Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD MEETING AGENDA

**** In person at 555 Towner St, Ypsilanti**

OR

Virtually at https://zoom.us/j/95018276306

June 27, 2025

9:30 – 11:30AM

I. Roll Call (5 minutes)

II. Audience Participation (see guidelines below) (5 minutes)

III. Board Response to Audience Participation (5 minutes)

IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 2/10/25 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions 4/14/25 (Attachment #1B)
C. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/10/25 (Attachment #1C)
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions 4/14/25 (Attachment #1D)
E. WCCMH Board Meeting Minutes and Actions - 2/21/25 (Attachment #1E)
F. WCCMH Board Meeting Minutes and Actions – 4/25/25 (Attachment #1F)
G. Contracts and Leases (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1G)
H. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1H)
I. Program Committee Dashboard FY25, Quarter 1 (Attachment #1I)
J. Millage Dashboard 2024 (Attachment #1J)
K. Millage Dashboard 2025, Quarter 1 & 2 (Attachment #1K)
L. WCCMH Financial Status Report for period ending February 28, 2025 (Attachment #1L)
M. WCCMH Millage Financial Status Report for period 2023 & 2024 (Attachment #1M)
N. WCCMH Advisory Council Meeting Minutes and Actions - 2/12/25 (Attachment #1N)
O. WCCMH Advisory Council Meeting Minutes and Actions – 4/9/25 (Attachment #1O)
P. WCCMH Advisory Council Meeting Minutes and Actions – 5/14/25 (Attachment #1P
Q. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    - Ability to Pay Policy 2025 (Attachment #1Q)
    - Consent to Treatment and Services 2025 (Attachment #1R)
    - Corporate Compliance Policy 2025 (Attachment #1S)
    - Emergency Post-Stabilization Services 2025 (Attachment #1T)
    - Financial Audits of Contractors 2025 (Attachment #1U)
    - Office of Recipient Rights 2025 (Attachment #1V)
    - Peer Review Policy 2025 (Attachment #1W)
    - Performance Improvement Policy 2025 (Attachment #1X)
    - Crisis Safety Planning Policy 2025 (Attachment #1Y)
    - Incident Reporting Policy 2025 (Attachment #1Z)

V. Treasurer's Report **ACTION** (15 minutes)

- Financial Status Report (Attachment #2) - **N. Phelps ACTION**
- WCCMH Millage Financial Status Report (Attachment #3) **N. Phelps ACTION**

Audience Participation Guidelines:

- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

VI. Executive Director Report - **T. Cortes** (15 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (55 minutes)
- Advisory Council – **M. Concannon**
- Fiscal Year 2024 Financial Audit (Attachment #4) – **D. Merritt – Rehmann ACTION**
- Proposed Medicaid Cuts and Potential Impact Analysis (Attachment #5) **N. Phelps**

IX. Old Business (0 minutes)
- None

X. Items for Future Discussions (5 minutes)
- Homelessness Updates

XI. Adjournment of Public Meeting (Next WCCMH Board Meeting: August 22, 2025)

****Board members are required to participate in person to count towards a quorum**

VIRTUAL MEETING LINK IS:

Join from PC, Mac, iPad, or Android:
https://zoom.us/j/95018276306

Phone one-tap:
+16465189805, 95018276306# US (New York)
19292056099, 95018276306# US (New York)

Join via audio:
+1 646 518 9805 US (New York)
+1 929 205 6099 US (New York)
+1 267 831 0333 US (Philadelphia)
+1 312 626 6799 US (Chicago)

Webinar ID: 950 1827 6306

International numbers available: https://zoom.us/u/a7eQEA96e

Audience Participation Guidelines:
- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

JUNE 27, 2025

CONSENT AGENDA

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 2/10/25 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions 4/14/25 (Attachment #1B)
C. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/10/25 (Attachment #1C)
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions 4/14/25 (Attachment #1D)
E. WCCMH Board Meeting Minutes and Actions - 2/21/25 (Attachment #1E)
F. WCCMH Board Meeting Minutes and Actions – 4/25/25 (Attachment #1F)
G. Contracts and Leases (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1G)
H. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1H)
I. Program Committee Dashboard FY25, Quarter 1 (Attachment #1I)
J. Millage Dashboard 2024 (Attachment #1J)
K. Millage Dashboard 2025, Quarter 1 & 2 (Attachment #1K)
L. WCCMH Financial Status Report for period ending February 28, 2025 (Attachment #1L)
M. WCCMH Millage Financial Status Report for period 2023 & 2024 (Attachment #1M)
N. WCCMH Advisory Council Meeting Minutes and Actions - 2/12/25 (Attachment #1N)
O. WCCMH Advisory Council Meeting Minutes and Actions – 4/9/25 (Attachment #1O)
P. WCCMH Advisory Council Meeting Minutes and Actions – 5/14/25 (Attachment #1P
Q. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    - Ability to Pay Policy 2025 (Attachment #1Q)
    - Consent to Treatment and Services 2025 (Attachment #1R)
    - Corporate Compliance Policy 2025 (Attachment #1S)
    - Emergency Post-Stabilization Services 2025 (Attachment #1T)
    - Financial Audits of Contractors 2025 (Attachment #1U)
    - Office of Recipient Rights 2025 (Attachment #1V)
    - Peer Review Policy 2025 (Attachment #1W)
    - Performance Improvement Policy 2025 (Attachment #1X)
    - Crisis Safety Planning Policy 2025 (Attachment #1Y)
    - Incident Reporting Policy 2025 (Attachment #1Z)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

February 10, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99980080251 (virtual)
2:00-3:30 pm

ROLL CALL: A. Dusbiber attending virtually
H. Heaviland attending in person
S. Petty attending in person
M. Tolstyka attending in person

MEMBERS ABSENT: M. Udow-Phillips, B. Higman

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, S. Amos O'Neal, L. Gentz, M. Taylor, L. Higle, S. Ray, T. Florence, E. Waddell, E. Montgomery

OTHERS PRESENT: T. Gavalier

H. Heaviland called the meeting to order at 2:06 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 12/9/24 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 12/9/24 were reviewed.

MOTION BY S. PETTY SUPPORTED BY M. TOLSTYKATO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM DECEMBER 9, 2024, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**PETTY**	**Y**
TOLSTYKA	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

M. Tolstyka left the meeting.

V. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending February 2, 2025 (Attachment #2)
- Financial Status Report for the period ending February 2, 2025, was reviewed, and recommended for approval to the WCCMH Board on 2/21/25.

VI. Contracts and Leases
- None

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- None

IX. Old Business
- None

X. New Business
- Program Committee Dashboard FY24, Quarter 4 (Attachment #3)
  - L. Higle presented the Program Dashboard FY24 Quarter 4 for the Committee.

MOTION BY S. PETTY SUPPORTED BY M. TOLSTYKA TO RECOMMEND APPROVAL OF THE PROGRAM COMMITTEE DASHBOARD FY24, QUARTER 4 AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**PETTY**	**Y**
TOLSTYKA	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

- Office of Recipient Rights Annual Report (Attachment #4)
  - L. Raehtz presented the results of the Recipient Rights Annual Report to the Committee.

MOTION BY S. PETTY SUPPORTED BY M. TOLSTKYA TO RECOMMEND APPROVAL OF THE OFFICE OF RECIPIENT RIGHTS ANNUAL REPORT AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**PETTY**	**Y**
TOLSTYKA	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

XI. Items for Future Discussions
- Accounts Receivable

- Cost Per Case Comparisons

XII. Meeting adjourned at 2:49 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

April 14, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/93019408777 (virtual)
2:30-3:30 pm

ROLL CALL: H. Heaviland attending in person
S. Petty attending virtually
M. Tolstyka attending in person

MEMBERS ABSENT: M. Udow-Phillips, B. Higman, A. Dusbiber

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, S. Amos O'Neal, L. Gentz, M. Taylor, L. Higle, S. Ray, E. Montgomery, B. Hagaman,

OTHERS PRESENT: T. Gavalier, L. Lutomski. Creekmore, M. Radzik

NO QUORUM

H. Heaviland called the meeting to order at 2:40 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/10/25 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 2/10/25, was reviewed, and recommended for approval to the WCCMH Board on 4/25/25.

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending February 28, 2025 (Attachment #2)
- Financial Status Report for the period ending February 28, 2025, was reviewed, and recommended for approval to the WCCMH Board on 4/24/25.

VI. Contracts and Leases
- M. Taylor presented the Contracts and Leases to the Committee. (Attachment #3)
- Contracts and leases were recommended for approval to the WCCMH Board on 4/25/25.

VII. Executive Director Authorizations
- M. Taylor presented the Executive Director Authorizations to the Committee. (Attachment #4)
- Executive Director Authorizations were recommended for approval to the WCCMH Board on 4/25/25.

VIII. Regional Finance Update
- None

IX. Old Business
- None

X. New Business
- Program Committee Dashboard FY25, Quarter 1 (Attachment #5)
  - L. Higle presented the Program Dashboard FY25 Quarter 1 for the Committee.
  - The Program Dashboard FY25 Quarter 1 was recommended for approval to the WCCMH Board on 4/25/25.

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- MDHHS Medicaid State/National Updates

XII. Meeting adjourned at 3:16 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
February 10, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/98430383197 (virtual)
3:30–5:00 pm

H. Heaviland called the meeting to order at 3:33 pm.

ROLL CALL:	A. Dusbiber attending virtually A. Carlisle attending virtually H. Heaviland attending in person B. Higman attending S. Petty attending virtually R. Rion attending in person A. Rooks attending virtually A. Somerville attending virtually G. Waddles Jr attending in person
MEMBERS ABSENT:	M. Udow-Phillips, M. Radzik
STAFF PRESENT:	R. Avedisian, T. Cortes, M. Harding,T. Florence, L. Gentz, N. Phelps, E. Waddell, M. Tasker
OTHERS PRESENT:	L. Lutomski, K. Homan,

NO QUORUM

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 12/9/24 (Attachment #1)
- Millage Advisory Committee Minutes and Actions from 12/9/24, was reviewed, and recommended for approval to the WCCMH Board on 2/21/25.

V. Discussion Items
- Millage Process, Investments and Progress Update
  - L. Gentz presented the Millage Process, Investment and Progress update to the Committee.
  - L. Gentz proposed to the Committee to change the meeting frequency of the Millage Advisory Committee Meeting now that the RFP has been completed for the next 3 years.
  - L. Gentz/T. Cortes suggested moving to quarterly and having funding recipients attend meetings to provide progress updates.
  - H. Heaviland and G. Waddles Jr supported quarterly meetings and inquired about virtual being allowed since recommendations are made and sent to full board.
- CARES/CCBHC Data Report
  - L. Gentz provided and update on the CARES/CCBHC Data Report to the Committee.

VI. Financial Budget Update
- Financial Budget Update (Attachment #2)
  - N. Phelps presented the Financial Budget update ending December 31, 2024, to the Committee.

VII. Old Business Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
- None

VIII. New Business –
- Overview of New Millage Funded Projects (Attachment #3)
  - L. Gentz provided an update on the New Millage Funded Projects to the Committee.

IX. Items for Future Discussions
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

MOTION BY G. WADDLES JR, SUPPORTED BY R. RION TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 3:55 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
April 14, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99392005929 (virtual)
3:30–5:00 pm

Somerville called the meeting to order at 3:32 pm.

ROLL CALL:
A. Carlisle attending in person
H. Heaviland attending in person
S. Petty attending virtually
M. Radzik attending in person
R. Rion attending in person
A. Somerville attending in person
G. Waddles Jr attending in person

MEMBERS ABSENT: A. Dusbiber, A. Rooks, M. Udow-Phillips, B. Higman

STAFF PRESENT: R. Avedisian, T. Cortes, M. Harding, L. Gentz, N. Phelps, E. Montgomery

OTHERS PRESENT: L. Lutomski, M. Turner, S. Jones, E. Spanier, M. Creekmore, T. Gavalier

I. Introductions
- S. Jones, M. Turner from Packard Health were introduced to the Committee.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 2/10/2 (Attachment #1)
- Millage Advisory Committee Minutes and Actions from 2/10/25, was reviewed.

MOTION BY H. HEAVILAND, SUPPORTED BY G. WADDLES JR TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE FEBRUARY 10, 2025, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**N/A**	**CARLISLE**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**N/A**
PETTY	**Y**	**RADZIK**	**Y**
RION	**Y**	**ROOKS**	**N/A**
SOMERVILLE	**Y**	**UDOW-PHILLIPS**	**N/A**
WADDLES JR.	**Y**		

MOTION CARRIED

V. Discussion Items
- Millage Process, Investments and Progress Update
  - L. Gentz presented the Millage Process, Investment and Progress update to the Committee.

- CARES/CCBHC Data Report
  - M. Tasker provided and update on the CARES/CCBHC Data Report to the Committee.

VI. Financial Budget Update
- Financial Budget Update (Attachment #2)
  - N. Phelps presented the CMH Millage Fund Income Statement 2023 & 2024, to the Committee.

VII. Old Business Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
- None

VIII. New Business –
- Millage Data Report Format (Attachment #3)
  - L. Gentz & E. Spanier provided an update on the New Millage Data Report Format to the Committee.
- Packard Health Black Men's Mental Health Ambassadors Program (Attachment #4)
  - M. Turner & S. Jones presented on Packard Health Black Men's Mental Health Ambassadors Program to the Committee.

IX. Items for Future Discussions
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis
- WCSO updates

MOTION BY A. CARLISLE, SUPPORTED BY H. HEAVILAND TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:13 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BOARD MEETING MINUTES *DRAFT*

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/94523717923
February 21, 2025
9:30am

H. Heaviland called the meeting to order at 9:37 am.

ROLL CALL:	H. Heaviland attending in person B. Higman attending in person A. LaBarre attending in person S. Petty attending in person A. Rooks attending in person M. Udow-Phillips attending in person
MEMBERS ABSENT:	A. Dusbiber, B. King, K. Scott, A. Somerville, M. Tolstyka
STAFF PRESENT:	R. Avedisian, M. Harding, T. Cortes, N. Phelps, L. Gentz, M. Taylor, S. Ray, K. Snay, M. Hershberger, E. Montgomery,
OTHERS PRESENT:	L. Lutomski, T. Gavalier, A. Allman, J. Yost

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 12/9/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 12/9/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-12/13/24 (Attachment #1C)
D. Program Dashboard FY24, Quarter 3, 2024 (Attachment #1D)
E. WCCMH Advisory Council Meeting Minutes and Actions- 10/9/24 (Attachment #1E)
F. WCCMH Advisory Council Meeting Minutes and Actions- 11/13/24 (Attachment #1F)
G. WCCMH Advisory Council Meeting Minutes and Actions- 12/11/24 (Attachment #1G)
H. WCCMH Advisory Council Meeting Minutes and Actions- 1/8/25 (Attachment #1H)

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE FEBRUARY 21, 2025, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**N/A**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**Y**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**N/A**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

V. Treasurer's Report
- WCCMH Financial Status Report (Attachment #2)
  - N. Phelps presented the Preliminary Financial Status Report to the Board for the period ending December 31, 2024.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE OF THE FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2024, AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**N/A**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**Y**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**N/A**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

- WCCMH Millage Financial Status Report (Attachment #3)
  - N. Phelps presented the Millage Financial Status Report for the period ending December 31, 2024.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE MILLAGE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING DECEMBER 31, 2024, AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**N/A**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**Y**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**N/A**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes provided State and Local updates to the Board.
  - M. Udow-Phillips spoke about the Board tour and how great it was to meet some CMH teams doing what they do daily and how enlightening the tour was. Kudos to the CMH Teams on putting this tour together.

VII. CMHPSM Regional Update
- None

VIII. New Business
- Advisory Council
  - M. Hershberger provided the Advisory Council update to the Board.
- Board Appointment Update
  - T. Cortes provided updates on new board appointments to the Board.
  - A. LaBarre made a motion and H. Heaviland seconded the motion to appoint F. Braebec as the WCCMH Board Chair.

- WCCMH Board Onboarding Process
  - T. Cortes discussed the onboarding process for new board members with the Board.
- Millage RFP Update (Attachment #4)
  - L. Gentz presented the RFP update to the Board.

IX. Old Business
- None

X. Items for future discussion
- Homelessness Updates

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. ROOKS TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:14 am.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BOARD MEETING MINUTES *DRAFT*

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/91439970796
April 25, 2025
9:30am

NO QUORUM

H. Heaviland called the meeting to order at 9:36 am.

ROLL CALL:	J. Gardner attending in person H. Heaviland attending in person B. King attending in person A. LaBarre attending in person A. Somerville attending in person M. Tolstyka attending in person
MEMBERS ABSENT:	F. Brabec, A. Dusbiber, B. Higman, B. King, S. Petty, A. Rooks, M. Udow-Phillips
STAFF PRESENT:	R. Avedisian, M. Harding, T. Cortes, K. Snay, S. Amos-O'Neal, N. Phelps, E. Waddell, M. Tasker, L. Gentz
OTHERS PRESENT:	L. Lutomski, J. Yost, M. Creekmore, T. Gavalier

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 2/10/25 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/10/25 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-2/21/25 (Attachment #1C)
D. Contracts and Leases (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1D)
E. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 4/14/25 (Attachment #1E)
F. Program Committee Dashboard FY25, Quarter 1 (Attachment 1F)
G. WCCMH Advisory Council Meeting Minutes and Actions- 2/12/25 (Attachment #1G)
H. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
- Ability to Pay Policy 2025 (Attachment #1H)
- Consent to Treatment and Services 2025 (Attachment #1I)
- Corporate Compliance Policy 2025 (Attachment #1J)
- Emergency Post-Stabilization Services 2025 (Attachment #1K)
- Financial Audits of Contractors 2025 (Attachment #1L)
- Office of Recipient Rights 2025 (Attachment #1M)
- Peer Review Policy 2025 (Attachment #1N)
- Performance Improvement Policy 2025 (Attachment #1O)

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

B. King arrived at 9:41 am

V. Treasurer's Report
- WCCMH Financial Status Report (Attachment #2)
  - M. Harding presented the Preliminary Financial Status Report to the Board for the period ending February 28, 2025.

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

- WCCMH Millage Financial Status Report (Attachment #3)
  - M. Harding presented the Millage Financial Status Report for 2023 & 2024.

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes provided State and Local updates to the Board.

VII. CMHPSM Regional Update
- None

VIII. New Business
- Michigan Medicaid Program Presentation (Attachment #4) **T. Cortes**
  - T. Cortes presented the Michigan Medicaid Program Presentation to the Board
- Annual Recipient Rights Training for Board Members (Attachment #5) **K. Snay**
  - K. Snay provided the Annual Recipient Rights Training to the Board.
- Annual Conflict of Interest Policy (Attachment #6)
  - Moved to next Board meeting
- Annual Ethics Statement (Attachment #7)
  - Moved to next Board meeting
- Board of Commissioners – WCCMH Board member appointment resolution (Attachment #8)
- WCCMH Board Officers for 4/1/25 – 3/31/26 discussion (Attachment #9 & #10)
  - Board Chair – Felicia Brabec
  - Vice Chair - Holly Heaviland
  - Secretary - Anna Dusbiber
  - Treasurer - Marianne Udow-Phillips
- WCCMH Committee assignments 4/1/25 - 3/31/26
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board

IX. Old Business
- None

X. Items for future discussion
- Homelessness Updates

MOTION BY H. HEAVILAND SUPPORTED BY A. LABARRE TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 10:20 am.

REQUEST: To approve recommendations to the board for the following contract(s) and lease(s):

BACKGROUND:

1. Camp Able: provides Respite Camp services.
2. First Day Home Care: provides Private Duty Nursing (PDN) services.
3. The Imagine Center, LLC: provides Skill Building services.
4. Alpha House: will provide emergency sheltering (hoteling) to families experiencing homelessness and homeless diversion assistance.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Camp Able	Medicaid	As Authorized	May 1, 2025-September 30, 2025	Respite Camp Services
2. First Day Home Care	Medicaid	As Authorized	May 1, 2025-September 30, 2025	Private Duty Nursing Services
3. The Imagine Center, LLC	Medicaid	As Authorized	March 1, 2025-September 30, 2025	Skill Building Services
4. Alpha House	Millage	$35,000	March 1, 2025-February 28, 2025	Emergency Sheltering & Homeless Diversion Assistance

Executive Director Contract Authorizations
April 2025 Quality-Finance Committee Meeting

REQUEST: Recommend acceptance of the Executive Director's signature on contracts with a value of less than $25,000

Contractor	Amount	Term	Purpose	Approval Date
Jewish Family Services	$450	March 11, 2025	Leadership Training	
Dr. Shanna Kattari	$2,000	April 1-16, 2025	LGBTQIA2S+, Inclusivity Mental Health & Healthcare Trainings	
Dr. Crystal Jackson	$12,000	April 1, 2025-March 31, 2026	Will provide monthly Supervision to a Temporary Limited Licensed Psychologist	

Quality-Finance Board Committee
Performance Improvement Dashboard 1st Qtr Data FY 2025 (Oct - Dec)

1st quarter Human Resources

Turnover Rate:

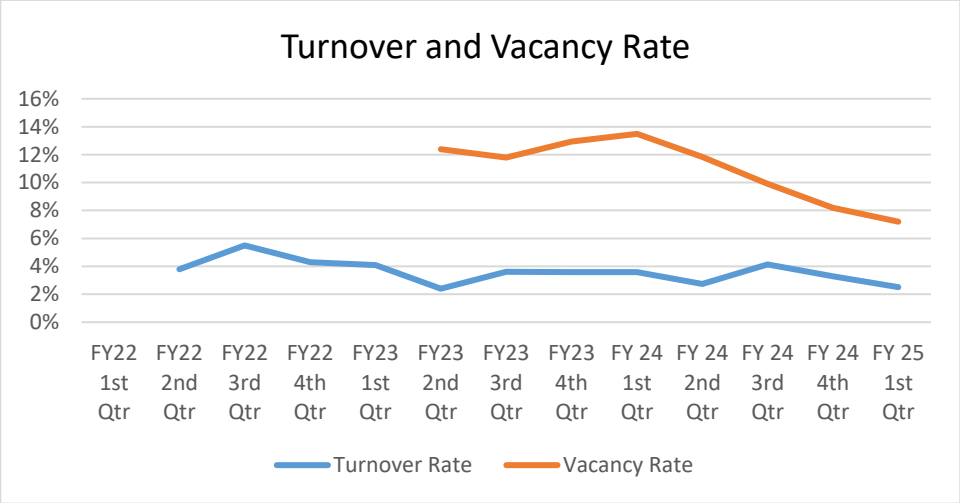
2.5%

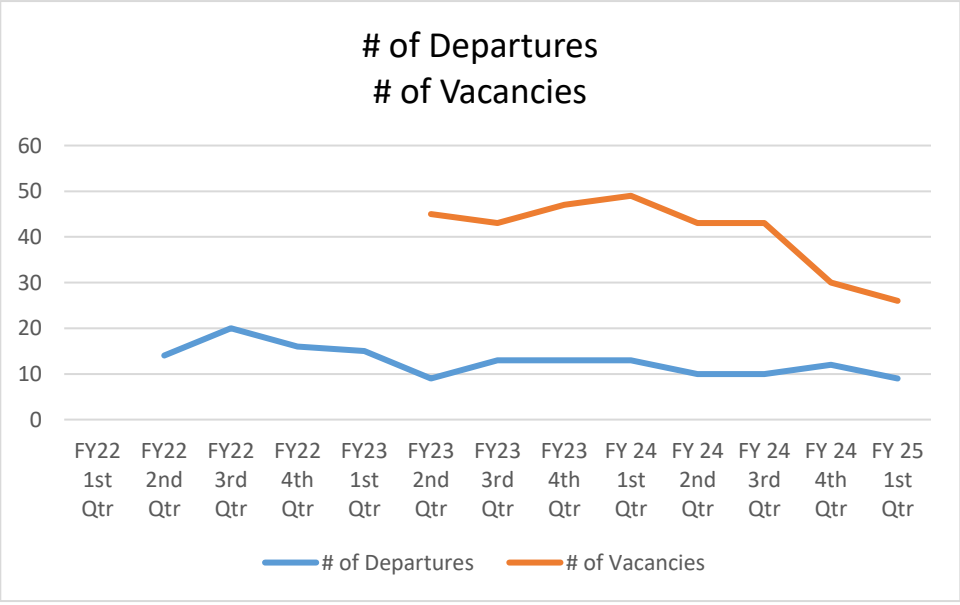
9 staff left the organization with 363 active positions

Vacancy Rate:

