

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

September 12, 2025

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:01 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, John M. Weerstra

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

Also Present: Rich Francisco, Holly Brink, Gina Manaici, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Amber Berndt, Gary Ridley, Helen Dobb, Gina Kim, Gordon Peterman, Jason Bates, Linda Wagoner, Linda Anthony, Melina Barrett, Mickey Wallace

Guests Present: Matt Farrar

ITEMS FOR CONSIDERATION

A. Approval of Minutes

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the August 15, 2025, meeting as written.

MOTION CARRIED

B. Approval of Expenditures for July 2025

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve expenditures for the month of July 2025, in the total amount of \$8,327,423.44.

MOTION CARRIED

C. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the July report, noting an overall cash balance of \$5,203,371.57 as of July 31, 2025.

D. Finance Update Memorandum

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

E. Approval of Grant Funded Agreement

It was moved by _____, seconded by _____, to approve acceptance of the attached grants and the requirements withing, for a total of \$5,338.045 for Fiscal Year 2026.

MOTION CARRIED

F. Approval to Increase FY25 Five Funding Sources

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the FY25 contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is \$50,852,923 effective September 19, 2025, through September 30, 2025.

MOTION CARRIED

G. Approval to Increase FY26 Five Funding Sources

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Board of Directors to approve the FY26 budget for the contracted Vendors/Providers listed under the five funding sources effective October 1, 2025. The total budget for the five funding services is \$51,008,811. The agreements are dated October 1, 2025, through September 30, 2027.

MOTION CARRIED

H. Approval to FY26 Recommended Budget for Revenue and Expenditures

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest FY2026 Recommended Budget in the amount of \$114,363,368 for both revenues and expenditures.

MOTION CARRIED

I. Approval to FY25 Projected Budget for Revenue and Expenditures

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the HealthWest FY2025 Projected Budget in the amount of \$110,832,720 for both revenues and expenditures.

MOTION CARRIED

J. Approval to Contract with MDHHS

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Executive Director to sign the contract between Michigan Department of Health and Human Services and HealthWest for Managed Mental Health Supports and Services for the period of October 1, 2025 through September 30, 2026.

MOTION CARRIED

K. Approval to FY26 Vendors / Providers

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the Vendors listed on Attachment A and further authorize the payment of the contracts.

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 an update:

- **PIHP Procurement** – I provided an update last month on the PIHP procurement, and since that time, there have been a few updates. The most significant update is that three PIHPs and three CMHSPs within those PIHPs have now filed a lawsuit with MDHHS. They are Midstate Health Network, SWMBH, and Region 10. The CMHSPs are Integrated Health of Kalamazoo, St. Clair County CMH, and Saginaw County CMH. I believe this occurred on 9/1/2025. The PIHPs and the CMHSPs are seeking an injunction to halt the PIHP. The hearing for this lawsuit is scheduled for 9/16/2025.
 - [Legal News > Your source for information behind the law](#)
 - a. I have also reached out to various CEOs from other regions, and it seems that most CMHSPs are aligned with CMHA's strategy to halt the RFP. Various CMHSPs are also preparing alternative plans in case procurement goes through. I have heard from the LRE at the Ops meeting this week, that during N180's CMH board meeting this past Monday, West Michigan, N180, and Genesee County are going to work with Carelon (formerly Beacon Health Options, which was purchased by Anthem) to draft a proposal bid for the RFP. The CEOs from these CMHSPs could not comment because they are under an NDA (Non-Disclosure Agreement).
 - b. Another strategy being considered is that Midstate is also preparing a plan to bid for the central region or a portion of it. According to Alan Bolter, who presented on the PIHP procurement, there is an update that MDHHS may be considering more than one PIHP per geographic region. For example, the central region could have more than one regional entity. This may mean that CMHSPs would have to contract with more than one regional entity, which would add additional layers of administration.
- At the director's forum held on September 2 & 3, the discussion surrounding the CCBHC direct payment came up. Some PIHPs, such as Macomb and Oakland, are against this because they have CCBHCs that are not CMHSPs. If the state pays them directly and bypasses the CMHSPs in terms of payment, the PIHP essentially loses that CCBHC funding, which in a way privatizes the system because it takes funds from capitation and gives them to a private CCBHC.
- HealthWest continues to educate staff on CMH Finance 101. Brandy and Kristi have formalized training that they will be delivering to HealthWest teams to foster staff understanding of how CMH finance works. The goal is to cover material that speaks to each department's budget and to get the cost per unit of service data out. The goal is to educate staff to make better decisions when it comes to their respective budgets and to define outcome measures based on the cost per unit of service that their respective teams deliver.

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

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
October 17, 2025



FINANCE COMMITTEE

September 12, 2025 – 8:00 a.m.
376 E. Apple Ave. Muskegon, MI 49442

<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWWhnQmF5NVAybWRQVG54Tk1GZz09>

One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

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

AGENDA

- | | | |
|----|---|-------------|
| 1. | Call to Order | Quorum |
| 2. | Approval of Agenda | Action |
| 3. | Items for Consideration | |
| A. | Approval of the Minutes of August 15, 2025
(Attachment #1 pg. 1-3) | Action |
| B. | Approval of the Expenditures for July 2025
(Attachment #2 pg. 4) | Action |
| C. | Monthly Report from the Chief Financial Officer
(Attachment #3 pg. 5-8) | Information |
| D. | Finance Update Memorandum
(Attachment #4 pg. 9-10) | Information |
| E. | Approval to Enter Grant Funded Agreements
(Attachment #5 pg. 11-12) | Action |
| F. | Approval to Increase FY25 Five Funding Sources
(Attachment #6 pg. 13) | Action |
| G. | Approval of FY26 Five Funding Sources Budget
(Attachment #7 pg. 14-25) | Action |
| H. | Approval of FY26 Recommended Budget for Revenue and Expenditures
(Attachment #8 pg. 26-27) | Action |
| I. | Approval of FY25 Projected Budget for Revenue and Expenditures
(Attachment #9 pg. 28-29) | Action |
| J. | Approval to Contract with MDHHS
(Attachment #10 pg. 30-47) | Action |
| K. | Approval of FY26 Vendors / Providers
(Attachment #11 pg. 48-49) | Action |
| 4. | Old Business | |
| 5. | New Business | |

- | | | |
|----|---|-------------|
| 6. | Communication | |
| | A. CMHA Fall Conference
(Attachment #12 pg. 50-54) | Information |
| 7. | Director's Comments | Information |
| 8. | Audience Participation | |
| 9. | Adjournment | Action |

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

August 15, 2025

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:01 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, John M. Weerstra

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

Also Present: Holly Brink, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Tasha Kuklewski, Gary Ridley, Shannon Morgan, Jackie Farrar, Helen Dobb, Jennifer Hoeker

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for June 2025

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve expenditures for the month of June 2025, in the total amount of \$9,029,218.93.

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 \$4,014,174.90 as of June 30, 2025.

C. Finance Update Memorandum

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

D. Approval of Mission Ambition Contract Extension

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve contract with Mission Ambition, LLC for 5 (five) years Fiscal Year 2026 – Fiscal Year 2030 at an amount not to exceed \$30,000 a year. Contingent upon approval to amended request in December 2025 of funding increase at the amount not to exceed \$300,000 over the five-year term without prior approval.

MOTION CARRIED

E. Approval to Accept MDHHS Peer Recovery Coach Retention Bonus 2025 Grant

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the MDHHS Peer Recovery Coach Retention Bonus 2025 grant in the amount of \$8,000 and pay a one-time retention bonus to the Peer Recovery Coaches per the grant requirements before September 30, 2025.

MOTION CARRIED

F. Approval to Enter Interagency Cash Transfer Agreement (ICTA)

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign an Interagency Cash Transfer Agreement with Michigan Rehabilitation Services, effective October 1, 2025 through September 30, 2026, with a projected expenditure not to exceed \$69,200.00

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 an update:

- FY22 LRE / MDHHS cost settlement – I received an update from Mary Dumas via text indicating that the LRE will pursue legal action with MDHHS. Mary stated that per the last communication with MDHHS, MDHHS will be giving the LRE 21 days' notice before taking the money back. Just as a reminder, MDHHS in January did withhold a payment of \$4 million from LRE revenues and put in an escrow.
- CCBHC Direct payment transition group meetings continue to happen, and our staff have been getting information from these groups as details regarding the CCBHC direct payment processes are addressed. We have staff represented in these various transition work groups and they are addressing how we would as a CMH / CCBHC fulfill this new requirement.
- PIHP Rebid / Procurement – I provided an update to our Program Personnel Committee (8/8/2025) that MDHHS has released the RFP on their Sigma site which is the MDHHS platform used to release new RFPs. Several agencies, including CMHA, have been able to download details of the PIHP procurement in more detail and outline requirements for those interested in being an eligible bidder. However, there are a lot of concerns from the field: CMHA, PIHP directors, and CMHSP directors have expressed concerns regarding the privatization of the public mental health system. HW along with many others in the region and in the state are currently reviewing these new requirements in the RFP. CMHA has had a meeting to debrief on the issues as well as a second meeting on Thursday, August 14th. CMHA will be exploring and will likely discuss legal actions against the release of the RFP. I will provide a more detailed update at the full HW board meeting.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:21 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
September 12, 2025

