HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

August 21, 2026
8:00 a.m.

CALL TO ORDER

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

ROLL CALL

Committee Members Present:	Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Michelle Hazekamp, John M. Weerstra, Remington Sprague, M.D.
Committee Members Absent:	Charles Nash
Also Present:	Holly Brink, Rich Francisco, Brandy Carlson, Gina Maniaci Christy LaDronka, Kristi Chittenden, Casey Olson, Mickey Wallace, Amber Berndt, Gina Kim, Carly Hysell, Jackie Farrar, Matt Campbell, Linda Anthony, Anissa Goodno, Justin Robillard, Malina Barrett, Lea Streblow, Jenn Hoeker, Amber Picard, Gary Ridley
Guests Present:	Angela Gasiewski

ITEMS FOR CONSIDERATION

A. *Approval of the Minutes of July 10, 2026*

It was moved by Ms. Thomas, seconded by Mr. hardy, to approve the Finance Committee meeting minutes from July 10, 2026 as written.

MOTION CARRIED

B. *Approval of Expenditures for July 2026*

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve expenditures for the month of July 2026, in the total amount of $11,900,352.72.

MOTION CARRIED

C. *Monthly Report from the Chief Financial Officer*

Ms. Carlson, Chief Financial Officer, presented the June report, noting an overall cash balance of $10,633,432.13 as of June 30, 2026.

D. *Finance Update Memorandum*

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

E. *Authorization to Approve FY2026 Projected Budget Proposal*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest FY2026 Projected Budget in the amount of $115,819,593 for both revenues and expenditures

MOTION CARRIED

F. *Authorization to Approve FY2027 Recommended Budget Proposal*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest FY2027 Recommended Budget in the amount of $118,839,765 for both revenues and expenditures.

MOTION CARRIED

G. *Authorization to Enter Grant Funded Agreements*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve acceptance of the FY2027 awarded grants identified on the attached grant schedule, including MDHHS grants. Federal grants, and LRE Sub-Awards, and to accept the requirements associated with those grants, for a total awarded amount of $4,232,826. Further, the Board acknowledges and accepts the FY2027 grant applications submitted and pending award consideration as identified in the Applied/Not Yet Awarded section of the attachment.

MOTION CARRIED

H. *Authorization to Approve the Five Funding Sources*

It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve the FY26. Contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is $54,725,429 effective August 28th, 2026. Through September 30th, 2026.

MOTION CARRIED

I. *Authorization to Approve FY27 Provider Network Category Budgets*

It was moved by Dr. Sprague, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the FY27 budget for the contracted Vendors/Providers listed under the five funding sources effective October 1, 2026. The total budget for the five funding services is $54,605,309. The agreements are dated October 1, 2025, through September 30, 2027.

MOTION CARRIED

J. *Authorization to Approve FY27 Vendors/Providers List*

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

Mr. Hardy abstained from voting due to conflict of interest.

MOTION CARRIED

K. *Authorization to Approve Payment to Lease Landlords*

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the HealthWest Executive Director to approve the above landlords for the HUD grant funding for Fiscal Year 2027, at a cost not to exceed the final HUD grant awarded dollars of $411,497 and approve departmental signature of the MSHDDA Agreement.

MOTION CARRIED

L. *Authorization to Approve Contracting with MDHHS*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Chief Financial Officer 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, 2026, through September 30, 2027.

MOTION CARRIED

M. *Authorization to Approve Contracting with Rehmann, LLC*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest to contract with Rehmann, LLC, 675 Robinson Road, Jackson for consulting services for FY2027.

MOTION CARRIED

N. *Authorization to Approve Extension of Contract with TBD Solutions, Inc.*

It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve HealthWest to contract with TBD Solutions, Inc., 2930 Luceme Dr. SE, Grand Rapids, for professional services related to a crisis stabilization unit feasibility assessment.

MOTION CARRIED

O. *Authorization to Approve Including Allen Crossing Limited Dividend Housing Association to the Approved Landlords for HUD Programs*

It was moved by Mr. Weerstra, seconded by Mr. Hardy, to approve the HealthWest Executive Director to approve Allen Crossing Limited Dividend Housing Association for the HUD grant funding for Fiscal Year 2026.

MOTION CARRIED

P. *Authorization to Approve Entering Interagency Cash Transfer Agreement (ITCA) with West Michigan Rehabilitation Services (MRS)*

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign an Interagency Cash Transger Agreement with Michigan Rehabilitation Services, effective October 1, 2026, through September 30, 2027, with a projected expenditure not to exceed $69,200.00.

MOTION CARRIED

Q. *Authorization to Approve Providers Transition to Potential Designated Collaborative Organization (DCO) Contracts*

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign Designated Collaborative Organization (DCO) contracts with ACAC, Arbor Circle Corporation, Catholic Charities West Michigan, Family Outreach Center, and Wedgwood Christian Services, contingent upon approval by the Michigan Department of Health and Human Services (MDHHS), for the period of October 1, 2026, through September 30, 2028. Funding for these agreements is available within the approved substance use disorder (SUD) budget.

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:

- **LRE updates:**
  - Spending plan was discussed at the CEO Ops meeting on 8/19/2026. CMHSPs have submitted their spending plans to the LRE based on June projections and historical data, however, the Milliman certified rates have not been released yet. There was supposed to be a meeting with Milliman on 8/20/2026. However, that was moved to Monday. Although HW submitted a spending plan, we will likely update it based on the revenue rates published by Milliman, which we are hopeful will be shared next Monday.
  - The LRE did provide an update on the FY22 cost settlement with MDHHS regarding the 13M that MDHHS claims we owe them for that year. The hearing was earlier in the week and according to the LRE CEO, the judge wants to combine the other case with it citing that the 7.5% ISF is the issue and that it is not actuarially sound.

- **CMH Level updates:**
  - I did receive an email (8/20) from a large provider asking for a letter of intent and requesting HW to participate in a provider network in preparation for a rerelease of the Michigan Inpatient Health Plan Request for Proposal (PIHP bid out). Shortly thereafter, I received an email from our association cautioning us that private parties have been reaching out asking for participation in their network. Our association has not seen anything drop in on the SIGMA site which is the platform that DTMB uses to notify of any RFP being released. I will keep the board informed if any development in the RFP arises.
  - HW did receive the final numbers for the QBP payments. Many thanks to our staff for completing the review of the numbers and the data. Our preliminary numbers were expected to be around $1.397M, and in our final numbers, they came back at $1.512M. This was an increase of approximately 114k. This positive change was discovered that we did meet another metric which was missing during the preliminary release of the numbers.
  - Staff are working very hard at HW with many different efforts and initiatives happening from Same Day Access implementation, productivity benchmarks all the way to preparing for HR 1 (Big Beautiful Bill) changes that are coming. I do want to give the Customer Services team a shout out: Gary, Kelly, Jennifer, Lea, Brea, Amber, Gina, Doug, and Laura for leading another successful Health Wellness and Recovery Picnic last week. I also want to give the HW staff who volunteered in set-up and tear-down (huge shoutout). I was able to participate in the tear down crew and let me tell you it is a lot of work. Thank you for your time and participation.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