7.2%

26 vacancies with 363 active positions

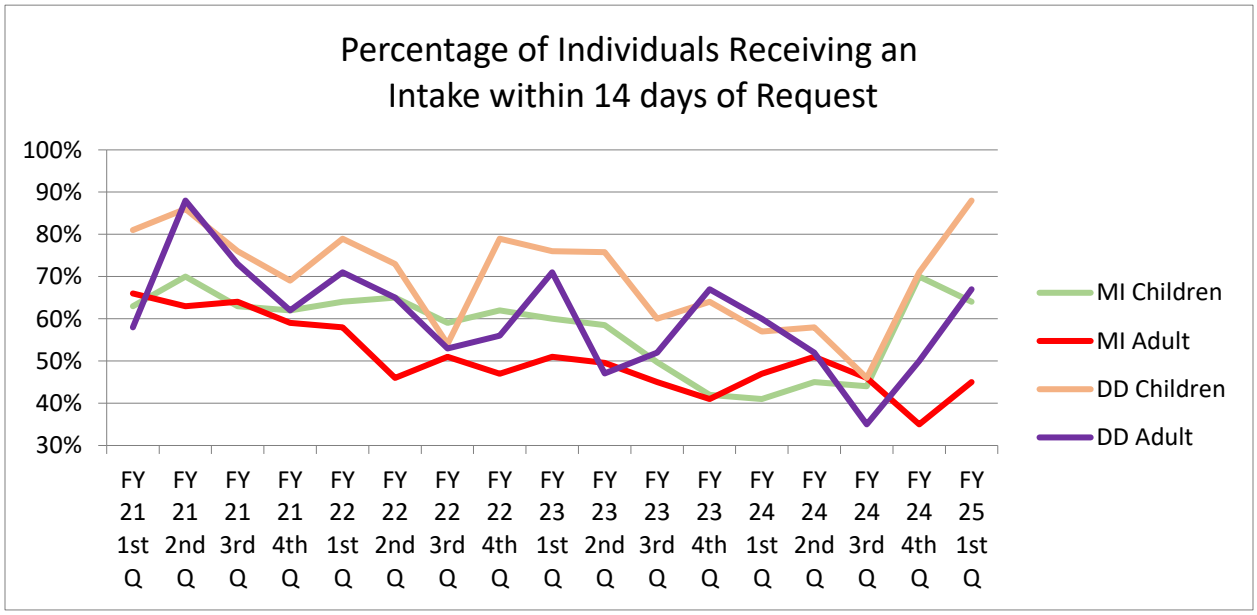




Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

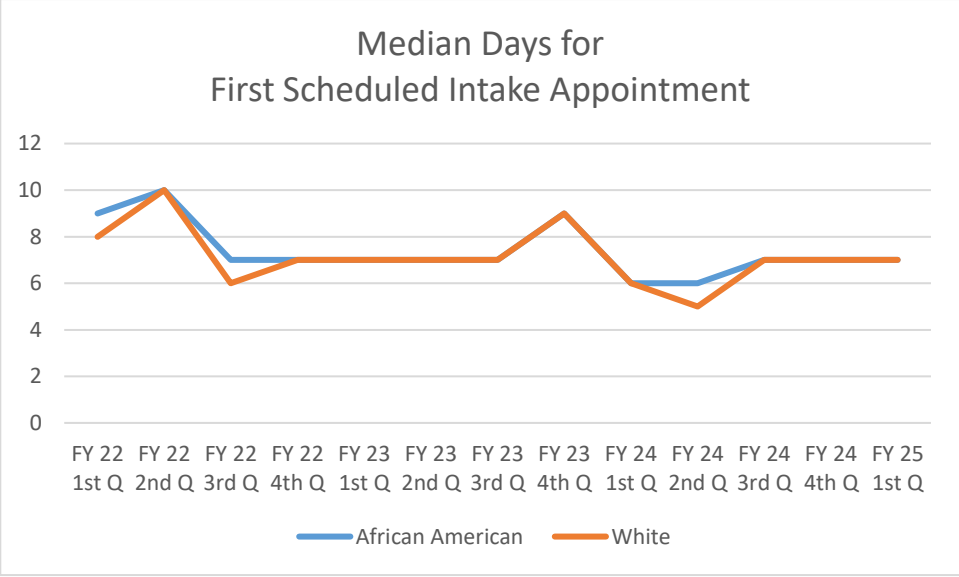
For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



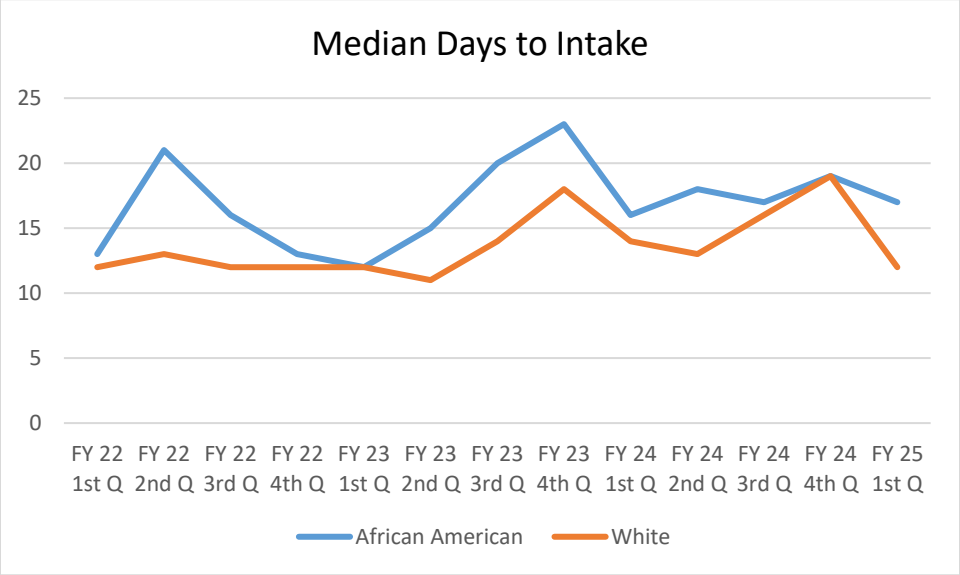
FY 25 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	157	100	57	56	64%	99%
MI Adult	504	225	279	262	45%	93%
DD Child	42	37	5	4	88%	97%
DD Adult	18	12	6	6	67%	100%

Recently the PIHP responded to a request for data graphs to help understand the dataset comparing the number of days from request for service to the first scheduled BPS date and the number of days from the request for service to the the actual BPS date. The median number of days was identified for both datapoints.

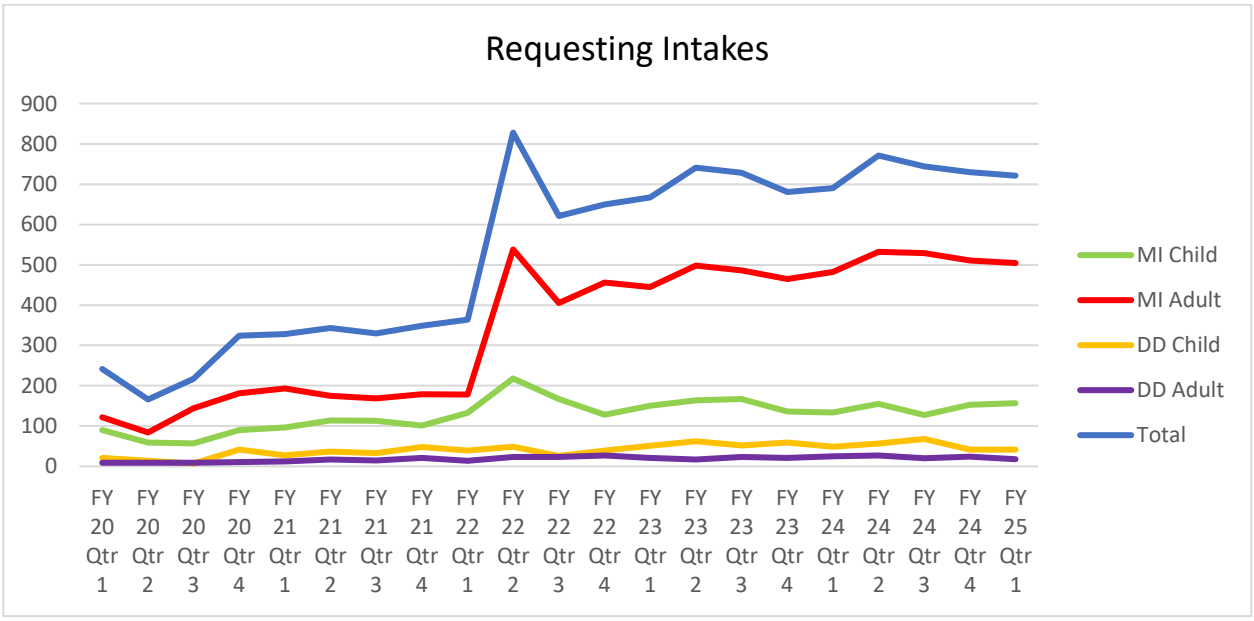
Below are graphs of the four counties in our region. The first graph identifies the median between the request for serivce and the first scheduled BPS date for both white (blue line) and black populations (red line).

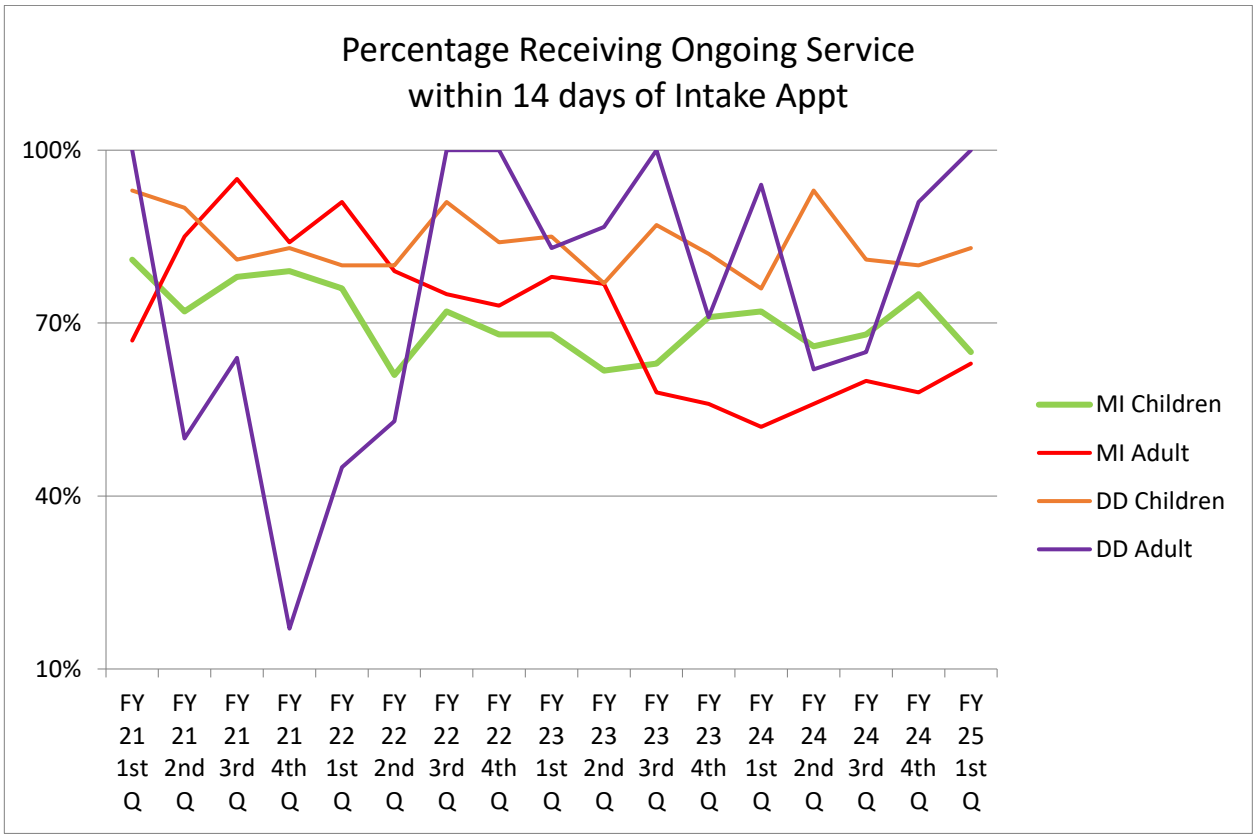


Consumers can have their first appointment scheduled and then can no show, call to reschedule or call to cancel. The first graph shows the median to the first appointment scheduled which are very impressive medians for Washtenaw. Each of those datapoints reflect a number where the dataset is 50% below (as well as 50% above) confirming our Access department tries very hard to schedule people quickly. We know that a large number of consumers end up receiving their intake/ BPS outside of 14 days. The graph below identifies the median number of days from the request for service to the actual BPS for the same populations and legend.



The graph displays when they actually received their appointment. This difference is due to a very high percentage of consumer no show, consumer canceled and consumer rescheduled appointments. The data clearly supports this.

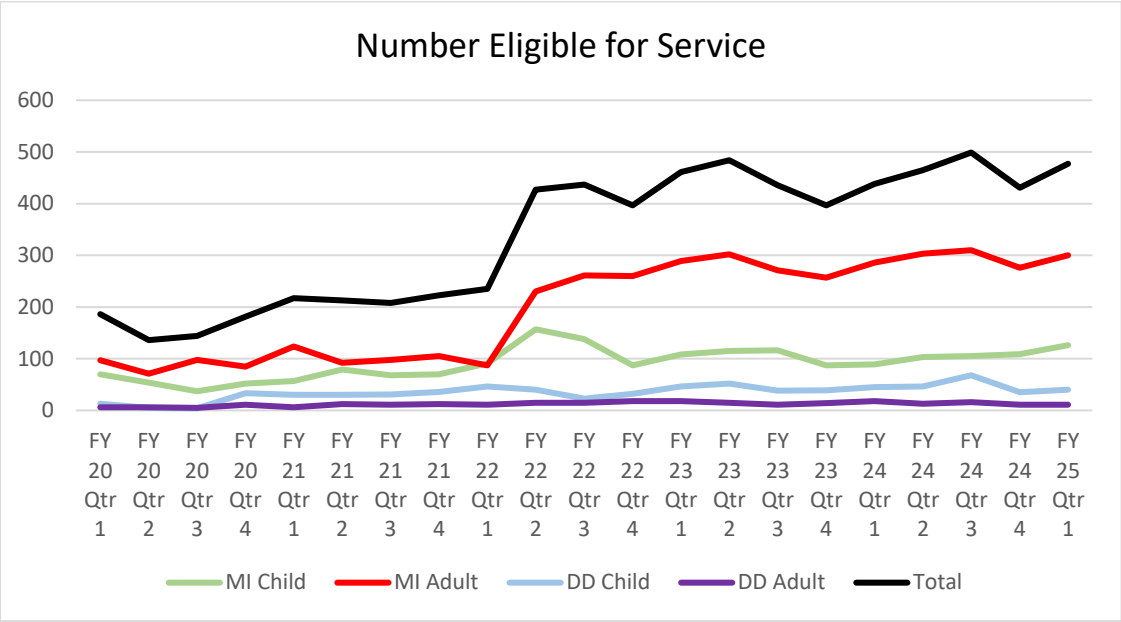


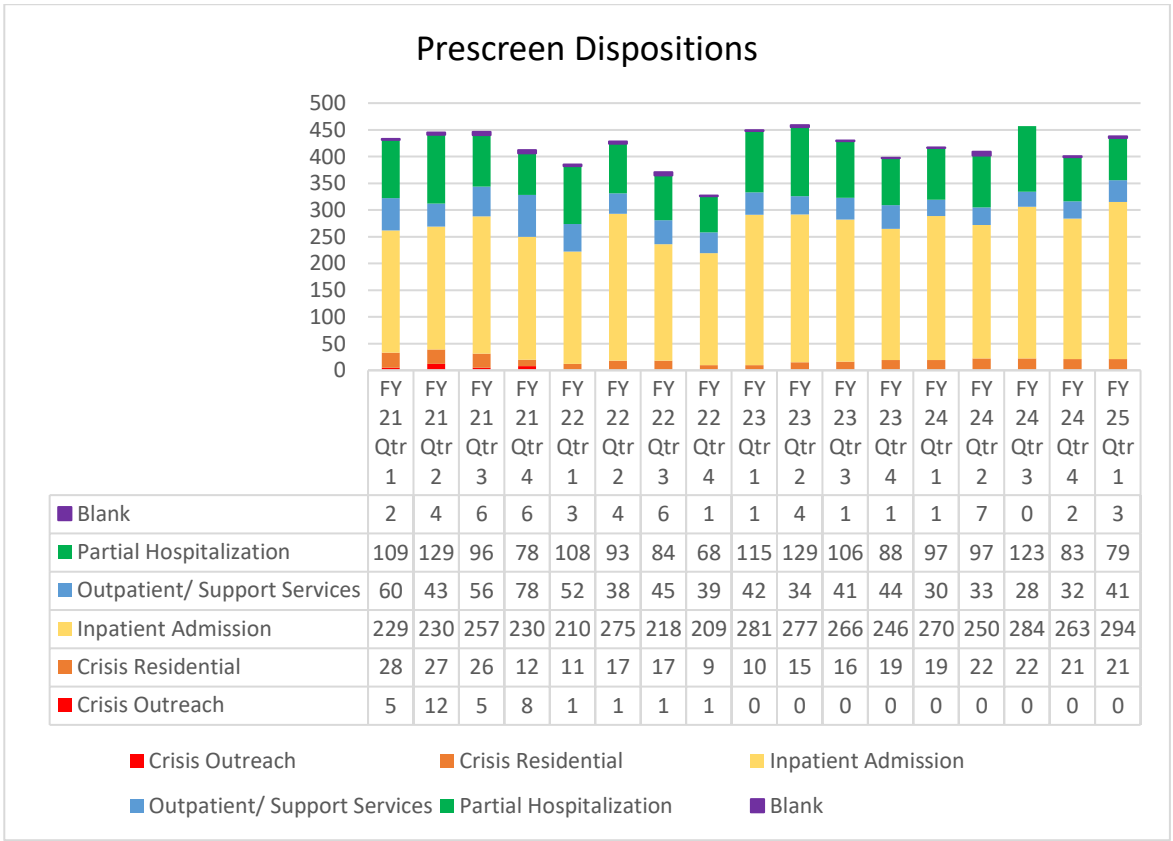


FY 25 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	126	82	44	40	65%	95%
MI Adult	300	189	111	69	63%	82%
DD Child	40	33	7	7	83%	100%
DD Adult	11	11	0	0	100%	100%

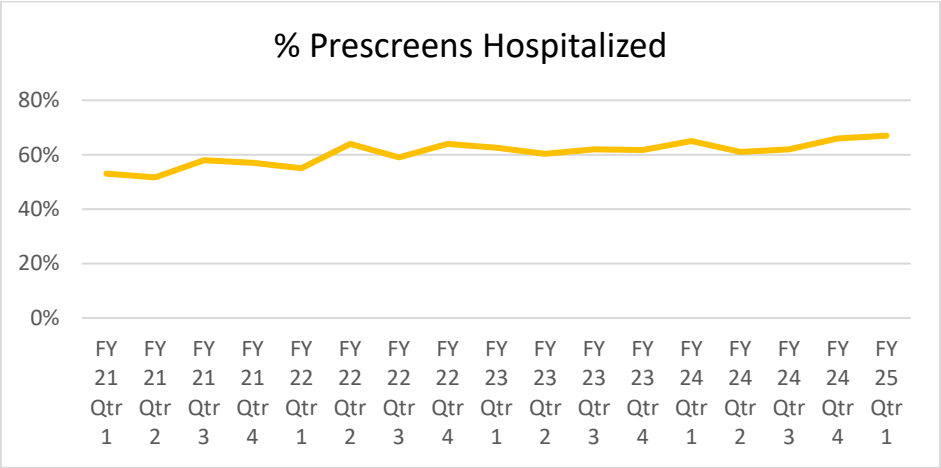
*We have found some individuals who attend their BPS appointment and are found eligible, do not wish to pursue our services. We share other resources with them. These cases still count as out of compliance. The breakdown of these numbers are listed below.

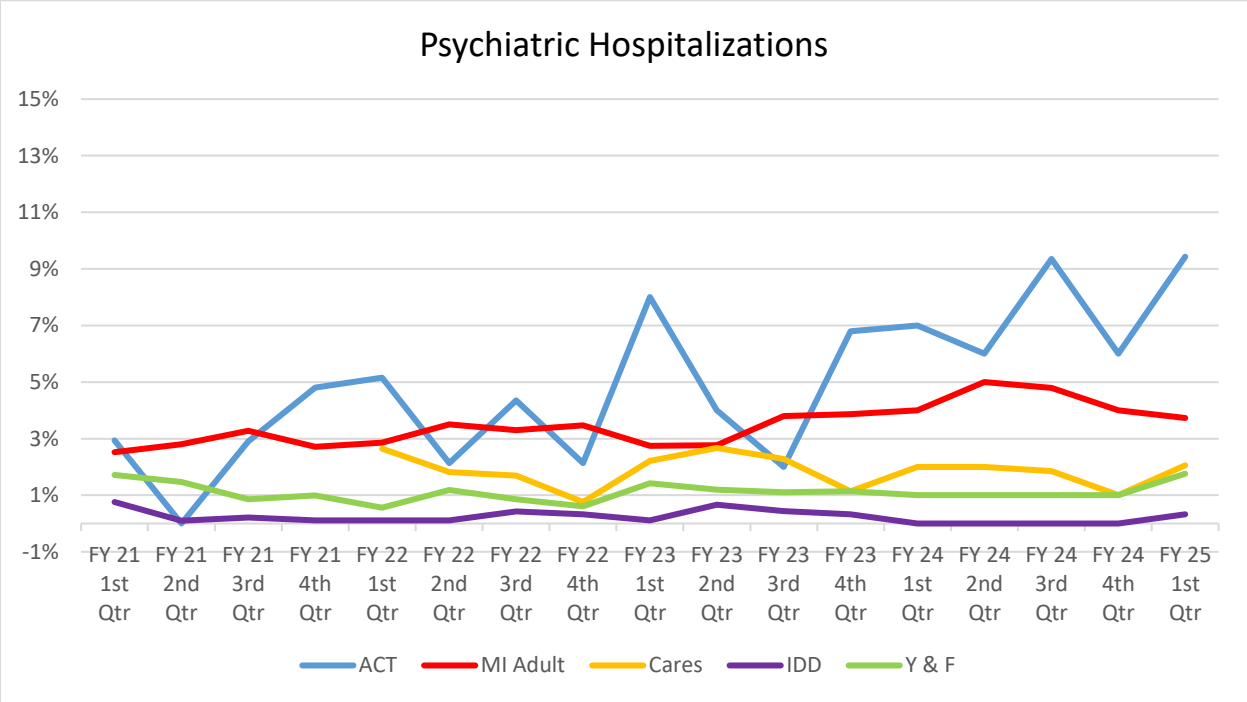
MI Child – 2/44
MI Adult – 26/111



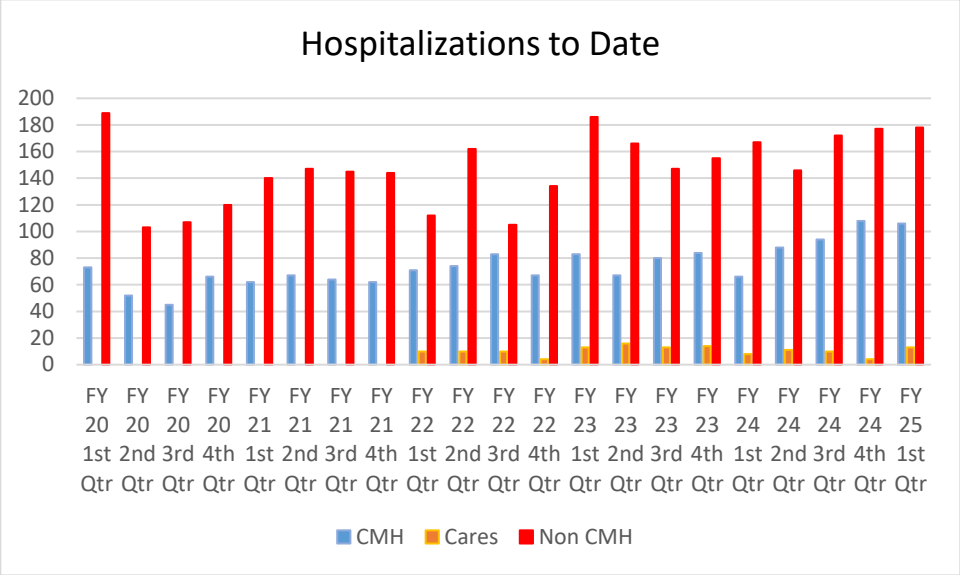


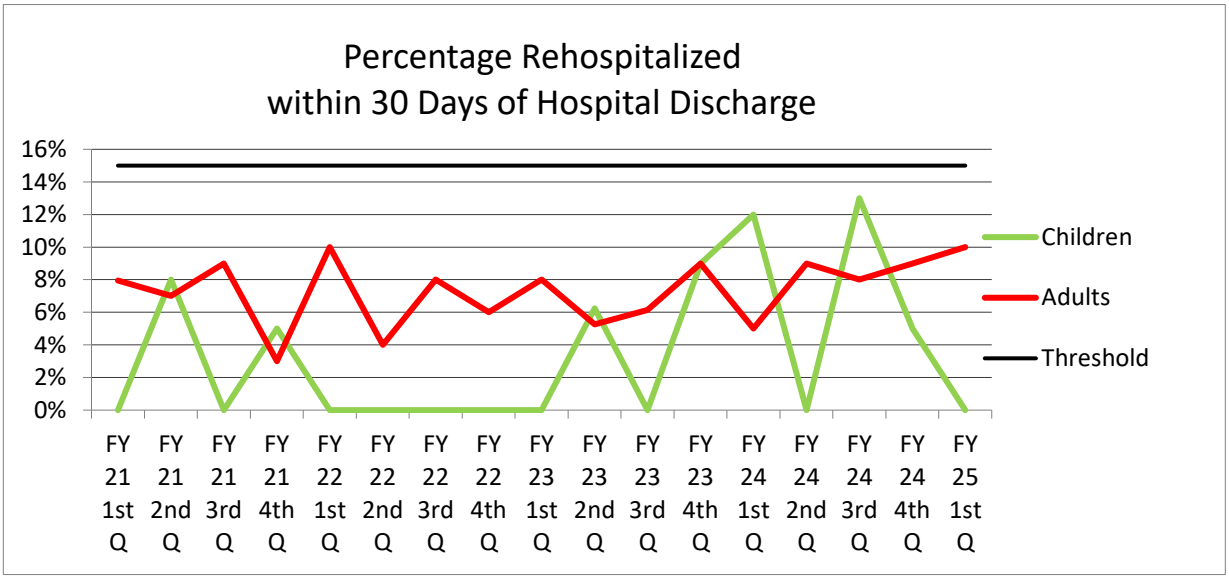
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2	FY 24 Qtr 3	FY 24 Qtr 4	FY 25 Qtr 1
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1	7	0	2	3
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97	97	123	83	79
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30	33	28	32	41
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270	250	284	263	294
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19	22	22	21	21
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0	0	0	0	0



