LRE Board of Directors strongly encourages the MDHHS to remove the proposed language for fiscal year 2025 that limits limiting the funding and use of the ISF and to honor:
- The PIHP's right to manage its business operations including the management of its contractual risk through an appropriately funding ISF.
  - Generally Accepted Accounting Principles (GAAP) that already provide appropriate limitations on the establishment, purpose, and accounting for an ISF.
  - Generally Accepted Actuarial Principles and Methodologies (GAAPM) that already provide appropriate limitations on determining adequate funding for an ISF.
  - Federal Regulations codified in 2 CFR and 42 CFR that already provide appropriate limitation on allowable costs and utilization of ISF funding.
- HW continues to review space needs to maximize the space that we currently have or rent. There will be moves happening in August to consolidate administration over at Terrace Plaza where there is room, this will open clinical space and offices for staff at MHC west. In addition, the leadership team is looking to expand our current CRU to twelve beds, and we are exploring space options with the help of the County.
- HW and its leadership team continues to work on the following areas to improve financial standing, operations and maximize service delivery:
- Review of Cost based on codes and per unit costs. This will assist HW in understanding how much it is costing HW to provide a service.
  - Continuing to develop dashboards and outcome measures on the program level that is visible to staff. CARF audit recommended that each program area have its own outcome measures. These will include monitoring activities such as development of Autism dashboards, CCBHC dashboards, ACT dashboard, etc.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:27 a.m.

Respectfully,

Jeff Fortenbacher  
Committee Chair

/hb

**PRELIMINARY MINUTES**  
**To be approved at the Finance Meeting on**  
August 16, 2024



## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> August 16, 2024	<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Financial Officer	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Expenditures for the month of June 2024 totaled \$8,975,525.84. Large or unusual expenditures for the month includes:</p> <ol style="list-style-type: none"> <li>1. Payments to Beacon Services in the amount of \$229,773.03 for Residential Services.</li> <li>2. Payments to Cherry Street in the amount of \$142,974.48 for SUD Services.</li> <li>3. Payments to Daybreak in the amount of \$68,732.60 for Outpatient Services.</li> <li>4. Payments to Flatrock in the amount of \$186,074.40 for Residential Services.</li> <li>5. Payments to Guardian Trac in the amount of \$84,455.49 for Fiscal Intermediary Services.</li> <li>6. Payments to HGA in the amount of \$203,150.91 for Residential Services.</li> <li>7. Payments to Mercy Health Partners MHP in the amount of \$252,214.53 for Community Inpatient Services.</li> <li>8. Payments to MOKA in the amount of \$690,294.51 for Residential Services.</li> <li>9. Payments to Pine Rest in the amount of \$195,942.29 for Community Inpatient Services.</li> <li>10. Payments to Pioneer Resources in the amount of \$519,471.48 for Residential, Autism and Skill Building Services.</li> <li>11. Payments to Reach for Recovery in the amount of \$80,837.98 for SUD Services.</li> <li>12. Payments to Turning Leaf in the amount of \$210,060.65 for Residential Services.</li> </ol>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to approve expenditures for the month of June 2024, in the total amount of \$8,975,525.84.			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HealthWest



June 2024

Board Report

**COMMUNITY MENTAL HEALTH  
INTERIM BALANCE SHEET 2220  
MENTAL HEALTH**

**June 30, 2024**

<b>ASSETS</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash in Bank	8,301,876.03	3,143,261.72
Imprest (Petty) Cash	2,700.00	2,700.00
Accounts Receivable	168,079.02	84,568.06
Due From Other Funds	2,383.58	4,271.62
Prepaid Items	485,042.53	549,265.19
Due from other governments	1,157,909.58	7,099,162.32
<b>Total Assets</b>	<b><u>\$ 10,117,990.74</u></b>	<b><u>\$ 10,883,228.91</u></b>
<b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ 48,237.61	\$ 39,401.85
Undistributed Receipts	11,329.36	1,014.20
Medicaid Children's Waiver	-	57,305.50
Medicaid SED Waiver	-	37,394.56
Unearned Revenue - Lilac St Donation	-	50,100.00
<b>Total Liabilities and Equity</b>	<b><u>\$ 59,566.97</u></b>	<b><u>\$ 185,216.11</u></b>
<b>DEFERRED INFLOWS OF RESOURCES</b>		
Deffered Medicaid fee for services and capitation	<u>\$ 8,217.16</u>	<u>\$ 10,160,086.86</u>
Fund Balance at beginning of year	(1,855,032.17)	(17,073,240.73)
Nonspendable FB-Prepays	406,196.22	
<b>**Total Fund Balance</b>	<b><u>\$ (1,448,835.95)</u></b>	<b><u>\$ (17,073,240.73)</u></b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE</b>		
	<b><u>\$ (1,381,051.82)</u></b>	<b><u>\$ (6,727,937.76)</u></b>
<b>NET OF REVENUES VS EXPENDITURES</b>		
	<b><u>\$ 11,499,042.56</u></b>	<b><u>\$ 17,611,166.67</u></b>
<b>Transferred to HealthWest LRE FY2019 Account for:</b>		
Due to Fund 2220 HealthWest (2221-0000-214.222)	\$0.00	\$0.00
Fund 2221 Fund Balance	\$915.20	\$0.00
<b>Transferred to County Equipment Revolving Account for:</b>		
Mental Health Center Building (6660-0000-349220)	\$2,526,809.65	\$2,596,742.62
Future Equipment Purchases (6660-0000-349222)	\$117,184.04	\$89,534.24

**COMMUNITY MENTAL HEALTH  
INTERIM BALANCE SHEET 7930  
CMH CLIENT FUNDS**

**June 30, 2024**

<b>ASSETS</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash	\$ 355,856.84	\$ 539,418.93
Imprest Cash	\$ 60,647.12	\$ 97,859.50
Accounts Receivable	\$ 177.00	\$ 177.00
<b>Total Assets</b>	<b><u>\$ 416,680.96</u></b>	<b><u>\$ 637,455.43</u></b>
 <b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ -	\$ -
Due to Other Funds	\$ 1,995.16	\$ 4,271.62
Undistributed Receipts	\$ 414,685.80	\$ 633,183.81
	<b><u>\$ 416,680.96</u></b>	<b><u>\$ 637,455.43</u></b>

## HealthWest

### Statement of Revenues, Expenditures and Changes in Fund Balances

Budget to Actual

For the Period from October 1, 2023 through June 30, 2024

	Original Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Revenues</b>				
Medicaid funding:				
Medicaid capitation	\$ 62,472,930	\$ 46,854,698	\$ 52,540,994	\$ 5,686,296
Medicaid - Autism capitation	8,901,598	6,676,199	7,039,609	363,410
Medicaid capitation - settlement	-	-	(14,483,127)	(14,483,127)
Healthy Michigan Plan	7,443,215	5,582,411	5,717,623	135,212
Healthy Michigan Plan - settlement	-	-	1,717,437	1,717,437
CCBHC Supplemental	9,829,312	7,371,984	7,739,854	367,870
CCBHC - Settlement	-	-	2,311,547	2,311,547
State General Fund:				
Formula Fundings	2,066,287	1,549,715	1,549,715	-
Settlement	-	-	-	-
Grant Revenue	6,196,098	4,647,074	3,971,964	(675,110)
Local revenue:				
County appropriation	706,819	530,114	530,113	(1)
Client and third party fees	283,778	212,834	460,296	247,462
Performance Based Incentive Program (PBIP)	-	-	-	-
Interest income	138,398	103,798	136,091	32,293
Other revenue	364,845	273,634	112,338	(161,296)
<b>Total revenue</b>	<b>98,403,280</b>	<b>73,802,461</b>	<b>69,344,454</b>	<b>(4,458,007)</b>
<b>Expenditures</b>				
Salaries and wages	30,967,403	23,225,552	21,090,982	(2,134,570)
Fringe benefits	11,540,651	8,655,488	11,593,439	2,937,951
Staff professional development	1,213,316	909,987	286,588	(623,399)
Provider network services:				
Specialized residential	20,998,125	15,748,594	15,593,569	(155,025)
Community Inpatient	6,167,000	4,625,250	5,016,790	391,540
SUD Services	7,035,144	5,276,358	3,819,183	(1,457,175)
Outpatient Services	7,558,082	5,668,562	5,409,324	(259,238)
Autism Services	1,491,050	1,118,288	937,366	(180,922)
Contractual expense	6,194,216	4,645,662	5,708,488	1,062,826
Overhead expense	2,365,952	1,774,464	1,803,873	29,409
Supplies	1,264,314	948,236	276,556	(671,680)
Utilities	320,634	240,476	285,516	45,040
Insurance	370,925	278,194	410,712	132,518
Capital outlay	122,253	91,690	3,083	(88,607)
Other expenses	549,636	412,227	604,670	192,443
Transfers	244,579	183,434	174,699	(8,735)
<b>Total expenditures</b>	<b>98,403,280</b>	<b>73,802,462</b>	<b>73,014,839</b>	<b>(787,623)</b>
Net change in fund balance	-	(1)	(3,670,385)	(3,670,384)
Fund balance (deficit), beginning of year	(1,448,836)	(1,448,836)	(1,448,836)	-
<b>Fund balance (deficit), end of year</b>	<b>\$ (1,448,836)</b>	<b>\$ (1,448,837)</b>	<b>\$ (5,119,221)</b>	<b>\$ (3,670,384)</b>

This financial report is for internal use only. It has not been audited, and no assurance is provided.