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

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
September 11, 2026

HealthWest
Muskegon's Behavioral Wellness Connection

FINANCE COMMITTEE

August 21, 2026 – 8:00 a.m.
376 E. Apple Ave. Muskegon, MI 49442

https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWhnQmF5NVAybWRQVG54Tk1GZz09
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 July 10, 2026 (Attachment #1 pg. 1-4)	Action
B.	Approval of the Expenditures for July 2026 (Attachment #2 pg. 5)	Action
C.	Monthly Report from the Chief Financial Officer (Attachment #3 pg. 6-9)	Information
D.	Finance Update Memorandum (Attachment #4 pg. 10-11)	Information
E.	Approval of FY2026 Projected Budget Proposal (Attachment #5 pg. 12-13)	Action
F.	Approval of FY2027 Recommended Budget Proposal (Attachment #6 pg. 14-15)	Action
G.	Approval to Enter Grant Funded Agreements (Attachment #7 pg. 16-17)	Action
H.	Approval to Increase the Five Funding Sources (Attachment #8 pg. 18)	Action
I.	Approval of FY27 Provider Network Category Budgets (Attachment #9 pg. 19-29)	Action
J.	Approval of FY27 Vendors/Providers List (Attachment #10 pg. 30-31)	Action
K.	Approval of Payment to Lease Landlords (Attachment #11 pg. 32)	Action
L.	Approval to Enter Contract with MDHHS (Attachment #12 pg. 33-50)	Action

M. Approval to Enter Contract with Rehmann, LLC — Action
(Attachment #13 pg. 51)

N. Approval to Extend Contract with TBD Solutions, Inc. — Action
(Attachment #14 pg. 52)

O. Approval to Include Allen Crossing Limited Dividend Housing Association to the Approved Landlords for HUD Programs — Action
(Attachment #15 pg. 53)

P. Approval to Enter Interagency Cash Transfer Agreement (ITCA) with Michigan Rehabilitation Services (MRS) — Action
(Attachment #16 pg. 54)

Q. Approval of Providers Transition to Potential Designated Collaborative Organization (DCO) Contracts — Action
(Attachment #17 pg. 55)

4. Old Business

5. New Business

6. Communication — Information

7. Director's Comments — Information

8. Audience Participation

9. Adjournment — Action

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

July 10, 2026
8:00 a.m.

CALL TO ORDER

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

ROLL CALL

Committee Members Present:	Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Michelle Hazekamp, John M. Weerstra
Committee Members Absent:	Charles Nash, Remington Sprague, M.D.
Also Present:	Holly Brink, Rich Francisco, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Kim Davis, Casey Olson, Mickey Wallace, Amber Berndt, Gina Kim, Carly Hysell, Jackie Farrar, Brittani Duff
Guests Present:	Angela Gasiewski

ITEMS FOR CONSIDERATION

A. *Approval of the Minutes of June 12, 2026*

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the Finance Committee meeting minutes from June 12, 2026 as written.

MOTION CARRIED

B. *Approval of Expenditures for June 2026*

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve expenditures for the month of June 2026, in the total amount of $8,385,886.40.

MOTION CARRIED

C. *Monthly Report from the Chief Financial Officer*

Ms. Carlson, Chief Financial Officer, presented the May report, noting an overall cash balance of $10,169,505.83 as of May 30, 2026.

D. *Finance Update Memorandum*

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

E. *Authorization to Approve FY2026 Fee Schedule*

It was moved by Mr. Hardy, seconded by Commissioner Hazekamp, to approve FY2026 HealthWest Fee Schedule, effective August 1, 2026, including a 2% rate increase for all services except H0018 – Crisis Residential Services, which will be adjusted to reflect the current cost of service delivery.

MOTION CARRIED

F. *Authorization to Contract with The Center for Neuropsychology and Behavioral Health*

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to authorize the HealthWest Executive Director to sign a contract with the Center for Neuropsychology and Behavioral Health effective July 1, 2026 through September 30, 2027.

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:

- State Budget for FY27 – Still waiting on the final bills to land on the Michigan.gov website. However, Alan Bolter has provided a summary of the budget and impacts to the CMH in more detail on June 3. The expected budget bills are SB 878 and HB 5630. In summary, here are the main highlights that would impact HealthWest:
  - **Direct Care Worker (DCW) Wages**
    - ✓ *The budget ultimately does not include ongoing FY27 funding for the proposed direct care worker wage increase package.*
    - ✓ *Instead, funding for minimum wage increases, sick leave costs, and wage adjustments is being handled through a FY26 supplemental appropriation.*
    - ✓ *Boilerplate requires wage increases to be passed directly through to direct care workers and allows MDHHS to recoup funds if employers do not comply.*
  - **PIHP Rate-Setting Protection**
    - ✓ *A significant win for PIHPs and CMHSPs:*
      - *Revised Section 920 requires MDHHS to include state and federal wage increases in the Medicaid rate-setting process.*
      - *MDHHS must complete rate setting before requiring implementation of new direct care worker wage mandates.*
  - **CCBHC Funding**
    - ✓ *CCBHC funding remains largely intact.*
    - ✓ *Includes $7.9 million GF/GP to offset federal funding adjustments.*
    - ✓ *Moves $242.3 million gross ($46 million GF/GP) into a one-time appropriation with no net funding reduction.*

- **ABA / Autism Services**
  - ✓ *The budget assumes $21.6 million gross savings ($7.4 million GF/GP) from changes to Applied Behavior Analysis (ABA) services.*
  - ✓ *New boilerplate directs MDHHS to pursue utilization and service-delivery efficiencies.*
  - ✓ *Autism behavioral technician reimbursement remains protected at not less than $66/hour.*
  - ✓ *New fraud and quality-control oversight provisions require MDHHS to devote up to 1% of autism funding to program integrity and quality reviews.*
- **Major Medicaid Cost Savings Initiatives**
  - ✓ *The budget contains nearly $480 million in Medicaid savings, including:*
    - Pharmaceutical program changes and increased use of generics/biosimilars.
    - Carve-out of the adult Medicaid dental program.
    - ABA utilization review savings.
    - HMO administrative reductions.
    - Third-party contract savings.
    - Elimination of a non-Medicaid direct care wage backfill program.
- **Important Boilerplate Outcomes -Not Included**
  - ✓ *The following items sought by some policymakers were removed from the final agreement:*
    - U.S. Citizenship Requirement (Sec. 226)
    - DEI Program Prohibition (Sec. 227)
    - PIHP Request for Proposal language (Sec. 1020)
    - "Mental Health Framework" prohibition (Sec. 1021)
    - Waskul cost reimbursement language (Sec. 1022)
- **What Matters Most for HealthWest**
  - ✓ *No PIHP procurement/RFP language made it into the budget.*
  - ✓ *No Mental Health Framework prohibition was included.*
  - ✓ *PIHP rate setting must account for future wage mandates before implementation.*
  - ✓ *Direct care worker wage funding is being addressed through a supplemental rather than built into the FY27 base budget.*
  - ✓ *CCBHC funding remains protected.*
  - ✓ *ABA/autism services will face increased utilization review and quality-control oversight.*
  - ✓ *Nearly $480 million in Medicaid savings assumptions could create future implementation pressures within the Medicaid program.*