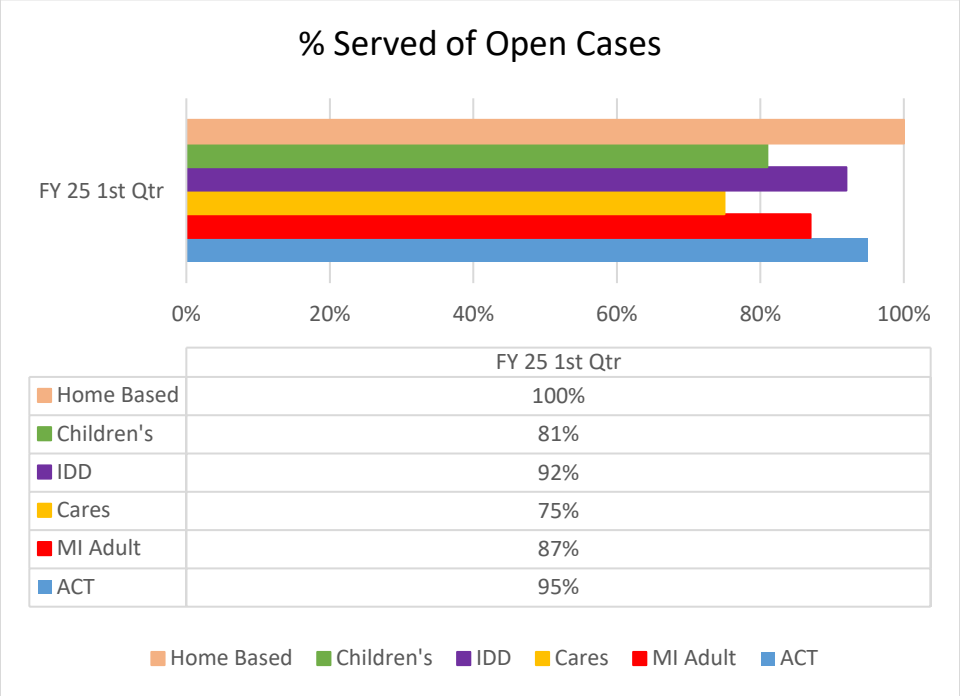


FY 25 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	106	10 (5)	9.43%
MI Adult	1502	56 (12)	3.73%
Cares	533	11 (2)	2.06%
IDD	948	3 (1)	0.32%
Y & F	964	17 (1)	1.76%





FY 25 1st Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	20	0	0%
Adult	155	16	10%



	FY 25 1st Qtr
Home Based	100%
Children's	81%
IDD	92%
Cares	75%
MI Adult	87%
ACT	95%

Critical Event Data Reported Thru Qtr 1 FY 2025

Critical Events are population and category driven with definitions mandated by MDHHS. Besides reporting deaths, events are typically reflective of ER treatment or hospital admissions due to injury or medication error and involve Waiver or Residential clients. Arrests are only reported when the individual is either a recipient of a Waiver or is in a Specialized AFC setting.

Time period	**Team at Event**	**Type**	**Total**
Qtr 1	ACT	Non Suicide Death	2
	CARES	Non Suicide Death	1
	IDD	Non Suicide Death	3
	MI Adult	Non Suicide Death	9
Qtr 1 Total			15

Mortality Data Thru Qtr 1 FY 2025

Cause of Death	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24	Number of Deaths FY 25
Aspiration Pneumonia	3	4	1	
Cancer	3	8	2	1
Cardiovascular	12	10	20	3
Dehydration				
Diabetes				
Drug Abuse	6	10	5	
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance		1		
Gastrointestinal		3	3	1
Hip Fracture Complications				
Homicide		3		
Hyponatremia	2			
Infection	4 (3 - COVID 19)		2	1
Kidney Disease		1	1	
Liver Disease	1	1	1	
Metabolic				
Medication Toxicity				1
Natural/Other				
Neurological	3	3	3	3
Respiratory	5	5	5	2
Suicide	2	6	1	
Trauma	3	2	1	
Unknown	10	8	3	3
Grand Total	**54**	**65**	**48**	**15**

Sentinel Events: There were no sentinel events in the first quarter.

DASHBOARD

Washtenaw County Community Mental Health

2024 FY

* October 1, 2023 – September 30, 2024

28680 calls answered

4341 calls referred to crisis team

6306 face to face crisis responses

2808 SUD assessments

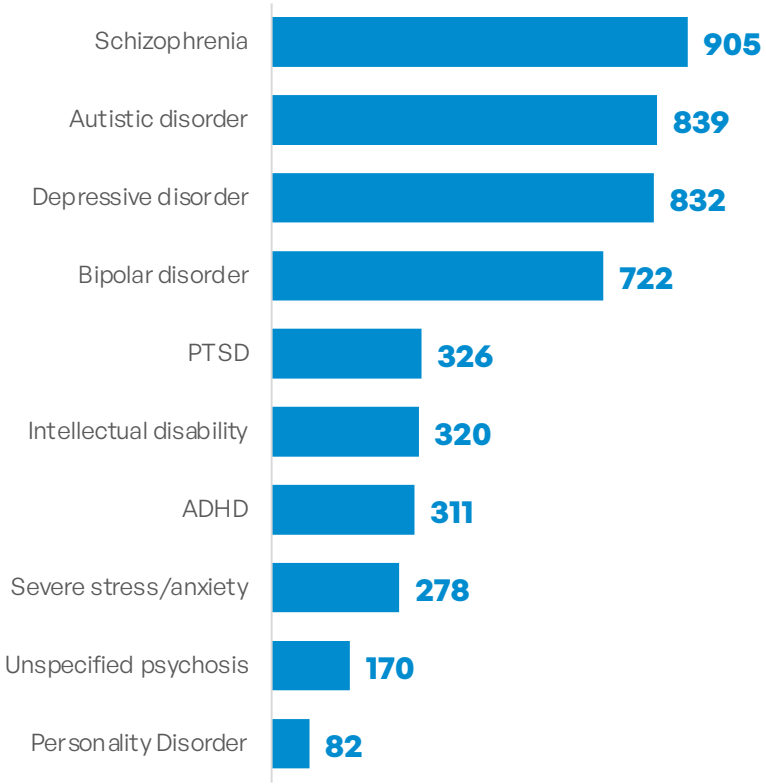
970 Co-Response Unit engagements

25 LEADD referrals

1360 Youth served from age 1-17

225 individuals placed in emergency housing

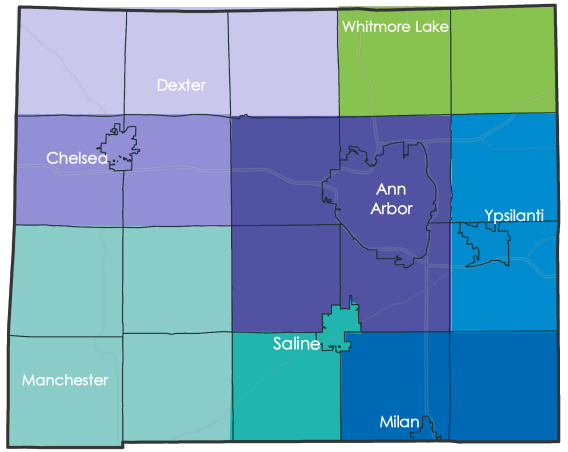
Primary Diagnosis*



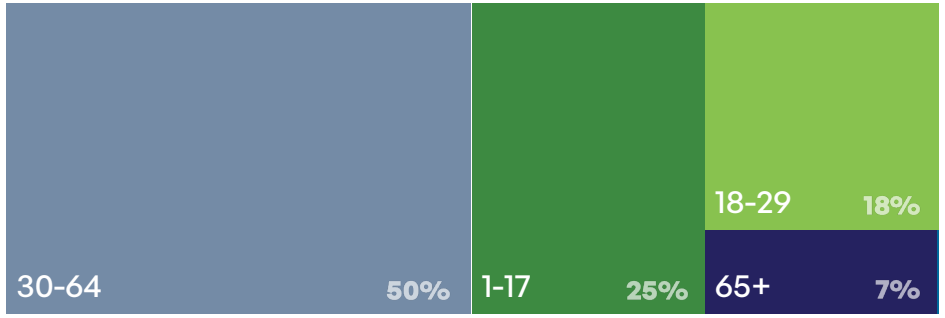
*Top 10 primary diagnoses

Location

- 52% Ypsilanti (2577)
- 34% Ann Arbor (1692)
- 4% Saline (209)
- 3% Chelsea (140)
- 2% Dexter (114)
- 2% Milan (80)
- 2% Whitmore Lake (69)
- 1% Manchester (54)

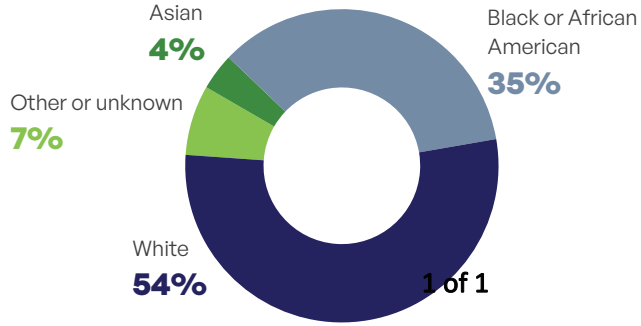


Age



Insurance type

Race/ethnicity



Updated June 3, 2025

DASHBOARD

Washtenaw County Community Mental Health

2025 FY Q1-Q2

* October 1, 2024-May 13, 2025

18051 calls answered

2243 calls referred to crisis team

4634 face to face crisis responses

879 SUD assessments

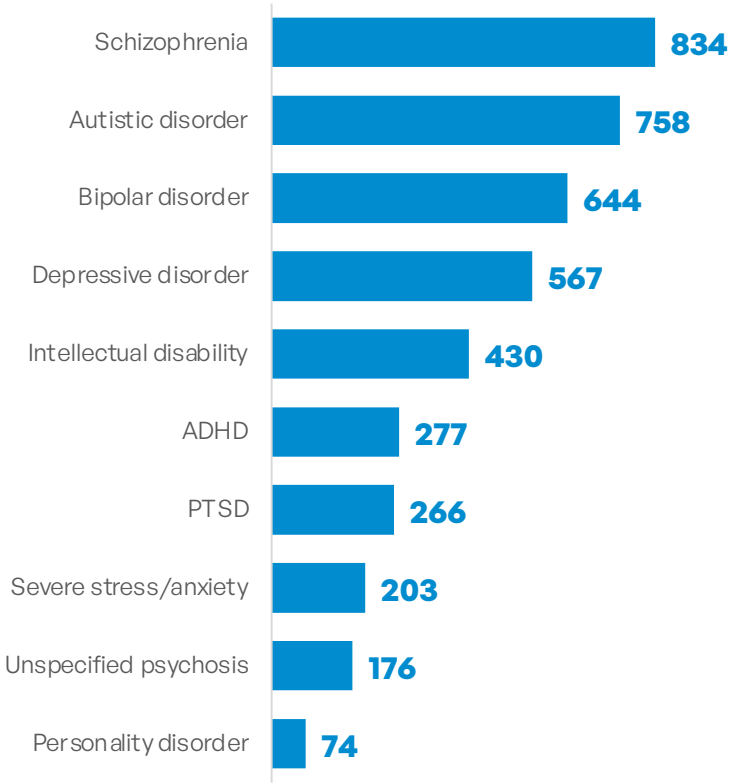
694 Co-Response Unit engagements

22 LEADD referrals

1188 Youth served from age 1-17

145 individuals placed in emergency housing

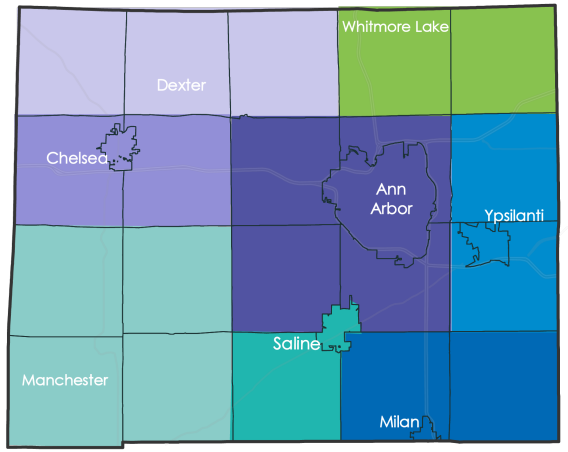
Primary Diagnosis*



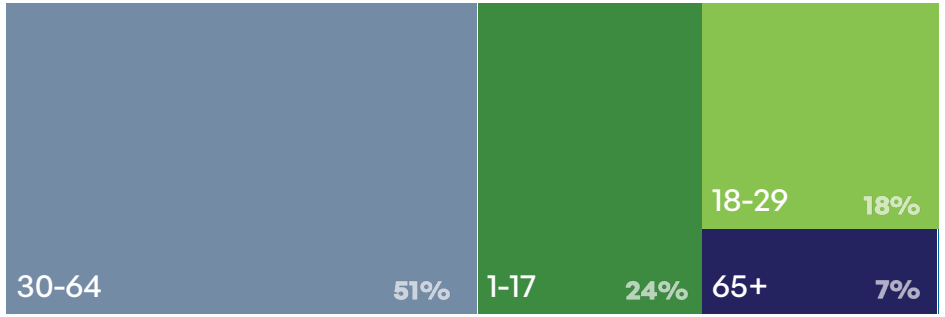
*Top 10 primary diagnoses

Location

- 51% Ypsilanti (2405)
- 34% Ann Arbor (1577)
- 5% Saline (206)
- 3% Chelsea (127)
- 2% Dexter (109)
- 2% Milan (70)
- 1% Whitmore Lake (55)
- 1% Manchester (55)

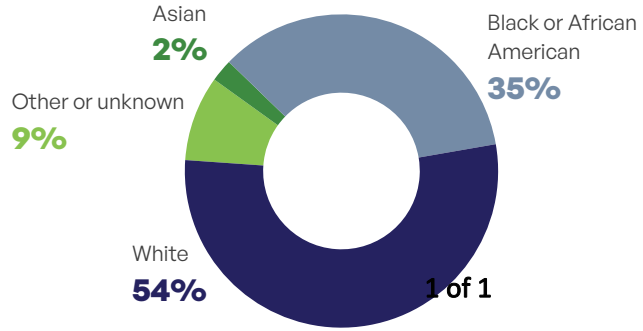


Age



Insurance type

Race/ethnicity

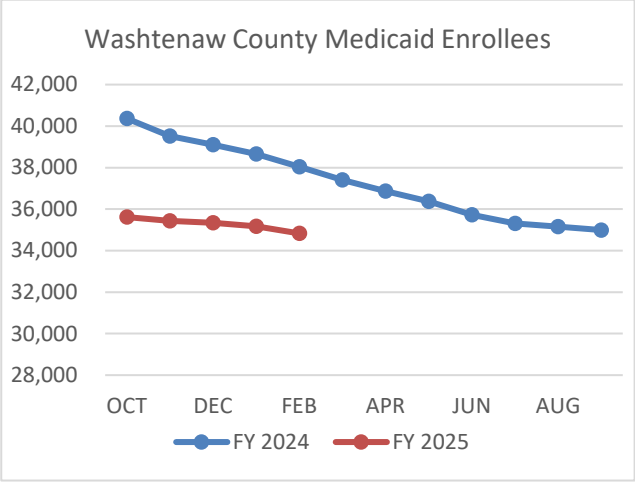


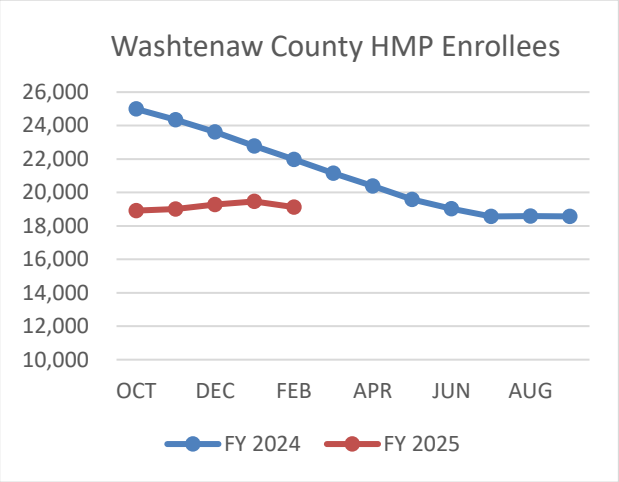
Updated June 4, 2025

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2025: For the period ending February 28, 2025
Prepared: April 8, 2025

1. Washtenaw County Enrollees

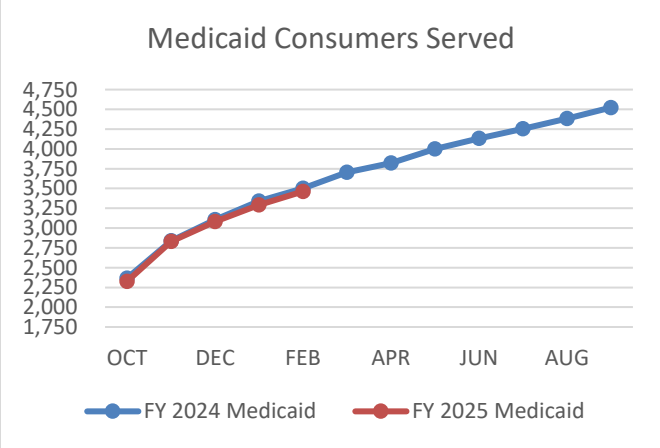
A summary of FY 2025 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

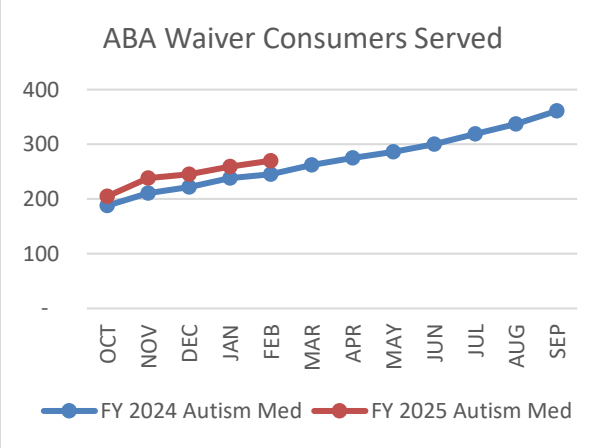




Washtenaw County Medicaid Enrollees were 34,829 in February 2025. This is a 8.45% decrease from the same time last year (3,215 less enrollees than in February 2024). Healthy Michigan enrollment in February 2025 was 19,129. This is a 12.97% decrease from the same time last year (2,852 less enrollees than in February 2024).

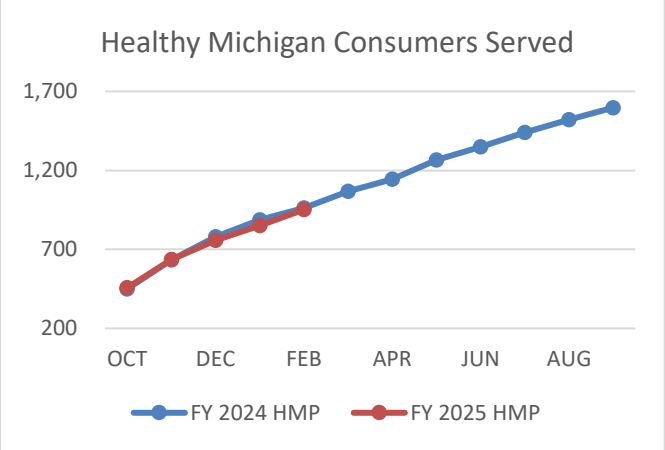
2. WCCMH Consumers Served to Date

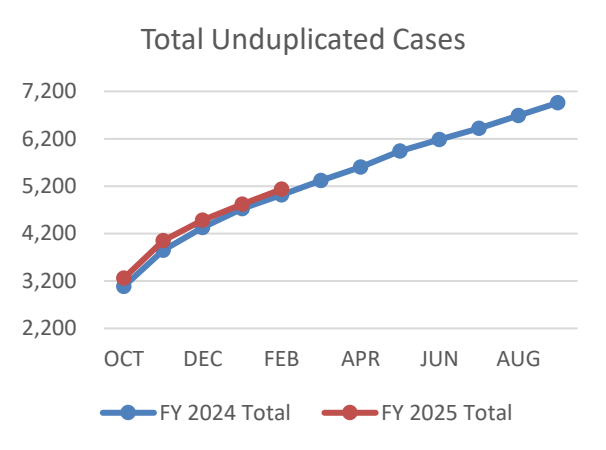




Medicaid consumers served through February 2025 are 3,463. This is 41 less consumers than the prior year (3,504 consumers were served through February 2024).

ABA Waiver consumers served through February 2025 are 270. This is the 25 more consumers than this same time as last year (245 consumers were served through February 2024).

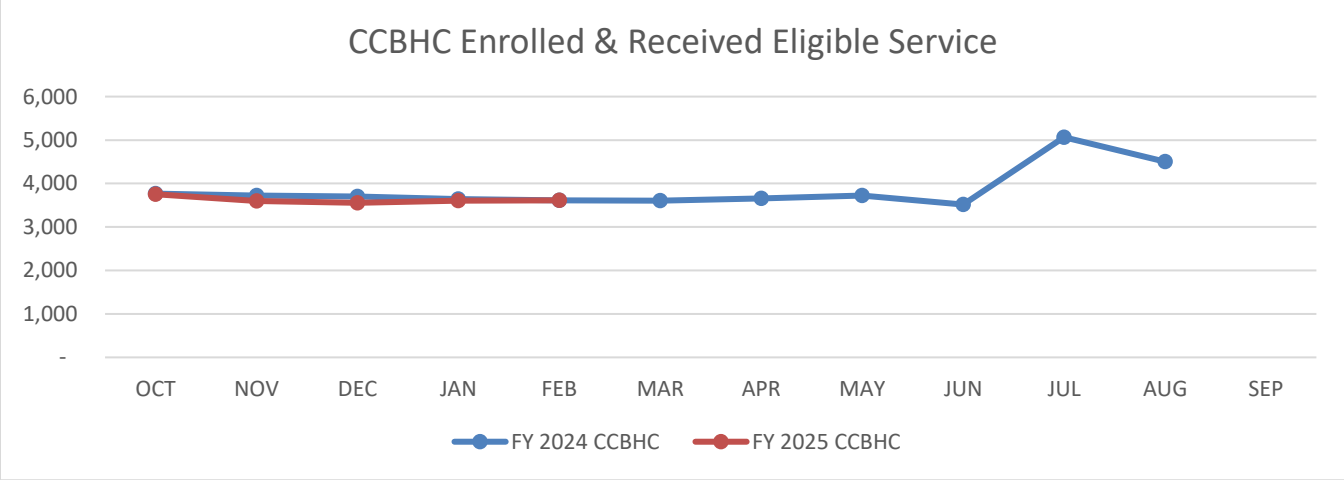




Healthy Michigan consumers served through February 2025 were 952. This is 11 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through February 2025 were 5,136. This is 118 more consumers than served last year for the same time period.

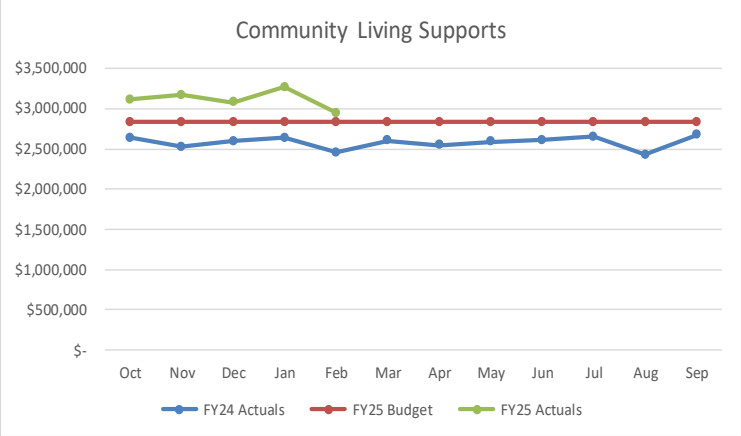
The YTD number of individuals CCBHC enrolled and received an eligible service for FY 2025 as of February was 3,612. This is 1 more consumer for the same time period last year.