## MEMORANDUM

Date: August 16, 2024

To: HealthWest Board of Directors  
Rich Francisco, Executive Director

CC: Mark Eisenbarth, Muskegon County Administrator  
Matt Farrar, Muskegon County Deputy Administrator  
Angie Gasiewski, Muskegon County Accounting Manager

From: Brandy Carlson, Chief Financial Officer

Subject: **Finance Update**

During the month of August, HealthWest will bring the following motions to the County Commissioners for approval.

- Move to reclassify the vacant Secretary, Position N71103 (Wage Grade HO 00137), and the vacant Clerical Support Specialist, Position N17215 (Wage Grade HO 00137) to one (1) Administrative Assistant (Wage Grade HO 00240), Funding Account 7120.

HealthWest is requesting to reclassify the vacant Secretary, Position N71103 (Wage Grade HO 00137, \$16.853/hr. - \$20.759/hr.), and the vacant Clerical Support Specialist, Position N17215 (Wage Grade HO 00137, \$16.853/hr. - \$20.759/hr.) to one (1) Administrative Assistant (Wage Grade HO 00240, \$21.456/hr. - \$27.015/hr.). HealthWest's Youth Leadership is requesting to reclassify the two (2) positions into one (1) Administrative Assistant position for the Youth Department, which includes twelve (12) clinical teams across four (4) buildings and five (5) schools throughout Muskegon County. An Administrative Assistant can support the Youth Department with multiple efforts, including but not limited to meeting minutes and departmental memorandums, coordination of calendars, workflows and process mapping, client outreach and follow-up, training cohort applications and communications, coordination with community partners regarding system level efforts and clinical consultations, data monitoring, ordering building and therapeutic supplies, support with KATA initiatives and other departmental projects. This reclassification will reduce the salaries and benefits budget for HealthWest's Youth Department by \$34,006.

- Move to approve the selection of Amy Cell Talent, LLC to perform a HealthWest salary and compensation study, pursuant to the specification of the RFP 24-2544 for the not to exceed price of \$46,975 to be paid from Medicaid and State General Funds, and to authorize the HealthWest Director to sign the contract.

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The Board of Commissioners approved RFP 24-2544 seeking proposals for a HealthWest salary study and the specifications were posted to Bid Net. Proposals were received from six (6) independent firms. The evaluation team, made up of three (3) HealthWest Executive Team members and the County Human Resources Director, performed an analysis of the six (6) total bids received. The team evaluated the project approach of each firm, as well as the qualifications of key personnel and experience with similar projects. Based on these factors, the evaluation team recommends moving forward with Amy Cell Talent LLC for the quoted rate of \$46,975. While Amy Cell Talent LLC is not the lowest responsive bidder, they are the most qualified. Amy Cell Talent LLC has clearly demonstrated their experience with this sort of project, specifically in the public sector. They presented a clear and detailed plan to perform position Benchmarking against similar public entities that was missing in the lowest responsive bidder's presentation. The evaluation team has analyzed all six proposals and has agreed that Amy Cell Talent LLC has presented the best combination of price and product for HealthWest. Savings from the vast number of open positions are being used to fund this project.

- Move to waive the procurement policy and authorize the HealthWest Executive Director to renew and sign a contract with Zoom Video Communications, Inc. (Zoom) at a cost not to exceed \$37,666 for the period September 28, 2024, through September 27, 2025.

Utilizing Zoom has allowed HealthWest to effectively serve individuals and staff. Zoom is used for telehealth, inter-agency meetings, groups, training, and educational offerings. Within the past year, HealthWest staff scheduled and held 13,949 meetings and 64 webinars with 55,729 total participants. HealthWest manages Zoom Subscription license utilization to support short- and long-term needs of the agency.

- Move to authorize HealthWest to award the purchase of forty-eight (48) laptops to the MiDeal vendor, CDW Government, at an amount not to exceed \$67,795.20

This purchase was identified as a technology project for annual equipment rotation on the board-approved FY2024 Technology Plan. To satisfy the procurement policy, staff are requested to utilize the contract CDW Government has through the MiDeal purchasing cooperative, to supply the requested equipment.

- Move to increase the MidWest Fiber agreement with HealthWest by \$15,000 from \$45,000 to \$60,000 through September 30, 2024.

Everstream/MidWest Fiber is our fiber internet service at MHC, Terrace Plaza, Moka and Covenant/Terrace Street locations. This was included in the HealthWest Technology Plan that was approved by the board for \$45,000. This amount did not cover the full year. In late 2022, HealthWest upgraded lines and added the Moka location, which increased the cost. However, the Technology Plan was not updated to reflect the increase. Our current monthly cost is just under \$4,800 including federal taxes.

This board motion is to increase the expected cost from \$45,000 to \$60,000 to cover the remainder of FY24.

Main Office

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## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Quality Assurance	<b>REQUEST DATE</b> August 16, 2024	<b>REQUESTOR SIGNATURE</b> Jennifer Stewart, SUD Treatment Quality Assurance Manager	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>HealthWest Board approval is requested for HealthWest to contract with Kalamazoo Probation Enhancement Program (KPEP) effective October 1, 2024 through September 30, 2025. KPEP is a Probation Residential Services program utilized by probation and parole to securely house individuals with violations, preventing a return to jail or prison. HealthWest previously contracted with KPEP, and the provider is seeking to restart services. The rationale is related to the increasing overdose rate in Muskegon County and the need to provide services to the criminal justice population (as required by MDHHS as a Priority Population) for SUD treatment. Restarting these services would allow KPEP to provide ASAM Level 1 Outpatient Services to individuals while they are residing at the program. Their service location is 985 E. Barney Avenue, Muskegon, MI 49444. KPEP is credentialed by the Lakeshore Regional Entity and will be paid with funding within the approved HealthWest SUD budget of \$7,035,144.00.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to authorize the HealthWest Executive Director to sign a contract with Kalamazoo Probation Enhancement Program (KPEP) for SUD outpatient services effective October 1, 2024 through September 30, 2025. The funding is within the approved SUD budget of \$7,035,144.00.</p>			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		



**REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION**

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Provider Network	<b>REQUEST DATE</b> August 16, 2024	<b>REQUESTOR SIGNATURE</b> Brandy Carlson	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Authorization is requested for the HealthWest Board to approve adding the two approved FY24 contracts dated October 1, 2023 through September 30, 2025 under the Outpatient Funding bucket effective October 1, 2023, through September 30, 2024.</p> <ol style="list-style-type: none"> <li>Guardian Trac, LLC, located at 215 Broadus Street, Sturgis MI 49091</li> <li>Stuart Wilson, CPA, PC, located at 6300 Schade Drive, Midland MI 48640</li> </ol> <p>Guardian Trac, LLC and Stuart Wilson, CPA, PC both provide Fiscal Intermediary Services, and the funding is within the approved outpatient budget of \$7,558,082.00</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to authorize the HealthWest Board of Directors to approve adding Guardian Trac LLC, and Stuart Wilson, CPA, PC under the Outpatient budget of \$7,558,082.00 for October 1, 2023, through September 30, 2024.</p>			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 121-F

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Provider Network	<b>REQUEST DATE</b> August 16, 2024	<b>REQUESTOR SIGNATURE</b> Brandy Carlson	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Authorization is requested to contract with GenStar Insurance Service, LLC (GenStar) for Professional Liability Insurance for our Physicians and Psychiatrists (Providers) at an amount not to exceed \$49,591.25 from August 7, 2024, through August 7, 2025.</p> <p>Three agencies were reviewed and GenStar was chosen due to covering all locations, including the Correctional Facilities, the cost was reasonable, and a 60-month extended reporting period was provided. GenStar also agreed to provide a retroactive date of June 26, 2012 which, without that, would have put the County in a position to purchase "Tail" coverage at a cost upwards of 300% of the expiring premium. The insurance covers:</p> <p><b>Limits</b>  <b>Professional Liability Limits:</b>  Each Claim Limit \$1,000,000  Aggregate Limit \$3,000,000  Retroactive Date 06/26/2012  <b>Policy Aggregate Limits:</b>  Aggregate Limit \$3,000,000  <b>Deductible:</b>  Deductible Per Occurrence \$10,000  Deductible Aggregate Not Applicable</p> <p>With the deductible that applies to both damages and claim expenses. Claims expenses are included within the Limits of Insurance and the Risk Premium is \$47,650. There is a 25% minimum premium earned at Inception.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to authorize the HealthWest Board of Directors to contract with GenStar Insurance Service, LLC for Professional Liability Insurance, at a cost not to exceed \$49,591.25, effective August 7, 2024, through August 7, 2025.			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 122-F



Jencap Insurance Services Inc.