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Finance	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Expenditures for the month of July 2025 totaled \$8,372,423.44. Large or unusual expenditures for the month include:</p> <ol style="list-style-type: none"> 1. Payments to Beacon Residential Services in the amount of \$215,429.40 for Residential Services 2. Payments to CDW Government in the amount of \$245,363.27 for FY25 Payment # 3 for Microsoft Office 365, Visio, CCAL Bridge and EES Win SVR of 3 year deal 3. Payments to Daybreak in the amount of \$130,334.50 for Residential Services 4. Payments to Flatrock Manor Inc in the amount of \$106,485.08 for Residential Services 5. Payments to Forest View Psychiatric Hospital in the amount of \$122,568.93 6. Payments to Hope Network Behavioral Health Services in the amount of \$215,814.78 for Residential Services 7. Payments to Mercy Health Partners in the amount of \$199,733.00 for Community Inpatient Services 8. Payments to Moka Corporation in the amount of \$262,093.94 for Residential and Outpatient Services 9. Payments to Pine Rest in the amount of \$144,298.83 for Community Inpatient Services 10. Payments to Pioneer Resources in the amount of \$364,804.59 for Autism and Residential Services 11. Payments to Positive Behavior Supports Corp in the amount of \$110,665.00 for Autism Services 12. Payments to Walloon Lake Recovery Lodge in the amount of \$106,104.85 for Substance Use Disorder Services 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve expenditures for the month of July 2025, in total amount of \$8,372,423.44.			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HealthWest



July 2025

Board Report

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

July 31, 2025

ASSETS		THIS YEAR	LAST YEAR
Cash in Bank		5,203,371.57	8,098,335.75
Imprest (Petty) Cash		1,600.00	2,700.00
Due from Credit Cards		290.25	-
Accounts Receivable		147,621.05	159,343.50
Due From Other Funds		12,427.79	2,590.05
Prepaid Items		436,856.95	658,780.10
Due from other governments		2,964,034.83	8,938,821.77
Total Assets		<u>\$ 8,766,202.44</u>	<u>\$ 17,860,571.17</u>
LIABILITIES AND EQUITY			
Accounts Payable	\$	31,893.10	\$ 42,135.46
Undistributed Receipts		20,094.20	13,112.38
Accrued Wages and Fringes		-	-
Total Liabilities and Equity	\$	<u>51,987.30</u>	<u>\$ 55,247.84</u>
DEFERRED INFLOWS OF RESOURCES			
Deferred Medicaid fee for services and capitation	\$	<u>434,929.96</u>	<u>\$ 8,217.16</u>
Fund Balance at beginning of year		942,565.51	(1,855,032.17)
Nonspendable FB-Prepays		420,673.60	
**Total Fund Balance	\$	<u>1,363,239.11</u>	<u>\$ (1,855,032.17)</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE	\$	<u>1,850,156.37</u>	<u>\$ (1,791,567.17)</u>
NET OF REVENUES VS EXPENDITURES		<u>\$ 6,916,046.07</u>	<u>\$ 19,652,138.34</u>
Transferred to County Equipment Revolving Account for:			
Mental Health Center Building (6660-0000-349220)		\$2,381,613.71	\$2,520,773.57
Future Equipment Purchases (6660-0000-349222)		\$86,607.86	\$117,184.04

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

July 31, 2025

ASSETS		
	THIS YEAR	LAST YEAR
Cash	\$ 517,422.66	\$ 328,414.03
Imprest Cash	\$ -	\$ 64,046.57
Accounts Receivable	\$ -	\$ 177.00
Total Assets	<u>\$ 517,422.66</u>	<u>\$ 392,637.60</u>
 LIABILITIES AND EQUITY		
Accounts Payable	\$ 1,368.50	\$ -
Due to Other Funds	\$ 9,061.76	\$ 2,419.19
Undistributed Receipts	\$ 506,992.40	\$ 390,218.41
	<u>\$ 517,422.66</u>	<u>\$ 392,637.60</u>

HealthWest

Statement of Revenues, Expenditures and Changes in Fund Balances

Budget to Actual

For the Period from October 1, 2024 through July 31, 2025

	Original Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Revenues				
Medicaid funding:				
Medicaid capitation	\$ 63,176,322	\$ 52,646,935	\$ 51,090,066	\$ (1,556,869)
Medicaid - Autism capitation	9,643,002	8,035,835	10,443,590	2,407,755
Medicaid capitation - settlement	-	-	(8,403,559)	(8,403,559)
Healthy Michigan Plan	6,618,061	5,515,051	6,206,856	691,805
Healthy Michigan Plan - settlement	-	-	3,176,691	3,176,691
CCBHC Supplemental	17,430,250	14,525,208	15,300,466	775,258
State General Fund:				
Formula Fundings	2,066,287	1,721,906	1,721,906	-
Settlement	-	-	-	-
Grant Revenue	5,285,778	4,404,815	4,267,484	(137,331)
Local revenue:				
County appropriation	706,819	589,016	589,015	(1)
Client and third party fees	1,746,837	1,455,698	497,713	(957,985)
Interest income	393,117	327,598	181,807	(145,791)
Other revenue	215,589	179,658	145,319	(34,339)
Total revenue	107,282,062	89,401,720	85,217,354	(4,184,366)
Expenditures				
Salaries and wages	29,676,018	24,730,015	23,618,801	(1,111,214)
Fringe benefits	19,940,330	16,616,942	14,368,155	(2,248,787)
Staff professional development	610,808	509,007	340,884	(168,123)
Contractual expense	49,209,034	41,007,528	43,377,254	2,369,726
Overhead expense	2,891,260	2,409,383	2,430,007	20,624
Supplies	443,252	369,377	470,928	101,551
Utilities	417,090	347,575	214,346	(133,229)
Insurance	474,348	395,290	434,334	39,044
Capital outlay	5,060	4,217	-	(4,217)
Other expenses	3,528,318	2,940,265	808,748	(2,131,517)
Transfers	287,010	239,175	232,932	(6,243)
Total expenditures	107,482,528	89,568,774	86,296,389	(3,272,385)
Net change in fund balance	(200,466)	(167,054)	(1,079,035)	(911,981)
Fund balance, beginning of year	1,363,240	1,363,240	1,363,240	-
Fund balance, end of year	\$ 1,162,774	\$ 1,196,186	\$ 284,205	\$ (911,981)

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



MEMORANDUM

Date: September 12, 2025

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 Director of Finance
Carly Hysell, HealthWest Director of Finance

From: Brandy Carlson, Chief Financial Officer

Subject: **Finance Update**

During the month of September, HealthWest will bring the following motion to the County Commissioners for approval.

Create a Lead Customer Service Specialist, Wage Grade HW 8, and appoint Employee E93033129, at Step 5 of the wage grade, effective September 9, 2025, and to adjust the budget accordingly.

HealthWest is requesting a new Lead Customer Services Specialist position, Wage Grade HW 8 (\$30.36 - \$38.26), effective September 9, 2025, and appointing Employee E93033129 to the position at Step 5 (\$34.87). The employee being appointed is currently a Customer Services Specialist and has been training with the Community Education and Prevention Supervisor to take over Customer Services responsibilities. The Community Education and Prevention Supervisor will be retiring in December, and we will eliminate that supervisory position upon the retirement of the employee. The responsibilities of the Community Education and Prevention Supervisor are being moved to other positions within the Communications Team, including moving the Customer Services responsibilities to the Lead Customer Service Specialist. In addition, we are lowering the responsibility level of the Customer Services Specialist position and lowering the pay grade from HW 7 (\$27.60 - \$34.78) to Grade HW 6 (\$25.09 - \$31.62) before we re-fill the position. These charges will reduce costs by \$37,329 annually in salaries and benefits beginning January 2026 after the supervisor retires.

Approve the award of the Security Services to DK Security and authorize the HealthWest Executive Director to sign the contract contingent on corporate Counsel's final approval.

Move that the Board of Directors approve the proposal submitted by DK Security (Proposal #25-2592) to provide unarmed security services for HealthWest, for a three-year term, at the
Main Office

following annual costs:

Year 1: \$143,477.36

Year 2: \$148,492.98

Year 3: \$153,673.42

This contract includes the provision of uniformed, unarmed security officers at HealthWest facilities, with a four-hour minimum billing per shift, holiday premium rates, and a 1.5x rate for short-notice requests (less than 3 business days). DK Security will provide weekly invoices with Net 30 payment terms. DK Security is a woman-owned, Michigan-based firm with over 30 years' experience, currently serving clients such as the State of Michigan, Corewell Health, and Cherry Health. Their proposal emphasizes a hospitality-focused security model, robust training programs, and a dedicated local management team. Further, authorize the Executive Director to execute the contract with DK Security, contingent upon final review and approval by Corporate Counsel.