For HealthWest and the CMHA advocacy agenda, the two biggest policy takeaways are likely that the PIHP RFP language was not included, and the Mental Health Framework prohibition was not included, indicating the Legislature did not adopt those policy changes in the final budget agreement

- **LRE Updates:**
  - LRE shared the FY27 contracts with the CMH CEOs this past week. The LRE would like the CMHs to review the contract. There are some changes and updates to the contract that I have some concerns about.
    - ✓ *There is new language on sanctions for the CMHSP citing MCL 330.1232b from the Mental Health Code. I reviewed the Master agreement between the LRE and MDHHS*

and my interpretation of the MCL code is that MDHHS uses this in a variety of ways, but it is normally reserved for serious non-compliance with standards in service delivery. This statute often involves an Administrative Procedures Act (APA) which allows for a contested case hearing if a CMH were to be sanctioned. For some of the lesser violations, MDHHS will use a softer approach such as a plan of correction before any financial sanction and before termination. The LRE contract language as written does not differentiate between what is lesser violations and what is serious violations warranting a sanction. The LRE language collapses both these types of scenarios by citing MCL 330.1232b which is problematic.

- ✓ *Secondly, the LRE also introduced language in the contract related to Network Adequacy Standards that if a member's (a CMH) network adequacy or timely access falls short, LRE can the CMH's delegated managed care function activities to bring the region back into compliance. My question is what delegated function will they be clawing back from the CMHSPs?*

- ✓ *There is also a new language related to Late/Inaccurate reports that will be defined as a material breach and not a performance issue. Does this mean they can now sanction a CMH for this? What are the criteria for this to become serious.*

- ✓ *There is also a new schedule added to the LRE/CMHSP contract that the delegation of Managed Care Function Activities can be amended by the LRE by written Change Notice (no contract amendments/re-signature needed) whenever necessary for MDHHS compliance.*

There were other changes related to ASAM and HIPAA 42 CFR language but the 4 above are the areas of concern. I will be bringing this up at the next Ops meeting for discussion.

- CMH Level updates:
  - The biggest work right now at the CMHSP level is addressing the decrease in utilization in various programs. There is a decrease in service delivery as I mentioned before which is causing our surplus numbers in the FSR. The clinical teams are working on understanding areas that are impacted and resolving gaps in the system. There have been some changes already in several areas and we are seeing the positive impacts to service delivery. There is an ongoing workgroup that is looking at various metrics in the agency such as productivity, financial codes services review, financial determination, and internal referral processes to improve service delivery numbers.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

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

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Total expenditures for July 2026 were $11,900,352.72. Significant expenditure included:

- Three Pay Periods
- Amanda Family Inc - $119,931.73 for Residential Services
- Beacon Services - $227,687.77 for Residential Services
- CDW Government - $258,590.68 for Microsoft 365 licenses, Project Pro, Co-Pilot Pro, Viso Pro, Power BI, EXCH online plan, Windows Azure, Windows Server Core, and SQL Servers
- Cherry Street Services, Inc. - $210,409.83 for Substance Use Services
- Daybreak - $160,433.80 for Outpatient Services
- Fa-Ho-Lo Family Inc. - $118,272.38 for Residential Services
- Flatrock Manor - $135,751.80 for Residential Services
- Forest View Psychiatric Hospital - $131,822.26 for Community Inpatient Services
- Guardian Trac LLC - $193,286.05 for Outpatient Services
- HGA Nonprofit Homes - $119,286.05 for Residential Services
- IvyRehab Michigan - $174,319.80 for Autism Services
- Lakeshore Regional Entity - $4,696,740.61 for the FY25 Medicaid Cost Settlement
- Mend VIP Inc - $217,600.00 for Electronic Health Record Enhancement and Consumer Engagement
- Mercy General Health Partners - $233,993.44 for Community Inpatient Services
- Moka Corporation - $867,295.98 for Residential Services and Outpatient Services
- Pine Rest Christian Hospital - $207,280.68 for Community Inpatient Services
- Pioneer Resources - $471,053.62 for Autism, Outpatient and Residential Services
- Professional Rehabilitation Services - $211,335.00 for Autism Services
- Turning Leaf - $315,728.47 for Residential Services
- Walloon Lake Recovery Lodge - $259,354.35 for Substance Use Services

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to approve expenditures for July 2026 totaling $11,900,352.72.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

HWB 110-F

HealthWest

June 2026

Board Report

COMMUNITY MENTAL HEALTH
INTERIM BALANCE SHEET 2220
MENTAL HEALTH

June 30, 2026

ASSETS	THIS YEAR	LAST YEAR
Cash in Bank	10,633,432.13	3,915,182.88
Imprest (Petty) Cash	1,600.00	1,600.00
Due from Credit Cards	293.27	904.25
Accounts Receivable	36,737.96	159,189.64
Due From Other Funds	24,243.34	5,662.58
Prepaid Items	296,424.06	293,670.78
Due from other governments	(3,905,548.80)	4,485,995.89
Total Assets	$ 7,087,181.96	$ 8,862,206.02
LIABILITIES AND EQUITY		
Accounts Payable	$ 50,185.18	$ 76,744.51
Undistributed Receipts	20,546.88	21,622.04
Due to Federal	-	-
Total Liabilities and Equity	$ 70,732.06	$ 98,366.55
DEFFERED INFLOWS OF RESOURES		
Deferred Medicaid fee for services and capitation	$ 15,905.00	$ 217,464.98
Fund Balance at beginning of year	417,630.85	942,565.51
Nonspendable FB-Prepaids	507,930.59	
**Total Fund Balance	$ 925,561.44	$ 942,565.51
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE	$ 1,012,198.50	$ 1,258,397.04
NET OF REVENUES VS EXPENDITURES	$ 6,074,983.46	$ 7,603,808.98

Transferred to County Equipment Revolving Account for:			
Mental Health Center Building	(6660-0000-349.220)	$2,234,317.18	$2,394,322.48
Future Equipment Purchases	(6660-0000-349.222)	$119,122.10	$86,607.86

COMMUNITY MENTAL HEALTH
INTERIM BALANCE SHEET 7930
CMH CLIENT FUNDS

June 30, 2026

ASSETS

	THIS YEAR	LAST YEAR
Cash	$ 324,106.11	$ 492,231.15
Imprest Cash	$ -	$ -
Accounts Receivable	$ -	$ -
Total Assets	$ 324,106.11	$ 492,231.15

LIABILITIES AND EQUITY

Accounts Payable	$ -	$ -
Due to Other Funds	$ 2,762.93	$ 5,621.34
Undistributed Receipts	$ 321,343.18	$ 486,609.81
	$ 324,106.11	$ 492,231.15