38555 Mound Road, Suite 100  
Sterling Heights, MI 48310

Underwriter: Tyler Hayden  
Phone: (586) 553-0988

Fax:  
Email: thayden@specialrisksinc.com

Date Prepared: 7/31/2024

# Allied Health

# Quote Cover Letter

<b>Agency:</b> Johnston Lewis Associates Inc ***	<b>Insured:</b> HealthWest DBA Community Mental Health Services of Muskegon County
Address: 5600 NEW KING STE 210 Troy MI 48098-	Address: 376 EAST APPLE AVENUE MUSKEGON, MI 49442
Phone: _____ Fax: _____	
Contact: Sandy Lipshaw	
Effective Date: 8/7/2024	Carrier: General Star Indemnity Company (Non-Admitted)
Expiration Date: 8/7/2025	Non-Admitted

Please refer to Coverage Details on the attached Quote.

### Premiums

	Allied Health
Term Premium:	47,650.00
Terrorism:	Excluded
Policy Fee *:	750.00
Surplus Lines:	1,191.25
<b>Total:</b>	<b>49,591.25</b>
Deposit Due:	49,591.25
Min Earned Premium:	25%
Commission:	10.00%

\* Fees are Fully Earned

### TERMS, CONDITIONS & EXCLUSIONS / REQUIREMENTS TO BIND

#### \*\*\*SUBJECTIVITIES\*\*\*

- Receipt and underwriting review of a completed, signed and dated Genstar Short Form Physician Application for each active physician
- Receipt of a signed & currently dated Genstar No Known Claims/Circumstances Statement
- Please provide following for correctional services: (1) Name/Address of facility; (2) Max capacity of Jail; (3) Avg daily occupancy of Jail;

This quote is valid until 8/30/2024 and the coverage offered may differ from that requested in the application, or from what was on the prior policy. Failure to provide the requested coverage shall impose no liability on Jencap Insurance Services Inc..

# GenStar Insurance Services, LLC

## Miscellaneous Healthcare Facilities

# Quote

Risk State: Michigan

Named Insured	Submission ID	Quote Date
HEALTHWEST (COMMUNITY MENTAL HEALTH SERVICES OF MU	2874788	30-Jul-2024

Client	Underwriter
Jencap Specialty Insurance Services Inc. Tyler Hayden 1350 Broadway Suite 602 New York, NY 10018  Tyler.Hayden@jencapgroup.com	Brian Lewis

Comments
Incident Trigger One Shared Limit Consent lies with carrier

### General Star Indemnity Company

Form	Policy Term
Professional Liability Insurance for Miscellaneous Healthcare Facilities	Annual 08/07/2024 - 08/07/2025

Limits	
<b>Professional Liability Limits:</b>	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000
Retroactive Date	06/26/2012
<b>Policy Aggregate Limits:</b>	
Aggregate Limit	\$3,000,000
<b>Deductible:</b>	
Deductible Per Occurrence	\$10,000
Deductible Aggregate	Not Applicable

**Deductible:** Applies to both damages and claim expenses  
**Claim Expenses:** Are included within the Limits of Insurance

<b>Risk Premium</b>	\$47,650
---------------------	----------

25% Minimum Premium Earned at Inception

Visit our Web site: <https://www.generalstar.com/>

**Description of Operations:** Physician services

An ERP option of up to a 60-month reporting period is available for an additional premium to be determined

Percentage of Full Annual Premium for 12-Month Extended Reporting Period:	100%
Percentage of Full Annual Premium for 36-Month Extended Reporting Period:	150%
Percentage of Full Annual Premium for 60-Month Extended Reporting Period:	200%

**Subjectivities**

- Receipt and underwriting review of a completed, signed and dated Genstar Short Form Physician Application for each active physician
- Receipt of a signed & currently dated Genstar No Known Claims/Circumstances Statement
- Please provide following for correctional services: (1) Name/Address of facility; (2) Max capacity of Jail; (3) Avg daily occupancy of Jail;

**Forms and Endorsements**

PLEASE NOTE: The following are additional Endorsements attached to this policy. We will also attach any required STATE MANDATORY Endorsements.

GSM 06 MHCF 801 1      [Amendment Premium](#)  
 (03/2012)  
 06-MHCF-I622 (07/2005)      [General Changes Endorsement](#)

Details section	(1) Exclusion - Communicable Disease, MHF 21 0007 05 20 only applies to services provided to incarcerated individuals. (2) "Who is An Insured" section 3, 4, and 5 are hereby deleted.
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GSM 06 MHCF 402 1 04      [Exclusion - Specified Procedures](#)  
 2012

Excluded Procedures(s)	(1) Any and all services provided to incarcerated individuals before 8/7/2024. (2) Any medical director services.
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IC 24 0002 01 24      [SERVICE OF SUIT \(NON-ADMITTED POLICIES ONLY\)](#)

IL 11 0001 07 22      [Additional Policy Conditions OFAC](#)

MHF 00 0001 04 19      [Miscellaneous Healthcare Facilities - Professional Liability Coverage Part \(Cm\)](#)

MHF 00 0003 01 17      [Miscellaneous Healthcare Facilities - Common Policy Provisions](#)

MHF 04 0004 03 15      [Departed Professionals As Insureds](#)

Schedule		
Name of Professional	Retroactive Date	Termination Date
Virgilio F. Vasquez, MD	06/26/2016	08/19/2019
William J. Gabriel, MD	06/06/2016	05/24/2019

Visit our Web site: <https://www.generalstar.com/>

Stanley L. Seuferer, DO	07/18/2017	10/31/2017
Gerald N. Schmuker, MD	07/01/2019	09/27/2019
Maninderpal S. Dhillon, DO	10/28/2019	05/30/2023
Susan Fabrick, MD	03/14/2021	11/14/2021
David A. Van Winkle, MD	11/24/2021	01/16/2022

MHF 04 0006 06 23 [Professionals As Insureds](#)

Schedule		
Name of Professional	Specialty	Retroactive Date
Gregory G. Greene, MD		06/26/2016
Andreas Sidiropoulos, MD		10/07/2013
Katherine A. Jawor, DO		06/26/2016
Karen Dobias, DO		08/01/2014
Sue Ellen Huffstutter, MD		03/21/2017

MHF 21 0006 01 17 [Exclusion - Abuse Or Molestation](#)

MHF 21 0007 05 20 [Exclusion - Communicable Disease](#)

MHF 21 0009 07 22 [Exclusion Cyber Privacy Security](#)

MHF 21 0012 06 22 [Miscellaneous Healthcare Facilities Private Citizen Statutory Abortion Liability Exclusion](#)

MHF 21 0013 05 23 [Exclusion - Recording And Distribution Of Material In Violation Of Law](#)

MHF 24 0010 07 16 [Application Attachment Endorsement](#)

### Notices

This quote is valid for thirty (30) days or until the effective date, whichever occurs first.

The policy contains the complete terms and conditions of the insurance represented by this quote. All requested specifications are rejected, except as set forth in our policy.

This quote is being offered in reliance on the information submitted to us by the applicant. By accepting this quote, and/or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented, omitted or suppressed.

General Star Indemnity Company is a member of the Berkshire Hathaway family of companies. We are a wholly owned subsidiary of General Reinsurance Corporation, rated A++ by A.M. Best and AA+ by Standard & Poor's.

## ABOUT US



### SPECIALIZED MEDICAL UNDERWRITING

- > We focus exclusively on medical malpractice business.
- > We specialize in physician and outpatient healthcare facility business.
- > We provide versatile products, ranging from competitive excess & surplus lines coverage to those that rival standard market offerings.
- > Our Medical Professional Liability policies are offered exclusively through appointed wholesale brokers.
- > Our team of underwriters has over 50 years of combined medical malpractice experience.



### COLLABORATIVE CLAIM DEFENSE TEAM

- > Our specialized Medical Claim Executives, educated in the disciplines of law, healthcare, and insurance, have combined industry experience of more than 50 years.
- > Claims will be resolved promptly and equitably.
- > We vigorously defend our insureds.
- > We use local defense counsel specializing in medical malpractice.
- > Together, General Star, defense counsel and the insured develop a collaborative claim strategy.

[www.generalstar.com](http://www.generalstar.com)

General Star Indemnity Company is an eligible surplus lines insurer in all states, the District of Columbia, Puerto Rico, and the Virgin Islands. It has the status of an unlicensed insurer in California and operates under NAIC Number 0031-37362. Insurance is placed with the General Star Indemnity Company by licensed producers and, for risks that qualify, by licensed surplus lines brokers.