Main Office

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

HealthWest.net

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Finance Department	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES) <p>Authorization is requested for HealthWest to enter into grant funded agreements with the Michigan Department of Health and Human Services (MDHHS), SAMHSA, Housing and Urban Development (HUD), Bureau of Justice Administration (BJA) and the Lakeshore Regional Entity as outlined on the attached spreadsheet, for a total of 29 grant awards totaling \$5,338,045 for Fiscal Year 2026.</p> <p>This is a reduction of six grants from FY2025 and \$1,026,675 in funding from last year.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES) <p>I move to authorize acceptance of the attached grants and of the requirements within, for a total of \$5,338,045 for Fiscal Year 2026.</p>			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 114-F

FISCAL YEAR 2026 GRANTS

MDHHS

Assisted Outpatient Treatment (AOT)	\$ 246,877.00
Behavioral Health Services for Vietnam Veterans	\$ 54,895.00
Veteran's System Navigator (Connecting Veterans)	\$ 272,907.00
Hispanic Behavioral Health Services	\$ 87,037.00
Infant & Early Childhood Mental Health Consultation in Child Care	\$ 127,317.00
Justice Involved Health Coach	\$ 80,000.00
Drop-In Centers (Recovery Co-OP Wellness)	\$ 7,500.00
Pre-Admission Screening Annual Resident Reviews	\$ 149,500.00
Substance Use Disorder Treatment & Recovery Transportation	\$ 49,915.00

Federal Grants

CCBHC-IA (SAMHSA)	\$ 1,000,000.00
HUD Supportive Housing I	\$ 174,819.00
HUD Supportive Housing II	\$ 28,060.00
HUD Supportive Housing III	\$ 35,303.00
HUD Supportive Housing IV	\$ 35,849.00
HUD Veterans	\$ 4,541.00
Justice & Mental Health Collaboration BJA23	\$ 272,037.00

LRE Sub-Awards

Clubhouse Spend Down	\$ 25,000.00
SOR Part 4	\$ 785,000.00
MI Gambling Disorder-Prevention	\$ 42,000.00
SOR Part 4-Prevention	\$ 32,500.00
Smoking Cessation	\$ 25,000.00
SUD Treatment Services	\$ 1,027,087.00
SUD Prevention Services	\$ 90,395.00
SUD Heal & Recover Community Engagement	\$ 175,000.00
PA2 Prevention	\$ 127,531.00
PA2 Treatment	\$ 381,975.00

TOTAL	\$ 5,338,045.00
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REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> <p>Authorization is requested for the HealthWest Board to increase the five funding sources from \$48,077,747 to \$50,852,923 effective September 19, 2025, through September 30, 2025.</p> <ol style="list-style-type: none"> 1. Specialized Residential - \$24,522,997 2. Community Inpatient - \$6,937,164 3. SUD Services - \$7,261,533 4. Outpatient Services - \$9,176,837 5. Autism Services - \$2,954,392 <p>While it is not possible to predict the exact amount of funds providers will require, we can estimate the needs for each funding category. Some services may need more funding, while others need less throughout the fiscal year. This Board motion will allow the HealthWest Chief Finance Officer to monitor expenses within each category and reallocate funds as necessary as required by the needs of the consumers we serve.</p> <p>Funds will be reallocated throughout the current budget as needed. A revised projected budget has been submitted to increase the overall Fiscal Year 2025 budget for the September 2025 County Ways and Means meeting.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> <p>I move to authorize the HealthWest Board of Directors to approve the FY25 contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is \$50,852,923 effective September 19, 2025, through September 30, 2025.</p>			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 115-F

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> Authorization is requested for the HealthWest Board to approve the FY26 Provider Network category budgets effective October 1, 2025.			
Category	FY25 Budget	FY26 Budget	Variance
Specialized Residential	\$24,522,997	\$24,900,000	\$377,003
Community Inpatient	\$ 6,937,164	\$ 7,000,000	\$62,836
SUD Services	\$ 7,261,533	\$ 6,700,000	(\$ 561,533)
Outpatient Services	\$ 9,176,837	\$ 9,500,000	\$323,163
Autism Services	\$ 2,954,392	\$ 2,908,811	(\$45,581)
Total	\$50,852,923	\$51,008,811	\$155,888
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> I move to authorize the HealthWest Board of Directors to approve the FY26 budget for the contracted Vendors/Providers listed under the five funding sources effective October 1, 2025. The total budget for the five funding services is \$51,008,811. The agreements are dated October 1, 2025, through September 30, 2027.			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 116-F

Specialized Residential

Budget: \$24,900,000

<i>Vendor</i>	<i>Primary Services</i>
ADIA	Specialized Residential Home (1)
Amanda Family, Inc.	Specialized Residential Home (1)
Amani LLC	Specialized Residential Home (1)
Ample Residential LLC	Specialized Residential Home (1)
Anikare Inc.	Specialized Residential Home (1)
Beacon Specialized Living Services	Specialized Residential Homes (35)
Benjamin's Hope	Specialized Residential Home (7)
Better Living AFC LLC	Specialized Residential Home (1)
Brightside Living, LLC	Specialized Residential Home (8)
Byerly Enterprises II, LLC dba Easton Manor	Specialized Residential Home (1)
COFR - MICMH	Determined as Needed
Cornerstone AFC, LLC	Specialized Residential Homes (7)
Cornerstone I, Inc.	Specialized Residential Homes (3)
Cornerstone II, Inc.	Specialized Residential Homes (4)
Covenant Enabling Residences of Michigan	Specialized Residential Homes (2)
Cretsinger Care Homes, LLC	Specialized Residential Homes (4)
Delight Care LLC	Specialized Residential Home (1)
Dignified Care LLC	Specialized Residential Homes (9)

Specialized Residential

Budget: \$24,900,000

<i>Vendor</i>	<i>Primary Services</i>
<i>DBT Institute of Michigan</i>	Residential Treatment (1)
<i>Enriched Living LLC</i>	Specialized Residential Homes (4)
<i>Fa-Ho-Lo Family, Inc.</i>	Specialized Residential Home (1)
<i>Faith & Grace Enterprise LLC</i>	Specialized Residential Home (1)
<i>Falco- Allegan enrichment</i>	Specialized Residential Homes (3)
<i>Flatrock Manor</i>	Specialized Residential Homes (11)
<i>Heartland Center for Autism</i>	Residential Treatment (2)
<i>Hernandez Homes, LLC</i>	Specialized Residential Homes (3)
<i>HGA Support Services</i>	Specialized Residential Homes (5)
<i>Hope Network Behavioral Health</i>	Specialized Residential Homes (20)
<i>Ivy Lane Residence</i>	Specialized Residential Home (1)
<i>Kelly's Kare AFC</i>	Specialized Residential Home (1)
<i>Lakeshore Care Corp</i>	Specialized Residential Homes (2)
<i>LMA Homes LLC (Lenora AFC2)</i>	Specialized Residential Home (1)
<i>Lydia's AFC</i>	Specialized Residential Home (1)
<i>Organic Care LLC</i>	Specialized Residential Home (1)
<i>MOKA Corporation</i>	Specialized Residential Homes (16)
<i>Pendogani GL, LLC</i>	Specialized Residential Home (5)
<i>Pioneer Resources, Inc.</i>	Specialized Residential Homes (5)

Specialized Residential
Budget: \$24,900,000

<i>Vendor</i>	<i>Primary Services</i>
<i>Residential Opportunities, Inc.2</i>	Specialized Residential Home (2)
<i>Slim Haven, LLC dba Lenora AFC</i>	Specialized Residential Home (1)
<i>Soul Springs LLC</i>	Specialized Residential Home (1)
<i>Stephens Home, LLC</i>	Specialized Residential Home (1)
<i>Turning Leaf Residential Rehabilitation</i>	Specialized Residential Homes (19)
<i>Wrezinski AFC</i>	Specialized Residential Home (1)
<i>You're Always at Home AFC</i>	Specialized Residential Home (1)
<i>Zawadi USA LLC</i>	Specialized Residential Homes (2)
<i>Zuri Communities LLC</i>	Specialized Residential Home (1)

Autism Services

Budget \$7,000,000

<i>Vendor</i>	<i>Primary Services</i>
<i>Akoya Behavioral Health LLC</i>	Autism Services
<i>Ivy Rehab Michigan, LLC</i>	Autism Services
<i>Pioneer Resources, Inc.</i>	Autism Services, SED Services
<i>Positive Behavior Supports</i>	Autism Services
<i>Rebound Rehabilitation Services, Inc.</i>	Autism Services

Substance Use Disorder (SUD)

Budget: \$6,700,000

Vendor	Primary Services
ACAC, Inc.	ASAM Level of Care 1.0 Outpatient including Medication Assisted Treatment
Addiction Treatment Services, Inc.	ASAM Level of Care 1.0 Outpatient and 2.1 Intensive Outpatient ASAM Level of Care 2.5 Partial/Day Treatment ASAM Level of Care 3.5 Clinically Managed High Intensity ASAM Level of Care 3.7 Medically Monitored High Intensity ASAM Level of Care 3.7 Sub-Acute Withdrawal Management
Arbor Circle Corporation	ASAM Level of Care 1.0 Outpatient Recovery Management Team Womans Specialty Services (WSS)
Building Men for Life, Inc.	Recovery Housing
Catholic Charities West Michigan	ASAM Level of Care 1.0 Outpatient and 2.1 Outpatient
Cherry Street Services, Inc., dba Cherry Health	ASAM Level of Care 1.0 Opioid Treatment Program ASAM Level of Care 1.0 Opioid Treatment Program - Jail Based Services
Community Healing Centers	ASAM Level of Care 1.0 Outpatient ASAM 3.1 Clinically Managed Low Intensity ASAM 3.3 Clinically Managed Population Specific ASAM 3.5 Clinically Managed High Intensity ASAM 3.7 Medically Monitored High Intensity ASAM 3.7 WD Medically Monitored Inpatient Withdrawal Management Recovery Housing
Community Programs, Inc. dba Meridian Health Services	ASAM 1.0 Opioid Treatment Program - Methadone Dosing For Detox or Residential Clients Only ASAM Level of Care 3.5 Clinically Managed High Intensity ASAM 3.7 WD Medically Monitored Inpatient Withdrawal Management
CRC Recovery, Inc. dba Western MI Treatment Services	ASAM Level of Care 1.0 Opioid Treatment Program
Eastside Outpatient Services	ASAM Level of Care 1.0 Opioid Treatment Program ASAM Level of Care 1.0 Opioid Treatment Program - Jail Based Services
Every Woman's Place	Recovery Housing Recovery Coaching
Family Outreach Center	ASAM Level of Care 1.0
Fresh Coast Alliance (Formerly 70 x 7 Life Recovery Muskegon)	Recovery Housing Recovery Coaching
Harbor Hall, Inc.	ASAM Level of Care 1.0 Outpatient and 2.1 Intensive Outpatient ASAM Level of Care 2.5 Partial/Day Treatment ASAM Level of Care 3.5 Clinically Managed High Intensity ASAM Level of Care 3.2 Sub Acute Withdrawal Management
Kalamazoo Probation Enhancement Program (KPEP)	ASAM Level of Care 1.0 Outpatient
Life Align	Recovery Community Organization - Adults
Our Hope Association	ASAM 3.5 Clinically Managed High Intensity Residential Services for Adults