HealthWest

Statement of Revenues, Expenditures and Changes in Fund Balances

Budget to Actual

For the Period from October 1, 2025 through June 30, 2026

	Original Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Revenues				
Medicaid funding:				
Medicaid capitation	$ 66,867,234	$ 50,150,426	$ 44,375,324	$ (5,775,102)
Medicaid - Autism capitation	12,683,576	9,512,682	10,433,589	920,907
Medicaid capitation - settlement	-	-	(9,842,907)	(9,842,907)
Healthy Michigan Plan	7,132,975	5,349,731	5,304,420	(45,311)
Healthy Michigan Plan - settlement	-	-	2,308,180	2,308,180
CCBHC Revenue	18,061,503	13,546,127	18,216,293	4,670,166
State General Fund:				
Formula Fundings	2,066,287	1,549,715	1,549,716	1
Grant Revenue	5,658,398	4,243,799	4,024,409	(219,390)
Local revenue:				
County appropriation	706,819	530,114	530,108	(6)
Client and third party fees	814,150	610,613	429,025	(181,588)
Interest income	160,420	120,315	186,839	66,524
Other revenue	212,006	159,005	445,544	286,539
Total revenue	114,363,368	85,772,527	77,960,540	(7,811,987)
Expenditures				
Salaries and wages	29,361,883	22,021,412	21,666,964	(354,448)
Fringe benefits	22,606,407	16,954,805	14,191,427	(2,763,378)
Staff professional development	620,601	465,451	342,953	(122,498)
Contractual expense	54,455,930	40,841,948	43,204,973	2,363,025
Overhead expense	3,471,786	2,603,840	2,329,045	(274,795)
Supplies	801,366	601,025	593,142	(7,883)
Utilities	302,400	226,800	188,164	(38,636)
Insurance	456,051	342,038	468,073	126,035
Capital outlay	5,060	3,795	(70)	(3,865)
Other expenses	1,994,874	1,496,156	661,294	(834,862)
Transfers	287,010	215,258	174,699	(40,559)
Total expenditures	114,363,368	85,772,528	83,820,664	(1,951,864)
Net change in fund balance	-	(1)	(5,860,124)	(5,860,123)
Fund balance, beginning of year	925,562	925,562	925,562	-
Fund balance, end of year	$ 925,562	$ 925,561	$ (4,934,562)	$ (5,860,123)

HealthWest
Muskegon's Behavioral Wellness Connection

MEMORANDUM

Date: August 21, 2026

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 August, HealthWest brought the following motions to the County Commissioners for approval.

Move to eliminate the Assisted Outpatient Treatment Coordinator, Position X02900, and layoff employee E93000188, effective September 30, 2026.

> The grant, Assisted Outpatient Treatment Foundation Strengthening Initiative, is ending on September 30, 2026, which funded this position. The employee is aware that the position is grant funded. HealthWest is working with the employee to identify positions within HealthWest or the County for which they are qualified in hopes the employee will choose to apply for those vacancies.

Move to eliminate the COFR Case Manager, Position X27600, and layoff employee E93033789, effective September 30, 2026.

> HealthWest has determined the team is in need of a Nurse Care Manager, which requires a Registered Nurse License, instead of a Case Manager level position. The County of Funding Responsibility (COFR) program requires HealthWest to provide case management, but many of our clients have medical needs as well. We are budgeting for a Nurse Care Manager in the FY 2027 budget instead of the COFR Case Manager position. We will work with the employee to identify other positions within HealthWest and the County for which she is qualified in hopes that she applies.

Move to approve the lease between the County of Muskegon, HealthWest, and 1161 West Southern, LLC, for space at 1161 West Southern Avenue, Muskegon, MI, 49441 effective November 1, 2026, through October 31, 2036, and authorize the Executive Director of HealthWest

to sign the lease Agreement. Further, move to approve the termination of the existing two leases between County of Muskegon, HealthWest, and 1161 West Southern, LLC, effective October 31, 2026, and authorize the Executive Director of HealthWest to sign the termination, contingent on the new lease being fully executed.

With the current lease for program space expiring on December 31, 2026, HealthWest conducted a comprehensive review of its facility needs, program requirements, and staff feedback to evaluate options that would best support the program's long-term operational and service delivery goals.

The proposed lease agreement will consolidate the existing leased space at 1161 W. Southern Avenue, Muskegon, Michigan, into a single lease at the NIMS campus and provide additional space to accommodate program and operational needs. This relocation will integrate the program more closely with other HealthWest operations and services, creating opportunities for enhanced collaboration, improved communication, and greater access to shared resources. Consolidating locations is expected to improve operational efficiency, reduce administrative complexity, and strengthen coordination across programs.

The new lease consolidates the space included in our current two leases and adds additional space. We currently have a lease for the 2nd floor and one for a portion of the 1st floor. This new lease is for all the 1st and 2nd floors and a portion of the 3rd floor. Therefore, the existing leases would end with the start of this new lease.

Move to approve the HealthWest Executive Director to accept and sign the Professional Liability Insurance policy for the policy period of August 20, 2026, through August 20, 2027, as proposed by Jencap Insurance Services Inc. and brokered through Hub International, not to exceed $58,000.00.

Authorization is requested by HealthWest to approve the Professional Liability Insurance policy for the policy period of August 20, 2026, through August 20, 2027, as proposed by Jencap Insurance Services Inc. and brokered through Hub International.

Details of the Proposal:

- **Carrier:** General Star Indemnity Company (Non-Admitted)
- **Coverage:** Professional Liability
- **Total Premium, Taxes, and Fees:** $57,499.13
    - Professional Liability Premium: $55,365.00
    - Broker Fee: $750.00
    - Michigan Regulatory Fee: $276.83
    - Surplus Lines Tax: $1,107.30
- **Minimum Earned Premium:** 25%
- **Application Number:** IJG760353!
- **Insured:** HealthWest
- **Broker Contact:** Rod Martin, Hub International

Conditions:

- Subject to the terms and conditions outlined in the attached carrier quote.
- A completed Michigan Statement of Diligent Effort form is required.
- This quotation is preliminary and non-binding, pending final underwriting review.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		
REQUESTING DIVISION	**REQUEST DATE**		**REQUESTOR SIGNATURE**
Finance	August 21, 2026		Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board approval is requested for the HealthWest FY2026 Projected Budget proposed to the County of Muskegon in the amount of $115,819,593 for both revenues and expenditures.

Information sheets are attached showing where revenues and expenditures have changed from the current approved County budget to the new proposed County projected budget for FY2026.

A recap of the changes being requested is shown below:

	Amended FY2026 Budget	Projected FY2026 Budget	Increase
Revenues	$114,363,368	$115,819,593	$1,456,225
Expenditures	$114,363,368	$115,819,593	$1,456,225
Difference	$0	$0	$0

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to approve the HealthWest FY2026 Projected Budget in the amount of $115,819,593 for both revenues and expenditures.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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HealthWest