12012017

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>	
<b>REQUESTING DIVISION</b> Finance Department	<b>REQUEST DATE</b> August 16, 2024		<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Financial Officer	
<b>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</b>				
<p>Authorization is requested for HealthWest to approve the FY2024 Fee Schedule effective September 1, 2024.</p> <p>Rates have been calculated based on billable services provided in FY2024 utilization of services to date and the Standard Cost Allocation methodology.</p> <p>For your review, the highest utilized services are as follows:</p>				
<b>CPT Code:</b>	<b>Service Description:</b>	<b>Proposed HealthWest Rate</b>	<b>State Rate</b>	<b>FY23 LRE CMHSP Range</b>
H0036	Homebased Services	\$32.78	\$32.78	\$61.66 - \$136.74
H0031	Mental Health Assessment by Non-Physician	\$200.27	\$158.29	\$217.05 - \$1,480.72
H2030	Clubhouse Psychosocial	\$4.60	\$3.68	N/A
T1017	Targeted Case Management	\$197.53	\$103.26	\$112.14 - \$252.20
H0018	Crisis Residential	\$400.59	\$215.43	N/A
H0032	Mental Health Service Plan Development by Non-Physician	\$158.83	\$145.88	\$111.69 - \$320.97
H2023	Supported Employment	\$124.78	None	\$26.16 - \$170.43
T1002	RN Services	\$157.42	\$59.97	\$66.40 - \$249.40
90837	Psychotherapy, 60 minutes	\$232.56	\$213.72	\$250.47 - \$453.43
H0039	Assertive Community Treatment	\$72.42	\$66.28	\$118.76 - \$192.60
99215	Evaluation & Management – Established Patient	\$545.50	\$497.05	\$301.72 - \$825.85
<b>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</b>				
I move to approve the attached FY2024 HealthWest Fee Schedule effective September 1, 2024.				
<b>COMMITTEE DATE</b>	<b>COMMITTEE APPROVAL</b> _____ Yes _____ No _____ Other			
<b>BOARD DATE</b>	<b>BOARD APPROVAL</b> _____ Yes _____ No _____ Other			

HWB 123-F



**COMMUNITY MENTAL HEALTH OF MUSKEGON COUNTY  
FY2024 RATES**

**PROPOSED EFFECTIVE 9/01/2024  
FEIN: 38-6006063**

HCPC/CPT CODE	DESCRIPTION	DURATION	FY 2020 RATES	FY 2023 RATES	FY 2024 RATES
0362T	Behavior identification supporting assessment	15 mins		30.00	60.00
0373T	Adaptive behavior treatment with protocol modification requiring 2+ technicians for patient who exhibits destructive behavior(s)	15 mins		24.58	60.00
90785					82.90
90791	Psychiatric Assessment	Encounter	521.74	329.00	369.52
90791 QJ					182.71
90792					662.15
90832	Individual Therapy, 30 minutes	16-37 mins	88.83	88.00	145.47
90832 ST	Trauma Focused CBT Individual Therapy, 30 minutes	16-37 mins	56.20	88.00	176.00
90834	Individual Therapy, 45 minutes	38-52 mins	128.41	128.00	172.86
90834 ST	Trauma Focused CBT Individual Therapy, 45 minutes	38-52 mins	82.75	128.00	245.79
90837	Individual Therapy, 60 minutes	53+ mins	211.27	211.00	232.56
90837 ST	Trauma Focused CBT Individual Therapy, 60 minutes	53+ mins	92.70	211.00	232.56
90839	Crisis Intervention, 1st hour	30-74 mins	330.69	331.00	311.00
90840	Crisis Intervention, each additional 30 minutes	30 mins		71.48	71.48
90846	Family Therapy	Encounter	225.19	253.00	166.47
90847	Family Psychotherapy with Patient Present	Encounter	143.95	253.00	237.88
90853 UN	Group Therapy, 2 patients served	Encounter		92.00	137.67
90853 UP	Group Therapy, 3 patients served	Encounter		92.00	109.29
90853 UQ	Group Therapy, 4 patients served	Encounter		92.00	87.95
90853 UR	Group Therapy, 5 patients served	Encounter		92.00	74.64
90853 US	Group Therapy, 6 or more patients served	Encounter	37.50	92.00	50.49
90887	Interpretation or explanation of results of psychiatric exams	Encounter	93.75	52.00	82.00
92507	Speech & Language Individual	Encounter	285.09	307.00	614.00
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	Encounter	339.90	395.00	790.00
92526	Swallowing Treatment	Encounter	418.18	418.18	418.18
92610	Speech & Language Evaluation	Encounter	372.36	396.00	792.00
96112	Assessments and Testing, first hour	First Hour		141.02	309.09
96113	Assessments and Testing, each additional 30 mins	30 mins		66.54	164.57
96116	Neurobehavioral Status Exam, per hour	First Hour		104.73	327.72
96121	Neurobehavioral Status Exam, each additional hour	60 mins		118.34	327.72
96127	Brief Emotional/Behavioral Assessment w/ scoring & documentation, per standardized instrument	Encounter		7.40	252.44
96130	Psychological Testing, first hour	First Hour	198.97	198.97	330.14
96131	Psychological Testing, each additional hour	60 mins		135.24	325.05
96136	Psychological or Neuropsychological Testing, first 30 mins	First 30 mins		66.57	164.76
96137	Psychological or Neuropsychological Testing, each additional 30 mins	30 mins		61.28	168.67
96372	Medication Administration	Encounter	42.85	43.00	115.54
97110	Therapeutic Exercises to Develop Strength	15 mins	220.05	172.00	425.91
97112	Neuromuscular Re-Education of Movement	Encounter	174.65	35.64	35.64
97116	Gait Training	Encounter	178.72	31.04	31.04
97129	Cognitive Skills Development	15 mins	82.91	35.40	435.40
97151	Behavior Identification Assessment	15 mins	67.77	30.00	40.23
97151 U5	ABA Behavior Identification Assessment	15 mins	43.31	30.00	61.11
97153	Adaptive Behavior Treatment	15 mins	17.55	30.00	36.51
97154 UN	Group Adaptive Behavior Treatment by Protocol, 2 patients served	15 mins		4.29	34.24
97154 UP	Group Adaptive Behavior Treatment by Protocol, 3 patients served	15 mins		4.29	23.14
97154 UQ	Group Adaptive Behavior Treatment by Protocol, 4 patients served	15 mins		4.29	21.94
97154 UR	Group Adaptive Behavior Treatment by Protocol, 5 patients served	15 mins		4.29	20.74
97154 US	Group Adaptive Behavior Treatment by Protocol, 6 or more patients served	15 mins	5.30	4.29	19.62
97155	Clinical Observation & Direction of Adaptive Behavior Treatment w/ Protocol Modification	15 mins	42.48	30.00	45.62
97156	Family Behavior Treatment Guidance	15 mins	34.18	30.00	40.40
97157 UN	Multiple Family Behavior Treatment Guidance Administered by Qualified Professional, 2 patients served	15 mins	23.81	12.00	40.40
97157 UP	Multiple Family Behavior Treatment Guidance Administered by Qualified Professional, 3 patients served	15 mins		12.00	40.40
97157 UQ	Multiple Family Behavior Treatment Guidance Administered by Qualified Professional, 4 patients served	15 mins		12.00	40.40
97157 UR	Multiple Family Behavior Treatment Guidance Administered by Qualified Professional, 5 patients served	15 mins		12.00	40.40
97157 US	Multiple Family Behavior Treatment Guidance Administered by Qualified Professional, 6+ patients served	15 mins		12.00	40.40
97158	Adaptive Behavior Treatment Social Skills Group	15 mins		8.57	8.57
97158 UN	Adaptive Behavior Treatment Social Skills Group, 2 patients served	15 mins		4.29	4.29
97158 UP	Adaptive Behavior Treatment Social Skills Group, 3 patients served	15 mins		4.29	4.29
97158 UQ	Adaptive Behavior Treatment Social Skills Group, 4 patients served	15 mins		4.29	4.29
97158 UR	Adaptive Behavior Treatment Social Skills Group, 5 patients served	15 mins		4.29	4.29
97158 US	Adaptive Behavior Treatment Social Skills Group, 6 or more patients served	15 mins		4.29	4.29
97161	PT Evaluation/Re-Evaluation, Low Complexity	Encounter		97.48	97.48
97161 WX	PT Evaluation/Re-Evaluation - LOCUS Assessment, Low Complexity	Encounter		97.48	97.48
97162	PT Evaluation/Re-Evaluation, Moderate Complexity	Encounter		260.62	260.62
97162 WX	PT Evaluation/Re-Evaluation - LOCUS Assessment, Moderate Complexity	Encounter		260.62	260.62
97163	PT Evaluation/Re-Evaluation, High Complexity	Encounter		425.25	425.25
97163 WX	PT Evaluation/Re-Evaluation - LOCUS Assessment, High Complexity	Encounter		425.25	425.25
97165	OT Evaluation/Re-Evaluation, Low Complexity	Encounter	286.30	305.00	610.00
97165 WX	OT Evaluation/Re-Evaluation - LOCUS Assessment, Low Complexity	Encounter		305.00	610.00
97166	OT Evaluation/Re-Evaluation, Moderate Complexity	Encounter	520.59	450.00	900.00
97166 WX	OT Evaluation/Re-Evaluation - LOCUS Assessment, Moderate Complexity	Encounter		450.00	900.00
97167	OT Evaluation/Re-Evaluation, High Complexity	Encounter	668.15	602.00	602.00
97167 WX	OT Evaluation/Re-Evaluation - LOCUS Assessment, High Complexity	Encounter		602.00	602.00
97168	OT Re-Evaluation	Encounter		67.02	134.04
97168 WX	OT Re-Evaluation - LOCUS Assessment	Encounter		67.02	134.04
97530	Therapeutic Activities, Direct	15 mins	158.31	157.00	157.00
97530 Y4	Therapeutic Activities, Direct - SAMHSA approved EBP for co-occurring disorders	15 mins		157.00	157.00
97533	Sensory Integrative Techniques	15 mins	139.13	61.30	122.60
97535	Self-care/Home Management Training	15 mins	177.25	34.56	69.19
97537	Community/Work Reintegration Training	15 mins		38.84	38.84
97542	Wheelchair Management/Propulsion Training	15 mins	160.14	39.23	78.46
97803	Health Assessment/Nutrition	15 mins	78.11	78.00	78.00
97803 WX	Health Assessment/Nutrition - LOCUS Assessment	15 mins		78.00	78.00
99075	Medical Testimony	Hours		600.00	n/a
99202	Evaluation and Management, New Patient 15-29 mins	Encounter	143.83	144.00	144.00
99202 QJ	Evaluation and Management, New Patient 15-29 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter		144.00	144.00
99202 Y4	Evaluation and Management, New Patient 15-29 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		144.00	144.00
99203	Evaluation and Management, New Patient 30-44 mins	Encounter	188.66	204.00	204.00
99203 QJ	Evaluation and Management, New Patient 30-44 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter		204.00	204.00
99203 Y4	Evaluation and Management, New Patient 30-44 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		204.00	204.00
99204	Evaluation and Management, New Patient 45-59 mins	Encounter	254.24	246.00	246.00
99204 QJ	Evaluation and Management, New Patient 45-59 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter		246.00	246.00
99204 Y4	Evaluation and Management, New Patient 45-59 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		246.00	246.00
99205	Evaluation and Management, New Patient 60-74 mins	Encounter	404.57	405.00	405.00
99205 QJ	Evaluation and Management, New Patient 60-74 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter		405.00	405.00
99205 Y4	Evaluation and Management, New Patient 60-74 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		405.00	405.00
99211	Evaluation and Management, Established Patient	Encounter	67.16	68.00	68.00