Substance Use Disorder (SUD)

Budget: \$6,700,000

<i>Vendor</i>	<i>Primary Services</i>
<i>Reach for Recovery, Inc.</i>	ASAM Level of Care 1.0 Outpatient ASAM 3.1 Clinically Managed Low Intensity
<i>Recovery Road, LLC.</i>	Recovery Housing
<i>RLC Property Management, LLC, The Comfort Home</i>	Recovery Housing
<i>Sacred Heart Rehabilitation Services, Inc.</i>	ASAM 3.5 Clinically Managed High Intensity ASAM 3.7 Medically Monitored Inpatient Withdrawal Management ASAM 1.0 Opioid Treatment Program - Methadone Dosing For Detox or Residential Clients Only ASAM 3.5 Clinically Managed High Intensity ASAM 3.7 Medically Monitored Inpatient Withdrawal Management Residential
<i>The Grand Rapids Red Project</i>	Overdose Prevention and Intervention Provision of Naloxone Kits Recovery Coaching
<i>Walloon Lake Recovery Lodge, LLC dba Bear River Health</i>	ASAM Level of Care 1.0 Outpatient ASAM Level of Care 2.1 Intensive Outpatient ASAM Level of Care 2.5 Partial/Day Treatment ASAM 3.1 Clinically Managed Low Intensity ASAM 3.3 Clinically Managed Population Specific ASAM 3.5 Clinically Managed High Intensity ASAM Level of Care 3.2 Sub Acute Withdrawal Management ASAM 3.7 Medically Monitored Inpatient Withdrawal Management
<i>Wedgwood Christian Services</i>	ASAM Level of Care 1.0 Outpatient

Outpatient Services

Budget: 9,500,000

<i>Vendor</i>	<i>Primary Services</i>
Amy Jo Hamman	Specialized Therapist Services
Beacon Specialized Living Services	Therapy Assessment Behavioral Plan Case Management Psychiatric
Case Management of MI, Inc.	Ancillary Services Case Management
COFR - MICMH	Determined as Needed
Comprehensive Therapy Center	Speech and Language Pathology Services
Cornerstone Management Group	Community Living Supports
Daybreak Adult Services, Inc.	Community Living Supports
Flatrock Manor	Personal Care & Community Living Supports
Gage Consulting for Challenging Behaviors, LLC.	Behavioral Support Services
Goodwill Industries of West Michigan	Enclave, Mobile Work Crew, Skill Building Pre-Vocational, Supported Employment
Guardian Trac, LLC	Fiscal Intermediary Services
HGA Support Services	CLS Services Personal Care & Community Living Supports Supported Employment
Heart and Hands In Home Care, LLC	Community Living Supports Respite
The Indian Trails Camp (IKUS)	Enrichment Services
Kelly's Kare Community Life Skills, LLC	Community Living Supports

Outpatient Services

Budget: 9,500,000

<i>Vendor</i>	<i>Primary Services</i>
Lazarusman Consulting, PLLC	Behavioral Health Services Designated Collaborating Organization (DCO)
Living Hope Home Care LLC	Personal Care & Community Living Supports
MOKA Corporation	Community Living Supports Personal Care & Community Living Supports Supported Employment, Skill Building
No More Sidelines	Community Living Supports Skill Building
Pathfinders	Respite Skill Building
Pioneer Resources, Inc.	Community Living Supports, Transportation Skill Building, Supported Employment Supported Independent Living Recreation Club, Mobile Work Crew
Preferred Employment and Living Supports	Community Living Supports Supported Employment, Skill Building Health Services, Respite
Pro Care Unlimited, Inc.	Community Living Supports Respite Care
Servicios De Esperanza, LLC (Services of Hope)	Behavioral Health Services Designated Collaborating Organization (DCO)
St. Johns Health Care, PC	Medical Respite Care Services Private Duty Nursing
Stuart Wilson, CPA, PC	Fiscal Intermediary Services
Turning Leaf Residential Rehabilitation	Personal Care & Community Living Supports Supported Independent Living Community Living Supports, Ancillary Services
West Michigan Counseling & Psychological	Diagnostic Testing

Outpatient Services

Budget: 9,500,000

<i>Vendor</i>		<i>Primary Services</i>	
<i>West Shore Medical Personnel Services</i>		Community Living Supports, Health Services Private Duty Nursing, Respite	

Community Inpatient

Budget: \$2,908,811

<i>Vendor</i>	<i>Primary Services</i>
BCA StoneCrest 15000 Gratiot Ave Detroit, MI 48205 (IMD)	Adult Inpatient Child Inpatient
COFR - MICMH	Determined as Needed
Co-Pays	Determined as Needed
DBT Institute of Michigan	Crisis Inpatient
Forest View Hospital 1055 Medical Park Drive Grand Rapids, MI 49546 (IMD)	Adult Inpatient Partial Hospitalization
Harbor Oaks Hospital 35031 23 Mile Road New Baltimore, MI 48047 (IMD)	Adult Inpatient Child Inpatient Specialized Ped Unit
Havenwyk Hospital dba Cedar Creek Hospital 101 W. Townsend Road St Johns, MI 48879	Adult Inpatient Child Inpatient
Havenwyk Hospital 1525 University Drive Auburn Hills, MI 48326 (IMD)	Adult Inpatient Child Inpatient
Holland Community Hospital 602 Michigan Avenue Holland , MI 49423	Adult Inpatient ECT- Inpatient ECT- Outpatient Intensive OP Partial Hospitalization

Community Inpatient

Budget: \$2,908,811

<i>Vendor</i>	<i>Primary Services</i>
<i>Mercy Health - Hackley Behavioral</i> 1700 Clinton Muskegon, MI 49442	Adult Inpatient
<i>Pine Rest Christian Mental Health Hospital</i> 300 68th Street SE Grand Rapids, MI 49548 (IMD)	Adult Inpatient Child Inpatient Partial Hospitalization ECT- Inpatient ECT- Outpatient
<i>Samaritan Behavioral Center</i> 555 Conner Avenue Suite 3N Detroit, MI 48213 (IMD)	Adult Inpatient
<i>Single Case Agreements (SCA)</i>	Determined As Needed
<i>Spectrum Health Hospitals dba Corewell Health Grand Rapids Hospital</i> 100 Michigan ST. NE Grand Rapids, MI 49503 Helen Devos Children Hospital	Child Inpatient
<i>Trinity Health Grand Rapids Hospital</i> 200 Jefferson Street SE Grand Rapids, MI 49501	Adult Inpatient Older Adult Services Adult Partial Hosp ECT- Inpatient ECT- Outpatient

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED																
REQUESTING DIVISION Finance	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer																	
<p><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></p> <p>HealthWest Board approval is requested for the HealthWest FY2026 Recommended Budget proposed to the County of Muskegon in the amount of \$114,363,368 for both revenues and expenditures.</p> <p>Information sheets are attached showing where revenue and expenditures have changed from the FY2025 projected budget to the new proposed budget for FY2026.</p> <p>A recap of the changes being requested is shown below:</p> <table border="0"> <thead> <tr> <th></th> <th><u>Projected FY25 Budget</u></th> <th><u>Proposed FY26 Budget</u></th> <th><u>Increase</u></th> </tr> </thead> <tbody> <tr> <td>Revenues</td> <td>\$110,832,720</td> <td>\$114,363,368</td> <td>\$3,530,648</td> </tr> <tr> <td>Expenditures</td> <td>\$110,832,720</td> <td>\$114,363,368</td> <td>\$3,530,648</td> </tr> <tr> <td>Difference</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table>					<u>Projected FY25 Budget</u>	<u>Proposed FY26 Budget</u>	<u>Increase</u>	Revenues	\$110,832,720	\$114,363,368	\$3,530,648	Expenditures	\$110,832,720	\$114,363,368	\$3,530,648	Difference	\$0	\$0	\$0
	<u>Projected FY25 Budget</u>	<u>Proposed FY26 Budget</u>	<u>Increase</u>																
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<p><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></p> <p>I move to approve the HealthWest FY2026 Recommended Budget in the amount of \$114,363,368 for both revenues and expenditures.</p>																			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other																		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other																		