3. Financial Statement Highlights

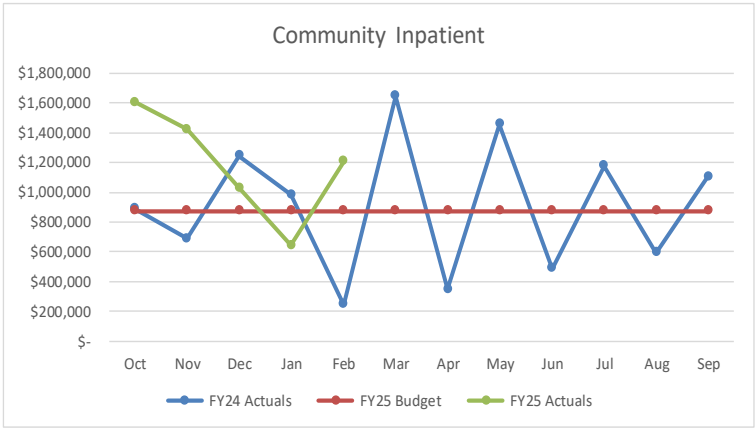
a. CLS service costs to date are estimated to be about $15.7 million and running over budget by about $1.6 million through February of FY 2025. The costs year to date are about 21% higher than last year at this time.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 2,637,767	$ 2,833,333	$ 3,110,404	17.92%
Nov	2,528,276	2,833,333	3,166,798	21.51%
Dec	2,596,104	2,833,333	3,077,601	20.52%
Jan	2,634,937	2,833,333	3,263,270	21.36%
Feb	2,452,584	2,833,333	2,946,981	21.13%
Mar	2,601,049	2,833,333		
Apr	2,544,132	2,833,333		
May	2,586,850	2,833,333		
Jun	2,607,943	2,833,333		
Jul	2,653,924	2,833,333		
Aug	2,425,501	2,833,333		
Sep	2,674,986	2,833,333		



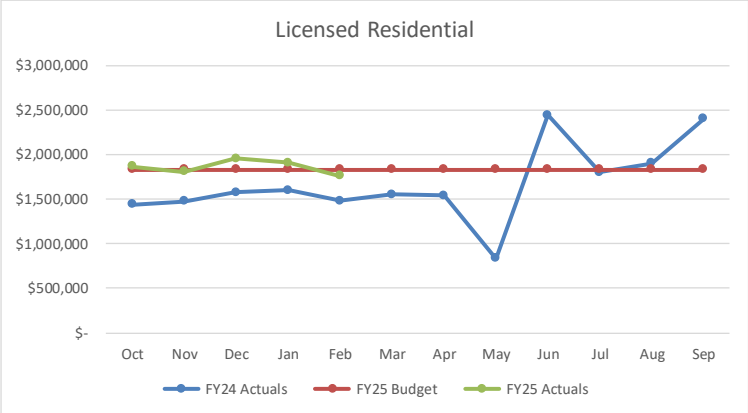
b. Community Inpatient costs to date are $5.9 Million. The costs year to date are 45% higher than this time last year and are about $1.5 million over budget.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 888,374	$ 873,000	$ 1,605,037	80.67%
Nov	686,783	873,000	1,420,600	92.08%
Dec	1,243,366	873,000	1,027,322	43.80%
Jan	981,798	873,000	643,501	23.58%
Feb	244,417	873,000	1,207,305	45.96%
Mar	1,643,710	873,000		
Apr	349,426	873,000		
May	1,457,597	873,000		
Jun	486,568	873,000		
Jul	1,175,601	873,000		
Aug	593,765	873,000		
Sep	1,104,616	873,000		



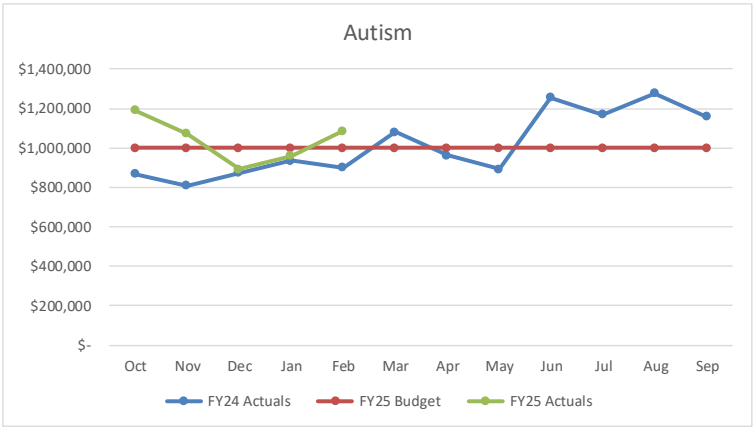
c. Licensed Residential costs to date are $9.3 Million and coming just slightly over budget. The costs year to date are about 23% more than this time last year.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 1,441,874	$ 1,833,333	$ 1,867,597	29.53%
Nov	1,476,079	1,833,333	1,810,965	26.07%
Dec	1,577,380	1,833,333	1,957,547	25.38%
Jan	1,601,609	1,833,333	1,909,077	23.75%
Feb	1,484,367	1,833,333	1,763,459	22.78%
Mar	1,553,224	1,833,333		
Apr	1,539,948	1,833,333		
May	835,708	1,833,333		
Jun	2,444,834	1,833,333		
Jul	1,805,435	1,833,333		
Aug	1,905,507	1,833,333		
Sep	2,401,479	1,833,333		



d. Applied Behavior Analysis/Autism service costs to date are $5.2 Million. The costs year to date are coming in right on budget although trending about 18.6% higher than this time last year.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 867,232	$ 1,000,000	$ 1,190,528	37.28%
Nov	808,887	1,000,000	1,073,749	35.09%
Dec	874,135	1,000,000	891,494	23.74%
Jan	936,517	1,000,000	960,952	18.07%
Feb	900,686	1,000,000	1,087,528	18.62%
Mar	1,081,448	1,000,000		
Apr	963,660	1,000,000		
May	892,941	1,000,000		
Jun	1,256,451	1,000,000		
Jul	1,170,401	1,000,000		
Aug	1,276,962	1,000,000		
Sep	1,160,236	1,000,000		



e. Internal staffing expenses are coming in line with budget after successful recruitment efforts as well as increased salary/fringe costs.

4. PIHP Revenue Key Points

a. Medicaid, CCBHC and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid and CCBHC is showing a surplus of $4,321,939 through February.
c. By funding source, HMP is showing a deficit of $941,506 through February.
d. Overall, the PIHP surplus is $3,380,433 through February.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $685,970. The deficit is primarily resulting from CCBHC Non-Medicaid costs as well as covering Medicaid deductibles (spenddowns) for individuals served.

6. Local Key Points

a. The majority of Local Funding comes from Washtenaw County.

b. Local Funds are currently showing a deficit of $570,459 through February.

c. The purchase of two group homes totaling $890,000 occurred in February. A budget amendment is necessary to recognize the use the fund balance (local funds) for this purpose. Once complete, the local funds will show a surplus of approximately $300,000

d. Uses of Local Funding include:

   i. The 10% GF Match of non-residential services
   ii. Local contribution – required by MDHHS
   iii. Local share for State Facilities
   iv. Shelter expenses and other Local needs

7. Fund Balance

a. The final figures for FY24 fund balance are still in the works. At the end of FY 2023, WCCMH has a fund balance of $4,126,826.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 25 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	22,731,815
HSW		14,511,241
Behavioral Health Home		258,940
Child Waiver/SED Waiver		443,504
Autism		3,325,063
Prior Year Adjustments		-
Care for Caid		16,224
Total Medicaid Revenue	$	41,286,787
Total Medicaid Expense	$	38,229,914
Medicaid Surplus/(Deficit)	$	3,056,873
CCBHC PIHP Section **		
Supplemental Revenue	$	8,638,090
CCBHC Capitation	$	3,807,292
Total CCBHC Revenue	$	12,445,382
CCBHC HMP Expense		2,075,933
CCBHC Medicaid Expense		9,093,861
Total CCBHC Expense	$	11,169,795
CCBHC Surplus/(Deficit)	$	1,275,587
CCBHC Local Section		
GF/Local Redirect	$	(669,934)
CCBHC Non-Medicaid Expense		669,934
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	3,280,880
Expense		4,222,386
Healthy MI Surplus/(Deficit)	$	(941,506)
General Fund		
Revenue		
CMH Operations	$	1,881,704
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		(669,934)
Funding Fr. Other Local Sources		229,874

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 25 FYTD

		Total
Total General Fund Revenue	$	1,441,645
Total General Fund Expense	$	2,127,615
General Fund Surplus/(Deficit)	$	(685,970)
Injectable Meds		
Revenue	$	36,104
Expense		46,625
Inj. Meds. Surplus/(Deficit)	$	(10,521)
Grants And Contracts		
Revenue	$	921,803
Expense		921,803
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	449,106
Redirect to GF		(41,155)
Expense		407,951
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	714,296
Expense		1,284,755
Local Surplus/(Deficit)	$	(570,459)
Private Grant & All NOR		
Revenue	$	109,785
Expense		102,312
Priv. Grant & NOR Surplus/(Deficit)	$	7,474
Grand Total		
Revenue	$	60,644,633
Expense		58,513,155
Grand Total Surplus/(Deficit)	$	2,131,478

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	3,380,433
WCCMH Surplus/(Deficit)		(1,248,955)
	$	2,131,478

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2025

	Current Fiscal Year				
	FY 2025 Amended Budget	FY 2025 Amended Budget YTD	FY 2025 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 54,524,586	$ 22,718,578	$ 22,731,815	$ 13,238	0.06%
HSW	31,656,289	13,190,120	14,511,241	1,321,121	10.02%
Children & SED Waivers	1,335,478	556,449	443,504	(112,945)	-20.30%
Healthy Michigan Capitation	7,874,111	3,280,880	3,280,880	0	0.00%
Autism Capitation	7,980,152	3,325,063	3,325,063	(0)	0.00%
CCBHC Medicaid/HMP	9,137,500	3,807,292	3,807,292	0	0.00%
CCBHC Supplementary	12,936,000	5,390,000	8,638,089	3,248,089	60.26%
Behavioral Health Home	572,073	238,364	258,940	20,576	0.00%
TOTAL PIHP Revenue	$ 126,016,189	$ 52,506,745	$ 56,996,824	$ 4,490,079	8.55%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 1,859,043	$ 1,881,704	$ 22,661	1.22%
Grants & Earned Contracts	2,392,867	997,028	986,411	(10,617)	-1.06%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 729,900	$ 369,190	$ (360,710)	-49.42%
Project Revenue	939,998	391,666	209,657	(182,009)	-46.47%
All Other	1,917,652	799,022	1,415,393	616,371	77.14%
TOTAL Operating Revenue	**$ 137,480,171**	**$ 57,283,405**	**$ 61,859,179**	**$ 4,575,774**	7.99%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 3,470,478	$ 3,405,717	$ (64,761)	-1.87%
Program Administration	4,608,587	1,920,245	1,874,797	(45,448)	-2.37%
Residential Services					
Community Living Supports	$ 34,000,000	$ 14,166,667	$ 15,768,832	$ 1,602,165	11.31%
Licensed Residential	22,000,000	9,166,667	9,308,645	141,978	1.55%
Outpatient Services					
Autism Services	$ 12,000,000	$ 5,000,000	$ 5,204,251	$ 204,251	4.09%
Case Management	6,340,214	2,641,756	2,812,833	171,077	6.48%
Supports Coordination	3,576,188	1,490,078	1,442,513	(47,565)	-3.19%
Skill Building	4,905,514	2,043,964	1,726,424	(317,540)	-15.54%
Supported Employment	2,174,459	906,025	643,250	(262,775)	-29.00%
Psychiatry	5,063,666	2,109,861	2,029,434	(80,427)	-3.81%
Nursing Services	2,892,534	1,205,223	1,345,133	139,911	11.61%
Therapy Services	3,157,108	1,315,462	1,318,662	3,200	0.24%
All Other	14,583,888	6,076,620	4,816,817	(1,259,803)	-20.73%
Other Expenses					
Community Inpatient	$ 10,476,000	$ 4,365,000	$ 5,903,000	$ 1,538,000	35.23%
Local Matches & Shelter	980,000	408,333	378,292	(30,041)	-7.36%
Grants & Earned Contracts	2,392,867	997,028	944,965	(52,063)	-5.22%
TOTAL Operating Expenses	**$ 137,480,171**	**$ 57,283,405**	**$ 58,923,565**	**$ 1,640,160**	2.86%
Revenue Over/(Under) Expenses	-	-	2,935,614	2,935,614	

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2025

	Prior Year Comparison			
	FY 2025 YTD Actuals	FY 2024 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 22,731,815	$ 20,691,077	$ 2,040,738	9.86%
HSW	14,511,241	12,873,419	1,637,822	12.72%
Children & SED Waivers	443,504	489,856	(46,352)	-9.46%
Healthy Michigan Capitation	3,280,880	2,564,690	716,190	27.93%
Autism Capitation	3,325,063	3,093,082	231,981	7.50%
CCBHC Medicaid/HMP	3,807,292	9,106,061	(5,298,769)	0.00%
CCBHC Supplementary	8,638,089	-	8,638,089	0.00%
Behavioral Health Home	258,940	233,642	25,298	0.00%
TOTAL PIHP Revenue	$ 56,996,824	$ 49,051,827	$ 7,944,997	16.20%
MDHHS Revenue				
State General Funds	$ 1,881,704	$ 1,881,704	$ -	0.00%
Grants & Earned Contracts	986,411	763,086	223,325	29.27%
All Other Revenue				
County Appropriation	$ 369,190	$ 311,529	$ 57,661	18.51%
Project Revenue	209,657	207,809	1,848	0.89%
All Other	1,415,393	4,037,671	(2,622,278)	-64.95%
TOTAL Operating Revenue	**$ 61,859,179**	**$ 56,253,626**	**$ 5,605,553**	9.96%
Operating Expenses				
Administrative Expenses				
General Administration	$ 3,405,717	$ 3,157,698	$ 248,019	7.85%
Program Administration	1,874,797	4,320,682	(2,445,885)	-56.61%
Residential Services				
Community Living Supports	$ 15,768,832	$ 12,567,537	$ 3,201,295	25.47%
Licensed Residential	9,308,645	7,581,309	1,727,336	22.78%
Outpatient Services				
Autism Services	$ 5,204,251	$ 4,387,457	$ 816,794	18.62%
Case Management	2,812,833	2,281,152	531,681	23.31%
Supports Coordination	1,442,513	1,240,211	202,302	16.31%
Skill Building	1,726,424	1,689,770	36,654	2.17%
Supported Employment	643,250	741,031	(97,781)	-13.20%
Psychiatry	2,029,434	1,502,228	527,206	35.09%
Nursing Services	1,345,133	1,088,344	256,789	23.59%
Therapy Services	1,318,662	1,101,027	217,635	19.77%
All Other	4,816,817	4,471,025	345,792	7.73%
Other Expenses				
Community Inpatient	$ 5,903,000	$ 4,044,737	$ 1,858,263	45.94%
Local Matches & Shelter	378,292	450,355	(72,063)	-16.00%
Grants & Earned Contracts	944,965	730,206	214,759	29.41%
TOTAL Operating Expenses	**$ 58,923,565**	**$ 51,354,769**	**$ 7,568,796**	14.74%
Revenue Over/(Under) Expenses	2,935,614	4,898,857	(1,963,243)	

CMH Millage Fund Income Statement 2023 & 2024

	2023	2024
Revenue	$8,163,415.75	$8,660,423.39
22245100 - CMH MH Millage Operations	$8,163,415.75	$8,660,423.39
401000 - Current Property Tax	$7,294,432.96	$7,745,774.32
660000 - Interest Earnings	$565,929.03	$828,791.69
661000 - GASB 31 Adjustment	$229,508.60	$2,928.67
690000 - Transfers In	$73,545.16	$82,928.71
Expense	$6,865,386.50	$8,629,045.05
22245100 - CMH MH Millage Operations	$6,865,386.50	$8,629,045.05
702000 - Salaried Permanent	$2,067,871.31	$2,802,077.31
703000 - Part Time Temporary	$11,741.01	$26,736.23
703010 - On Call	$13,633.68	$18,303.09
704000 - Overtime	$168,073.86	$196,249.61
706000 - Shift Premium	$14,437.36	$13,783.63
715200 - Fringe Benefits	$1,274,759.20	$1,444,338.72
752000 - Printing	$708.27	$155.14
753000 - Postage	$214.47	$288.70
754000 - Operating Supplies	$774.15	$703.28
801300 - Subscriptions and Dues	$315.90	$1,082.50
801500 - Consultants and Contracts	$1,976,261.58	$2,696,451.41
803000 - Telephone	$26,366.96	$25,252.93
805000 - Travel	$4,742.59	$7,461.30
805500 - Employee Development	$12,228.63	$16,984.18
815900 - Client Transportation	$5,371.11	$821.21
816700 - Reallocated Expense	$810,555.40	$756,644.69
817200 - Client Care	$13,433.04	$26,433.57
817300 - Housing Assistance	$146,311.78	$235,170.72
951000 - Cost Allocation Plan	$267,233.67	$344,447.03
952100 - Fleet Fuel	$2,727.78	$4,231.89
952200 - Fleet Maintenance	$1,250.43	$7,627.41
952300 - Fleet Administration	$2,374.32	$3,800.50
990000 - Transfers Out	$44,000.00	$0.00
Net Income:	**$1,298,029.25**	**$31,378.34**

Fund balance as 12/31/2024 $9,075,554

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MINUTES

February 12, 2024

Members Potentially Present/on the Call: Melissa Concannon (Chair), Lisa deRamos, Joy Duffy (Co-Chair), Leo Hanifin, Barb Higman, Alayna Manzanares, Alyssa Newsome, Pam Rathbun, Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Guest: Melisa Tasker (Program Administrator)
Absent: Darren Beland, Anton Clark, Lisa Porzondek.

Meeting called to order at: _ 12:32 _ pm_. MOTION BY _ Pam _ - SUPPORTED BY _ Leo _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **Regional Update:**
   A. **Arts & Crafts Show** – @Learning Resource Center -4135 Washtenaw Ave, Ann Arbor, MI 48108 https://bit.ly/cmhcraftshowsignup. Leo has a flyer. Listed deadline of March 28, 2025 while allowing people to register afterwards if there is still room and interest. Email Mert or Lisa deRamos with feedback or suggested changes for the form. Venmo is the recommended app for all who sign up for a table. Bottled water and snacks from the IDD Kitchen will be provided. Tables by Public Health & the Wish You Knew campaign, CMHs, NAMI and other groups promoting mental health.
   Proposed date and time 4/25/25 from 1pm-7pm. (Rooms reserved 2 hours early for set up and one hour later for cleanup.)
   Washtenaw County Learning Resource Center, 4135 Washtenaw Ave, Ann Arbor, Michigan
   If you are an artist/crafter who has received help from CMH in Lenawee, Livingston, Monroe, or Washtenaw County and are interested in showcasing your work, sign up!
   Any family friendly arts and crafts that the individual has created may be sold, unlike the Traveling Arts Show: Needlework, fabric arts, paintings, sketches, sculptures, mixed media, culinary arts, woodwork, metalwork, jewelry, greeting cards, etc.
   Open to the public for shopping and attendance. Please share the invitations.
   A link for signing up to attend: https://bit.ly/cmhcraftshowsignup
   Volunteers: Opening: Pam, Barb, Joy. Tear down & clean-up: Lisa deRamos and Melissa.
II. **Public Health Update: (Lisa deRamos)**
   A. Free WishYouKnew mental health resource materials order form: bit.ly/wykorderform
   B. Free It Is Possible substance use recovery/harm reduction materials order form: bit.ly/iiporder
   C. Sign up for Washtenaw County Health Department weekly updates newsletter: bit.ly/WCHD555
III. **Newsletter**: Nothing immediately available. Lisa reminded Mert to follow up again with Hayley Thompson about sharing the newsletters in some format in a shared file format publicly online: on Facebook or a website.

IV. **NAMI**: **Barb:** Arrangements with Carrie Reignans speaking. Upcoming Story Jam training. Advocacy training RE: Chelsea Hospital, with input on how hospitals operate. Advocacy committee meetings are ongoing.
Alayna: Shared how NAMI has a plan for a March 11 in person Family-To-Family-Class to start. On March 12, there will be a Zoom Family-To-Family Class starting. https://namiwc.org/about/mental-health-education/family-to-family/
Goal to have Peer-To-Peer Training in May.

V. **Legislators:** We need to get them to speak, but often it is only just before elections when they want to come. We have 2 years with the current legislators. Meanwhile we will invite Program Administrators.

VI. **New Business**:

A. **Fresh Start**: Joy reported that there is a new staff member at the clubhouse who is adapting well. She is trying to be earth friendly and is working on using donated sewing machines to sew cloth napkins with patterns with snaps to make cloth napkins that can hold silverware and can be reused rather than disposable paper napkins.

B. After a break, **Melisa Tasker** joined us at 1:30pm. She talked about: how she has been with the county more than a decade and in her current role since 2018. She oversees 4 Teams:

1. The ACCESS team which answers the 734-544-3050 line. This line is staffed by a team of 12 folks 24/7. They connect people to the appropriate services.
2. The Mobile Crisis Team is active 24/7 and meets the needs of anyone in crisis, usually not people opened to CMH. They authorize inpatient stays paid by Medicaid, partial hospitalizations. The Crisis Board keeps tabs on who will be seen when and what will be addressed during those outreaches.
3. The Hospital Liaison Team is active only during business hours and coordinates matters concerning those who are in hospitals.
4. The CARES team treats those who are mild to moderate in severity. Because of the CCBHC Washtenaw County CMH is able to treat anyone regardless of insurance type. But there are a lot of folks who are treated primarily by community partners as there are a lot of mental health workers who serve in the community. CARES has 3 Case Managers; 4 Mental Health Professionals; 3 Peers; 1 Service Coordinator; 1 Supervisor.
5. Mental Health Treatment in the Jail and Outpatient Treatment Orders are overseen by another P.A.

Lisa deRamos asked how many 988 calls had been routed to the ACCESS line. Melisa was unable to answer that and recommended contacting the service provider.

_ Melisa Tasker _ motioned to adjourn the meeting at _ 1:40 pm_, Supported by _ Mert _. The next meeting will be March 12, 2024 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn't start until 12:30pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MINUTES
April 9, 2024

Members Present/on the Call: Joy Duffy (Co-Chair), Leo Hanifin, Alayna Manzanares, Lisa Porzondek, Pam Rathbun, Jason Zurawski
Staff: Mert Hershberger (Staff Liaison).
Absent: Darren Beland, Anton Clark, Melissa Concannon (Chair), Lisa deRamos, Barb Higman, Alyssa Newsome.

Meeting called to order at: _ 12:35 _ pm_. MOTION BY _ Pam _ - SUPPORTED BY _ Alayna _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **Regional Update:**
   A. **Arts & Crafts Show** – @Learning Resource Center -4135 Washtenaw Ave, Ann Arbor, MI 48108 https://bit.ly/cmhcraftshowsignup. Leo has a flyer. Listed deadline of March 28, 2025 while allowing people to register afterwards if there is still room and interest. Email Mert or Lisa deRamos with feedback or suggested changes for the form. Venmo is the recommended app for all who sign up for a table. Bottled water and snacks from the IDD Kitchen will be provided. Volunteers: Opening: Pam, Barb, Joy. Tear down & clean-up: Lisa deRamos and Melissa. – Alyssa said that there is currently no art group among the Youth & Family programs, though she is tasked with creating some bulletin boards. She and all were invited to submit art for the show and to offer works for sale. She said she would think about it. Alyssa also talked about the limitations of peers leading groups on the Youth & Family side. Mert also asked about any possible Musical talent among peers for a Peer led music therapy group in CMH or at Fresh Start.

II. **Newsletter**: (Mert asked about how to make it shareable and is still waiting for a response.) Hopefully we can get this out by June.

III. **Legislators:** Pam would like to invite more legislators to our meetings.

IV. **Fresh Start**: New Staff. Ability to take people directly to Kiwanis and to refer people for furniture. Starting a garden. Organizing an Earth Day cleanup. Shopping for a new building.

V. **World No-Tobacco-Day and Pledge Walls:** Pledge walls up at 5 locations.

VI. **New Business**:
   A. Statewide Persons Served Advisory Committee at 1pm.
   B. Art groups now at all 3 locations.
   C. Walk-A-Mile in Lansing on 9/17. Leo will design T-Shirts, etc. Motto: “Keep looking forward. Don’t look back. Make the future better than the past.”

_ Pam _ motioned to adjourn the meeting at _ 1:02 pm_, Supported by _Lisa & Alayna_. The next meeting will be May 14, 2024 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn’t start until 12:30pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY

WC-CMH ADVISORY COUNCIL MINUTES

May 14, 2024

Members Potentially Present/on the Call: Darren Beland, Melissa Concannon (Chair), Lisa deRamos, Joy Duffy (Co-Chair), Leo Hanifin, Barb Higman, Alayna Manzanares, Lisa Porzondek, Pam Rathbun, Jason Zurawski.
Staff: Mert Hershberger (Staff Liaison).
Guests invited: Liz Spring, Sally Amos-O'Neal.
Absent: Anton Clark, Alyssa Newsome.