[redacted] FISCAL YEAR 2026 ORIGINAL COMPARISON TO FISCAL YEAR 2026 AMENDE

	FY 2025 Actual	FY 2026 Orig.Budget	FY 2026 Projected Budget	BUDGET VARIANCE
Revenues				
Medicaid funding:				
Medicaid capitation	$ 53,083,657	$ 66,867,234	$ 59,828,768	$ (7,038,466)
Medicaid - Autism capitation	12,907,408	12,683,576	13,345,975	$ 662,399
Medicaid capitation - settlement	-	-	-	$ -
Healthy Michigan Plan	11,581,948	7,132,975	6,256,128	$ (876,847)
Healthy Michigan Plan - settlement	-	-	-	$ -
CCBHC	19,648,309	18,061,503	25,911,878	$ 7,850,375
State General Fund:				
Formula Fundings	2,066,287	2,066,287	2,066,287	$ -
Settlement	-	-	-	$ -
Grant Revenue	6,263,976	5,338,045	6,477,699	$ 1,139,654
Local revenue:				
County appropriation	706,819	706,819	706,819	$ -
Client and third party fees	861,194	818,930	792,365	$ (26,565)
Interest income	228,504	171,420	290,534	$ 119,114
Other revenue	219,925	516,579	143,140	$ (373,439)
Total revenue	107,568,027	114,363,368	115,819,593	1,456,225
Expenditures				
Salaries and wages	30,403,048	29,361,883	29,487,333	$ 125,450
Fringe benefits	17,231,994	22,606,407	20,012,758	$ (2,593,649)
Staff professional development	432,503	620,601	580,268	$ (40,333)
Provider network services:				
Specialized Residential	25,587,658	24,900,000	25,500,000	$ 600,000
Community Inpatient	7,188,106	7,000,000	9,100,000	$ 2,100,000
SUD Services	7,355,107	6,700,000	7,700,000	$ 1,000,000
Outpatient Services	8,551,566	9,500,000	9,100,000	$ (400,000)
Autism Services	2,695,182	2,908,811	3,325,429	$ 416,618
Contractual expense	3,002,154	3,447,119	3,938,561	$ 491,442
Overhead expense	2,825,200	3,471,786	3,115,310	$ (356,476)
Supplies	584,118	801,366	927,816	$ 126,450
Utilities	300,128	302,400	282,040	$ (20,360)
Insurance	490,449	456,051	468,073	$ 12,022
Other expenses	1,125,561	1,999,934	2,049,070	$ 49,136
Transfers	232,932	287,010	232,935	$ (54,075)
Total expenditures	108,005,706	114,363,368	115,819,593	1,456,225
Net change in fund balance	(437,678)	-	-	-
Fund balance, beginning of year	1,363,240	925,562	925,562	-
Fund balance, end of year	$ 925,562	$ 925,562	$ 925,562	$ -

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board approval is requested for the HealthWest FY2027 Recommended Budget proposed to the County of Muskegon in the amount of $118,839,765 for both revenues and expenditures.

Information sheets are attached showing where revenue and expenditures have changed from the FY2026 projected budget to the new proposed budget for FY2027.

A recap of the changes being requested is shown below:

	Projected FY26 Budget	Proposed FY27 Budget	Increase
Revenues	$115,819,593	$118,839,765	$3,020,172
Expenditures	$115,819,593	$118,839,765	$3,020,172
Difference	$0	$0	$0

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to approve the HealthWest FY2027 Recommended Budget in the amount of $118,839,765 for both revenues and expenditures.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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HealthWest

FISCAL YEAR 2026 COMPARISON TO FISCAL YEAR 2027

	FY 2026 Orig.Budget	FY 2026 Projected Budget	FY 2027 Rec. Budget	BUDGET VARIANCE
Revenues				
Medicaid funding:				
Medicaid capitation	$ 66,867,234	$ 59,828,768	$ 60,141,463	$ 312,695
Medicaid - Autism capitation	12,683,576	13,345,975	15,692,936	$ 2,346,961
Medicaid capitation - settlement	-	-	-	$ -
Healthy Michigan Plan	7,132,975	6,256,128	6,672,053	$ 415,925
Healthy Michigan Plan - settlement	-	-	-	$ -
CCBHC FFS	18,061,503	25,911,878	26,800,120	$ 888,242
State General Fund:				
Formula Fundings	2,066,287	2,066,287	2,066,287	$ -
Settlement	-	-	-	$ -
Grant Revenue	5,658,398	6,477,699	5,534,048	$ (943,651)
Local revenue:				
County appropriation	706,819	706,819	706,819	$ -
Client and third party fees	814,150	792,365	792,365	$ -
Interest income	160,420	290,534	290,534	$ -
Other revenue	212,006	143,140	143,140	$ -
Total revenue	114,363,368	115,819,593	118,839,765	3,020,172
Expenditures				
Salaries and wages	29,361,883	29,487,333	29,911,072	$ 423,739
Fringe benefits	22,606,407	20,012,758	22,042,699	$ 2,029,941
Staff professional development	620,601	580,268	590,021	$ 9,753
Provider network services:				
Specialized Residential	24,900,000	25,500,000	25,500,000	$ -
Community Inpatient	7,000,000	9,100,000	9,100,000	$ -
SUD Services	6,700,000	7,700,000	7,705,309	$ 5,309
Outpatient Services	9,500,000	9,100,000	8,600,000	$ (500,000)
Autism Services	2,908,811	3,325,429	3,700,000	$ 374,571
Contractual expense	3,447,119	3,938,561	4,089,304	$ 150,743
Overhead expense	3,471,786	3,115,310	3,141,239	$ 25,929
Supplies	801,366	927,816	1,061,693	$ 133,877
Utilities	302,400	282,040	281,440	$ (600)
Insurance	456,051	468,073	491,477	$ 23,404
Other expenses	1,999,934	2,049,070	2,392,576	$ 343,506
Transfers	287,010	232,935	232,935	$ -
Total expenditures	114,363,368	115,819,593	118,839,765	3,020,172
Net change in fund balance	-	-	-	-
Fund balance, beginning of year	925,562	925,562	925,562	-
Fund balance, end of year	$ 925,562	$ 925,562	$ 925,562	$ -

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance Department	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Authorization is requested for HealthWest to enter into grant-funded agreements with the Michigan Department of Health and Human Services (MDHHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Housing and Urban Development (HUD), the Bureau of Justice Assistance (BJA), and the Lakeshore Regional Entity (LRE), as outlined on the attached FY2027 Grants Attachment. The awarded grants are categorized as follows: MDHHS grants, Federal grants, and LRE Sub-Awards. The total value of FY2027 awarded grants is $4,232,826.

In addition, HealthWest has submitted applications for several FY2027 funding opportunities that have not yet been awarded, including grants from the Michigan Health Endowment Fund, a Senate Appropriation request, SAMHSA Mobile Crisis, SAMHSA CCBHC, and the LEAD Giving Circle. These applications are identified separately on the attached grant schedule and are not included in the awarded grant total.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize acceptance of the FY2027 awarded grants identified on the attached grant schedule, including MDHHS grants, Federal grants, and LRE Sub-Awards, and to accept the requirements associated with those grants, for a total awarded amount of $4,232,826. Further, the Board acknowledges and accepts the FY2027 grant applications submitted and pending award consideration as identified in the Applied/Not Yet Awarded section of the attachment.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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FISCAL YEAR 2027 GRANTS