FISCAL YEAR 2025 COMPARISON TO FISCAL YEAR 2026

	FY 2025 Orig.Budget	FY 2025 Projected Budget	FY 2026 Rec. Budget	BUDGET VARIANCE
Revenues				
Medicaid funding:				
Medicaid capitation	\$ 63,176,322	\$ 62,473,956	\$ 66,867,234	\$ 4,393,278
Medicaid - Autism capitation	9,643,002	12,759,501	12,683,576	\$ (75,925)
Medicaid capitation - settlement	-	-	-	\$ -
Healthy Michigan Plan	6,618,061	7,503,148	7,132,975	\$ (370,173)
Healthy Michigan Plan - settlement	-	-	-	\$ -
CCBHC Supplemental	17,430,250	17,432,250	18,061,503	\$ 629,253
State General Fund:				
Formula Fundings	2,066,287	2,066,287	2,066,287	\$ -
Settlement	-	-	-	\$ -
Grant Revenue	5,234,306	6,364,720	5,338,045	\$ (1,026,675)
Local revenue:				
County appropriation	706,819	706,819	706,819	\$ -
Client and third party fees	1,746,837	799,005	818,930	\$ 19,925
Interest income	393,117	269,568	171,420	\$ (98,148)
Other revenue	263,334	457,466	516,579	\$ 59,113
Total revenue	107,278,335	110,832,720	114,363,368	3,530,648
Expenditures				
Salaries and wages	29,676,018	32,480,510	38,994,888	\$ 6,514,378
Fringe benefits	19,940,330	16,303,179	12,973,402	\$ (3,329,777)
Staff professional development	598,588	595,332	620,601	\$ 25,269
Provider network services:				
Specialized Residential	19,418,097	24,522,997	24,900,000	\$ 377,003
Community Inpatient	7,910,015	6,937,164	7,000,000	\$ 62,836
SUD Services	6,681,533	7,261,533	6,700,000	\$ (561,533)
Outpatient Services	10,602,837	9,176,837	9,500,000	\$ 323,163
Autism Services	2,747,392	2,954,392	2,908,811	\$ (45,581)
Contractual expense	1,800,410	4,243,760	4,352,031	\$ 108,271
Overhead expense	2,891,260	3,327,474	3,471,786	\$ 144,312
Supplies	448,312	765,810	806,426	\$ 40,616
Utilities	417,090	301,800	302,400	\$ 600
Insurance	474,348	437,334	459,051	\$ 21,717
Other expenses	3,385,094	1,237,588	1,086,962	\$ (150,626)
Transfers	287,010	287,010	287,010	\$ -
Total expenditures	107,278,335	110,832,720	114,363,368	3,530,648
Net change in fund balance	-	-	-	-
Fund balance, beginning of year	1,363,240	1,363,240	1,363,240	-
Fund balance, end of year	\$ 1,363,240	\$ 1,363,240	\$ 1,363,240	\$ -

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED																
REQUESTING DIVISION Finance	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer																	
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Transfers	287,010	287,010	287,010	\$ -
Total expenditures	107,278,335	110,832,720	114,363,368	3,530,648
Net change in fund balance	-	-	-	-
Fund balance, beginning of year	1,363,240	1,363,240	1,363,240	-
Fund balance, end of year	\$ 1,363,240	\$ 1,363,240	\$ 1,363,240	\$ -

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> HealthWest Board authorization is requested for the Executive Director to sign the contract between Michigan Department of Health and Human Services and HealthWest for Managed Mental Health Supports and Services for the period of October 1, 2025 through September 30, 2026. There are no changes to this contract from FY2025. Formula funding remains stable at \$2,066,287.			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> I move to authorize the HealthWest Executive Director to sign the contract between Michigan Department of Health and Human Services and HealthWest for Managed Mental Health Supports and Services for the period of October 1, 2025 through September 30, 2026.			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department" or "MDHHS"
and
CMH Services of Muskegon County
376 Apple Avenue
Muskegon MI 49442 3406
Federal I.D.#: 38-6006063, Unique Entity Identifier: DTBXEKS2BQE4
hereinafter referred to as the "Grantee" or "CMHSP"
for
Community Mental Health Services Programs - 2026

1. Period of Agreement:

This Agreement will commence on the date of the Grantee's signature or October 1, 2025, whichever is later, and continue through September 30, 2026. No service will be provided and no costs to the state will be incurred prior to October 1, 2025 or the effective date of the Agreement, whichever is later. Through the Agreement, the date of the Grantee's signature or October 1, 2025, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount:

Total funding available for managed mental health supports and services is identified in the annual Legislative Appropriation for community mental health services programs. Payment to the CMHSP will be paid based on the funding amount specified in Part II, Section 7.0 of this contract. The value of this contract is contingent upon and subject to enactment of legislative appropriations and availability of funds.

The terms and conditions of this contract are those included in: (a) Part I: Contractual Services Terms and Conditions; (b) Part II: Statement of Work; and (c) all Attachments as specified in Parts I and II of the contract.

The Agreement is designated as a:

- Subrecipient relationship (federal funding); or
- ☒ Recipient (non-federal funding).

The Agreement is designated as:

- Research and development project; or
- ☒ Not a research and development project.

3. Grantee's Financial Contact for the Agreement:

The financial contact acting on behalf of the Grantee for this Agreement is:

Carly Hysell

Chief Financial Officer

Name

Title

Carly.Hysell@HealthWest.net

(231) 760-9362

E-Mail Address

Telephone No.

4. Special Certification:

The individuals signing this Agreement certify by their signatures that they are authorized to sign this Agreement on behalf of the organization specified.

5. Signature Section:

FOR the GRANTEE

CMH Services of Muskegon County

Brandy Carlson

Chief Financial Officer 07/25/2025

Name

Title

Date

For the Michigan Department of Health and Human Services

Christine H. Sanches

07/25/2025

Christine H. Sanches, Director

Date

Bureau of Grants and Purchasing

Table of Contents

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Definitions/Explanation of Terms

[Definitions/Explanation of Terms](#)

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Part I
Contractual Services Terms and Conditions

1.0 Purpose

The Michigan Department of Health & Human Services (MDHHS), hereby enters into a contract with the CMHSP identified on the signature page of this contract. The purpose of this contract is to obtain the services of the CMHSP to manage and provide a comprehensive array of mental health services and supports as indicated in this contract.

2.0 Issuing Office

This contract is issued by the Michigan Department of Health & Human Services (MDHHS). The MDHHS is the sole point of contact regarding all procurement and contractual matters relating to the services described herein. MDHHS is the only entity authorized to change, modify, amend, clarify, or otherwise alter the specifications, terms, and conditions of this contract. Inquiries and requests concerning the terms and conditions of this contract, including requests for amendment, shall be directed by the CMHSP to the attention of the Director of MDHHS's Behavioral and Physical Health and Aging Services Administration and by the MDHHS to the contracting organization's Executive Director.

3.0 Contract Administrator

The person named below is authorized to administer the contract on a day-to-day basis during the term of the contract. However, administration of this contract implies no authority to modify, amend, or otherwise alter the payment methodology, terms, conditions, and specifications of the contract. That authority is retained by the Department of Health & Human Services, subject to applicable provisions of this Agreement regarding modifications, amendments, extensions or augmentations of the contract (Section 16.0). The Contract Administrator for this project is:

Kristen Jordan, Director
Bureau of Specialty Behavioral Health Services
Behavioral and Physical Health and Aging Services Administration
Department of Health & Human Services
400 S. Pine
Lansing, Michigan 48913

4.0 Term of Contract

The term of this contract shall be from {start_dt} through {end_dt}. The contract may be extended in increments no longer than 12 months, contingent upon mutual agreement to an amendment to the financial obligations reflected in Attachment C 7.0.1 and other changes agreed upon by the parties for no more than three one-year extensions after {end_dt}. Fiscal year payments are contingent upon and subject to enactment of legislative appropriations.

5.0 Payment Methodology

The financing specifications are provided in Part II, Section 7.0 "Contract Financing", and authorized payments are described in Attachment C 7.0.1 to this contract.

6.0 Liability

6.1 Cost Liability

The MDHHS assumes no responsibility or liability for costs under this contract incurred by the CMHSP prior to the start date. Total liability of the MDHHS is limited to the terms and conditions of this contract.

6.2 Contract Liability

- A. All liability, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities to be carried out pursuant to the obligation of the CMHSP under this contract shall be the responsibility of the CMHSP, and not the responsibility of the MDHHS, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the CMHSP, its employees, officers or agent. Nothing herein shall be construed as a waiver of any governmental immunity for the County(ies), the CMHSP, its agencies or employees as provided by statute or modified by court decisions.
- B. All liability, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities to be carried out pursuant to the obligations of the MDHHS under this contract shall be the responsibility of the MDHHS and not the responsibility of the CMHSP if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of MDHHS, its employees, or officers. Nothing herein shall be construed as a waiver of any governmental immunity for the state, the MDHHS, its agencies or employees or as provided by statute or modified by court decisions.
- C. The CMHSP and MDHHS agree that written notification shall take place immediately of pending legal action that may result in an action naming the other or that may result in a judgment that would limit the CMHSP's ability to continue service delivery at the current level. This includes actions filed in courts or governmental regulatory agencies.