99211 QJ	Evaluation and Management, Established Patient - Service/items provided to a prisoner or patient in state or local custody	Encounter	86.60	68.00	68.00
99211 Y4	Evaluation and Management, Established Patient - SAMHSA approved EBP for Co-occurring disorders	Encounter		68.00	68.00
99212	Evaluation and Management, Established Patient 10-19 mins	Encounter	101.69	100.00	112.03
99212 QJ	Evaluation and Management, Established Patient 10-19 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter	42.82	100.00	112.03
99212 Y4	Evaluation and Management, Established Patient 10-19 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		100.00	112.03
99213	Evaluation and Management, Established Patient 20-29 mins	Encounter	173.16	170.00	320.42
99213 QJ	Evaluation and Management, Established Patient 20-29 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter	71.49	170.00	320.42
99213 Y4	Evaluation and Management, Established Patient 20-29 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		170.00	320.42
99214	Evaluation and Management, Established Patient 30-39 mins	Encounter	257.22	257.00	489.65
99214 QJ	Evaluation and Management, Established Patient 30-39 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter	105.08	257.00	489.65
99214 Y4	Evaluation and Management, Established Patient 30-39 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		257.00	489.65
99215	Evaluation and Management, Established Patient 40-54 mins	Encounter	308.77	309.00	545.50
99215 QJ	Evaluation and Management, Established Patient 40-54 mins - Service/items provided to a prisoner or patient in state or local custody	Encounter	364.80	309.00	545.50
99215 Y4	Evaluation and Management, Established Patient 40-54 mins - SAMHSA approved EBP for Co-occurring disorders	Encounter		309.00	545.50
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Encounter		50.00	n/a
G0177	Family Psycho-Education: Educational Groups	Encounter, min 45 mins	228.57	228.57	228.57
G0177 Y4	Family Psycho-Education: Educational Groups - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	228.57	228.57
G0177 UN	Family Psycho-Education: Educational Groups, 2 patients served	Encounter, min 45 mins	228.57	114.29	114.29
G0177 UN/Y4	Family Psycho-Education: Educational Groups, 2 patients served - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	114.29	114.29
G0177 UP	Family Psycho-Education: Educational Groups, 3 patients served	Encounter, min 45 mins	228.57	76.19	76.19
G0177 UP/Y4	Family Psycho-Education: Educational Groups, 3 patients served - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	76.19	76.19
G0177 UQ	Family Psycho-Education: Educational Groups, 4 patients served	Encounter, min 45 mins	228.57	57.14	57.14
G0177 UQ/Y4	Family Psycho-Education: Educational Groups, 4 patients served - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	57.14	57.14
G0177 UR	Family Psycho-Education: Educational Groups, 5 patients served	Encounter, min 45 mins	228.57	45.71	45.71
G0177 UR/Y4	Family Psycho-Education: Educational Groups, 5 patients served - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	45.71	45.71
G0177 US	Family Psycho-Education: Educational Groups, 6 or more patients served	Encounter, min 45 mins	228.57	38.10	38.10
G0177 US/Y4	Family Psycho-Education: Educational Groups, 6 or more patients served - SAMHSA approved EBP for co-occurring disorders	Encounter, min 45 mins	228.57	38.10	38.10
H0001	Alcohol and/or Drug Assessment	Encounter	142.50	150.00	265.57
H0001 QJ	Alcohol and/or Drug Assessment - Service/items provided to a prisoner or patient in state or local custody	Encounter		150.00	265.57
H0001 Y4	Alcohol and/or Drug Assessment - SAMHSA approved EBP for co-occurring disorders	Encounter		150.00	265.57
H0002	Brief Screening for Non-Inpatient Program	Encounter	183.33	183.00	230.96
H0002 QJ	Brief Screening for Non-Inpatient Program - Service/ites provided to a prisoner or patient in state or local custody	Encounter		183.00	230.96
H0002 WX	Brief Screening for Non-Inpatient Program - LOCUS Assessment	Encounter		183.00	230.96
H0018	Crisis Residential	Per Diem	465.25	465.25	400.59
H0020	Medication Assisted Treatment	Per Diem		25.00	25.00
H0025	School Success & Child Care Expulsion	Encounter	417.60	418.00	418.00
H0031	Mental Health Assessment, by non-physician	Encounter	360.15	360.00	200.27
H0031 QJ	Mental Health Assessment, by non-physician - Service/items provided to a prisoner or patient in state or local custody	Encounter	577.22	360.00	200.27
H0031 WX	Mental Health Assessment, by non-physician - LOCUS Assessment	Encounter	398.26	360.00	200.27
H0032	Mental Health Service Plan Development by Non-Physician	Encounter	221.78	255.00	158.83
H0032 TS	Mental Health Service Plan Development by Non-Physician, Monitoring Treatment Plans	Encounter	221.78	254.00	158.83
H0032 QJ	Mental Health Service Plan Development by Non-Physician - Service/items provided to a prisoner or patient in state or local custody	Encounter	221.78	255.00	158.83
H0032 TS/QJ	Mental Health Service Plan Development by Non-Physician, Monitoring Treatment Plans - Service/items provided to a prisoner or patient in state or local custody	Encounter	221.78	254.00	158.83
H0032 Y4	Mental Health Service Plan Development by Non-Physician - SAMHSA approved EBP for co-occurring disorders	Encounter	221.78	255.00	158.83
H0032 TS/Y4	Mental Health Service Plan Development by Non-Physician, Monitoring Treatment Plans - Service/items provided to a prisoner or patient in state or local custody - SAMHSA approved EBP for co-occurring disorders	Encounter	221.78	254.00	158.83
H0034	Medication Training and Support	15 mins		257.00	257.00
H0034 Y4	Medication Training and Support - SAMHSA approved EBP for co-occurring disorders	15 mins		257.00	257.00
H0036	Community psychiatric supportive treatment	15 mins	148.57	148.57	32.78
H0036 QJ	Community psychiatric supportive treatment - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 ST	Community psychiatric supportive treatment - Related to trauma or injury	15 mins		148.57	32.78
H0036 ST QJ	Community psychiatric supportive treatment - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UN	Community psychiatric supportive treatment - 2 patients served	15 mins		148.57	32.78
H0036 UN QJ	Community psychiatric supportive treatment - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UN ST	Community psychiatric supportive treatment - 2 patients served - Related to trauma or injury	15 mins		148.57	32.78
H0036 UN ST QJ	Community psychiatric supportive treatment - 2 patients served - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UN Y2	Community psychiatric supportive treatment - 2 patients served - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78
H0036 UN Y3	Community psychiatric supportive treatment - 2 patients served - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 UN Y4	Community psychiatric supportive treatment - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0036 UP	Community psychiatric supportive treatment - 3 patients served	15 mins		148.57	32.78
H0036 UP QJ	Community psychiatric supportive treatment - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UP ST	Community psychiatric supportive treatment - 3 patients served - Related to trauma or injury	15 mins		148.57	32.78
H0036 UP ST QJ	Community psychiatric supportive treatment - 3 patients served - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UP Y2	Community psychiatric supportive treatment - 3 patients served - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78
H0036 UP Y3	Community psychiatric supportive treatment - 3 patients served - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 UP Y4	Community psychiatric supportive treatment - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0036 UQ	Community psychiatric supportive treatment - 4 patients served	15 mins		148.57	32.78
H0036 UQ QJ	Community psychiatric supportive treatment - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UQ ST	Community psychiatric supportive treatment - 4 patients served - Related to trauma or injury	15 mins		148.57	32.78
H0036 UQ ST QJ	Community psychiatric supportive treatment - 4 patients served - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UQ Y2	Community psychiatric supportive treatment - 4 patients served - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78
H0036 UQ Y3	Community psychiatric supportive treatment - 4 patients served - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 UQ Y4	Community psychiatric supportive treatment - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0036 UR	Community psychiatric supportive treatment - 5 patients served	15 mins		148.57	32.78
H0036 UR QJ	Community psychiatric supportive treatment - 5 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UR ST	Community psychiatric supportive treatment - 5 patients served - Related to trauma or injury	15 mins		148.57	32.78
H0036 UR ST QJ	Community psychiatric supportive treatment - 5 patients served - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 UR Y2	Community psychiatric supportive treatment - 5 patients served - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78
H0036 UR Y3	Community psychiatric supportive treatment - 5 patients served - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 UR Y4	Community psychiatric supportive treatment - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0036 US	Community psychiatric supportive treatment - 6 or more patients served	15 mins		148.57	32.78
H0036 US QJ	Community psychiatric supportive treatment - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 US ST	Community psychiatric supportive treatment - 6 or more patients served - Related to trauma or injury	15 mins		148.57	32.78
H0036 US ST QJ	Community psychiatric supportive treatment - 6 or more patients served - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody	15 mins		148.57	32.78
H0036 US Y2	Community psychiatric supportive treatment - 6 or more patients served - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78
H0036 US Y3	Community psychiatric supportive treatment - 6 or more patients served - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 US Y4	Community psychiatric supportive treatment - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0036 Y2	Community psychiatric supportive treatment - Dialectical Behavior Therapy (DBT)	15 mins		148.57	32.78