MDHHS	**FY27 Award**
Behavioral Health Services for Vietnam Veterans	$ 54,895.00
Veteran's System Navigator (Connecting Veterans)	$ 302,907.00
Hispanic Behavioral Health Services	$ 87,037.00
Infant & Early Childhood Mental Health Consultation in Child Care	$ 114,475.00
Justice Involved Health Coach	$ 80,000.00
Drop-In Centers (Recovery Co-OP Wellness)	$ 10,000.00
Pre-Admission Screening Annual Resident Reviews	$ 180,000.00
Federal Grants	
HUD Supportive Housing I	$ 216,135.00
HUD Supportive Housing II	$ 34,645.00
HUD Supportive Housing III	$ 43,818.00
HUD Supportive Housing IV	$ 44,282.00
HUD Veterans	$ 72,617.00
Justice & Mental Health Collaboration BJA23	$ 272,037.00
LRE Sub-Awards	
Clubhouse Spend Down	$ 25,000.00
Smoking Cessation	$ 30,000.00
SOR Prevention	$ 32,500.00
SOR Jail-based MOUD	$ 276,731.00
SOR-OUD/StUD Treatment	$ 78,000.00
SOR-OUD/StUD Recovery	$ 65,976.00
SOR-OEND	$ 150,000.00
SOR-Peer Linkage	$ 165,000.00
SOR-Recovery Housing	$ 105,000.00
MI Gambling Disorder-Prevention	$ 32,500.00
SUD Access Management	$ 33,529.00
SUD General Admin	$ 61,426.00
SUD Treatment	$ 648,582.00
SUD Prevention Services	$ 127,531.00
Women's Spec Services	$ 170,000.00
PA2 Treatment	$ 408,976.00
State Disability	$ 65,356.00
PA2 Prevention	$ 90,395.00
AUD Alcohol Use Disorder	$ 54,598.00
SUD Healing and Recovery	$ 98,878.00
TOTAL	**$ 4,232,826.00**
FY27 Applied/Not yet awarded	
Michigan Health Endowment Fund-Behavioral Health	$ 500,000.00
Sentate Appropriation	$ 2,000,000.00
SAMHSA-Mobile Crisis	$ 510,214.00
SAMHSA-CCBHC	$ 999,451.00
LEAD Giving Circle	$ 7,000.00
TOTAL	**$ 4,016,665.00**

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Provider Network	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Authorization is requested for the HealthWest Board to increase the five funding sources from $51,008,811 to $54,725,429 effective August 28, 2026, through September 30, 2026.

1. Specialized Residential - $25,500,000
2. Community Inpatient - $9,100,000
3. SUD Services - $7,700,000
4. Outpatient Services - $9,100,000
5. Autism Services - $3,325,429

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.

Funds will be reallocated throughout the current budget as needed. A revised projected budget has been submitted to increase the overall Fiscal Year 2026 budget for the September 2026 County Ways and Means meeting.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Board of Directors to approve the FY26 contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is $54,725,429 effective August 28, 2026, through September 30, 2026.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Provider Network	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Authorization is requested for the HealthWest Board to approve the FY27 Provider Network category budgets effective October 1, 2026.

Category	FY26 Budget	FY27 Budget	Variance
Specialized Residential	$25,500,000	$25,500,000	$0
Community Inpatient	$9,100,000	$9,100,000	$0
SUD Services	$7,700,000	$7,705,309	$5,309
Outpatient Services	$9,100,000	$8,600,000	($500,000)
Autism Services	$3,325,429	$3,700,000	$374,571
Total	**$54,725,429**	**$54,605,309**	

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Board of Directors to approve the FY27 budget for the contracted Vendors/Providers listed under the five funding sources effective October 1, 2026. The total budget for the five funding services is $54,605,309. The agreements are dated October 1, 2025, through September 30, 2027.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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Specialized Residential
Budget: $25,500,000

Vendor	*Primary Services*
ADIA	Specialized Residential Home (1)
Amanda Family, Inc.	Specialized Residential Home (1)
Amani, 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
Connalee Kleck dba Grove AFC	Specialized Residential Homes (1)
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: $25,500,000

Vendor	*Primary Services*
DBT Institute of Michigan	Residential Treatment (1)
Enriched Living, LLC	Specialized Residential Homes (4)
Fa-Ho-Lo Family, Inc.	Specialized Residential Home (1)
Faith & Grace Enterprise, LLC	Specialized Residential Home (1)
Falco- Allegan Enrichment	Specialized Residential Homes (3)
Flatrock Manor	Specialized Residential Homes (11)
Giddings AFC Homes, LLC dba Giddings AFC	Residential Treatment (1)
Heartland Center for Autism	Residential Treatment (2)
Hernandez Homes, LLC	Specialized Residential Homes (3)
HGA Support Services	Specialized Residential Homes (5)
Hope Network Behavioral Health	Specialized Residential Homes (20)
Imara, LLC	Specialized Residential Home (1)
Inspiring Loving Hope Homes, LLC	Specialized Residential Home (1)
Kelly's Kare AFC	Specialized Residential Home (1)
Lakeshore Care Corp	Specialized Residential Homes (2)
LMA Homes, LLC (Lenora AFC2)	Specialized Residential Home (1)
Lydia's AFC	Specialized Residential Home (1)
MOKA Corporation	Specialized Residential Homes (16)
Organic Care, LLC	Specialized Residential Home (1)

Specialized Residential
Budget: $25,500,000

Vendor	*Primary Services*
Pendogani GL, LLC	Specialized Residential Home (5)
Pine Rest Christian Mental Health Services	Crisis Residential Homes (2)
Pioneer Resources, Inc.	Specialized Residential Homes (5)
Residential Opportunities, Inc.2	Specialized Residential Home (2)
Slim Haven, LLC dba Lenora AFC	Specialized Residential Home (1)
Soul Springs, LLC	Specialized Residential Home (1)
Stephens Home, LLC	Specialized Residential Home (1)
Turning Leaf Residential Rehabilitation	Specialized Residential Homes (19)
Wrezinski AFC	Specialized Residential Home (1)
You're Always at Home AFC	Specialized Residential Home (1)
Zawadi USA, LLC	Specialized Residential Homes (2)
Zuri Communities, LLC	Specialized Residential Home (1)

Community Inpatient
Budget: $9,100,000

Vendor	*Primary Services*
BCA StoneCrest 15000 Gratiot Ave Detroit, MI 48205 **(IMD)**	Adult Inpatient Child Inpatient
BH JV Grand Rapids, LLC DBA Southridge Behavioral Hospital	Adult Inaptient
	Adult Partial
COFR - MICMH	Determined as Needed
Co-Pays	Determined as Needed
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: $9,100,000

Vendor	*Primary Services*
Pine Rest Christian ***Mental Health Hospital*** 300 68th Street SE Grand Rapids, MI 49548 **(IMD)**	Adult Inpatient Child Inpatient Partial Hospitalization ECT- Inpatient ECT- Outpatient
Samaritan Behavioral Center 555 Conner Avenue Suite 3N Detroit, MI 48213 **(IMD)**	Adult Inpatient
Single Case Agreements (SCA)	Determined As Needed
Spectrum Health Hospitals ***dba Corewell Health Grand Rapids Hospital*** 100 Michigan ST. NE Grand Rapids, MI 49503 Helen Devos Children Hospital	Child Inpatient
Trinity Health ***Grand Rapids Hospital*** 200 Jefferson Street SE Grand Rapids, MI 49501	Adult Inpatient Older Adult Services Adult Partial Hosp ECT- Inpatient ECT- Outpatient
Trinity Health ***Trinity Health-Muskegon Hospital (Mercy/Hackley)*** 125 E Southern Ave., Ste. 120 Muskegon, MI 49442	Adult Inpatient