7.0 CMHSP Responsibilities

The CMHSP shall be responsible for the development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this contract. The CMHSP is responsible for complying with all reporting requirements as specified in this contract. Data reporting requirements are specified in Part II, Section 6.5 of the contract. Finance reporting requirements are specified in Part II, Section 7.8. Additional requirements are identified in Attachment C 7.0.2 (Performance Objectives).

7.1 MDHHS Standard Consent Form

MDHHS Standard Consent Form Michigan PA 129 of 2014 was enacted to promote the use and acceptance of a standard consent form. Contractor must implement a written policy that requires the provider network to use, accept, and honor the standard consent form created as a result of the Public Act (Form MDHHS-5515). Per PA 559 of 2016, the policy must recognize written consent is not always required.

8.0 Acknowledgment of MDHHS Financial Support

The CMHSP shall reference the MDHHS as providing financial support in publications including annual reports and informational brochures.

9.0 Disclosure

All information in this contract is subject to the provisions of the Freedom of Information Act, 1976 PA 442, as amended, MCL 15.231, et seq.

10.0 Contract Invoicing and Payment

MDHHS funding obligated through this contract includes both state and federal funds, which the state is responsible to manage. Detail regarding the MDHHS financing obligation is specified in Part II, Section 7.0 of this contract and in Attachment C 7.0.1 to this contract. Invoicing for PASARR is addressed in Attachment C 4.5.1, the PASARR Agreement.

11.0 Litigation

The state, its departments, and its agents shall not be responsible for representing or defending the CMHSP, the CMHSP's personnel, or any other employee, agent or sub-contractor of the CMHSP, named as a defendant in any lawsuit or in connection with any tort claim. The MDHHS and the CMHSP agree to make all reasonable efforts to cooperate with each other in the defense of any litigation brought by any person or people not a party to the contract.

The CMHSP shall submit annual litigation reports to MDHHS, providing the following detail for all civil litigation that the CMHSP, sub-contractor, or the CMHSP's insurers or insurance agents are parties to:

1. Case name and docket number
2. Name of plaintiff(s) and defendant(s)
3. Names and addresses of all counsel appearing
4. Nature of the claim
5. Status of the case

The provisions of this section shall survive the expiration or termination of the contract.

12.0 Cancellation

Material Default

The MDHHS may cancel this contract for material default of the CMHSP. Material default is defined as the substantial failure of the CMHSP to meet CMHSP certification requirements as stated in the Michigan Mental Health Code (Section 232a) or other Mental Health Code mandated provisions. In case of material default by the CMHSP, the MDHHS may cancel this contract without further liability to the state, its departments, agencies, or employees and procure services from other CMHSPs or other providers of mental health services that the department has determined can operate in compliance with applicable standards and are capable of maintaining the delivery of services within the county or counties.

In canceling this contract for material default, the MDHHS shall provide written notification at least 90 days prior to the cancellation date of the MDHHS intent to cancel this contract to the CMHSP and the relevant County (or Counties) Board of Commissioners. The CMHSP may correct the problem during the 90 day interval, in which case cancellation shall not occur. In the event that this contract is canceled, the CMHSP shall cooperate with the MDHHS to implement a transition plan for recipients. The MDHHS shall have the sole authority for approving the adequacy of the transition plan, including providing for the financing of said plan, with the CMHSP responsible for providing the required local match funding. The transition plan shall set forth the process and time frame for the transition. The CMHSP will assure continuity of care for all people being served under this contract until all service recipients are being served under the jurisdiction of another contractor selected by the MDHHS.

The CMHSP will cooperate with the MDHHS in developing a transition plan for the provision of services during the transition period following the end of this contract, including the systematic transfer of each recipient and clinical records from the CMHSP's responsibility to the new contractor.

13.0 Closeout

If this contract is canceled or not renewed, the following shall take effect:

- A. Within 45 days (interim), and 90 days (final), following the end date imposed by Part I, Section 12.0, the CMHSP shall provide to the MDHHS, all financial, performance and other reports required by this contract.
- B. Payment for any and all valid claims for services rendered to covered recipients prior to the effective end date shall be the CMHSP's responsibility, and not the responsibility of the MDHHS.
- C. The portion of all reserve accounts maintained by the CMHSP that were funded with MDHHS funds and related interest are owed to the MDHHS within 90 days, less amounts needed to cover outstanding claims or liabilities unless otherwise directed in writing by the MDHHS.
- D. Reconciliation of equipment with a value exceeding \$5,000, purchased by the CMHSP within the last two fiscal years, will occur as part of settlement of this contract. The CMHSP will submit to the MDHHS an inventory of equipment meeting the above specifications within 45 days of the end date. The inventory listing must identify the current value and proportion of GF funds used to purchase each item, and also whether or not the equipment is required by the CMHSP as part of continued service provision to the continuing service population. The MDHHS will provide written notice within 90 days or less of any needed settlements concerning the portion of funds ending. If the CMHSP disposes of the equipment, the appropriate portion of the value must be returned to the MDHHS (or used to offset costs in the final financial report).
- E. All earned carry-forward funds and savings from prior fiscal years that remain unspent as of the end date, must be returned to the MDHHS within 90 days. No carry-forward funds or savings as provided in Part II, Section 7.7.1 and 7.7.1.1, can be earned during the year this contract ends, unless specifically authorized in writing by the MDHHS.
- F. All financial, administrative and clinical records under the CMHSP's responsibility must be retained according to the retention schedules in place by the Department of Management and Budget's (DTMB) General Schedule #20 at: https://www.michigan.gov/documents/dtmb/RMS_GS20_640204_7.pdf unless directed otherwise in writing by the MDHHS.

Should additional statistical or management information be required by the MDHHS, after this contract has ended or is canceled, at least 45 days notice shall be provided to the CMHSP.

14.0 Confidentiality

Both the MDHHS and the CMHSP shall assure that services and supports to and information contained in the records of people served under this Agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this Agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the recipient or a person responsible for the recipient, except as may be otherwise required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

15.0 Assurances

The following assurances are hereby given to the MDHHS:

15.1 Compliance with Applicable Laws

The CMHSP will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement.

15.2 Anti-Lobbying Act

With regard to any federal funds received or utilized under this Agreement, the CMHSP will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the CMHSP must require that the language of this assurance be included in the award documents of all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

15.3 Non-Discrimination

In the performance of any contract or purchase order resulting here from, the CMHSP agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The CMHSP further agrees that every sub-contract entered into for the performance of any contract or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each sub-contractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act (MCL 37.2101 *et seq.*) and the Persons with Disabilities Civil Rights Act (MCL 37.1101 *et seq.*), and Section

504 of the Federal Rehabilitation Act 1973, P.L. 93-112, 87 Stat. 394, and any breach thereof may be regarded as a material breach of the contract or purchase order.

Additionally, assurance is given to the MDHHS that pro-active efforts will be made to identify and encourage the participation of minority-owned, women-owned, and handicapper-owned businesses in contract solicitations. The CMHSP must incorporate language in all contracts awarded: (1) prohibiting discrimination against minority-owned, women-owned, and handicapper-owned businesses in sub-contracting; and (2) making discrimination a material breach of contract.

15.4 Debarment and Suspension

With regard to any federal funds received or utilized under this Agreement, assurance is hereby given to the MDHHS that the CMHSP will comply with federal regulation 2 CFR 180 and 22 CFR 513 and certifies to the best of its knowledge and belief that it, including its employees and sub-contractors:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or CMHSP;
- B. Per 22 CFR 513.320(a), have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- C. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section B, and;
- D. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default; and
- E. Per 22 CFR 513.320(a), have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

15.5 Pro-Children Act and Smoke-Free Activities

Assurance is hereby given to the MDHHS that the CMHSP will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 U.S.C. 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the

services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The CMHSP also assures that this language will be included in any sub-awards, which contain provisions for children's services.

The CMHSP also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities must be smoke-free.

15.6 Hatch Act and Intergovernmental Personnel Act

The CMHSP will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648) as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

15.7 Limited English Proficiency

The CMHSP shall comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it Affects Persons with Limited English Proficiency. This guidance clarifies responsibilities for providing language assistance under Title VI of the Civil Rights Act of 1964.

15.8 Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with the requirements of HIPAA including the following: The HIPAA Privacy Rule; 45 CFR Part 160, Subparts A – C; 45 CFR Part 164, Subparts A, C, D, E.; 42 CFR Part 2, Subparts A – E (SUD Specific); and Michigan Mental Health Code 330.1748:

- A. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or

required by applicable law, or to a subcontractor as appropriate under this Agreement.

- B. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
- C. The Grantee must only use the protected health data and information for the purposes of this Agreement.
- D. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
- E. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
- F. Failure to comply with any of these contractual requirements may result in the cancellation of this Agreement in accordance with Part 1, Section 12.0.
- G. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.
- H. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

16.0 Modifications, Consents and Approvals

This contract will not be modified, amended, extended, or augmented, except by a writing executed by the parties hereto, and any breach or default by a party shall not be waived or released other than in writing signed by the other party.

17.0 Entire Agreement

The following documents constitute the complete and exhaustive statement of the agreement between the parties as it relates to this transaction.