Meeting called to order at: _ 12:32 _ pm_.
MOTION BY _ Pam _ - SUPPORTED BY _ Lisa _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **Youth & Family Update: Liz Spring, program administrator**: Liz talked about different services provided, such as family wraparound services that average around 1 year during transitions. Assessments are done within the first 14 days. Anyone over age 14 can come in without parents. Releases of Information must be signed to communicate with the schools. IDD and mental health services and ABA services are offered. Many come and get no meds. There are no court orders for minors, hence it is entirely voluntary. Often it is a matter of helping those with chaos in their family in a judgement-free way. Common issues that lead to Y&F might be homelessness in the family or foster care. Some continue with Y&F into early adulthood.
II. **Regional Update:**
    A. **Arts & Crafts Show** – Several thought of ways it could be improved: moving to in front of the Annex during the Art Fair on Saturday or during the week with 6-7 tables present downtown. Improving signage, having the meeting in non-work hours, having it outdoors, more public announcements, being closer to a road.
    B. **Regional Picnic** – August 18, 9:30 (meet at Ellsworth to ride down) 10:30am, set up grill at Munson Park in Monroe. - 2pm (clean up), then drive back. Mert will set up a Google Sheets for people to sign up for different foods.
III. **Newsletter**: How can we make this more publicly shareable? Lisa suggested CHRT might be able to help with this. Hopefully we can get this out by June. Melissa offered to write something on Procrastination. Mert offered to submit something on collecting bottles & cans.
IV. **Legislators:** See Schmaltz in Lansing at Walk-A-Mile, waiting to hear back.
V. **Public Health**: Lisa deRamos shared the following information:
    A. Ypsi Community Schools Mental Health Awareness Fair – Sat, May 17, 12-3pm at Prospect Park in Ypsi (WCHD Wish You Knew mental health campaign will be there)
    B. WCHD Mental Health Event – Mon, May 19, 5:30-7pm at Ypsi District Library – Superior Branch location (WCHD Wish You Knew mental health campaign,

NAMI, WISD, Women's Center, etc. will be there with mental health resources)

C. Ypsi Pride – Fri, June 6, 6-9pm in Depot Town (WCHD Wish You Knew mental health campaign and other health department services will be there): https://www.facebook.com/YpsiPride, https://www.ypsireal.com/event/ypsi-pride-2025/18136/
D. Link to Wish You Knew materials order form (free for pick-up at 555 Towner or delivery in Washtenaw County): bit.ly/wykorderform

VI. Fresh Start: Joy shared the following about happenings at Fresh Start: 25 years of Clubhouse Giving Day. A day at Haab's for a social recreation. Work is needed on expanding opportunities for Transitional Employment opportunities for clubhouse members. They have a new building near Carpenter and Packard. Some are in Florida at the moment for the International Clubhouse gathering.

VII. NAMI: Alayna shared how Family to family has wrapped up and that the next one will start September 10. Peer to Peer is going well and another will resume in October. NAMI is sponsoring a water stop on the Dexter-A2 Run on June 1. NAMI walk is now organized at the state level. Mental Health Clubs for Seniors are in the works.

VIII. Walk-A-Mile: Lansing on 9/17. Leo is still working on the T-Shirts design with just the "Walk-A-Mile in my Shoes" and the Year with his designed font. Motto: "Keep looking forward. Don't look back. Make the future better than the past." At a future council we will work on the draft for the speech and appoint representative flag carriers and speaker.

IX. NEW BUSINESS

A. Darren Beland was officially voted into and welcomed to the council.

_ Alayna _ motioned to adjourn the meeting at _ 1:56 pm_, Supported by _ Pam _.
The next meeting will be June 11, 2024 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn't start until 12:30pm.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy* *Ability to Pay***
Committee/Department: **Regional Finance Committee**	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish a regional ability-to-pay policy in accordance with Michigan's Mental Health Code, Act 258, 1974 as amended.

II. REVISION HISTORY

DATE	MODIFICATION
5-3-2013	Revised to reflect the new regional entity effective January 1, 2014.
9-1-2019	Revised to update standards.
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies:

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. POLICY

No person shall be denied services due to an inability to pay. Fees for each service are provided in accordance with all applicable laws, regulations and the requirements of payers and in keeping with sound accounting practices. Reimbursement is sought for all services provided in accordance with all applicable laws, regulations and the requirements of payers.

V. DEFINITIONS

Ability to Pay – ability of a consumer/individual served or responsible party to pay for the cost of services.

Coordination of Benefits – process of payments by primary and secondary insurers that assures Community Mental Health Partnership of Southeast Michigan (CMHPSM) is the payer of last resort.

Customary rates for services – total amount to be paid for a unit of service as set by the CMHPSM**.**

Full financial determination – takes into consideration total financial status including but not limited to income, expenses, number and condition of dependents, assets and liabilities.

Income – responsible party's current annualized Michigan taxable income.

Insurance benefits – payment in accordance with insurance coverage for the cost of health care services provided to an individual.

Medicaid eligible – person who has applied for Medicaid and is determined to be eligible by the Michigan Department of Human Services (MDHS).

Residential services – 24-hour dependent care and treatment service provided by adult foster care facilities under contract by a community mental health services program or provided directly by a community mental health services program or substance use disorder residential treatment facilities

Responsible party – person who is financially liable for services provided to the consumer/individual served. This person includes the individual and, as applicable, the individual's spouse, guardian and parent, or parent of a minor.

VI. STANDARDS

A. The ability-to-pay determination will take place prior to starting services or, in the case of emergency, as soon as it is clinically appropriate.
B. Consumers/individuals served who either opt out of the ability to pay process or refuse to supply financial and/or insurance information shall be assessed full customary rate for service.
C. The total combined financial liability of the parties responsible shall not exceed the customary rate of the services.
D. Charges to consumers/individuals served for services provided by out of network providers will not exceed ability to pay for in network providers. When there is a discrepancy in cost for the same services the consumer/individual served will be charged the lower of the costs.
E. A responsible party shall only have one ability-to-pay determination in place at any given time.
F. A responsible party who is determined to be Medicaid eligible shall be assigned a zero ability to pay, unless otherwise provided for under Medicaid policy.
G. Respite ability-to-pay calculation is included in the over ability to pay monthly amount but is applied as a daily, 3-day (30) amount.

H. All consumers/individuals served shall be notified of their right to appeal an ability to pay determination.
I. Consumer/individual's ability to pay will be reassessed a minimum of once annually or upon significant changes in the responsible party's financial situation. A new ability to pay needs to be completed as soon as possible when there is a negative change in Medicaid eligibility (i.e.: HMP →MA(s), full MA → MA(s) or complete loss of Medicaid).
J. A parent shall not be determined to have an ability to pay for more than one (1) individual at any one time and a parent's total liability for two (2) or more individuals shall not exceed a combined total of eighteen (18) years.
K. Insurance benefits that cover services, either in part or whole are considered as part of the individual's ability to pay. Individual fees are assessed when insurance benefits are unavailable or pay for only part of the cost or have been depleted.
L. A **full** financial is required:
    1. For residential stays
    2. For inpatient stays of more than sixty-one (61) days
    3. When a consumer/individual served requests one and
    4. When a consumer/individual served states they are unable to pay the determined ability-to-pay amount.

VII. EXHIBITS

Public Mental Health System Ability-To-Pay Schedule

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPPA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974	X	Chapters 2A, 8
The Joint Commission - Behavioral Health Standards		
MDCH Medicaid Contract	X	
MDCH Substance Abuse Contract		
Michigan Medicaid Provider Manual	X	
PA 500/501	X	
Substance Abuse Administrative Rules	X	R325.4151-325.4156

EXHIBIT A

The following scale is recommended for use in Region 6 with the understanding that each CMH may need to adjust the scale for its own situation.

[Provider Name]
Sliding Fee Scale

Sliding Fee Scale (SFS) for qualified people who are Uninsured or Under insured, for qualified Mental Health or SUD services:

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as established by State Law and Administrative Rules.
Annual Income Limits in the chart are based on the 2023 Federal Poverty Level guidelines and are updated annually.
Your SFSdva is determined at least annually and whenever your financial situation changes.
Documentation of your Annual Income and Family Size are required before a final, discounted SFSdva is approved.
The primary source of income documentation required is your State or Federal tax return (form 1040).

Sliding Fee Scale daily visit amount (SFSdva) Chart:

Income Category	A	B	C	D	E	F	G	
Family Size	<=133%	<=200%	<=250%	<=300%	<=350%	<=400%	>400%	FPL
1	$19,440	$29,160	$36,450	$43,740	$51,030	$58,320	>$58,320	$14,580.00
2	$26,293	$39,440	$49,300	$59,160	$69,020	$78,880	>$78,880	$19,720.00
3	$33,147	$49,720	$62,150	$74,580	$87,010	$99,440	>$99,440	$24,860.00
4	$40,000	$60,000	$75,000	$90,000	$105,000	$120,000	>$120,000	$30,000.00
5	$46,853	$70,280	$87,850	$105,420	$122,990	$140,560	>$140,560	$35,140.00
6	$53,707	$80,560	$100,700	$120,840	$140,980	$161,120	>$161,120	$40,280.00
7	$60,560	$90,840	$113,550	$136,260	$158,970	$181,680	>$181,680	$45,420.00
8	$67,413	$101,120	$126,400	$151,680	$176,960	$202,240	>$202,240	$50,560.00
Add for each additional family member:	$6,836	$10,280	$12,850	$15,420	$17,990	$20,560.00		
	133%	200%	250%	300%	350%	400%		

Sliding Fee Scale

Based on annual income and family size provided to ESM and applied to the SFSdva Chart above.

Your Income Category	A	B	C	D	E	F	G		Est Monthly Visits
Ability to pay % of Income (Not to publish)		6%	8%	10%	12%	14%	N/A		
CLS/Respite/Skill bldg/Clubhouse	$0	$5	$10	$17	$25	$35	₮	A	30
Other Excluding Residential/Inpatient S	$0	$15	$30	$50	$75	$105	₮	B	10
Specialized Residential/Inpatient Servic	$0	*	*	*	*	*	*	C	30

₮ - Full Feescreen is charged upto the monthly maximum calculated under Michigan Compiled Law 330.1818-1820 and Administrative Rule R330.8242

A Calculated based on this column. Assumes family size of 4. % of income based on administrative rule R330.8239(4) at this income level. Divided by the assumed number of daily visits per month. Rounded up to the nearest $1 in accordance with R330.8240(1)

B Calculated based on the midpoint between previous column and this column. Assumes family size of 4. % of income based on administrative rule R330.8239(4) at the midpoint. Divided by the assumed number of daily visits per month. Rounded down to the nearest $5 increment.

C *Actual cost of service is charged up to the monthly maximum calculated under Michigan Compiled Law 330.1818-1820 and Administrative Rule R330.8242

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** ***Consent to Treatment and Services***
Committee/Department: **Recipient Rights**	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

The purpose of this policy is to establish guidelines which ensure that recipients receive notification of their rights, and that informed consent is obtained for all services provided.

II. REVISION HISTORY

DATE	MODIFICATION
04/20/2010	Full policy revision
04/11/2013	Template updated
01/13/2017	Template Updated
02/13/2020	3-year review No Content Changes
09/28/2023	3 year review No content changes
Will be the Regional Approval Date	Revisions made per MDHHS ORR Policy Review

III. APPLICATION

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☐ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. POLICY

It is the policy of the CMHPSM that informed consent shall be obtained, as defined in this policy, prior to the provision of services.

V. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Competency: The legal capacity of an individual to provide informed consent. An adult recipient shall be considered competent unless a court has determined that the recipient is not competent or is legally incapacitated and has been appointed a legal representative. If a legal representative has been appointed, the recipient shall be presumed competent regarding matters that are not within the legal representative's scope and authority.

Comprehension: The ability to understand the personal implications of providing consent, based on the basic information that has been provided.

Consent: Consent is defined as either of the following:

1. A written agreement signed by a recipient, unless the recipient has a designated legal representative with authority to execute consent. If the recipient has a designated legal representative, the legal representative must provide written agreement.
2. A verbal agreement of a recipient, unless the recipient has a designated legal representative with authority to execute a consent, that is witnessed and documented by an individual other than the individual providing treatment. If the recipient has a designated legal representative, the legal representative must provide verbal agreement.

   Additionally, consent must include the elements of competency, comprehension, knowledge, and voluntariness.

Knowledge: Possession of the basic information needed to consent to services, including an understanding of the services being proposed, as well as the risks, benefits, consequences and other relevant information of consenting to those services.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court-appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Rights: Protections for recipients of mental health services as defined by state and federal laws and agency policy.

Voluntariness: The ability to provide informed consent without force, fraud, deceit, duress or coercion, with the understanding that consent can be withdrawn at any time without prejudice.

VI. STANDARDS

A. All applicants and their legal representatives shall be notified of their rights as recipients of mental health services. This shall be done at the time services are first requested, and annually thereafter, by providing each applicant, recipient and legal representative with a copy of the Your Rights brochure, the Bill of Rights and Responsibilities brochure, the HIPAA Privacy Notice, and the Person Centered Planning brochure, and by having a complete copy of Chapters 7 and 7a of the Mental Health Code available for review at each service site.

B. Informed consent shall be obtained prior to:
   1. Providing mental health services to a recipient,
   2. Providing a prescription for psychotropic medication to a recipient,
   3. Disclosing confidential information which requires consent,
   4. Photographing, recording, or using one-way glass to observe a recipient.

C. Informed consent for services shall be obtained at least annually, or sooner if changes in circumstances substantially change the risks, other consequences, or benefits that were previously expected.

D. Exceptions to this policy are:
   1. Civil Commitment Assessments
   2. Court ordered treatment
   3. Emergency Services Procedures

   Applicants for, or recipients of services provided under exceptions 1-3 above shall be informed regarding the services to be provided, but written informed consent is not required.

E. Applicants/recipients and their legal representatives shall be given the following information at the time of the request for services:
   1. A description of services and their purpose,
   2. Risks, benefits, and other consequences reasonably to be expected,
   3. A disclosure of appropriate alternatives advantageous to the recipient,
   4. An offer to answer further questions.

F. Consent to service participation is voluntary. The consenting individual is free to withdraw consent and discontinue participation in services at any time without prejudice to the recipient.

G. The ability of each applicant or recipient to give informed consent shall be evaluated and shall precede any guardianship proceedings.

H. A minor who is fourteen years of age or older may request and receive mental health services, and a mental health professional may provide such services on an outpatient basis (excluding pregnancy termination referral services and the use of psychotropic drugs), without the consent or knowledge of the minor's parent,

guardian or person in loco parentis unless there is a compelling need for disclosure based on a substantial probability of harm to the minor or another individual, and if the minor is notified of the mental health professional's intent to disclose. These outpatient sessions shall be limited to not more than twelve sessions or four months for each request for services. After that time, the mental health professional shall terminate the services or, with the consent of the minor, shall notify the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services. Services provided to a minor will, to the extent possible, promote the minor's relationship to the parent, guardian, or person in loco parentis, and will not undermine the values that the parent, guardian, or person in loco parentis has sought to instill in the minor. The minor's parent, guardian, or person in loco parentis is not liable for the costs of services that are received by a minor.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code, Public Act 258 of 1974, as amended	x	330.1100a (19); 330.1706, 330.1707
MDHHS Administrative Rules	x	330.7003; 330.7011
CMHPSM Policy: Confidentiality and Access to Clinical Records	x	
CMHPSM Policy: Customer Services	x	
CMHPSM Policy: Fingerprints, Photographs, Recordings, or Use of 1-Way Glass	x	
CMHPSM Policy: Psychotropic Medication Orders and Consents	x	
CMHPSM Policy: Services Suited to Condition	x	

IX. PROCEDURES

A. Notification of Rights

WHO	DOES WHAT
Assigned Program Staff	1) Gives the applicant/recipient and legal representative a copy of the Your Rights brochure, the Bill of Rights and Responsibilities brochure, the Person Centered Planning brochure, and HIPAA Privacy Notice at the initial request for service, and annually thereafter. Documents this in the clinical record. 2) Provides a brief verbal explanation of the brochures as well as a description of the Rights Procedures.

	3) Asks the applicant/recipient/legal representative to review the Your Rights brochure. 4) Reiterates the content of the brochures in accordance with the applicant/recipient/legal representative's ability to comprehend, if the individual(s) appear to be: a) Illiterate b) A person with an intellectual/developmental disability. c) Non-English speaking (verbal explanation should be in a language that the individual(s) understand and may be delayed until a translator is available). d) Blind (the information shall be read to the individual(s)). e) Hearing impaired (the information shall be communicated in an understandable manner, or may be delayed until a qualified translator is available). f) Emotionally upset (the verbal explanation may be delayed until a more clinically suitable time, if, because of emotional status, the individual is unable to comprehend or is non-receptive to the explanation. The delay should be for a period of no more than two (2) weeks from the time of consent). 5) Documents in the clinical record if the applicant/recipient/legal representative is assisted in reading or understanding the brochures.

B. Informed Consent to Services

WHO	DOES WHAT
Assigned Program Staff	1) Provides a verbal explanation of services, risks, benefits, other consequences, and provides other relevant information to the applicant/recipient/ legal representative. 2) Evaluates the applicant/recipient's ability to give informed consent based on the individual's ability to understand the explanation of services, risks, benefits, other consequences, and other relevant information. Informs supervisor/manager if individual appears to lack the ability to give consent. If further evaluation confirms an

	inability to make a decision or to rationally understand a situation, as required for informed consent, the supervisor/manager will take administrative action to ensure the individual's rights are protected and appropriate services are made available. This shall include a determination as to whether guardianship proceedings should be considered. 3) Ensures that services being consented to are accurately documented on the Service Participation Consent form. 4) Assists consenting individual with completing and signing the Service Participation Consent form at the initial request for services, prior to implementing any services, and annually thereafter. Gives applicant/recipient/legal representative a copy of the signed Service Participation Consent form. 5) If consent is being given verbally, obtains verbal consent from consenting individual and documents on the Service Participation Consent form. Ensures that verbal consent is also witnessed and documented by a non-treating individual.
Consenting Individual	1) If consenting in writing, signs Service Participation Consent form. 2) If consenting verbally, verbally consents to services to the assigned program staff and second non-treating witness.
Additional non-treating staff	1) Witnesses verbal consent given by consenting individual to the assigned program staff. 2) Documents witnessed consent on Service Participation Consent form.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy* *Corporate Compliance***
Committee/Department: Regional Compliance Committee	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	03/03/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
01/27/2017	Revised to reflect regional compliance activities.
12/17/2021	Scheduled Review. Revised to reflect Compliance Plan.
06/03/2024	Revised to reflect Compliance Plan revisions. Approved by Compliance Committee 06/05/2024 (item J added)
[Enter Regional Approval Date]	Due for review.

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Abuse: Practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary cost to the Medicaid payor, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Fraud: An intentional deception or misrepresentation by a person with the knowledge that the deception could result in an unauthorized benefit to him/herself or another person. This definition is not meant to limit the meaning of fraud as it is defined under applicable federal or state laws.

Healthcare Information: Any information, whether oral or recorded in any form or medium that: (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and that (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

Protected Health Information (a.k.a. confidential information): All personally identifiable information and material about a consumer/individual served in any form or medium, and the information that an individual is or is not receiving services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Risk Assessment or Risk Analysis: The process of selecting appropriate measures to protect against particular dangers to computer systems, data, clinical records, and violations of regulatory and compliance standards.

Waste: Inappropriate utilization and/or inefficient use of resources.

V. POLICY

All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region's business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws, and standards.

VI. STANDARDS

A. CMHPSM and each CMHSP shall ensure the security, privacy, integrity, and confidentiality of all consumer/individual served-related information in accordance with professional ethics and legal requirements.

B. Policies and procedures necessary to ensure compliance with federal, state, and local laws, rules, and regulations are maintained by the regional entity, which issues these policies and procedures to providers within the CMHPSM network.

C. The CMHPSM and each CMHSP shall ensure that their staff, students, and board members receive compliance training that includes state and federal compliance standards and reporting requirements. Such training shall include at a minimum, standards and reporting requirements related to HIPAA, HITECH, federal Medicaid regulations, and state regulations.

D. No director or board member of the CMHPSM, or any person with an employment, consulting, or other arrangement with the CMHPSM, can be a person who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or anyone who is an affiliate, as defined in the Federal Acquisition Regulation, of such a person.

E. All CMHPSM staff, board members, students, volunteers, and providers are expected to conduct themselves in an ethical manner while performing their duties.

F. Sanctions will be enacted against any employee, board member, student, or volunteer of the CMHPSM or its providers who violate this compliance policy. Sanctions are set forth in the CMHPSM Sanctions for Breaches of Security or Confidentiality policy and the CMHPSM Compliance Plan.

G. All board members shall adhere to the standards in this policy, the CMHPSM Compliance Plan, and other relevant state and federal compliance laws where it applies to their board duties. Any compliance-related issue and/or violation of a compliance standard by a board member shall be reported to the appointing entity. Alleged misconduct will be referred to both the relevant local and CMHPSM boards.

H. Any relevant issue of compliance by/with a board member will be addressed by the local CMH board or respective entity. Any necessary sanctioning of board members will be the responsibility of the appointing body.

I. All staff, students, volunteers, and providers within the CMHPSM network shall adhere to the standards in this policy, the CMHPSM Compliance Plan, and other relevant state and federal compliance laws where it applies to their duties. Any compliance-related issue and/or violation of a compliance standard shall be reported to the CMHSP and CMHPSM. The CMHPSM shall ensure relevant reporting is made to the required state and federal authorities. Alleged misconduct will be referred to both the relevant local boards.

J. CMHPSM and subcontractors must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without obtaining authorization from the beneficiary to disclose such information. This is required by OIG to prevent any interference with an OIG investigation.

K. To ensure compliance, the CMHPSM shall have an individual identified as the CMHPSM's Compliance Officer who reports directly to the Chief Executive Officer and the Board of Directors. The CMHPSM Compliance Officer shall ensure that the CMHPSM expediently investigates any reports of fraud/abuse, maintains data on compliance issues, and reports relevant data to state and federal entities where required. Such investigations shall be the role of the CMHPSM or the local CMHSP designee, as outlined by CMHSP contract/agreement. Investigations that result in suspected fraud shall be reported to the CMHPSM Compliance Officer using the Michigan Office of Inspector General Fraud Referral Form.

L. Each CMHSP shall have a designated Compliance coordinator identified to take local reports of alleged fraud/abuse, maintain local data, report compliance issues and data to the CMHPSM Compliance Officer, and serve on the CMHPSM Compliance Committee. This CMHSP Compliance role shall be assigned by the CMHSP Director.

M. Reports of alleged fraud/abuse shall be made in accordance with the CMHPSM Compliance Plan, and include at minimum:
- Persons involved (both those affected and those alleged)
- Source of complaint
- Type of provider and service(s) involved
- Nature of complaint
- Approximate dollars involved
- Legal & administrative disposition of the case including any finding(s) and action(s) taken

N. The CMHPSM Compliance Officer shall maintain and provide oversight to a CMHPSM Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The Corporate Compliance Committee is charged with the development, coordination, and oversight of the CMHPSM's compliance efforts, including:
- Reviewing annual regional compliance audits to ensure adherence with established policies, procedures, and laws. If deficiencies are detected, requiring submission of corrective action plans and monitoring of said plans.
- Reviewing changes in law, regulations, or standards and identifying any areas of need in organizational policy, procedure, practice, and training.
- Reviewing risk analysis and risk management functions necessary to assure the privacy and security of protected health information.
- Reviewing risk analysis and risk management functions necessary to ensure areas of risk are assessed and corrected in compliance with laws, rules, and regulations.
- Monitoring regional plans of correction and making necessary recommendations, including performance improvement activities/recommendations as a result of assessed areas of need.

O. The Regional Corporate Compliance Committee is also given authority to assign ad hoc members or use specialized consultants to complete its work.

P. The responsibility for ensuring compliance with the security of health-related

information shall be assigned to the Regional Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The director of each local CMHSP shall appoint a local Security Officer to provide local oversight in ensuring local compliance and information dissemination. Each local CMHSP member of the CMHPSM may also establish a local Compliance/Security committee at their discretion in ensuring local compliance with all laws, rules, regulations, and standards.

Q. Reports on the results of all annual compliance audits shall be shared with the ROC, which will assign further implementation of plans of correction to applicable committees.

R. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region (the PIHP and the CMHSPs) shall coordinate efforts to ensure the security and privacy of protected health information, and shall ensure compliance with all other applicable regulations, laws, and standards. External application of standards shall be defined in Chain of Trust Agreements and/or contract language.