Substance Use Disorder (SUD)

Budget: $7,705,309

Vendor	*Primary Services*
ACAC, Inc.	ASAM Level of Care 1.0 Outpatient and 2.1 Outpatient
Addiction Treatment Services, Inc.	ASAM Level of Care 3.2 Withdrawal Management (Subacute) ASAM Level of Care 3.5 Residential ASAM Level of Care 3.7 Withdrawal Management (Medically Monitored)
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 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
Reach for Recovery, Inc.	ASAM Level of Care 1.0 Outpatient ASAM 3.1 Clinically Managed Low Intensity
Recovery Road, LLC.	Recovery Housing
RLC Property Management, LLC, ***The Comfort Home***	Recovery Housing

Substance Use Disorder (SUD)

Budget: $7,705,309

Vendor	*Primary Services*
Sacred Heart Rehabilitation Services, Inc.	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
The Grand Rapids Red Project	Overdose Prevention and Intervention Provision of Naloxone Kits Recovery Coaching
Walloon Lake Recovery Lodge, LLC dba Bear River Health	ASAM Level of Care 1.0 Outpatient ASAM Level of Care 2.1 Inensive 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
Wedgwood Christian Services	ASAM Level of Care 1.0 Outpatient

Outpatient Services
Budget: 8,600,000

Vendor	*Primary Services*
Advanced Therapeutic Solutions, LLC	Art, Music, Rec Therapy
Beacon Specialized Living Services	Therapy Assessment Behavioral Plan Cae Management Psychiatric
Camp Sunshine, Inc.	Overnight Respite
Case Management of MI, Inc.	Ancillary Services Case Management
COFR - MICMH	Determined as Needed
Center for Neuropsychology and Behavioral Health	Psychological Testing
Comprehensive Therapy Center	Speech and Language Pathology Services
Daybreak Adult Services, Inc.	Community Living Supports
Flatrock Manor	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
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
Lazarusman Consulting, PLLC	Behavioral Health Services Designated Collaborating Organization (DCO)

Outpatient Services
Budget: 8,600,000

Vendor	*Primary Services*
Living Hope Home Care, LLC	Community Living Supports
MOKA Corporation	Community Living Supports Supported Employment, 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	Skill Building Case Management
West Michigan Counseling & Psychological	Diagnostic Testing

Autism Services
Budget $3,700,000

Vendor	*Primary Services*
Ivy Rehab Michigan, LLC	Autism Services
Northern Behavioral Solutions, LLC	Autism Services
Pioneer Resources, Inc.	Autism Services, SED Services
Positive Behavior Supports	Autism Services
Rebound Rehabilitation Services, Inc.	Autism Services
Rise ABA, LLC	Autism Services
The Shoreline Center	Autism Services

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Provider Network	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Authorization is requested for the HealthWest Board to approve the FY27 Vendors/Providers (carried over from fiscal year 2026) listed on Attachment A. The listed vendors are currently providing services for HealthWest, and the expenditures are within the HealthWest FY27 Budget.

Attachment A includes
1. Provider/Vendor Name
2. Service Provided
3. Projected Expenditure

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

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.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

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Fiscal Year 2027 Vendor List			
Vendor	**Services**	**Contract Term Date**	**Estimated 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
CMHA-CEI	Membership	9/30/2026	25,000.00
Dr. Jessica Bright, M.D.	Psychiatry Services	9/30/2027	143,500.00
Dr. Joanne Kolean, Ph.D.	Psychologist	9/30/2028	25,000.00
Katherine Ann Jawor, MD	Psychiatric Services	9/30/2027	187,200.00
Kent County CMH Authority dba Network180	Lakeshore Training System (LMS)	9/30/2027	$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	9/302027	115,500.00 7,500.00
Reliance Community Care Partners	Provision of OBRA Screenings	9/30/2027	156,522.00
State of Michigan - Michigan Rehabilitation Services (ICTA)	Vocational Rehabilitation Services	9/30/2027	69,200.00
Sue Ellen Huffstutter-Lauver MD	Psychiatric Services	9/30/2028	145,000.00
The Arc-Muskegon	Consumer Support/Training, CLS	9/30/2027	36,000.00
Trinity Pharmacy	Medications for CMH Consumers	2/28/2029	50,000.00
Voices for Health, Inc	Interpretation Services Face-to-Face and Telephone / Document Translation	Auto-Renew	40,000.00

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Full Board	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board authorization is requested to approve payment to the following landlords for lease payments in the HUD programs, at a cost not to exceed the HUD grant dollars of $411,497. Grant awards are as follows:

Program	Authorized	Grant Term
HUD I	$216,135	OCT 26-SEP 27
HUD II	$34,645	JUL 26-JUN 27
HUD III	$43,818	JUL 26-JUN 27
HUD IV	$44,282	SEP 26-AUG 27
HUD VETS	$72,617	APR 26-MAR 27
Total	$411,497	

The landlords are:

Allen Crossing Limited Dividend Housing Association
Big Red Development, LLC
Blanchard Rentals
BVW Property Management, LLC
Cornerstone Real Estate Property Management
Fresh Start Property Management
Ian Stack
Jaymark Properties
Kamp Veld, LLC
Keessen Properties
Lighthouse Property Management
Matthew VanHolstyn
MI Real Estate Management LLC
Michael Nethercott
Trinity Investment Group, LLC
Westshore Property Management

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Executive Director to approve the above landlords for the HUD grant funding for Fiscal Year 2027, at a cost not to exceed the final HUD grant awarded dollars of $411,497 and approve departmental signature of the MSHDDA Agreement.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Full Board	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Administration	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board authorization is requested for the Chief Finance Officer 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, 2026 through September 30, 2027. There are no changes to this contract from FY2026. Formula funding remains stable at $2,066,287.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Chief Finance Officer 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, 2026 through September 30, 2027.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

HWB 118-F

Agreement #: {ctrt_no}

Grant Agreement Between
{dept_name}Services
hereinafter referred to as the "Department" or "MDHHS"
and
{agency_name}
{add_line_1}
{add_line_2}
Federal I.D.#: {fed_id}, Unique Entity Identifier: {uei_no}
hereinafter referred to as the "Grantee" or "CMHSP"
for
{pgm_desc}

1. Period of Agreement:

This Agreement will commence on the date of the Grantee's signature or {start_dt}, whichever is later, and continue through {end_dt}. No activity will be performed and no costs to the state will be incurred prior to {start_dt} or the effective date of the agreement, whichever is later. Throughout the Agreement, the date of the Grantee's signature or {start_dt}, 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:

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

The Agreement is designated as:

Research and development project; or
X 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:

Name Title

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

08/19/2026

Name Title Date

For the Michigan Department of Health and Human Services

Terri Smith 08/19/2026

Terri Smith, Director Date
Bureau of Grants and Purchasing

Table of Contents

Definitions/Explanation of Terms

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 Health Services 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 Morningstar, Director
Bureau of Specialty Behavioral Health Services
Health Services
Department of Health & Human Services
400 S. Pine
Lansing, Michigan 48913

4.0 Term of Contract

The term of this contract shall be from October 1, 2026 through September 30, 2027. 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 September 30, 2027. 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 $10,000, 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 in 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 Health Services 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, facsimile or email address indicated within this contract upon (a) delivery, if hand delivered, or when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; (c) when verified by automated receipt or electronic logs of a confirmed transmission if sent by facsimile or email. Either party may change its mailing address, email address or facsimile number where notices are to be sent by giving written notice in accordance with this section. Delivery of notice from MDHHS may occur via State of Michigan technology solutions, including, but not limited to, the Electronic Grants Administration & Management System (EGrAMS) and eSign.