H0036 Y3	Community psychiatric supportive treatment - Parent Management Training Oregon Model	15 mins		148.57	32.78
H0036 Y4	Community psychiatric supportive treatment - SAMHSA approved EBP for Co-occurring disorders	15 mins		148.57	32.78
H0038	Peer-specialist	15 mins	101.13	34.00	68.00
H0038 QJ	Peer-specialist - Service/items provided to a prisoner or patient in state or local custody	15 mins	15.25	34.00	68.00
H0038 UN	Peer-specialist - 2 patients served	15 mins		34.00	68.00
H0038 UN QJ	Peer-specialist - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		34.00	68.00
H0038 UN Y4	Peer-specialist - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0038 UP	Peer-specialist - 3 patients served	15 mins		34.00	68.00
H0038 UP QJ	Peer-specialist - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		34.00	68.00
H0038 UP Y4	Peer-specialist - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0038 UQ	Peer-specialist - 4 patients served	15 mins		34.00	68.00
H0038 UQ QJ	Peer-specialist - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		34.00	68.00
H0038 UQ Y4	Peer-specialist - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0038 UR	Peer-specialist - 5 patients served	15 mins		34.00	68.00
H0038 UR QJ	Peer-specialist - 5 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		34.00	68.00
H0038 UR Y4	Peer-specialist - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0038 US	Peer-specialist - 6 or more patients served	15 mins		34.00	68.00
H0038 US QJ	Peer-specialist - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		34.00	68.00
H0038 US Y4	Peer-specialist - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0038 Y4	Peer-specialist - SAMHSA approved EBP for Co-occurring disorders	15 mins		34.00	68.00
H0039	ACT	15 mins	142.36	142.36	72.42
H0039 QJ	ACT - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	63.23
H0039 UN QJ	ACT - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	31.62
H0039 UP QJ	ACT - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	21.08
H0039 UQ QJ	ACT - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	15.81
H0039 UR QJ	ACT - 5 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	12.65
H0039 US QJ	ACT - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		142.36	10.54
H0046	Peer mentor services provided by a DD peer mentor	15 mins	139.67	93.00	186.00
H0046 UN	Peer mentor services provided by a DD peer mentor - 2 patients served	15 mins		93.00	186.00
H0046 UP	Peer mentor services provided by a DD peer mentor - 3 patients served	15 mins		93.00	186.00
H0046 UQ	Peer mentor services provided by a DD peer mentor - 4 patients served	15 mins		93.00	186.00
H0046 UR	Peer mentor services provided by a DD peer mentor - 5 patients served	15 mins		93.00	186.00
H0046 US	Peer mentor services provided by a DD peer mentor - 6 or more patients served	15 mins		93.00	186.00
H0048	Alcohol and Drug Testing, collection and handling only, specimens other than blood	Encounter		46.00	92.00
H0050					98.00
H2000	Comprehensive Multidisciplinary Evaluation	Encounter	83.54	72.00	144.00
H2000TS	Comprehensive Multidisciplinary Evaluation, monitoring treatment plans	Encounter	177.09	72.00	144.00
H2011	Crisis Intervention Service	15 mins	136.77	137.00	274.00
H2011 HT	Crisis Intervention Service - mobile crisis	15 mins		137.00	274.00
H2011 HT Y4	Crisis Intervention Service - mobile crisis - SAMHSA approved EBP for co-occurring disorders	15 mins		137.00	274.00
H2011 QJ	Crisis Intervention Service - mobile crisis - service/items provided to a prisoner or patient in state or local custody	15 mins		137.00	274.00
H2011 Y4	Crisis Intervention Service - SAMHSA approved EBP for co-occurring disorders	15 mins		137.00	274.00
H2014	Skills training and development	15 mins	7.55	7.00	10.00
H2014 QJ	Skills training and development - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 UN	Skills training and development - 2 patients served	15 mins		7.00	10.00
H2014 UN QJ	Skills training and development - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 UN WZ	Skills training and development - 2 patients served - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 UN WZ Y4	Skills training and development - 2 patients served - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UN Y4	Skills training and development - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UP	Skills training and development - 3 patients served	15 mins		7.00	10.00
H2014 UP QJ	Skills training and development - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 UP WZ	Skills training and development - 3 patients served - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 UP WZ Y4	Skills training and development - 3 patients served - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UP Y4	Skills training and development - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UQ	Skills training and development - 4 patients served	15 mins		7.00	10.00
H2014 UQ QJ	Skills training and development - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 UQ WZ	Skills training and development - 4 patients served - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 UQ WZ Y4	Skills training and development - 4 patients served - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UQ Y4	Skills training and development - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UR	Skills training and development - 5 patients served	15 mins	7.84	7.00	10.00
H2014 UR QJ	Skills training and development - 5 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 UR WZ	Skills training and development - 5 patients served - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 UR WZ Y4	Skills training and development - 5 patients served - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 UR Y4	Skills training and development - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 US	Skills training and development - 6 or more patients served	15 mins		7.00	10.00
H2014 US QJ	Skills training and development - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	10.00
H2014 US WZ	Skills training and development - 6 or more patients served - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 US WZ Y4	Skills training and development - 6 or more patients served - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 US Y4	Skills training and development - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 WZ	Skills training and development - Out of Home Non-Vocational Habilitation	15 mins		7.00	10.00
H2014 WZ Y4	Skills training and development - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2014 Y4	Skills training and development - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	10.00
H2015	Comprehensive Community Support Services	15 mins	6.37	7.00	3.96
H2015QJ	Comprehensive Community Support Services - Service/items provided to a prisoner or patient in state or local custody	15 mins	4.37	7.00	3.96
H2015QJ	Comprehensive Community Support Services - Service/items provided to a prisoner or patient in state or local custody - Overnight Health & Safety	15 mins		7.00	3.96
H2015JUJ	Comprehensive Community Support Services - Overnight Health & Safety	15 mins		7.00	3.96
H2015JY4	Comprehensive Community Support Services - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	3.96
H2015UN	Comprehensive Community Support Services - 2 patients served	15 mins		7.00	4.03
H2015UNQJ	Comprehensive Community Support Services - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	4.03
H2015UNQJ	Comprehensive Community Support Services - 2 patients served - Service/items provided to a prisoner or patient in state or local custody - Overnight Health & Safety	15 mins		7.00	4.03
H2015UNJUJ	Comprehensive Community Support Services - 2 patients served - Overnight Health & Safety	15 mins		7.00	4.03
H2015UNJUJ	Comprehensive Community Support Services - 2 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	4.03
H2015UNJUJY4	Comprehensive Community Support Services - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	4.03
H2015UNY4	Comprehensive Community Support Services - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	4.03
H2015UP	Comprehensive Community Support Services - 3 patients served	15 mins		7.00	2.65
H2015UPQJ	Comprehensive Community Support Services - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	2.65
H2015UPQJ	Comprehensive Community Support Services - 3 patients served - Service/items provided to a prisoner or patient in state or local custody - Overnight Health & Safety	15 mins		7.00	2.65
H2015UPJUJ	Comprehensive Community Support Services - 3 patients served - Overnight Health & Safety	15 mins		7.00	2.65
H2015UPJUJ	Comprehensive Community Support Services - 3 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	2.65
H2015UPJUJY4	Comprehensive Community Support Services - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	2.65
H2015UPY4	Comprehensive Community Support Services - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	15 mins		7.00	2.65
H2015UQ	Comprehensive Community Support Services - 4 patients served	15 mins		7.00	1.97
H2015UQQJ	Comprehensive Community Support Services - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	15 mins		7.00	1.97