- A. This contract including attachments and appendices
- B. Michigan Mental Health Code and Administrative Rules
- C. Michigan Public Health Code and Administrative Rules
- D. MDHHS Appropriations Act in effect during the contract period
- E. All other pertinent federal and state statutes, rules and regulations
- F. All final MDHHS guidelines, final technical requirements as referenced in the contract - Additional guidelines and technical requirements may be added as provided for in Part I, Section 16.0 of this contract.

In the event of any conflict over the interpretation of the specifications, terms, and conditions indicated by the MDHHS and those indicated by the CMHSP, the dispute resolution process included in Part I, Section 18.0 of this contract will be utilized.

This contract supersedes all proposals or prior agreements, oral or written, and all other communications pertaining to the purchase of mental health supports and services for the non-Medicaid population between the parties.

18.0 Dispute Resolution

Disputes by the CMHSP may be pursued through the dispute resolution process.

In the event of the unsatisfactory resolution of a non-emergent contractual dispute or compliance/performance dispute, and if the CMHSP desires to pursue the dispute, the CMHSP shall request that the dispute be resolved through the dispute resolution process. This process shall involve a meeting between agents of the CMHSP and the MDHHS. The MDHHS Deputy Director of Behavioral and Physical Health and Aging Services Administration will identify the appropriate Deputy Director(s) or other department representatives to participate in the process for resolution. The Deputy Director may handle disputes involving financial matters unless the MDHHS Director has delegated these duties to the Administrative Tribunal.

The CMHSP shall provide written notification requesting the engagement of the dispute resolution process. In this written request, the CMHSP shall identify the nature of the dispute, submit any documentation regarding the dispute, and state a proposed resolution to the dispute. The MDHHS shall convene a dispute resolution meeting within 20 calendar days of receipt of the CMHSP request. The Deputy Director shall provide the CMHSP and MDHHS representative(s) with a written decision regarding the dispute within 14 calendar days following the dispute resolution meeting. The decision of the Deputy Director shall be the final MDHHS position regarding the dispute.

Any corrective action plan issued by the MDHHS to the CMHSP regarding the action being disputed by the CMHSP shall be on hold pending the final MDHHS decision regarding the dispute.

In the event of an emergent compliance dispute, the dispute resolution process shall

be initiated and completed within five (5) working days.

19.0 No Waiver of Default

The failure of the MDHHS to insist upon strict adherence to any term of this contract shall not be considered a waiver or deprive the MDHHS of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

20.0 Severability

Each provision of this contract shall be deemed to be severable from all other provisions of the contract and, if one or more of the provisions shall be declared invalid, the remaining provisions of the contract shall remain in full force and effect.

21.0 Disclaimer

All statistical and fiscal information contained within the contract and its attachments, and any amendments and modifications thereto, reflect the best and most accurate information available to MDHHS at the time of drafting. No inaccuracies in such data shall constitute a basis for legal recovery of damages, either real or punitive. MDHHS will make corrections for identified inaccuracies to the extent feasible.

Captions and headings used in this contract are for information and organization purposes. Captions and headings, including inaccurate references, do not, in any way, define or limit the requirements or terms and conditions of this contract.

22.0 Relationship of the Parties (Independent Contractor)

The relationship between the MDHHS and the CMHSP is that of client and independent contractor. No agent, employee, or servant of the CMHSP or any of its sub-contractors shall be deemed to be an employee, agent or servant of the state for any reason. The CMHSP will be solely and entirely responsible for its acts and the acts of its agents, employees, servants, and sub-contractors during the performance of a contract resulting from this contract.

23.0 Notices

Any notice given to a party under this contract must be written and shall be deemed effective, if addressed to such party at the address indicated on the signature page of this contract upon (a) delivery, if hand delivered; (b) receipt of a confirmed transmission by facsimile if a copy of the notice is sent by another means specified in this section; (c) the third business day after being sent by U.S. mail, postage prepaid, return receipt requested; or (d) the next business day after being sent by a nationally recognized overnight express courier with a reliable tracking system.

Either party may change its address where notices are to be sent by giving written notice in accordance with this section.

24.0 Unfair Labor Practices

Under MCL 423.324, MDHHS may void any Agreement with a Grantee who appears on the Unfair Labor Practice register compiled under MCL 423.322.

25.0 Survivor

Any provisions of the contract that impose continuing obligations on the parties including, but not limited to, the CMHSP's indemnity and other obligations, shall

survive the expiration or cancellation of this contract for any reason.

26.0 Governing Law

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in the Michigan Court of Claims. Complaints against the State must be initiated in Ingham County, Michigan. Grantee waives any objections, such as lack of personal jurisdiction or forum non conveniens. Grantee must appoint an agent in Michigan to receive service of process.

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Attachments

Part II Statement of Work

PART II: STATEMENT OF WORK

C 1.3.1 County of Financial Responsibility COFR

County of Financial Responsibility COFR

C 3.1.1 Access System Standards

Access System Standards

C 3.3.1 Person-Centered Planning

Person-Centered Planning

C 3.3.4 Self-Determination & Fiscal Intermediary Guideline

Self-Determination & Fiscal Intermediary Guideline

C 3.3.5.1 Recovery Policy & Practice Advisory

Recovery Policy & Practice Advisory

C.4.4 Special Populations Metrics and Reporting Template

Special Populations Metrics and Reporting Template

C 4.5.1 PASARR Agreement

PASARR Agreement

C 4.7.2 Technical Requirement for SED Children

Technical Requirement for SED Children

C 6.3.2.1 CMHSP Local Dispute Resolution Process

CMHSP Local Dispute Resolution Process

C 6.3.2.2 FSS Guidelines for Determining Eligibility of Applicants

FSS Guidelines for Determining Eligibility of Applicants

C 6.3.2.3A CEU Requirements for RR Staff

C 6.3.2.3B RR Training Standards for CMH and Provider Staff TR

RR Training Standards for CMH and Provider Staff TR

C 6.3.2.4 Recipient Rights Appeal Process

Recipient Rights Appeal Process

C 6.5.1.1 CMHSP Reporting Requirements

CMHSP Reporting Requirements

C 6.8.1.1 QI Programs for CMHSPs

QI Programs for CMHSPs

C.6.8.3.1 TR for Behavior Treatment Plan Review Committees

TR for Behavior Treatment Plan Review Committees

C 6.9.1.1 IST & NGRI Protocol

IST & NGRI Protocol

C 6.9.1.2 State Facility Contract

State Facility Contract

C 6.9.3.1 Housing Practice Guideline

Housing Practice Guideline

C 6.9.3.2 Inclusion Practice Guideline

Inclusion Practice Guideline

C 6.9.3.3 Consumerism Practice Guideline

Consumerism Practice Guideline

C 6.9.5.1 Jail Diversion Practice Guideline

[Jail Diversion Practice Guideline](#)

C 6.9.6.1 Special Education to Community Transition Planning Policy

[Special Ed-to-Community Transition Planning Policy](#)

C 6.9.8.1 Family-Driven and Youth-Guided Policy & Practice Guideline

[Family-Driven and Youth-Guided Policy & Practice Guideline](#)

C 6.9.9.1 Employment Works! Policy

[Employment Works! Policy](#)

C 6.9.7.1 CMHSP Trauma Policy

[CMHSP Trauma Policy](#)

C 7.0.1 MDHHS Funding

[MDHHS Funding](#)

C 7.0.2 Performance Objectives

[Performance Objectives](#)

C 7.6.1 CMH Compliance Examination Guidelines

[CMH Compliance Examination Guidelines](#)

C 7.6.2 Appeal Process for Compliance Examination Management Decisions

[Appeal Process for Compliance Examination Management Decisions](#)

C 9.3.2.1 MDHHS Audit Report and Appeal Process

[MDHHS Audit Report and Appeal Process](#)

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE September 12, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Authorization is requested for the HealthWest Board to approve the FY26 Vendors/Providers (carried over from fiscal year 2025) listed on Attachment A. The listed vendors are currently providing services for HealthWest, and the expenditures are within the HealthWest FY26 Budget.</p> <p>Attachment A includes</p> <ol style="list-style-type: none"> 1. Provider/Vendor Name 2. Service Provided 3. Projected Expenditure 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize the HealthWest Board of Directors to approve the Vendors listed on Attachment A and further authorize the payment of the contracts.</p>			
COMMITTEE DATE September 12, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE September 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Fiscal Year 2026 Vendor List			
Vendor	Services	Contract Term Date	Amount
AMN Healthcare Language Services INC	Translation Services	Auto Renew	45,000.00
Bertelsmann Learning, LLC	Relias - Behavioral Health Learning Management System	12/31/2026	75,000.00
Dr. Joanne Kolean, Ph.D.	Psychologist	9/30/2026	12,500.00
Katherine Ann Jawor MD	Psychiatric Services	9/30/2026	187,200.00
Kent County CMH Authority dba Network180	Lakeshore Training System (LMS)	9/30/2026	\$39,455.00
Lemonade Stand of Muskegon	Facility Support	9/30/2027	14,000.00
Recovery Cooperative of Muskegon	Recovery Related Services and Drop-In Center Grant Expenses	9/30/2027	115,500.00 7,500.00
Reliance Community Care Partners	Provision of OBRA Screenings	9/30/2027	120,000.00
Shane Morr, LMFT	Outpatient Mental Health Services	9/30/2027	80,000.00
Sue Ellen Huffstutter-Lauver MD	Psychiatric Services	9/30/2026	175,000.00
The Arc-Muskegon	Consumer Support/Training, CLS	9/30/2027	36,000.00
Trinity Pharmacy	Medications for CMH Consumers	TBD	50,000.00
Voices for Health, Inc	Interpretation Services Face-to-Face and Telephone / Document Translation		40,000.00



Community Mental Health Association of Michigan

Annual Fall Conference

October 27-28, 2025

Grand Traverse Resort
Traverse City, Michigan

Shaping the Future



Conference Registration

REGISTRATION FEES (per person)

Conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches, and all breaks.