Address:
Health Services
Bureau of Specialty Behavioral Health Services
Michigan Department of Health & Human Service, Health Services
400 S. Pine, Capital Commons Center,
Lansing, Michigan 48913
Facsimile: [517-241-7816]

Email Address: MDHHS-BHDDA-Contracts-MGMT@michigan.gov

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.

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 6.3.2.3 RR Appeals Process Technical Requirement
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	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Full Board	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest authorization is requested to contract with **Rehmann LLC,** 675 Robinson Road, Jackson for consulting services as a single source for a total amount estimated at $80,000 for FY2027.

Since FY2023, Rehmann has provided consulting services to HealthWest, supporting the implementation of the new MDHHS Standard Cost Allocation Methodology as well as the transition to a new general ledger and chart of accounts. Given their deep familiarity with our systems and their proven expertise with other CMH organizations, transitioning to another firm at this stage would be financially prohibitive and operationally disruptive.

Rehmann will provide consultation and support to CMH, its Executive Director and its Chief Financial Officer on an as needed basis for the following:

- Consultation as needed with the Finance Director on finance topics and monthly report review
- Review and assistance with the preparation of MDHHS & PIHP required financial reports
- Provide training and assistance as requested, including, but not limited to, budgeting and internal rate calculations
- Other consulting as requested by the Executive Director or Chief Financial Officer

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize HealthWest to contract with **Rehmann LLC,** 675 Robinson Road, Jackson for consulting services for FY2027.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ _____ No _____ Other

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REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		
REQUESTING DIVISION	**REQUEST DATE**		**REQUESTOR SIGNATURE**
Finance	August 21, 2026		Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest authorization is requested to extend the contract with **TBD Solutions Inc.,** 2930 Lucerne Dr.SE, Grand Rapids, for professional services related to a crisis stabilization unit feasibility assessment as a single source for a total amount estimated at $25,000 plus contingency for the term of the contract.

HealthWest did enter into contract with TBD Solutions on April 24,2026 under procurement for up to $25,000. However, as we finalize the project, we are getting close to $24,999. In following County and HealthWest Procurement Policy approval is needed to extend the procurement at or above $25,000. TBD Solutions was chosen under a Single Source Agreement due to their extensive work and collaboration with other Crisis Stabilization Units across the State of Michigan.

This project is to conduct a comprehensive feasibility assessment to evaluate the operational and financial viability of establishing a Crisis Stabilization Unit (CSU) in Muskegon County. The assessment will analyze current crisis system utilization and diversion opportunities (including emergency departments, law enforcement, inpatient settings, and other services), projected demand and volume assumptions, optimal bed capacity, reimbursement considerations, and overall cost assumptions. The final deliverable will clearly articulate community need, projected impact, and alignment with broader crisis system priorities to inform decision-making.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize HealthWest to contract with **TBD Solutions Inc.,** 2930 Lucerne Dr.SE, Grand Rapids, for professional services related to a crisis stabilization unit feasibility assessment.

COMMITTEE DATE August 21, 2026	**COMMITTEE APPROVAL** _____ _____ No _____ Other
BOARD DATE August 28, 2026	**BOARD APPROVAL** _____ _____ No _____ Other

HWB 120-F

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board authorization is requested to add Allen Crossing Limited Dividend Housing Association to the list of approved landlords for lease payments in the HUD programs previously approved October 2025. The addition of this landlord will not affect the budget.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Executive Director to approve Allen Crossing Limited Dividend Housing Association for the HUD grant funding for Fiscal Year 2026.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ _____ No _____ Other

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance	August 21, 2026	Brandy Carlson, Chief Financial Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Approval is requested to enter into an Interagency Cash Transfer Agreement (ICTA) with Michigan Rehabilitation Services (MRS) for the term period October 1, 2026, through September 30, 2027. Under this agreement, HealthWest will provide $69,200.00 in non-Federal share funds, matched by $187,096.00 in Federal funds from MRS, for a total program value of $256,296.00. The purpose of the agreement is to enhance and expand vocational rehabilitation services for eligible Muskegon County residents with mental illness or developmental disabilities, with the goal of increasing self-sufficiency through employment. Services provided will align with the MRS State Plan and focus on activities such as job exploration counseling, work-based learning experiences, workplace readiness training, and individualized employment support.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Executive Director to sign an Interagency Cash Transfer Agreement with Michigan Rehabilitation Services, effective October 1, 2026, through September 30, 2027, with a projected expenditure not to exceed $69,200.00.

COMMITTEE DATE	COMMITTEE APPROVAL
August 21, 2026	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
August 28, 2026	_____ Yes _____ No _____ Other

HWB 122-F

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON BUDGETED	PARTIALLY BUDGETED
Finance Committee	X		
REQUESTING DIVISION	**REQUEST DATE**		**REQUESTOR SIGNATURE**
Provider Network Management	August 21, 2026		Jennifer Stewart, Director of SUD Services

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board authorization is requested to allow the providers identified below to transition to potential Designated Collaborative Organization (DCO) contracts, contingent upon approval from the Michigan Department of Health and Human Services (MDHHS). The following five providers would be considered for transition during Fiscal Year 2027:

- **ACAC**: 1190 E. Apple Avenue, Muskegon, MI 49442
- **ACAC**: 1128 Roberts Street, Muskegon, MI 49442
- **Arbor Circle Corporation**: 1115 Ball Avenue NE, Grand Rapids, MI 49505
- **Catholic Charities West Michigan**: 40 Jefferson Avenue SE, Grand Rapids, MI 49503
- **Family Outreach Center**: 1939 S. Division Avenue, Grand Rapids, MI 49507
- **Wedgwood Christian Services**: 3300 36th Street SE, Grand Rapids, MI 49512

The contract terms would vary from October 1, 2026, through September 30, 2028. Funding for these agreements is included in the CCBHC budget. The transition to DCO contracts will support continued access to substance use disorder services while aligning with MDHHS contracting requirements and expectations.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the HealthWest Executive Director to sign Designated Collaborative Organization (DCO) contracts with ACAC, Arbor Circle Corporation, Catholic Charities West Michigan, Family Outreach Center, and Wedgwood Christian Services, contingent upon approval by the Michigan Department of Health and Human Services (MDHHS), for the period of October 1, 2026, through September 30, 2028. Funding for these agreements is available within the approved substance use disorder (SUD) budget.

COMMITTEE DATE August 21, 2026	**COMMITTEE APPROVAL** _____ Yes _____ No _____ Other
BOARD DATE August 28, 2026	**BOARD APPROVAL** _____ Yes _____ No _____ Other

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