H2023Y43Y	Supported employment - SAMHSA approved EBP for Co-occurring disorders - Self employed	15 mins	23.35	23.35	124.78
H2023Y44Y	Supported employment - SAMHSA approved EBP for Co-occurring disorders - Financial planning	15 mins	23.35	23.35	124.78
H2023Y5	Supported employment - Individual placement support/EBP	15 mins	23.35	23.35	46.70
H2023Y51Y	Supported employment - Individual placement support/EBP - Career planning/discovery	15 mins	23.35	23.35	46.70
H2023Y52Y	Supported employment - Individual placement support/EBP - Job Development/placement	15 mins	23.35	23.35	46.70
H2023Y53Y	Supported employment - Individual placement support/EBP - Self employed	15 mins	23.35	23.35	46.70
H2023Y54Y	Supported employment - Individual placement support/EBP - Financial planning	15 mins	23.35	23.35	46.70
H2030	Mental Health Clubhouse	15 mins	4.38	4.38	4.60
H2030 Y4	Mental Health Clubhouse - SAMHSA approved EBP for Co-occurring disorders	15 mins	4.38	4.38	4.60
JJ Bundle	Jail Treatment Team Services	15 mins	28.42	44.34	58.27
JTC	JTC Treatment Team Services	15 mins	17.11	19.44	25.55
S5110	Family psycho-education: skills workshop	15 mins	23.96	23.96	23.96
S5110UN	Family psycho-education: skills workshop - 2 patients served	15 mins	23.96	23.96	11.98
S5110UP	Family psycho-education: skills workshop - 3 patients served	15 mins	23.96	23.96	7.99
S5110UQ	Family psycho-education: skills workshop - 4 patients served	15 mins	23.96	23.96	5.99
S5110UR	Family psycho-education: skills workshop - 5 patients served	15 mins	23.96	23.96	4.79
S5110US	Family psycho-education: skills workshop - 6 or more patients served	15 mins	23.96	23.96	3.99
S5111	Home care training, family per session	Encounter	184.80	184.80	180.62
S5111ST	Home care training, family per session - Related to trauma or injury	Encounter		184.80	180.62
S5111UN	Home care training, family per session - 2 patients served	Encounter	7.00		165.05
S5111UNST	Home care training, family per session - 2 patients served - Related to trauma or injury	Encounter	7.00		165.05
S5111UNY2	Home care training, family per session - 2 patients served - Dialectical Behavior Therapy (DBT)	Encounter	7.00		165.05
S5111UNY3	Home care training, family per session - 2 patients served - Parent Management Training Oregon Model	Encounter	7.00		165.05
S5111UNY4	Home care training, family per session - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		165.05
S5111UP	Home care training, family per session - 3 patients served	Encounter	7.00		172.86
S5111UPST	Home care training, family per session - 3 patients served - Related to trauma or injury	Encounter	7.00		172.86
S5111UPY2	Home care training, family per session - 3 patients served - Dialectical Behavior Therapy (DBT)	Encounter	7.00		172.86
S5111UPY3	Home care training, family per session - 3 patients served - Parent Management Training Oregon Model	Encounter	7.00		172.86
S5111UPY4	Home care training, family per session - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		172.86
S5111UQ	Home care training, family per session - 4 patients served	Encounter	7.00		139.71
S5111UQST	Home care training, family per session - 4 patients served - Related to trauma or injury	Encounter	7.00		139.71
S5111UQY2	Home care training, family per session - 4 patients served - Dialectical Behavior Therapy (DBT)	Encounter	7.00		139.71
S5111UQY3	Home care training, family per session - 4 patients served - Parent Management Training Oregon Model	Encounter	7.00		139.71
S5111UQY4	Home care training, family per session - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		139.71
S5111UR	Home care training, family per session - 5 patients served	Encounter	7.00		171.42
S5111URST	Home care training, family per session - 5 patients served - Related to trauma or injury	Encounter	7.00		171.42
S5111URY2	Home care training, family per session - 5 patients served - Dialectical Behavior Therapy (DBT)	Encounter	7.00		171.42
S5111URY3	Home care training, family per session - 5 patients served - Parent Management Training Oregon Model	Encounter	7.00		171.42
S5111URY4	Home care training, family per session - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		171.42
S5111US	Home care training, family per session - 6 or more patients served	Encounter	7.00		171.42
S5111USST	Home care training, family per session - 6 or more patients served - Related to trauma or injury	Encounter	7.00		171.42
S5111USY2	Home care training, family per session - 6 or more patients served - Dialectical Behavior Therapy (DBT)	Encounter	7.00		171.42
S5111USY3	Home care training, family per session - 6 or more patients served - Parent Management Training Oregon Model	Encounter	7.00		171.42
S5111USY4	Home care training, family per session - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		171.42
S5111Y2	Home care training, family per session - Dialectical Behavior Therapy (DBT)	Encounter	7.00		180.62
S5111Y3	Home care training, family per session - Parent Management Training Oregon Model	Encounter	7.00		180.62
S5111Y4	Home care training, family per session - SAMHSA approved EBP for Co-occurring disorders	Encounter	7.00		180.62
S9470	Nutritional counseling dietician visit	Encounter	64.00	64.00	64.00
S9470Y4	Nutritional counseling dietician visit - SAMHSA approved EBP for Co-occurring disorders	Encounter		64.00	64.00
T1001	Nursing/Nutrition Assessment	Encounter	381.57	304.00	353.17
T1001QJ	Nursing/Nutrition Assessment - Service/items provided to a prisoner or patient in state or local custody	Encounter	381.57	304.00	455.49
T1001WX	Nursing/Nutrition Assessment - LOCUS Assessment	Encounter	381.57	304.00	455.49
T1002	RN services	15 mins	78.71	78.71	157.42
T1002QJ	RN services - Service/items provided to a prisoner or patient in state or local custody	15 mins		78.71	157.42
T1002Y4	RN services - SAMHSA approved EBP for Co-occurring disorders	15 mins		78.71	157.42
T1012	Recovery Supports	Encounter	45.00	41.00	41.00
T1012QJ	Recovery Supports - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	41.00
T1012UN	Recovery Supports - 2 patients served	Encounter	45.00	41.00	20.50
T1012UNQJ	Recovery Supports - 2 patients served - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	20.50
T1012UNY4	Recovery Supports - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	20.50
T1012UP	Recovery Supports - 3 patients served	Encounter	45.00	41.00	13.67
T1012UPQJ	Recovery Supports - 3 patients served - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	13.67
T1012UPY4	Recovery Supports - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	13.67
T1012UQ	Recovery Supports - 4 patients served	Encounter	45.00	41.00	10.25
T1012UQQJ	Recovery Supports - 4 patients served - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	10.25
T1012UQY4	Recovery Supports - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	10.25
T1012UR	Recovery Supports - 5 patients served	Encounter	45.00	41.00	8.20
T1012URQJ	Recovery Supports - 5 patients served - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	8.20
T1012URY4	Recovery Supports - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	8.20
T1012US	Recovery Supports - 6 or more patients served	Encounter	45.00	41.00	6.83
T1012USQJ	Recovery Supports - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody	Encounter	45.00	41.00	6.83
T1012USY4	Recovery Supports - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	6.83
T1012Y4	Recovery Supports - SAMHSA approved EBP for Co-occurring disorders	Encounter	45.00	41.00	41.00
T1015	Family psycho-education: joining	Encounter	223.69	223.69	223.69
T1015UN	Family psycho-education: joining - 2 patients served	Encounter	223.69	223.69	111.85
T1015UNY4	Family psycho-education: joining - 2 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	111.85
T1015UP	Family psycho-education: joining - 3 patients served	Encounter	223.69	223.69	74.56
T1015UPY4	Family psycho-education: joining - 3 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	74.56
T1015UQ	Family psycho-education: joining - 4 patients served	Encounter	223.69	223.69	55.92
T1015UQY4	Family psycho-education: joining - 4 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	55.92
T1015UR	Family psycho-education: joining - 5 patients served	Encounter	223.69	223.69	44.74
T1015URY4	Family psycho-education: joining - 5 patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	44.74
T1015US	Family psycho-education: joining - 6 or more patients served	Encounter	223.69	223.69	37.28
T1015USY4	Family psycho-education: joining - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	37.28
T1015Y4	Family psycho-education: joining - SAMHSA approved EBP for Co-occurring disorders	Encounter	223.69	223.69	223.69
T1017	Targeted Case management (face to face) & Supports Coordination	15 mins	99.97	119.89	197.53
T1017QJ	Targeted Case management (face to face) & Supports Coordination - Service/items provided to a prisoner or patient in state or local custody	15 mins		119.89	196.14
T1017WX	Targeted Case management (face to face) & Supports Coordination - LOCUS Assessment	15 mins		119.89	197.53
T1017Y4	Targeted Case management (face to face) & Supports Coordination - SAMHSA approved EBP for Co-occurring disorders	15 mins		119.89	197.53
T1023	Screening for inpatient programs	Encounter		25.00	758.00
T1023QJ	Screening for inpatient programs - Service/items provided to a prisoner or patient in state or local custody	Encounter		25.00	758.00
T1023WX	Screening for inpatient programs - LOCUS Assessment	Encounter	255.99	25.00	758.00