VII. EXHIBITS

None

VIII. REFERENCES

1. 42 CFR, Part 438 (Managed Care)
2. Balanced Budget Act
3. 45 CFR, Part 164 (Security and Privacy)
4. Health Information Portability and Accountability Act
5. The Joint Commission Standards
6. MDHHS/PIHP Contract
7. MDHHS/CMHSP Contract
8. CMHPSM Sanctions for Breaches of Security or Confidentiality Policy
9. CMHPSM Confidentiality and Access to Consumer Records Policy
10. Deficit Reduction Act of 2005
11. Patient Protection and Affordable Care Act of 2010
12. CMHPSM Compliance Plan
13. Federal False Claims Act, 31 U.S.C. §3729
14. Michigan Medicaid False Claims Act, Act 72 of 1977 §§400.601-.615 as amended through 2006

Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* **Emergency and Post-Stabilization Services**
Committee/Department: **Clinical Performance Team**	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered by Community Mental Health Partnership of Southeast Michigan (CMHPSM). To ensure behavioral health emergency and post-stabilization services are provided for all consumers/individuals served within the CMHPSM region operate consistently with all applicable federal requirements and how they apply to emergency services and post-stabilization care services in the CMHPSM system of care.

II. REVISION HISTORY

DATE	MODIFICATION
Will be Regional Approval Date	New policy

III. APPLICATION

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, intellectual and developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2

of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Emergency Medical Condition/Emergency Situation: The definition of emergency medical condition found in 42 CFR 438.114(a) is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

a. Placing the health of the individual (or, for a pregnant woman, the health of the woman or the unborn child) in serious jeopardy.
b. Serious impairment to bodily functions.
c. Serious dysfunction of any bodily organ or part.

For the purpose of this policy in the context of behavioral health emergencies, CMHPSM and its CMHSP partners use the definition of emergency situation found in Section 300.1100(a)(25) of the Michigan Mental Health Code to be synonymous with the Federal definition of emergency medical condition. An emergency situation means a situation in which an individual is experiencing a serious mental illness or an intellectual/developmental disability, or a minor is experiencing a serious emotional disturbance, and one (1) of the following applies:

a. The individual can reasonably be expected within the near future to physically injure themself, or another individual, either intentionally or unintentionally.
b. The individual is unable to provide themselves with food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
c. The individual's judgment is so impaired that they are unable to understand the need for treatment and, in the opinion of the mental health professional, their continued behavior as a result of the mental illness, intellectual/developmental disability, or serious emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

CMHPSM does not restrict what qualifies as an emergency based on specific diagnoses or symptoms. To fully understand the issue from the viewpoint of the person seeking assistance, the criteria for identifying emergencies must consider situations described as crises by the individual served or their family.

Emergency Intervention Services: Outpatient services provided to a person suffering from an acute problem of disturbed thought, behavior, mood, or social relationship which requires immediate intervention as defined by the client, the client's family or social unit, or a qualified staff. Emergency interventions are outlined in the Medicaid Provider Manual under the Intensive Crisis Stabilization Services benefit.

Emergency Services: Covered inpatient and outpatient services that are:

a) furnished by a provider that is qualified to provide these services, and
b) needed to evaluate or stabilize an emergency medical condition/emergency situation.

Post Stabilization Care Services: Covered services, related to an emergency medical

condition that are provided after a consumer/individual served is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR §438.114(e), to improve or resolve the condition of the consumer/individual served.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

Federal and State legal authorities require Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), to provide coverage and payment for emergency services and post-stabilization care services. The definition and descriptions of emergency medical conditions, emergency services, and care services focus heavily on physical health and serious bodily impairment. However, the same coverage provisions and requirements for emergency services and post-stabilization care services are still applicable to the PIHP for the scope of services which it is responsible to provide to consumers/individuals served by Medicaid and the Healthy Michigan Plan.

It is the policy of CMHPSM to ensure behavioral health emergency and post-stabilization services for its consumers/individuals served. CMHPSM shall operate consistent with all applicable federal requirements and how they apply to emergency room and hospital settings versus emergency services obtained through community provider locations.

VI. STANDARDS

A. Emergency Services

1. CMHPSM, per its contractual relationship to its CMHSP partners, ensures the provision of the following types of emergency services described in the Michigan Medicaid Provider Manual - Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter:
   - Crisis Intervention - Unscheduled activities conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy. Crisis intervention may occur in a variety of settings, including but not limited to the CMHSP offices, hospital emergency department, consumer/individual served home, schools, jails, and other community settings.
   - Pre-Admission Screening - Pre-admission screening to determine if an individual requires psychiatric inpatient hospitalization or whether alternative services are appropriate and available to treat the individual's needs. the screener must not only have thorough knowledge of and ability to schedule and authorize psychiatric hospitalization and all alternative services, but they must also have enough knowledge of the person and the present situation to make a sound decision. The state three-hour standard provides time for a thorough screening process, allowing the screener to evaluate the emergency medical condition. The completion of this screening process can frequently help stabilize the individual thereby resulting in post stabilization care services being able to be provided in a less restrictive setting than psychiatric hospitalization. The screening process is considered to be an emergency service as defined in 42 CFR 438.114. Severity of Illness and Intensity of Service clinical criteria will be used for such pre-screening. Pre-screening services must be available 24 hours a day,7 days a week. Pre-admission screenings most often occur in hospital

emergency departments, although they can take place in other settings such as CMHSP offices, jails, or other community settings.

- Inpatient Psychiatric Hospital - Mental health services in licensed community-based psychiatric hospitals or psychiatric inpatient units for all Medicaid beneficiaries who reside within the service area, for the treatment of individuals with serious mental illness or serious emotional disturbance. The CMHSPs/PIHP is responsible for timely screening and authorization/certification of requests for admission, notice and provision of several opinions, and continuing stay for inpatient services.
- Intensive Crisis Stabilization Services - Intensive crisis stabilization services (ICSS) are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated. ICSS may be provided where necessary to alleviate the crisis situation, and to permit the consumer/individual served to remain in, or return more quickly to, their usual community environment. ICSS can also be used for post stabilization care once the immediate crisis situation has been addressed. Most ICSS are delivered by a mobile crisis team and typically occur at the consumer/individual's home or other community settings where the consumer/individual served is located.
- Outpatient Partial Hospitalization - Partial hospitalization services may be used to treat a person with mental illness who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services, and supports are provided for six or more hours per day, five days a week. The use of partial hospitalization as a setting of care presumes that the individual does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the individual's present treatment needs. The Severity of Illness/Intensity of Service criteria for admission assume that the individual is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in self-care, daily living skills, interpersonal/social and/or educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments, and/or the estimation of risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

2. For consumers/individuals served enrolled in a Medicaid Health Plan (MHP), the MHP must be notified within 48 hours of the consumer/individual served utilizing an emergency intervention service.

B. Coverage and Payment: Emergency Services

1. The Michigan Mental Health Code 330.1206 (1) (a) requires that all Community Mental Health Service Programs must provide 24/7 crisis emergency service and stabilization for persons experiencing acute emotional, social, or behavioral dysfunctions. These services are funded through the per eligible per month (PEPM) sub capitation payment the CMHSP receives from the PIHP. There is never a cost to the consumer/individual served for emergency services provided by the PIHP and its CMHSP Participants. No prior authorization is needed.

2. When necessary, a consumer/individual served may seek services through the hospital emergency room. Disposition of the psychiatric emergency will be the responsibility of the

PIHP via delegation to its CMHSP Participants.

3. CMHPSM and its CMHSP partners are involved in resolving the psychiatric aspect of the emergency situation. Any medical treatment including medical clearance screening, stabilization, and emergency physician services needed by the consumer/individual served while in the emergency room is beyond the contractual requirements of the PIHP (Michigan Medicaid Provider Manual Hospital Chapter, Section 3.14.D Psychiatric Screening and Stabilization Services).

4. CMHPSM and its CMHSP partners adhere to the MDHHS County of Financial Responsibility (COFR) Technical Requirements when a consumer/individual served requires emergency services from a different PIHP or CMHSP provider outside of the CMHPSM PIHP region.

C. Post-stabilization Care Services

1. Post-stabilization care services means covered services, related to an emergency medical condition/emergency situation, that are provided after an individual is stabilized to maintain the stabilized condition or to improve or resolve the individual's condition. CMHPSM, per its contractual relationship to its CMHSP partners, provides the following types of post-stabilization care services as described in the Michigan Medicaid Provider Manual - Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter:
   - Inpatient Psychiatric Hospital Admission – Inpatient psychiatric care may be used to treat a person with mental illness who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness/Intensity of Service criteria for admission are based upon the assumption that the consumer/individual served is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.
   - Crisis Residential – Services are designed for individuals who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family-Driven, Youth-Guided, and recovery/resiliency-oriented approach. Services must be designed to resolve the immediate crisis and improve the functioning level of the individual to allow them to return to less intensive community living as soon as possible.
   - Outpatient Partial Hospitalization – Partial hospitalization services may be used to treat a person with mental illness who requires intensive, highly-coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services, and supports are provided for six or more hours per day, five days a week. The use of partial hospitalization as a setting of care presumes that the individual does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the individual's present treatment needs. The Severity of Illness/Intensity of Service criteria for admission assume that the individual is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in self-care, daily living skills, interpersonal/social and/or

educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments, and/or the estimation of risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

D. Coverage and Payment: Post-stabilization Care Services

1. The Michigan Medicaid Provider Manual requires prior authorization for post-stabilization psychiatric services from the PIHP or CMHSP for all Medicaid consumers/individuals served who reside within the service area covered by the PIHP. The following sections of the Michigan Medicaid Provider Manual - Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter contain specific prior authorization requirements and provider qualifications for each type of post-stabilization care service:
   Section 6.3 - Crisis Residential
   Sections 8.1 and 8.2 - Inpatient Psychiatric Hospital Admissions
   Section 9.1.A - Intensive Crisis Stabilization Services
   Section 10 - Outpatient Partial Hospitalization Services

2. CMHPSM and its CMHSP partners shall ensure post-stabilization care services are covered and paid for in accordance with 42 CFR 422.113, which state the CMHPSM and its CMHSP partners are financially responsible for Medicaid covered behavioral health post-stabilization care services obtained within or outside the PIHP region that are not pre-approved, but provided to maintain the consumer's/individual's served stabilized condition, within one-hour of a request to the PIHP organization for pre-approval of further post-stabilization care services.
   The one-hour time frame refers to when the PIHP/CMHSP receives the request from the provider to when they must provide pre-approval of the post-stabilization care service. This one-hour time frame does not include any time spent screening or stabilizing the individual. When considering how the state three-hour pre-screening requirement compares to the one-hour time frame cited in 42 CFR 422.113, the three-hour time frame is inclusive of both the screening and the authorization component. Whereas the one-hour time frame is solely for the authorization process.

3. The CMHPSM Claims Payment and Appeal Policy includes provision for reimbursement of claims for emergency and post-stabilization services provided to consumers/individuals served in the CMHPSM region if the provider is not contracted with the PIHP/CMHSP and/or if prior authorization was not obtained but it can be determined that, but for the urgency of the need, the service would have been pre-authorized by CMHPSM or the CMHSP.

VII. EXHIBITS

None

VIII. REFERENCES

A. 42 CFR §422.113
B. 42 CFR §422.214
C. 42 CFR §438.114
D. Medicaid Managed Specialty Supports and Services MDHHS/PIHP Contract
E. Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and

Developmental Disability Supports and Services (BHIDDSS) Chapter F. Michigan Compiled Laws, Chapter 330. Mental Health Code

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Financial Audits of Contractors***
Committee/Department: **Regional Finance Committee**	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish guidelines and standards regarding the financial audit obligations outlined in provider contracts, and to provide guidelines for exempting a contractual provider from the independent auditor requirements.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
2019	Revised to reflect updated deadlines.
09/28/2020	Revised contractor requirements
Will be the Regional Approval Date	3-year review, Consumer updated to Consumer/Individual Served

III. APPLICATION

This policy applies to:

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Annual Audit: An audit of the contractor's financial records performed annually by an independent auditor or audit firm. An annual audit shall include a separate section of all activities funded under the terms of the contract.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Contractual Provider: Any agency or organization that provides direct support services to consumers/individuals served within CMHPSM, with the exclusion of hospitals. Also referred to as "contractor."

Financial Compilation: A compilation of the contractor's financial records presented in the format of financial statements regarding assets, liabilities, revenue and expenses.

Program Audit: An audit of the contractor's financial records that relate to the services provided on behalf of a CMHSP provided by an independent auditor or audit firm. A program audit shall report on the contractor's adherence to the terms of the contract between the contractor and the CMHSP, including the accuracy of expenses and revenue reported.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

V. POLICY

It is the policy of the CMHPSM that annual audits conform to Generally Accepted Auditing Standards (GAAS) and all applicable federal and state laws and regulations regarding accounting practices and standards.

VI. STANDARDS

A. Each contractor of CMHPSM is required to submit an annual audit performed by an independent auditor or accounting firm.
B. Each Contractor shall submit to the CMHSP the agency's Plan of Correction to address audit exceptions, comments, and/or recommendations, and submit progress reports periodically.
C. A Contractor may be permitted to waive the annual audit requirement if they meet the criteria for exemption and return an "Annual Audit Waiver Request" form to the CMHSP. The contractor must meet one of the following three criteria in order to be granted an Audit Waiver:

    1. Contractor provides services to 6 (six) or less CMHSP consumers/individuals served per year.
    2. Contractor receives $50,000 or less annually from entire CMHPSM to provide services to consumers/individuals served.
    3. Contractor employs fifteen (15) or fewer employees or full-time equivalents (FTE) throughout the entire organization of the provider.

D. Each Contractor may be required to submit to the CMHSP a program audit or financial compilation in lieu of or in addition to the annual audit.
E. If an Audit Waiver is approved, a Financial Compilation will be required.
F. A financial compilation does not need to be conducted by an independent auditor or audit firm; however, it must be attested to by the Contractor's Executive Director or Financial Officer. When the annual financial compilation is required, it must be submitted to PIHP within one hundred twenty (120) days of the close of Contractor's fiscal year or the termination of this Contract, whichever occurs first. Failure to provide this compilation may result in the imposition of a financial penalty.
G. Further requirements of this policy, including requirements for a single audit, are contained in the approved contract language of CMHPSM for each fiscal year, which is incorporated by reference here.

VII. EXHIBITS

None

VIII. REFERENCES

A. CMHPSM Provider Contract
B. Generally Accepted Accounting Principles (GAAP) http://www.fasab.gov/accepted.html
C. Generally Accepted Auditing Standards (GAAS)
D. 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

IX. PROCEDURES

WHO	DOES WHAT
Contracting Agency	1. A new Audit Waiver Request must be submitted for each contract cycle. Contractor has until the end of the 3rd quarter to submit the Audit Waiver Request to the CMHSP. 2. Assures timely completion of all audits. 3. Submits Annual Audit or Financial Compilation to the CMHSP on or before 180 days after the close of the Contractor's fiscal year. 4. May submit in writing to the CMHSP up to two 30-day requests for extensions of the submission date. Request(s) shall include an explanation of extenuating circumstances for delay. "The audit is not yet completed" is not considered an extenuating circumstance.
CMHSP Designee	1. If an audit includes audit exceptions and/or auditor comments, it requires Contractor to submit a Financial Plan of Correction within thirty (30) days of the issuance of the audit. 2. If a Financial Compilation indicates a financial concern, requires Contractor to submit a Financial Plan of Correction within thirty (30) days of the submission of the Financial Compilation. 3. The following will occur if an audit or financial compilation is not submitted on or before the due date, the Contractor has not been approved for an extension, or extension has expired: a. Provider will be issued a reminder notice after requirement is 15 days past due b. After 30 days past due the Provider may be placed on provisional contract status until the requirement is met. c. After 45 days past due, additional sanctions may be imparted including a formal finance review, up to contract termination. 4. May approve up to two (2) 30-day extensions of the audit submission date if there are extenuating circumstances.

WHO	DOES WHAT
Contracting Agency	1. Submit to the CMHSP a Financial Plan of Correction for any audit exceptions, comments, and/or recommendations noted by the independent auditor or audit firm within thirty (30) days of issuance of the audit. 2. Submit status reports and products or other evidence of corrections as required under the Plan of Correction. 3. Failure to submit, comply with, or attain outcomes of a required Financial Plan of Correction may be cause for contract sanctions, up to and including contract termination. 4. The CMHSP may require the addition of concerns or issues in the Plan of Correction.
CMHSP Designee	1. If approved, verifies Contractor eligibility for Annual Audit Waiver at the end of contract cycle. 2. Notifies local Board of any Contractor that has a Plan of Correction. 3. Reviews Plan of Correction submitted by Contractor. May add additional requirements. 4. Makes recommendation about the feasibility of maintaining a Provider on the Network Panel regarding financial status. 5. Sends to Contractor regular invoices indicating amount withheld due to late audit submission. 6. Sends to Contractor written notification when a required Financial Plan of Correction has been successfully met.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure* *Office of Recipient Rights***
Committee/Department: **Recipient Rights**	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the development and function of an Office of Recipient Rights.

II. REVISION HISTORY

DATE	MODIFICATION
05/18/2010	Full policy revision
04/29/2013	Template updated
03/03/2014	Updated Application, Definitions, and Standard D
01/13/2017	Template Updated; training requirements clarified
09/04/2018	Updated per changes in required MDHHS policy standards
02/13/2020	Updated per changes in required MDHHS policy standards. Updated training standards. Updated Complaint Form.
03/22/2021	Updated per changes in required MDHHS policy standards.
09/28/2023	3 year review Removed mediation language to be consistent with MMHC updates.
Will be the Regional Approval Date	Updated per changes in required MDHHS policy standards

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☐ SUD Treatment Providers ☐ SUD Prevention Providers

☐ Other as listed:

IV. POLICY

It is the policy of the CMHPSM that an Office of Recipient Rights shall be established and maintained to protect the rights of recipients in compliance with the Mental Health Code and Department of Health and Human Services Administrative Rules. The Office shall respond to any query or complaint submitted by or on behalf of recipients of CMHPSM Programs and contract agencies.

V. DEFINITIONS

Appeals Committee: A committee appointed by the Community Mental Health (CMH) board to hear appeals of recipient rights investigations. The governing board of a licensed private psychiatric hospital/unit (LPH/U) shall designate the CMH Appeals Committee to hear appeals brought by or on behalf of a recipient of that CMH.

Appellant: The recipient, complainant, parent of a minor or guardian who appeals a recipient rights finding or a respondent's action to an appeals committee.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Complainant: An individual who files a rights complaint.

Department: For the purpose of this policy, Department shall refer to the Michigan Department of Health and Human Services, Office of Recipient Rights.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court-appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Mediation: A private, informal dispute resolution process in which an impartial, neutral individual, in a confidential setting assists parties in reaching their own settlement of issues in a dispute and has no authoritative decision-making power.

Office: For the purpose of this policy, Office shall refer to the local CMHSP Office of Recipient Rights as established under section 755 of the Mental Health Code.

Office of Recipient Rights: An office of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations and assuring that mental health services are provided in a manner which

respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code, P.A. 258, as amended.

Preponderance of the evidence: A standard of proof which is met when, based upon all the available evidence, it is more likely that a right was violated than not; not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts).

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Respondent: The service provider that had responsibility at the time of an alleged rights violation for the services with respect to which a rights complaint has been filed.

VI. STANDARDS

A. The Office will report to the local Community Mental Health (CMH) Director for coordination of work and access to resources, and to the local Recipient Rights Advisory Committee for oversight. At least semi-annual meetings will be held with the Recipient Rights Advisory Committee to review reports of rights activities. As needed, other meetings with the Recipient Rights Advisory Committee will be held to discuss issues or concerns which affect the rights of recipients of service.

B. Funding for the Office shall be reviewed annually by the Recipient Rights Advisory Committee and shall be included in the annual operating budget approved by the local CMH Board.

C. The Director of the Office shall have the education, training and experience to fulfill the responsibilities of the Office. Qualifications and training for the Rights Officer position shall be specified in a formal job description. The employee holding this position will be entitled to the rights and privileges afforded all exempt employees, except in the areas of employment and termination. Employment and termination of the Recipient Rights Officer will be subject to review by the Recipient Rights Advisory Committee. In the absence of a Rights Officer, rights services shall be provided by a person designated by the local CMH Director and/or the Recipient Rights Director.

D. The Office shall be accessible at all times. The CMH shall ensure complainants, Rights Office staff, and any staff acting on behalf of a recipient are protected from harassment or retaliation as a result of contact with or participation with the Rights Office. In the event of an actual or perceived conflict of interest, the allegations shall be investigated by another CMHPSM Office at the discretion of the Office Director. The respondent shall take appropriate disciplinary action if there is evidence of retaliation or harassment.

E. All employees, students, volunteers and contractors are required to:
   1. Immediately (by the next business day) verbally report to the Office all apparent or suspected violations of recipient rights, even if they did not witness it directly, do not have proof or believe it may be a rumor or “hearsay.” Failure to report suspected violations of rights shall require that

appropriate administrative action be taken, up to and including firm and fair disciplinary action.
2. Ensure rights complaints filed by recipients or anyone on their behalf are submitted to the Office in a timely manner.
3. Be oriented to Recipient Rights within 30 days of hire by using the curriculum developed by the Office titled: “Recipient Rights Day One Orientation." Employees shall not work alone with recipients until they have completed this training.
4. Attend a recipient rights training designated by a Rights Officer within the CMHPSM or an approved Recipient Rights Office within 90 days of the date of hire. The CMHSP ORR shall provide rights training for employees on a schedule determined by the CMHSP ORR. All employees are to retake the rights training offered by an approved Recipient Rights Office, at least annually.

F. The Office shall be protected from pressures that could interfere with the impartial, even-handed, and thorough performance of its duties. The Office shall have unimpeded access to all programs and staff employed by or under contract to the CMHPSM and to any evidence necessary to conduct a thorough investigation or fulfill its monitoring function. The Office shall ensure that appropriate remedial action is taken to resolve violations of rights and that investigations are conducted in a manner that does not violate employee rights.

G. Recipient Rights Officers shall not have direct service responsibilities and shall receive annual training in recipient rights protection as guaranteed by the Mental Health Code and MDHHS Administrative Rules.

H. Recipient Rights Officers, Rights Advisors, and alternate Rights Officers will attend the Department’s ORR Basic Skills Training within 90 days of hire. Any providers under contract with the CMHPSM that are allowed/required to establish their own rights system will also attend all initial and ongoing/update trainings as required by the Department.

I. Recipient Rights Officers will comply with the continuing education requirements identified in the MDHHS Contract Attachment. A minimum of 36 contact hours of continuing education or training will be obtained by Recipient Rights Officers over a three-year period subsequent to the completion of the Basic Skills Training, and in every three year period thereafter. A minimum of 12 of the 36 contact hours will be in Category I or II. Recipient Rights Officers will acquire at least 3 continuing education credits each calendar year.

J. The Office will participate in the development and review of all policies pertinent to the rights of recipients and serve as a consultant to the Local Director in matters related to recipient rights.

K. The Office shall conduct an independent review of all treatment plans presented to the Behavior Treatment Committee.

L. The Office ensures that all recipients and their legal representatives are given, in an understandable manner, a summary of recipient rights, as well as information regarding how to contact a Recipient Rights Officer. This shall occur at the initial

intake and annually thereafter at the Individual Plan of Service (IPOS) meeting. If a recipient is unable to understand the material provided, a reasonable attempt to assist the recipient in understanding the material shall be made. A statement describing the alternative methods utilized, as well as who provided the explanation, shall be included in the recipient's electronic health record.

M. The Office, together with Customer Services, shall:
   1. Ensure that available resources include interpretation services; that written information is available in prevalent languages; and that such services will be free of charge to the recipient/applicant.
   2. Notify recipients of, and ensure that written information is available in, alternative formats and in an appropriate manner that considers special needs.
   3. Ensure recipients are given an explanation of how to access these services or information.
   4. Address needs or barriers related to cultural sensitivity, reasonable accommodation for persons with physical disabilities, hearing and/or vision impairments, limited-English proficiency, and alternative forms of communication.

N. The Office shall ensure that complaint forms are accessible to recipients, parents of minors, guardians, staff and others who wish to act on behalf of a recipient, when requested.

O. Each rights complaint shall be accurately recorded upon receipt by the Office, and acknowledgment of the recording shall be sent along with a copy of the complaint to the complainant within 5 workdays. Within 5 workdays after the Office receives a complaint, it shall notify the complainant if it determines that no investigation of the rights complaint is warranted. The Office shall ensure that all complaints and investigative evidence are accurately recorded and securely stored.

P. The Office shall advise the complainant that there are advocacy organizations available to assist in preparation of a written rights complaint and shall offer to refer the complainant to those organizations. In the absence of assistance from an advocacy organization, the Office shall assist in preparing a written complaint, including a statement of the allegation, the right(s) allegedly violated, and the outcome(s) desired by the complainant.

Q. The Office shall coordinate with Customer Services to ensure that during the course of daily operations, Customer Services is informed of potential grievances, and the Office is informed of potential rights violations. When providing consultation to Customer Services or when triaging a call, the Office shall make the final determination whether (a) a rights complaint involves a grievance, and (b) a grievance involves a code-protected right. When the Office determines that a rights complaint involves a grievance, the complaint shall be referred to the Customer Services Department. When the Office determines that a grievance also involves a legally-protected right, procedures for a rights complaint shall be followed by the Office.

R. If a rights complaint is made regarding the conduct of the local CMH Director, the investigation shall be conducted by another CMH Board's Office of Recipient Rights, or by the Department, as decided by the local CMH Board.

S. Rights investigations shall be initiated immediately in cases involving abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation. All other apparent or suspected violations shall be initiated in a timely and efficient manner. All investigations shall be completed within 90 days of receiving the complaint, with written status reports to the complainant, respondent and responsible mental health agency every 30 days during the course of the investigation. Issuance of the written Report of Investigative Findings may be delayed pending completion of investigations that involve external agencies, including law enforcement agencies and the Department of Human Services.