	Member Early Bird	Member After 10/17/25	Non-Member Early Bird	Non-Member After 10/17/25
Full Conference	\$442	\$482	\$524	\$573
One Day	\$347	\$387	\$411	\$459

SCHOLARSHIPS AVAILABLE

A limited number of scholarships are available to individuals who receive services and their families.

Conference scholarships will cover conference registration fees only.

Consumers who serve as CMH board members are not eligible.

Deadline to request scholarship: Friday, October 17, 2025.

To request a scholarship form, contact Sarah Botruff at sbotruff@cmham.org or 517-237-3143.

EARLY BIRD DEADLINE: FRIDAY, OCTOBER 17, 2025

PAYMENT METHODS AND CANCELLATION POLICY

- Payment will be required prior to attendance.
- Payment methods are available in advance and onsite: credit card, check or exact cash.
- If payment has not been received, fees will be collected at registration the day of the event unless alternate arrangements are pre-approved by CMHA.
- Purchase orders are not considered payment.
- All no-shows will be billed the full amount.

To Pay By Check: Make payable to CMHA and mail to 507 S. Grand Avenue, Lansing, MI 48933

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing **BEFORE MONDAY, OCTOBER 13, 2025**, for a full refund less a \$25 administrative fee. If cancellation is on October 13, 2025, or after, no refund will be given.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHA at 517-374-6848 or through our website at CMHAM for resolution.

**CLICK TO REGISTER FOR
THE FALL CONFERENCE!**

Hotel Information & Reservations

Grand Traverse Resort

100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

2025 Room Rates: Rates below do not include 6% state tax, 5% city assessment, or \$20.95 nightly resort fee.

Room Type	Rate	Room Type	Rate
Hotel Guest room	\$146	Tower Guest Room	\$166
Studio Condo	\$146	1 Bedroom Condo	\$181
2 Bedroom Condo	\$211	3 Bedroom Condo	\$251

Guarantee Policy:

A one-night deposit or half your package total required. **Credit cards or debit cards used to confirm your reservation must be presented by the card holder at check-in, otherwise a credit card authorization is required.** Deposit does NOT include taxes or resort fee.

Online Hotel Reservations: [CLICK HERE TO BOOK YOUR ROOM!](#)

Or for reservations by phone (800) 236-1577 and indicate code: **MHB2025**

Deadline for Reduced Hotel Rate: Friday, September 25, 2025.

Hotel Cancellation Deadline & Policy:

72 hours' notice required for cancellations for a refund less a \$25 processing fee.

Check in: 4pm

Check out: 11am

Early Check-in Fee (based on availability):

There is an early check-in fee of \$35 for any guest checking in between 10am - 1pm.

There is an early check-in fee of \$60 for any guest checking in before 10am.

Early check-in after 1pm is complimentary.

Resort Amenities and Updated Hours:

The hotel may be experiencing staffing issues. We appreciate your understanding and courtesy to those working hard at the Resort to ensure our conference is a success. In an effort to respect your space, and to keep you and the Resort staff safe, **they will not be providing housekeeping service for the duration of your stay.** Should you need additional towels or other amenities, please call the front desk and they will be happy to deliver the items and place them outside your door.



Keynotes

State Legislative Panel - Key Policy Issues Facing Michigan

- Moderator: Alan Bolter, Associate Director, Community Mental Health Association of Michigan

This keynote is a great opportunity to hear directly from state lawmakers on the key policy issues facing the state of Michigan. What impact has the shift in political control had on the legislative process? What are the key legislative efforts impacting the public mental health system and what are the other hot button issues the legislature will address in the coming months?

Education and Mental Health Partnerships: Case Studies in Three Communities

- Connie Conklin, MSW, Executive Director, Livingston County CMH Authority
- Nicholette Cheff, Livingston ESA
- Lisa Gentz, Washtenaw County CMH
- DarNesha Green, LMSW-C, Assistant Director, of Community School Partnership with the Washtenaw Intermediate School District
- Hollie Nash, CMH for Central Michigan
- Nick Winter, Clare-Gladwin ISD
- Moderator: Lauren Kazee, LMSW, Consultant Living SLOW, LLC

The partnerships between Michigan's local education community and its community mental health organizations are vital and dynamic. This keynote will provide you with a look at three successful real-life partnerships across these sectors of their community - representing a range of communities and approaches. Objectives: 1. Describe the value of school-CMH partnerships. 2. Identify the factors that foster strong and healthy school-CMH partnerships. 3. List the factors that hinder the development of strong and healthy school-CMH partnerships.

Innovations in the Intersection Between Behavioral Health and Justice

- Kevin Fischer, Executive Director, CITI/NAMI Michigan
- Judge Milton Mack, Jr., Chair of the Governor's Mental Health Diversion Council
- Marti Kay Sherry, Planning Manager, Bureau of Health Care Services, Michigan Dept. of Corrections

Over the past decade, the importance of and best practices in cross-boundary partnerships between the justice system and the mental health system have been recognized and identified - leading to innovation and impact. This keynote will bring this message home through the voices of three leaders of this movement in Michigan. Objectives: 1. Describe the importance of partnerships between the local justice and community mental health systems. 2. Describe at least two efforts taking place in Michigan, to link the state's justice and mental health systems. 3. Describe areas in which continued growth is needed in linking the justice and mental health systems at the state and local levels.

The Story You Don't Hear About: How Caregivers Changed My Life for the Better

- Cody Burns, Transformational Speaker, Author and Life Coach

In May of 2013, Cody stopped at a red light on the highway and was rear-ended by a box truck, causing a fire to break out, leading to severe burns on almost 40% of Cody's body. After months of both physical and spiritual recovery, his journey led him to see the powerful impact that today's medical professionals deliver to those they care for. Many medical professionals are very overburdened with heavy workloads and long shifts, and too often, people take them for granted. During this dark point in his life, Cody and his family witnessed firsthand the heart behind the caregivers who led to his shift recovery. Together, they shared laughter and tears, but through it all, these bonding moments created heartfelt connections that greatly stood out to him and forever changed the way he saw the caregiving industry. This talk will remind caretakers of the difference they are making in the world, and why they have one of the best occupations in the world.

Educational Workshops

Monday, October 27, 2025, 10:00am - 11:30am

1. Michigan's Statewide Approach: Advancing Behavioral Health Crisis Response Through Evidence-Based Practices
2. Direct Support Professional Training: How Can Self-Paced, Flexible Options Work?
3. CMH Public Policy Governance Board Ends/Goals Overhaul
4. Developments in Artificial Intelligence: What's Changed in 2025
5. Building and Supporting Teams Using Emotional Intelligence
6. From Policy to Practice: Using WHODAS 2.0 for 1915(i) and HSW Eligibility
7. Peer Expansion Project for Parents and Youth
8. Diversion Intervention Through Boundary Spanning: Charting a Path to Improve Systems for Justice-Involved Individuals

Monday, October 27, 2025, 1:30pm - 3:00pm

9. Behavior Treatment Plans and Behavior Support Plans: How to Differentiate Between the Two
10. Leading Edge Crisis Systems: Looking Inside the Work of Five Innovators
11. Empowering Student Voices: Community Partnered Mental Health Initiatives for Schools
12. A Future that Includes Employment for People with IDD
13. Using MichiCANS Data to Understand Community Needs and Plan for the Future
14. Shaping Our Future Leaders: How to Use Leadership Opportunities to Develop Youth in Our Systems
15. Unified Solutions: A Collaborative Approach to Jail Diversion in the Community
16. Getting the Job Done Right: EBP Implementation and Sustainment and the Michigan SBIRT Project

Monday, October 27, 2025, 3:30pm - 5:00pm

17. Suicide Awareness and Prevention: An Educator's Perspective
18. Children's Behavioral Health: Litigation Updates and Impact
19. Not My Addiction—Still My Struggle: Supporting Families on the Frontline
20. Behavioral Health Treatment Autism Services Updates: Data Trends and Policy Review for ASD Related Services
21. Physical Safety Training within a CMH Framework
22. Bridging the Gap: The Impact of Motivational Interviewing Training on Client Retention in CMH/CCBHCs - And Future Directions
23. Family Psychoeducation (FPE): Bringing Hope and Recovery to People and Families Experiencing Psychosis
24. The Role of the Peer Mentor in Person-Centered Planning

Tuesday, October 28, 2025, 10:30am - 12:00pm

25. What's Going on in Lansing
26. Substance Use Disorder Health Homes: Keys to Engaging the SUD Population in Holistic Healthcare
27. Community Partner Collaboration: The Key to Successful AOT Programs
28. Integrating Sensory Devices in Work with Neurodivergent/Trauma-Impacted Children
29. Social Media and Mental Health
30. Demolition Day: Removing Walls to Healing and Justice for Sexual Assault Victim/Survivors
31. Mind the Gap: Unleashing the Inner Thinker
32. Partners in Care: Integrating the Clubhouse Model into Clinical Practice for Recovery-Oriented Mental Health