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Finance	<b>REQUEST DATE</b> August 16, 2024		<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Finance Officer
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
HealthWest Board approval is requested for the HealthWest FY2024 Budget Amendment proposed to the County of Muskegon in the amount of \$118,912,197 for both revenues and expenditures.			
Information sheets are attached showing where revenue and expenditures have changed from the current approved County budget to the new proposed County budget for FY2024.			
A recap of the changes being requested is shown below.			
	<b><u>FY24 Budget</u></b>	<b><u>Proposed FY24 Budget Amendment</u></b>	<b><u>Change</u></b>
<b>Revenues</b>	\$99,403,280	\$118,912,197	\$19,508,917
<b>Expenditures</b>	<u>\$99,403,280</u>	<u>\$118,912,197</u>	<u>\$19,508,917</u>
<b>Difference</b>	\$0	\$0	\$0
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to approve the HealthWest FY2024 Budget Amendment in the amount of \$118,912,197 for both revenues and expenditures.			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

	FY2024 CURRENT BUDGET	FY2024 PROPOSED BUDGET	FY2025 PROPOSED BUDGET	VARIANCE BETWEEN FY24 ORIGINAL AND FY25 PROPOSED
<b>REVENUES</b>				
LRE FUNDED MH, SUD & CCBHC FEE COLLECTIONS	92,849,438	97,270,137	77,472,385	(15,377,053)
LRE FUNDED CCBHC SUPPLEMENTAL	432,031	11,558,313	13,290,376	12,858,345
COMMERCIAL INSURANCE	283,778	701,826	736,922	453,144
EARNED GRANTS AND CONTRACT COLLECTIONS	5,131,214	6,437,645	4,847,713	(283,501)
MISCELLANEOUS REVENUE	706,819	877,989	889,944	183,125
OTHER ALLOCATION ADJUSTMENTS-STATE GRANT	-	2,066,287	2,066,287	2,066,287
<b>TOTAL REVENUES VARIANCE</b>	<b>99,403,280</b>	<b>118,912,197</b>	<b>99,303,627</b>	<b>(99,653)</b>
<b>EXPENDITURES</b>				
<b>SALARY AND FRINGES</b>	<b>42,508,054</b>	<b>60,285,086</b>	<b>47,421,807</b>	<b>4,913,753</b>
<b>RENT AND O &amp; M ADJUSTMENTS:</b>				
OTHER	8,706,858	3,288,584	1,629,279	(7,077,579)
OVERHEAD	2,365,952	3,460,310	2,891,260	525,308
TELEPHONE	320,634	417,090	417,090	96,456
<b>NET BUILDING ADJUSTMENTS</b>	<b>11,393,444</b>	<b>7,165,984</b>	<b>4,937,629</b>	<b>(6,455,815)</b>
<b>OTHER</b>				
CAPITAL OUTLAY	122,253	5,060	5,060	(117,193)
CONTRACTUAL SERVICES	42,270,844	47,108,056	42,500,424	229,580
SUPPLIES	1,264,314	1,045,480	1,258,975	(5,339)
GENERAL LIABILITY/INSURANCE COSTS	386,476	451,755	474,348	87,872
PLANNING ADJUSTMENTS	-	213,678	228,636	228,636
STAFF DEVELOPMENT AND TRAINING	1,213,316	651,377	598,588	(614,728)
TRANSFERS	244,579	287,010	287,010	42,431
<b>TOTAL OTHER</b>	<b>45,501,782</b>	<b>49,762,416</b>	<b>45,353,041</b>	<b>(148,741)</b>
<b>TOTAL EXPENDITURES</b>	<b>99,403,280</b>	<b>117,213,486</b>	<b>97,712,477</b>	<b>(1,690,803)</b>
<b>NET BUDGET VARIANCE*</b>	<b>-</b>	<b>1,698,711</b>	<b>1,591,150</b>	<b>1,591,150</b>

\*the difference will be placed in an account as a placeholder to balance the budget but is not expected to be received nor placed in our expense budget.



## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Finance	<b>REQUEST DATE</b> August 16, 2024		<b>REQUESTOR SIGNATURE</b> Brandy Carlson, Chief Finance Officer
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
HealthWest Board approval is requested for the HealthWest FY2025 Budget Amendment proposed to the County of Muskegon in the amount of \$97,711,477 for both revenues and expenditures.			
Information sheets are attached showing where revenue and expenditures have changed from the current approved County budget to the new proposed County budget for FY2025.			
A recap of the changes being requested is shown below.			
	<b><u>FY24 Budget</u></b>	<b><u>Proposed FY25 Budget</u></b>	<b><u>Change</u></b>
<b>Revenues</b>	\$118,912,197	\$97,711,477	\$21,200,720
<b>Expenditures</b>	<u>\$118,912,197</u>	<u>\$97,711,477</u>	<u>\$21,200,720</u>
<b>Difference</b>	\$0	\$0	\$0
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to approve the HealthWest FY2025 Budget Amendment in the amount of \$97,711,477 for both revenues and expenditures.			
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>																												
<b>REQUESTING DIVISION</b> Provider Network	<b>REQUEST DATE</b> August 16, 2024		<b>REQUESTOR SIGNATURE</b> Brandy Carlson																												
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>																															
Authorization is requested for the HealthWest Board to approve the FY25 Provider Network category budgets effective October 1, 2024.																															
<table border="1"> <thead> <tr> <th>Category</th> <th>FY24 Budget</th> <th>FY25 Budget</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Specialized Residential</td> <td>\$22,603,125</td> <td>\$19,405,100</td> <td>(\$3,198,025)</td> </tr> <tr> <td>Community Inpatient</td> <td>\$ 6,577,000</td> <td>\$ 6,033,831</td> <td>(\$543,169)</td> </tr> <tr> <td>SUD Services</td> <td>\$ 7,035,144</td> <td>\$ 7,035,144</td> <td>\$ -</td> </tr> <tr> <td>Outpatient Services</td> <td>\$ 5,543,082</td> <td>\$ 4,711,620</td> <td>(\$831,462)</td> </tr> <tr> <td>Autism Services</td> <td>\$ 1,491,050</td> <td>\$ 1,267,392</td> <td>(\$223,658)</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$43,249,401</b></td> <td><b>\$38,453,087</b></td> <td><b>(\$4,796,314)</b></td> </tr> </tbody> </table>				Category	FY24 Budget	FY25 Budget	Variance	Specialized Residential	\$22,603,125	\$19,405,100	(\$3,198,025)	Community Inpatient	\$ 6,577,000	\$ 6,033,831	(\$543,169)	SUD Services	\$ 7,035,144	\$ 7,035,144	\$ -	Outpatient Services	\$ 5,543,082	\$ 4,711,620	(\$831,462)	Autism Services	\$ 1,491,050	\$ 1,267,392	(\$223,658)	<b>Total</b>	<b>\$43,249,401</b>	<b>\$38,453,087</b>	<b>(\$4,796,314)</b>
Category	FY24 Budget	FY25 Budget	Variance																												
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<b>Total</b>	<b>\$43,249,401</b>	<b>\$38,453,087</b>	<b>(\$4,796,314)</b>																												
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>																															
I move to authorize the HealthWest Board of Directors to approve the FY25 budgets for the five Provider Network categories, effective October 1, 2024.																															
<b>COMMITTEE DATE</b> August 16, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other																														
<b>BOARD DATE</b> August 23, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other																														

HWB 126-F