T. The Office shall recommend that the respondent take disciplinary action against those who have engaged in abuse or neglect. The CMH and each service provider shall ensure that appropriate disciplinary action is taken against those who engage in abuse or neglect, including official reprimand, demotion, suspension, reassignment, or dismissal.

U. All rights investigations shall be documented in written form using a Report of Investigative Findings format. The preponderance of evidence standard of proof shall be used to determine whether a right was violated. Investigations shall be conducted in a manner that will not violate employee rights, e.g., Bullard-Plawecki Employee Right to Know Act. Upon completion of the investigation, the Report of Investigative Findings shall be submitted to the local CMH Director and the respondent(s) with any applicable recommendations, and a Remedial Action Verification form to be returned to the Office specifying the remedial actions taken or planned. A rights investigation may be reopened or reinvestigated by the rights office if there is new evidence that was not presented at the time of the investigation.

V. In response to substantiated rights violations, respondents shall take remedial action that does all of the following:
   1. Corrects or provides remedy to the rights violation
   2. Is implemented in a timely manner
   3. Attempts to prevent recurrence of the rights violation.

W. After completion of the investigation and receipt of the Remedial Action Verification form, if applicable, the Office shall forward their findings to the local CMH Director. Within 10 workdays of issuance of the Report of Investigative Findings, the Director shall submit a written Summary Report to the complainant, the recipient, if different than the complainant, parent of a minor recipient and guardian. Information in the Summary Report shall be provided within the constraints of the confidentiality/privileged communications sections of the Mental Health Code and shall not violate the rights of any employee.

X. A complainant/recipient/minor's parent/guardian shall be advised that an appeal of an investigative finding may be made in writing to the local Recipient Rights Advisory Committee, which has been designated by the Board to act as an Appeals Committee, in care of the local CMH Director, within 45 days after

receipt of the Summary Report. They shall further be advised that there are advocacy agencies available to assist with filing an appeal, and that the Office can assist in making a referral. In the absence of assistance from an advocacy organization, the Office is available to assist in meeting the procedural requirements of a written appeal.

Y. A Summary Report which contains a plan of action shall indicate a date the action is to be completed. The CMH Director shall ensure that the complainant, recipient (if different than the complainant), the recipient's legal guardian, (if any), and the Office are provided written notice that the action described in the plan has been completed. If the action taken differs from the original plan, a description of that action shall be provided. Within 45 calendar days after receipt of the Summary Report, or 45 days from the mailing of a notice regarding the action that was taken when the Summary Report provided only a plan of action, the appellant may file a written appeal with the Appeals Committee. The only ground for appeal of a notice of action taken is that the action failed to provide adequate remedy.

Z. Within five (5) workdays of receipt of the request for appeal, members of the Appeals Committee shall review the request for appeal to determine if the appellant has standing to appeal and if the appeal request meets the timeframe and grounds. This review may be conducted by the full Committee, or by a subcommittee consisting of at least two (2) members designated by the full Committee to fulfill this responsibility. The Committee or subcommittee:
   1. Shall review the grounds for the appeal to determine whether it meets one of the following criteria:
      i. The investigative findings of the rights office are not consistent with the facts, law, rules, policies or guidelines.
      ii. The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
      iii. An investigation was not initiated or completed on a timely basis.
   2. Shall provide written notice to the appellant that the appeal has either been accepted or denied based on the criteria set forth above. A copy of the appeal shall also be provided to the respondent, CMH Director and the Office.

AA. Within 30 days after receipt of a written appeal, the Appeals Committee shall meet in closed session and review the facts as stated in the complaint investigative documents. Any member of the Appeals Committee who has a personal or professional relationship with an individual involved in the appeal shall abstain from participating in that appeal as a member of the Committee. The Committee shall not consider additional allegations that were not part of the original complaint but shall inform appellant of his/her right to file an additional complaint with the Office. The Appeals Committee may request consultation and technical assistance from the Department.

BB. At the meeting, the Appeals Committee shall do one do one of the following:
   1. Uphold the investigative findings of the Office and the action taken or plan of action proposed by the respondent.
   2. Return the investigation to the Office and request that it be reopened or reinvestigated.

3. Uphold the investigative findings but recommend that the respondent take additional or different action to remedy the violation.
4. Recommend that the local CMH Board request an external investigation by the Department.

CC. The Appeals Committee shall document its decision in writing and within 10 workdays provide copies of the decision to the respondent, appellant, recipient, minor's parent, and guardian, as well as to the local CMH Director and the Office. Documentation shall include justification for the decision made by the Committee. The Committee's decision shall include a statement of the appellant's right to appeal to the Department within 45 days from receipt of the decision, when the original grounds for the appeal were that the investigative findings of the Office were inconsistent with the facts, or with law, rules, policies, or guidelines. An appeal to the Department may be taken only when the original grounds for appeal were that the investigative findings of the Office were inconsistent with the facts, law, rules, policies or guidelines and only after a decision on the original appeal has been made by the local Appeals Committee.

DD. If the Appeals Committee directs that the Office reopen or reinvestigate the complaint, the Office shall submit another investigative report in compliance with section 778(5) of the Code, within 45 calendar days of receipt of the written decision of the committee to the local CMH Director. The 45 calendar day timeframe may be extended at the discretion of the Appeals Committee upon a showing of good cause by the Office. At no time shall the timeframe exceed 90 days.

Within 10 workdays of receipt of the re-investigative report, the CMH Director shall issue a new Summary Report in compliance with section 782 of the Code. The Summary Report shall be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the Office and the Appeals Committee. If the Summary Report indicates the decision in the case remains unsubstantiated, the Summary Report shall contain information regarding the appellant's right to further appeal, the time frame for the appeal and the grounds for appeal. The report shall also inform the appellant of advocacy organizations that may assist in filing the written appeal or, in the absence of an advocacy organization, offer the assistance of the Office. If the reinvestigation results in the substantiation of a previously unsubstantiated rights violation but the appellant disagrees with the adequacy of the action or plan of action proposed by the respondent, the appellant shall be advised that they may file an appeal on such grounds to the Appeals Committee.

EE. If the Appeals Committee upholds the findings of the ORR but directs that the respondent take additional or different action, that direction shall be based on the fact that appropriate remedial action has not been taken in compliance with section 780 of the Code. The Appeals Committee shall base its determination upon any or all of the following:
1. Action taken or proposed did not correct or remedy the rights violation.
2. Action taken or proposed was/will not be taken in a timely manner.

3. Action taken or proposed did not/will not prevent a future recurrence of the violation.

Within 30 calendar days of receipt of the determination from the Appeals Committee, the Respondent shall provide written notice to the Appeals Committee that the action has been taken or justification as to why it was not taken. The written notice shall also be sent to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the CMH Director if different than the respondent, and the Office. If the action taken by the respondent is determined by the Appeals Committee and/or the appellant still to be inadequate to remedy the violation, the appellant shall be informed by the Appeals Committee of his/her right to file a recipient rights complaint against the local CMH Director.

FF. If the Appeals Committee recommends that the CMH Board request an external investigation by the Department, the CMH Board shall make the request to the Department, in writing, within 5 workdays of receipt of the request from the Appeals Committee. If an appeal request is made to the Department, the Office shall ensure that the Department has access to all requested documentation. The Department will not consider additional evidence or information that was not available during the initial appeal, although it may return the matter to the local CMH Board, requesting an additional investigation.

An external investigation must be conducted within the timeframes outlined under Sec. 778 of the Code. The Department must submit an amended investigative report to the executive director and board of the CMHSP. Within 10 workdays of receipt of the Report of Investigative Findings from the Department, the CMH Director shall issue a Summary Report, in compliance with Sec. 782 of the Code. The Amended Summary Report shall be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the parent of a minor recipient, the Office and the Appeals Committee. If the Appellant still disagrees with the conclusion of the rights investigation or asserts that the investigative findings of the Department are not consistent with the facts or with the law, rules, policies, or guidelines they may file an appeal under Sec. 786 of the Code. Notice shall include information on the grounds for appeal as stated in section 784(2), the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the Office in the absence of assistance from an advocacy organization. Not later than 45 calendar days after receipt of the Summary Report, the appellant may file a written appeal with the Department's Appeals Committee.

GG. If the appeal concerns the timeliness of the investigation and the Appeals Committee confirms that the investigation was not initiated or completed in a timely manner, the Committee shall recommend that the CMH Director address the root cause of the lack of timeliness with the Recipient Rights Officer.

HH. The Office shall ensure that all service sites are visited at the frequency necessary to assess right protection, but at least annually.

II. On a semiannual basis, the Office shall provide summary complaint data, together with a summary of remedial actions taken on substantiated complaints by category, to the local Recipient Rights Advisory Committee. This data shall also be forwarded to the Department semiannually.

JJ. The local CMH Director shall submit to the local CMH Board and to the Department an annual report prepared by the Office on the current status of recipient rights protection and a review of the operations of the office. The report shall be submitted to the Department not later than December 30 of each year for the preceding fiscal year, and shall include, at a minimum, all of the following:

1. Summary data by category including complaints received, number of reports filed, and number of reports investigated by provider.
2. Number of substantiated rights violations by category and provider.
3. Remedial actions taken by category and provider.
4. Training received by the Office.
5. Training provided by the Office to contract providers.
6. Desired outcomes established for the Office and progress toward these outcomes.
7. Recommendations made to the local CMH Board.

VII. EXHIBITS

Recipient Rights Complaint Form

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1722, 330.1757, 330.1774, 330.1776, 330.1778, 330.1780, 330.1782, 330.1784, 330.1786, 330.1788
Bullard-Plawecki Right to Know Act, Public Act 397 of 1978	X	
Michigan Whistleblowers' Protection Act P.A. of 1980	X	
MDHHS Revised Plan for Procurement of Medicaid Specialty Prepaid Health Plans	X	3.1.1.1

IX. PROCEDURES

A. Complaint Resolution

WHO	DOES WHAT

Individual makes inquiry or complaint with the Office.	1) Request is referred in a timely manner to the following (in order): a) Office of Recipient Rights b) Alternate Recipient Rights staff c) Director d) Director's designee
Rights Officer/Designee	1) Determines if the person who is making the call is safe. If hazards to safety exist or are suspected, makes arrangements to ensure individual will be protected. 2) Assesses and initiates the appropriate response, e.g., formal investigation, intervention, or consultation. Ensures that all complaints are accurately recorded. 3) Within 5 work days notifies complainant that complaint has been received and will either be investigated or reason why an investigation is not warranted. Encloses a copy of the complaint. 4) Offers to assist the complainant with the complaint process. 5) Advises the complainant that there are advocacy organizations available to assist in preparation of a written rights complaint, and offers to refer the complainant to those organizations. . 6) In the absence of assistance from an advocacy organization, assists in preparing a written complaint containing a statement of the allegation, the right allegedly violated and the outcome desired by the complainant. 7) Conducts independent investigation of the complaint. 8) If investigation is not completed within each 30 calendar day interval after receiving the complaint, submits a written Status Report to the complainant, respondent, and responsible mental health agency including: a) Statement of the allegation(s) b) Statement of issues involved c) Citations of relevant provisions of the Mental Health Code, rules, policies and guidelines d) Investigative progress to date e) Expected date for completion of the investigation. 9) Completes the Report of Investigative Findings, including: a) Statement of the allegation(s)

	b) Statement of issues involved c) Citations of relevant provisions of the Mental Health Code, rules, policies and guidelines d) Investigative findings e) Conclusions f) Recommendations, if any 10) Forwards report and applicable recommendations to the respondent and CMH Director. Requests completion and return of Remedial Action Verification form by date specified to ensure that action has been taken or is planned. 11) Reviews Remedial Action Verification form to determine if remedial actions taken or proposed are appropriate and: a) Correct or provide a remedy for the rights violation(s) b) Are implemented in a timely manner c) Attempt to prevent a recurrence of the rights violation(s). 12) Files the Remedial Action Verification form in the Investigative File. 13) Submits a copy of the Report of Investigative Findings and remedial action taken or proposed the CMH Director along with names and addresses of the complainant, recipient, parent of a minor and guardian.
CMH Director	1) Within ten (10) work days after issuance of the Report of Investigative Findings, submits a Summary Report to the complainant, recipient, parent of a minor and guardian, with a copy also to the Office. The Summary Report shall include: a) Statement of the allegation(s) b) Statement of issues involved c) Citations of relevant provisions of the Mental Health Code, rules, policies and guidelines d) Investigative findings e) Conclusions f) Recommendations, if any g) Action taken or planned by the respondent, including specific disciplinary action taken. 2) Advises complainant, recipient, parent of minor and guardian, of: a) Right to appeal. b) Timeline for appeal (no later than 45 days after receipt of the Summary Report). c) Grounds for an appeal as follows:

	i) Investigative findings of the rights office are not consistent with the facts, law, rules, policies, or guidelines. ii) Action taken or plan of action proposed by the respondent does not provide an adequate remedy. iii) Investigation was not initiated or completed on a timely basis. d) Advocacy organizations available to assist with an appeal, and availability of the Office to assist.

B. Appeals

WHO	DOES WHAT
Recipient Rights Appeals Committee	1) Within 5 work days of receiving the appeal: a) Reviews the appeal to determine if it meets the required criteria. b) If the appeal is denied, notifies appellant in writing, and provides a copy to the respondent, Local Director and the Office. c) If the appeal is accepted, notifies appellant in writing, and provides a copy of the appeal to the respondent, Local Director and the Office. 2) Within 30 days of receipt of a written appeal, meets to make a decision on the appeal and does one of the following: a) Upholds the findings of the Office and the action taken or plan of action proposed by respondent. b) Returns the investigation to the Office, requesting that it be reopened or reinvestigated. c) Upholds the investigative findings of the Office but recommends that the respondent take additional or different action to remedy the violation. d) Recommends that the Board request an external investigation by the Department. 3) Documents its decision in writing and within 10 days after reaching its decision, provides copies of the decision to: a) Appellant b) Respondent c) Recipient, parent of minor and legal guardian d) CMH Director e) The Office. 4) Includes a statement of appellant's right to appeal to the Department within 45 days of receipt of decision, only

	on the grounds that the investigative findings were inconsistent with facts, rules, policies or guidelines.
Appellant	1) Accepts decision or files appeal with the Department within 45 days.

RECIPIENT RIGHTS COMPLAINT
Michigan Department of Health and Human Services

Complaint Number

INSTRUCTIONS:
If you believe that one of your rights has been violated, you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Send this form to the rights office at the Community Mental Health (CMH) or hospital where you are receiving (or received) services at: Enter your agency address here.

Keep a copy for yourself. If you send your complaint to Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR), it will be forwarded to the appropriate rights office. The MDHHS-ORR address is: Michigan Department of Health and Human Services, Office of Recipient Rights, Lewis Cass Building, 320 South Walnut Street, Lansing, MI 48933.

Complainant's Name	Recipient's Name (if different from complainant)
Complainant's Address	Where did it occur (name or address of hospital/agency)?
Complainant's Telephone Number	When did the alleged violation occur (indicate date and time)?

What right was violated?

Describe what happened:

What would you like to see happen in order to correct the violation?

Complainant's Signature	Date	Name of person assisting complainant

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	**Authority:** PA 258 of 1974 as amended

Original to ORR
Copy to complainant (with acknowledgement letter)
DCH-0030 (Rev. 4-17) 1

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy* *Peer Review***
Committee/Department: Regional Compliance Committee	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	03/03/25
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

This policy is to define peer review functions as it relates to practice of care of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity effective January 1, 2014
06/21/2017	Due for review
12/17/2021	Due for review
[Enter Regional Approval Date]	Due for review

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Adverse Event: Events that do not qualify as Sentinel Events but are serious and could identify process improvements. During the process of reviewing an event, the

director/designee will determine if an event is an adverse event when it does not qualify as a Sentinel Event.

Clinical Supervision/Case Conferences: Team meetings and/or regular meetings held by clinical service staff where consumer/individual served care and clinical planning takes place, including peer/supervisor suggestions to assist in treatment.

CMHPSM Incident Reports: Written reports of unusual incidents related to consumer/individual served care that disrupts or adversely affects the course of treatment or care of an individual consumer/individual served or the program caring for others.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Peer: Any physician/psychiatrist, social worker, psychologist, nurse, nurse practitioner and/or other clinical professionals who meet basic qualifications with clinical experience and training to provide an evaluation of a specific significant issue or general case or process review. The peer(s) involved in the review shall have the same license/credentials as the person or persons involved in the event or service process.

Peer Review: A process in which mental health/substance use disorder professionals evaluate the clinical competence, quality and appropriateness of care/services provided to consumers/individuals served. The review may focus on an individual event or aggregate data and information on clinical practices. These processes are confidential in accordance with section 748(9) of the Mental Health Code Act 258 of 1974.

Performance Improvement: A systematic way of addressing improvement opportunities that involve the use of soft (facilitation techniques, problem solving processes) and hard (data analysis, statistical tests) skills to understand, recommend and implement change.

Regional and Internal Clinical Review Process: A process with identified and trained staff that performs case reviews of the consumer/individual served PCP and the clinical services being delivered.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports..

Root Cause Analysis: A process for identifying the basic or causal factors that underlies variation in performance, including the occurrence, or possible occurrence, of a sentinel event.

Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase ‘or risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome, i.e., if the event had continued or were to recur, the individual would risk death or major permanent loss of function.

Utilization Review: Analysis of the patterns of service authorization decisions and service usage to determine the means for increasing the value of services provided (minimize cost and maximize effectiveness/appropriateness).

V. POLICY

The CMHPSM will identify and correct processes or variations in care/services that may lead to undesirable or unanticipated events affecting consumers/individuals served or their care. Peer review will be utilized to establish evaluation mechanisms for clinical care and service delivery that identify opportunities for improving care.

VI. STANDARDS

A. The CMHPSM declares that the following business functions and analysis are all defined as Peer Review Functions:

1. Sentinel or Adverse Event Reports/Root Cause Analysis
2. CMHPSM Incident Reports and Data
3. Critical Event Data
4. Regional and Internal Clinical Reviews
5. Internal Ethics Consultation
6. Case Conferencing and Clinical Supervision or Team Meetings
7. Utilization Review

B. In accordance with the Michigan Mental Health Code 330.1143a and the Public Health Code Act 368 of 1978, Sections 333.20175 & 333.21515, all records and information obtained during Peer Review Functions are confidential and shall be used only for the purpose of reviewing the quality and appropriateness of care for improved practices. All documents created during and as a result of the Peer Review Functions shall not be public record or available through the Freedom of Information Act (FOIA) and are not subject to court subpoena.

C. Reports or Forms completed as a part of a peer review process shall be kept as peer review documents and shall not be kept as a part of a consumer/individual served clinical record. A summary of the incident (reported on the form/report) shall be included in the consumer/individual's clinical record for any consumer/individual served involved in accordance with the requirements of the Administrative Rules 330.7046.

D. Incident report information shall be maintained in a database and reports kept separate from the clinical record.

E. Peer Review Process analysis of events or clinical practices shall be based, as appropriate, on objective evidence drawn from relevant scientific literature, clinical practice guidelines, departmental historical experience and expectations, peer department experience and standards, and/or national standards.

F. Risk Management and Corporate Counsel shall be consulted as needed during any peer review function.

G. Peer Review Functions/Processes shall adhere to all laws and policies including the reporting of any disciplinary action taken by an agency/organization against a health professional licensed or registered in the state that adversely affects the licensee's or registrant's clinical privileges for a period of more than 15 days. "Adversely affects" means the reduction, restriction, suspension revocation, denial or failure to review the clinical privileges of a licensee or registrant.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code, Act 258 of 1974	X	330.1143a
Michigan Administrative Rules	X	R 330.7046
Michigan Compiled Laws, Public Health Code, Act 368 of 1978	X	333.20175 & 333.21515
The Joint Commission	X	Sentinel Events, Performance Improvement
MDHHS/PIHP Medicaid Contract	X	
Michigan Administrative Rules	X	R 400.14311
CMHPSM Critical Incident, Sentinel Event and Risk Event Policy	X	

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure* *Performance Improvement***
Committee/Department: Compliance and Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	02/12/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish and ensure an integrated region-wide Performance Improvement (PI) system is implemented and operating in accordance with applicable standards of the Community Mental Health Partnership of Southeastern Michigan (CMHPSM).

II. REVISION HISTORY

DATE	MODIFICATION
02/28/2012	
06/16/2014	Revised to reflect the new regional entity.
09/11/2017	Due for regional review.
02/25/2022	Due for regional review.
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☐ Other as listed:

IV. POLICY

CMHPSM oversees the PI system and holds the overall responsibility for it. Each CMHSP Director ensures implementation within their agency and involvement of leadership at the regional level. PIHP Performance Improvement initiatives will be prioritized using decision making criteria covering high risk, high cost and problem prone areas and will be aligned with the strategic plan.

The designated Quality/Compliance/Program Integrity Manager is responsible for the implementation of this policy and ensuring the PI system operates in accordance with the Quality Assessment Performance Improvement Program (QAPIP) and other state/federal PI requirements. Central to the PI system is the Clinical Performance Team (CPT) as the regional PI committee, with CMHSP representation, standing committees, workgroups, and ad hoc PI teams.

This PI system is responsible for overseeing and ensuring the quality of consumer/individual served care. The PI system shall address any issue in need of performance improvement, performance assurance and performance planning.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Performance Improvement System: The CMHPSM is responsible for addressing, implementing and resolving Performance Improvement, Performance Assurance and Performance Planning initiatives.

Performance Improvement Process (PIP): A systematic way of addressing improvement opportunities that involve the use of soft (facilitation techniques, problem solving processes) and hard (data analysis, statistical tests) skills to understand, recommend and implement change.

Quality Assessment: refers to a systematic evaluation process for ensuring compliance with specifications, requirements or standards and identifying indicators for performance monitoring and compliance with standards.

Quality Assessment and Performance Improvement Program (QAPIP): is an annual plan to establish goals for each fiscal year (FY) to meet the overall regional Quality Improvement (QI) framework for quality and accountability for consumer/individual served care. This occurs through the work of standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes ongoing improvement and replication of strengths and focuses attention on ensuring that the safety of consumers/individuals served is addressed through the delivery of services

while addressing the requirements of network providers and CMHPSM staff and programs.

Quality Assurance: refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance (QA) is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on "outcomes," continuous quality improvement (CQI) identified as focusing on "processes" as well as "outcomes."

Quality/Compliance/Program Integrity Manager: The person responsible for ensuring that the implementation of the QAPIP is based on the agreed upon vision and values through the use of Learning Organization principles. The person is responsible for linking the activities of the CMHPSM committees with the QAPIP and providing oversight to CMHPSM performance improvement activities.

Quality Improvement: refers to ongoing activities aimed at improving performance as it relates to efficiency, effectiveness, quality, performance of services, processes, capacities, and outcomes. It is the continuous study and improvement of the processes of providing services to meet the needs of the consumer/individual served and others.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

VI. STANDARDS

A. Understanding root causes is the most effective means of ensuring lasting systemic change. When the need for such change has been identified, the use of qualitative and quantitative data will be reviewed to identify the specific areas that need improvement. These improvement efforts will ensure that high quality services are delivered across the entire CMHPSM.

B. The following values will be upheld in improvement processes based on the approved PI Program Description/Plan that include but are not limited to:
   - Organizational systems shared learning
   - Alignment with strategic planning
   - Stakeholder (consumers/individuals served, family members, providers, staff) involvement
   - Replication of successes by fostering and enabling both regional and local improvements.

C. The following outcomes shall be addressed:
   - The reductions of risk factors in service delivery.
   - The identification and resolution of specific service delivery and organizational opportunities for improvement.
   - Using established measures, evaluates specific program components. The data results will be used to modify, redesign, or otherwise improve that component.
   - Evidence of employee, consumer/individual served and community

stakeholder involvement in needs assessment, service planning and problem identification and resolutions.
- Evidence of service improvements and enhancements including innovative program designs based upon results of quality improvement activities.

D. The PI system shall adhere to all external and internal standards of governance, management and direct/support services.
E. The PI system shall be regularly monitored and evaluated to ensure quality components are being implemented along with any external or internal standards or regulation revisions are made.
F. The PI system program description/plan shall be approved annually by the PIHP board and be adopted by the CMHSPs.
G. The PI system shall operate within the annually approved PI program description/plan.
H. The PI system is a confidential peer review system where aggregate information is shared that is not subject to the Freedom of Information Act (FOIA) or other forms of disclosure.
I. The PI system shall include consumer/individual served and/or family representation, network provider representation, and have medical director consultation to assist the PI/CPT committee in addressing any medically significant related performance improvements.
J. The Clinical Performance Team shall serve as the regional Performance Improvement Committee. The Clinical Performance Team has representation from clinical and / or performance improvement staff from each of the four counties of the region as well as consumer/individual served representation from each county. The interim Medical Director or designee for the PIHP also sits on this committee as well as the PIHP Compliance/ Quality Manager. Some members of the Clinical Performance Team serve as liaisons to other regional committees such as the Utilization Review Committee, Regional Consumer Advisory Committee, Network Management and various population-specific administrators groups.
K. The PI system shall be responsible for approving, collecting, analyzing and monitoring organizational PI indicators to identify trends and reduce risk.
L. The PI system shall perform qualitative and quantitative improvement processes that obtain input from stakeholders to ensure high quality change efforts take place led by the Quality/Compliance/Program Integrity Director or other designated individual or body.
M. Led by the Quality/Compliance/Program Integrity Director or other designated individual or body, the PI system shall provide leadership, and will coordinate, collaborate, and/or participate in CMHPSM or regional programs', boards' and stakeholders' improvement efforts for the purpose of building upon strengths and reducing the frequency of improvement opportunities.
N. The PI system shall communicate the results of improvement efforts made to necessary relevant stakeholders by the Quality/Compliance/Program Integrity Director or other designated individual or body.
O. The PI system shall obtain PI reports and data on time within time frames based upon the agreed upon reporting schedule and in the agreed format established by the Quality/Compliance/Program Integrity Manager or other designated individual or body.
P. All CMHPSM network providers, including both CMHSPs and other contract providers, shall report all PI data at the specified timeframes as specified in the

signed contract with the applicable CMHPSM led by the Quality/Compliance/Program Integrity Director or other designated individual or body.

Q. The CMHPSM shall withhold payment as outlined in the signed contract to a CMHSP and or CMHPSM network provider should PI reports and data not be submitted within the necessary required timeframe established by the Quality/Compliance/Program Integrity Manager or other designated individual or body.

R. All CMHPSM network providers must operate within an approved performance improvement system as defined in the signed contract.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	x	43 8.206, 43 8.236, 43 8.240
45 CFR Parts 160 & 164 (HIPAA)	x	
42 CFR Part 2 (Substance Abuse)	x	
Michigan Mental Health Code Act 258 of 1974	x	
The Joint Commission - Behavioral Health Standards	x	Performance Improvement
Michigan Department of Health and Human Services(MDHHS) Medicaid Contract	x	
MDHHS Substance Abuse Contract	x	
Michigan Medicaid Provider Manual	x	
Quality Assessment Performance Improvement Program (QAPIP)	x	

IX. PROCEDURES

WHO	DOES WHAT
CMHPSM	1. Provides a written program description/plan. 2. Maintains and follows the guidelines as described in the program description and PI policy.
Clinical Performance Team	1. Makes recommendations for the Regional Operations Committee (ROC) to approve the functions/indicators and information for the PI system as described in the PI system Program Description/Plan. 2. Monitors the functions/indicators and information

	for the PI system as described in the PI system Program Description/Plan. 3. Assigns improvement activities to the appropriate standing committee, workgroup, local CMHSP or create an Ad Hoc PI team as needed to address areas in need of improvement. 4. Makes recommendations for the ROC to approve the Regional Committee/Workgroup PI Ad Hoc Teams charge. 5. Reviews and provides input on periodic reports to the ROC and the CMHPSM Regional Board.
Quality/Compliance/Program Integrity Manager	1. Participates in the PI/CPT Committee. 2. Communicates necessary information across the CMHPSM. 3. Establishes, maintains and adheres to a reporting schedule. 4. Generates periodic PI reports 5. Reports PI system initiatives to the CMHPSM Regional Board.
PI Committee/CPT Chair/Coach	1. Reports PI system initiatives to the ROC.
Standing Committees, workgroups, local CMHSPs and Ad Hoc PI teams	1. Aligns work plan and functions with the CMHPSM strategic plan. 2. Use PI processes to implement functions and improvement efforts 3. Local CMHSPs use the PI processes to embed improvement efforts across the whole organization down to direct line staff. 4. Report periodically based on the reporting schedule and format to the PI Committee/CPT the work plan functions and indicators of performance and improvement activities. 5. Make recommendations to the PI committee/CPT for implementing PI processes to address areas needing improvement. 6. Relays information to and from committee, workgroups, or ad hoc teams.
CPT Members	1. Provide input and feedback on reports provided to the PI committee/CPT based on the roles of the members. 2. Relay information to and from the CMHSP.
Regional Operations Committee	1. Provides leadership across the CMHPSM and individual CMHSPs in promoting the values and principles of the PI system. 2. Reviews and provides input/feedback on the annual PI program description/Plan. 3. Reviews and provides input/feedback on periodic PI reports. 4. Reviews the PI reports prior to being presented to the CMHPSM Regional Board.
CMHSP	1. Receives and reviews reports and acts on any

	identified PI related issues. 2. Provides leadership for CMHSP the values and principles in promoting the PI system. 3. Approves local PI projects. 4. Provides feedback on regional PI projects 5. Adopts the affiliation approved PI program description.
CMHPSM Regional Board	1. Provides input and feedback to Annual PI Program description/plan and periodic reports. 2. Approves the annual PI program description/plan and periodic reports.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy* *Crisis Prevention Planning and Safety Planning***
Committee/Department: Regional Compliance Committee	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To ensure a crisis prevention plan and/or a safety plan is developed in accordance with the preferences and needs of consumers/individuals served/families, and that meets relevant requirements.

II. REVISION HISTORY

DATE	MODIFICATION
2004	
2017	Overdue for review. Renamed from Individual Crisis Planning.
[Enter Regional Approval Date]	Due for Review; additional clarification between safety plans and crisis prevention plans, additional of documentation and clinical follow-up standards.

III. APPLICATION

This policy applies to:

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Advanced Directive: A document signed by a competent adult giving direction to healthcare providers about his or her treatment choices in certain circumstances.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Crisis: A crisis is an emergent situation that significantly disrupts the functioning and stability of an individual and/or their caregivers. It may arise from psychiatric emergencies, medical emergencies, or natural disaster events. A crisis is characterized by a sudden onset and is likely to cause reduced levels of functioning in primary aspects of the individual's life, such as their mental, physical, or social well-being, if not addressed promptly and effectively. A crisis includes a psychiatric, medical or natural disaster emergency for the individual and/or their caregiver(s).

Crisis Prevention Plan: A type of advanced directive that outlines warning signs, lethal means, coping responses, emergency contacts, and household arrangements (e.g., childcare, apartment, pets, etc.) that may be needed in the event of a crisis.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Safety Plan: A written list of warning signs, lethal means, coping responses, and support sources used to reduce unsafe situations and the likelihood of harm. A safety plan is completed when an individual is diverted from an acute level of care (e.g., inpatient hospitalization).

V. POLICY

Crisis prevention planning and safety planning shall be offered to all consumers/individuals served/families receiving services from their local Community Mental Health Service Provider (CMHSP).

VI. GENERAL STANDARDS

A . Crisis Prevention Planning and Safety Planning are person-centered processes driven by the consumer/individual served family. The consumer/individual served, along with their family, decides on the content of the plans, how they will be carried out, and identifies who will assist in their implementation.

B. Staff shall offer the following components in assisting consumers/individuals served /families with developing a crisis prevention plan as part of the person-centered planning process:

- The types of crises the consumer/individual served/family will plan for
- The triggers (situations, circumstances) that have resulted in the individual

served consumer/family experiencing a crisis in the past
- Past warning signs, symptoms, prodromals, behaviors, observations, changes that have served as indicators of a potential crisis
- What has been effective in reducing the severity of the crisis in the past
- What could lead to a crisis and what supports could be provided to prevent or assist the consumer/family with the crisis
- What proactive coping strategies or reactive de-escalation strategies can be used to prevent a crisis or cope if in a crisis
- What personal needs or preferences might affect a situation, such as identification of a safe place or who brings comfort.
- Whom to call for assistance

C. The CMHSP should assist the consumer/individual served/family with identifying prevention strategies and as many natural supports as possible to support them in this plan, to assure that the plan is followed through to its fullest extent.

D. If CMHSP staff are identified as supports to implement the crisis prevention plan or safety plan, the Person Centered Plan should reflect the crisis prevention plan and/or safety plan, and a copy of the plan must be provided to the CMHSP and maintained the individual's record.

E. The consumer/individual served/family determines who will receive a copy of the crisis prevention plan or safety plan when completed.

F. CMHSP's will provide consumers/individuals served with information and a template on Crisis Prevention Plan at the time of initial assessment, pre-planning for the Person Centered Plan and as requested. The consumer may choose whether to use the format provided.

G. CMHSP's will provide consumers with information and a template Safety Planning when an individual is diverted from an acute level of care. The consumer may choose whether to use the format provided.

H. Should CMHSP staff not be identified as supports to implement the crisis intervention plan or safety plan, the consumer may choose whether to inform the CMHSP of their plan if the CMHSP was not part of the planning process.

I. If a plan is presented to the CMHSP and the CMHSP is not part of the crisis prevention plan or safety plan, the CMHSP will still ensure the relevant plan(s) is made a part of the consumer/individual's/family's record.

J. If a crisis does occur, this plan will show what the consumer's/individual's/family's preferences are, who should be contacted by whom, and valuable information on how to implement the plan.

K. Once a crisis prevention plan or safety plan is developed, one's preferences should be reflected in their Person Centered Plan. A safety goal in the Individual Plan of Service (IPOS) would also be developed to show that a crisis prevention plan and/or safety plan exists and where more detailed information is available.

VII. DOCUMENTATION STANDARDS:

A. Crisis Prevention Plan

A crisis prevention plan will be completed in the electronic health record on an annual basis at the time of the BPS or more frequently as needed in conjunction with the Lifetime/Recent or Screener versions of the suicide assessment. **If the individual served/consumer wishes to use a different format, CMHSP staff will ensure the document is uploaded in their clinical record**.

A crisis prevention plan is a type of advanced directive that outlines warning signs, lethal means, coping responses, emergency contacts, and household arrangements (e.g., childcare, apartment, pets, etc.) that may be needed in the event of a crisis.

The plan must include access to lethal means that identifies features in the physical environment that could be used to attempt suicide and any necessary action to minimize the risk(s).

The plan must also be updated if there is a change to the consumer/individual's crisis prevention needs (e.g., a significant event). The clinical staff and consumer/individual served will identify who needs to receive a copy of the crisis prevention plan and complete the necessary consents to exchange information to implement the plan.

B. Safety Plan:

A safety plan will be completed in the electronic health record when a consumer/individual served is diverted from an acute level of care (e.g., inpatient hospitalization) in conjunction with the Lifetime/Recent version of the suicide assessment. **If the individual served/consumer wishes to use a different format, CMHSP staff will ensure the document is uploaded in their clinical record**.

A safety plan is a written list of warning signs, access to lethal means, coping responses, and support sources used to reduce unsafe situations and the likelihood of harm.

Clinical staff will complete a global risk assessment within the suicide assessment when an individual/consumer served scores high or moderate.

The safety plan must include an environmental assessment that identifies features in the physical environment that could be used to attempt suicide and any necessary action to minimize the risk(s).

The plan must also be updated if there is a change to the consumer/individual's urgent crisis prevention needs.

The clinical staff and consumer/individual served will identify who needs to receive a copy of the safety plan and complete the necessary consents to exchange information to implement the plan.

VIII. CLINICAL FOLLOW-UP/MONITORING STANDARDS

A. For consumers/individuals served diverted from an inpatient psychiatric admission, the clinical staff will follow up with the consumer/individual within 24 hours and document this contact in the electronic health record. If assigned staff are unable to follow up within this timeframe, the clinical team will ensure backup coverage is provided.

B. Follow up contacts for consumers/individuals served/family's who have been diverted will occur thereafter, if clinically indicated, for a minimum of once a week for the next 4 weeks, or more frequently if medically necessary. When suicide risk is present the contacts will include a Last Contact suicide assessment, but all contacts include a review of the safety plan, coping/problem-solving skills to be worked on at home, the availability of after-hours resources, and whether safety calls from after-hours staff are needed. Clinical staff will ensure the after-hours staff are informed of the need for safety calls. Access and/or after-

hours staff will send an email to the consumer/individual's clinical treatment team to notify them of a contact, the outcome, and whether a safety plan was created or revised.

IX. EXHIBITS

None

X. REFERENCES

A. Michigan Patient Self-Determination Act (PA 312 of 1990)
B. MDHHS Self-Directed Services Technical Requirements
C. CMHPSM Self-Directed Services Policy

XI. PROCEDURES

WHO	**DOES WHAT**
CMHSP Staff	At the time of the consumer's/individual's served/family's assessment, PCP pre- planning or as requested will provide informational materials (CMHPSM Personal Power Pamphlet) on what a crisis prevention plan entail, examples of crisis prevention plans, and explanations of the process.
CMHSP Staff	Reviews and updates the Crisis Prevention Plan at least annually.
CMHSP Staff	At the time a consumer/individual served is diverted from an acute level of care and will provide informational materials on what safety planning entails, examples of safety plans and explanations of the process.
Consumer/Individual Served/Family	Decides whether they wish to complete a crisis prevention plan or a safety plan. Determines what format to use if a crisis prevention plan or safety plan is to be completed. Determines how the plan will be written (independently, with family or friends, CMHSP staff).
CMHSP Staff	Determines who will receive a copy of the crisis prevention plan or safety plan. Assist consumer/individual served/family in identifying supports to implement the plan if asked by the individual served. **Any safety plan CMHSP staff creates with an individual served/consumer/family will be maintained in the individual's CMHSP record.**

	If CMHSP staff **ARE** included as supports to implement the crisis prevention plan or safety plan, CMHPS staff make a recommendation for the individual served to provide a copy of the plan. The individual plan of service (IPOS_ should reflect that the crisis prevention plan and/or safety plan be part of the record of the consumer/individual served/family. Obtain any necessary Release of Information's needed to implement the crisis prevention plan or safety plan. Document CMHSP involvement in the crisis prevention plan or safety plan. If CMHSP staff are **NOT** included in the crisis prevention plan or safety plan but the individual served/consumer provides a copy of the plan to the CMHSP, assures the plan is filed in the individual served/ consumer/family record under the correspondence section. If the individual served/consumer/family declines to create or submit a crisis prevention plan or a safety plan, this can be recorded in the pre-planning documents in the electronic health record by CMHSP staff.
Consumer/Individual Served/Family	Notify all people that are listed as supports in the crisis prevention or safety plan of their role in implementing the plan. Notify all people that are listed as supports in the crisis prevention plan or safety plan if the plan changes. If a crisis occurs, inform the person who is to initiate the relevant plan.
CMHSP	Document any involvement in the crisis prevention plan if a crisis occurs. Document any involvement in the safety plan and ensure the safety plan is maintained in the record of the individual served/consumer.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** **Incident Reporting**
Committee/Department: Clinical Performance Team and Regional Compliance	**Local Policy Number (if used)**
Implementation Date	**Regional Approval Date**

Reviewed by:	**Recommendation Date:**
ROC	06/11/2025
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To provide guidelines for timely reporting, monitoring, reviewing, and evaluating unusual and/or unexpected incidents which occur to individuals found eligible for service and has a current admission to a Community Mental Health Service Provider and/or Certified Community Behavioral Health Clinic to receive medically necessary services.

To ensure that the information derived from incident reporting is used to identify opportunities for improvement.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
08/29/2017	Due for regional review.
10/27/2021	Due for regional review/updates
11/26/2024	3-year review
Will be the regional approval date	Reviewed and Purpose updated to help clarify the policy is for cases open for services. Two additional categories of incidents have been added per Joint Commission standard. Additional clarification of what to do regarding incidents that occur for closed cases.

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☐ SUD Treatment Providers ☐ SUD Prevention Providers

☐ Other as listed:

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Incident: An unusual or significant event that disrupts or adversely affects the course of treatment or care of a consumer/individual served. Unusual or significant events should be identified on an individual case by case basis and may be different based on individual consumer/individual served needs/treatment. Incidents may include but are not limited to:

- The death of a consumer/individual served.
- Any injury of a consumer/individual served, explained or unexplained.
- An unusual medical problem.
- Sentinel or adverse event.
- Environmental emergencies/incidents that could have caused an injury.
- Problem behaviors not addressed in a plan of service, such as breaking things, attacking other people, or setting fires.
- Suspected abuse or neglect of a consumer/individual served.
- Inappropriate sexual acts.
- Suspected sexual abuse.
- Medication errors.
- Medication refusals, unless addressed in the plan of service.
- Suspected criminal offenses involving consumers/individuals served.
- Every use of physical intervention.
- Any significant event in the community involving a consumer/individual served.
- A traffic accident involving consumers/individuals served.
- A consumer/individual served leaving the home without permission or notice.
- Consumer/individual served arrest or conviction.
- Nonfatal Overdose
- Suicide Attempt

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

V. POLICY

It is the policy of the CMHPSM that unusual and significant incidents (as defined below) involving active consumers/individuals served will be reported and investigated in a timely manner, with appropriate follow up and/or remedial action steps taken to prevent reoccurrence. The Incident Reporting process is a retrospective peer review process to improve services or enhance treatment for consumers/individuals served. Any records, data and knowledge collected in this process are confidential and considered peer review

documents and are to be protected as such. Therefore, this information is not available by record requests, under the Freedom of Information Act (FOIA) or by subpoena.

VI. STANDARDS

All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents shall:

A. Take immediate action to protect, comfort, and arrange for emergency medical treatment as necessary if the consumer/individual served has sustained an injury.

B. Immediately, verbally notify the appropriate supervisor and attending medical staff of any apparent serious injury, medication error or unexplained injury.

C. Complete the Incident Report (IR), ensuring that all information is filled in completely, and give the report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred.

D. Ensure the IR has been properly coded.

E. The IR form must either be completed on paper and scanned directly into electronic record` by the provider or entered electronically directly into electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization.

F. Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form.

G. Consumer/individual served incidents that require a physical intervention or a call to 911/police are to include a start and stop time of the incident.

H. All employees, contractors, or volunteers will also adhere to reporting requirements of 1982 Public Act 591, Adult Protective Services Act, 1975 Public Act 238, as amended, Child Protection Act and 1998 Public Act 32, Mandatory Report of Abuse Act, and the Sentinel Event Reporting Requirements. (See Regional Abuse and Neglect Policy and Sentinel Event Policy.)

I. Staff of some programs (i.e. day programs and residential services) should familiarize themselves with applicable procedures for reporting certain types of incidents to the appropriate licensing or regulatory bodies (DHS, OSHA, etc.) A copy of the report will be attached to IR form and submitted for internal processing in accordance with this policy.

J. Staff must verbally report any known or suspected Recipient Rights violation to the Office of Recipient Rights (ORR) immediately but no later than the next business day.

K. For case managers who are on leave longer than 24 hours, the case manager and their supervisor shall ensure that IRs are processed as required in their absence.

L. Statistical information logged for each IR will be aggregated and reported by the CMHSPs quarterly or more frequently via their local performance improvement processes. CMHSPs shall report trends and patterns to the CMHPSM Clinical Performance Team (CPT) at the frequency determined by CPT. CPT is responsible for identifying any region-wide trends and opportunities for systems improvement. CPT assists the CMHSPs in identifying trends, sharing best practices, and determining whether areas identified for improvement should be addressed locally or at the affiliate level.

M. Scanned or electronically entered IRs will remain in electronic format. Originals should be shredded.

N. Licensed Adult Foster Care providers shall ensure IRs are accessible on site via CMHPSM electronic record or shall keep a copy of written Incident Reports in the home for not less than 2 years in accordance with Licensing Rule 400.14311.

O. The fact that an incident occurred, as it relates to clinical service/treatment needs of the individual, shall be documented in the client record. However, the incident report itself as a process or a document, the details of the incident, and the processes around incident reporting are considered peer review activities, and as such, will not be made part of the electronic/clinical record or discussed in the clinical record.

P. All related records, data and knowledge, including minutes collected for or by individuals/committees assigned a peer review function, are confidential, are not public record and, therefore:

Q. Do not appear in the client record;

R. Are not subject to court subpoena pursuant to MCL333.21515, MCL331.521, MCL331.533;

S. Disclosure or duplication of Incident Reports is absolutely prohibited except as provided in this policy.

T. The reporting of incidents, as described in this policy, is a peer review function to improve the quality of client care. IRs and the information contained therein are protected as confidential and as peer review documents and therefore will be circulated only to CMHSP staff with a direct need to know. Any care coordination or case management around incident reporting will include the protection of IRs as peer review documents.

U. Should an IR be completed for a provider who is not providing Mental Health/Substance Use Disorder Services, the supervisor shall notify the CMHSP of the incident to ensure any contractual obligations are followed as needed.

V. Incidents occurring for individuals who are not eligible or not currently admitted to services should follow the Critical Incident, Sentinel Event, & Risk Event policy.

VII. EXHIBITS

A. Michigan Department of Licensing & Regulatory Affairs, Bureau of Community & Health Systems, form BCAL-4607: https://www.michigan.gov/lara/0,4601,7-154-89334_63294_27717---

,00.html

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.10 (d)
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Department of Licensing and Regulatory Affairs (LARA)		R400.14311
Joint Commission- Behavioral Health Standards	X	IM 6.20 (3) is the citation for Joint Commission 06-07 BH standards regarding Incident reports. Also PI.1.10, PI 2.20 and PI
MCL PA 368 of 1978	X	333.21515
MCL- PA 430 2004	X	330.1143a & 330.1143b (9) 330.1748 (9)
MDHHS 1987 Administrative Rules	X	R330.7046
MDHHS PIHP Contract	X	
MDHHS CMHSP Contract		
CMHPSM Peer Review Policy	X	
CMHPSM Abuse and Neglect Policy	X	
CMHPSM Sentinel Event Policy	X	

IX. PROCEDURES

WHO	DOES WHAT
All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents	1. Take immediate action to protect, comfort, and arrange for emergency medical treatment of the consumer/individual served as necessary. 2. Immediately, verbally notify the appropriate supervisor and attending medical staff of the incident if any of apparent serious injury, medication error or unexplained injury. 3. Complete the Incident Report, ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred.

WHO	DOES WHAT
	• The form may be completed either on paper or within the electronic record system. • Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form. 4. Consumer/individual served verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day. 5. Incidents that require emergency use of physical management or a call to 911/police are to include a start and stop time of the incident.
Program Supervisor/Home Manager or Designee	1. Take any further action necessary to assure treatment, protection and comfort of the individual 2. Ensure that the appropriate staff are notified of the details. 3. Ensure that staff documentation in Incident Report is complete and accurate, including a thorough description of the incident and action taken. 4. Complete supervisor section of the form with comments regarding action to remedy or prevent future recurrence of the incident. 5. Code the incident report for entry into data system 6. Within 24 hours of the Incident, the IR form must either be completed on paper and scanned directly into Encompass by the provider or entered electronically directly into the electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization. 7. If the incident report is of a critical nature (e.g. involves death, serious injury, abuse, neglect, or possible sexual contact), shall make a verbal report to the client services manager (CSM) and Office of Recipient Rights (ORR) by telephone as soon as possible, but no later than the next business day. • Submit a copy of the incident report immediately to the CMHSP. • Other types of incidents such as illness may require notification to a physician or nurse as indicated in the treatment plan or provider policies. 8. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as

WHO	DOES WHAT
	soon as possible, but no later than the next business day.
Data Entry Clerk or other Designee	1. Scan the report and enter header information into the electronic record 2. Upon scanning, the report will be immediately made available for: a. Case Responsible Person b. Recipient Rights c. Medical Records d. Others as needed 3. Shred original IR
Case Responsible Person	1. Review IR within one (1) business day and contact the home manager/program supervisor for clarification as necessary. 2. Inform home manager/program supervisor of any concerns. 3. Add clarifying information regarding the incident when applicable 4. Choose a set of additional peer reviewers who should be informed of the incident and forward to them, if needed. 5. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day. 6. Assure any IR that documents emergency use of physical management is routed to either the consumer/individual's behavioral psychologist (if applicable) or the BTC chairperson for reviewing and reporting to the CMHPSM QI program. 7. Document in the clinical record the fact that an incident occurred, specific to any clinical follow up that was done. Staff should not reference the Incident Report itself or the incident reporting process in the clinical record.
CMH Supervisor notified of unusual incident involving consumers/individuals served	1. Take any further action necessary to ensure treatment, comfort and protection of the consumer/individual served including arrangements for medical care and transportation. 2. Immediately, verbally inform the Executive Director or designee and the Office of Recipient Rights if the incident involves: a. An apparent or suspected serious injury b. The death of a consumer/individual served c. Suspicion of abuse or neglect by a staff member
Additional clinical reviews	1. Review the incident within 3 working days. 2. Add comments regarding follow-up actions when applicable.

WHO	DOES WHAT
Recipient Rights Officer	1. Reviews all Incident Reports for allegations of Recipient Rights violations. 2. Requests remedial action, as applicable, in effort to prevent recurrence of rights violations.

LICENSING RULES FOR AFC SMALL AND LARGE GROUP HOMES
R 400.15311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.
Rule 311.(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:
(a) The death of a resident.
(b) Any accident of illness that requires hospitalization.
(c) Incidents that involve any of the following:
(i) Displays of serious hostility. (ii) Hospitalization.
(iii) Attempts at self-inflicted harm or harm to others.
(iv) Instances of destruction to property.
(d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the
Public Acts of 1988.
(2) An immediate investigation of the cause of an accident or incident that involves a resident, employee, or visitor shall be initiated by a group home licensee or administrator and an appropriate accident record or incident report shall be completed and maintained.
(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following:
(a) Make a reasonable attempt to contact the resident's designated representative and responsible agency. (b) Contact the local police authority.
(4) A licensee shall make a reasonable attempt to locate the resident through means other than those specified in subrule (3) of this rule.
(5) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.
(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor.
"Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:
(a) The name of the person who was involved in the accident or incident.
(b) The date, hour, place, and cause of the accident or incident.
(c) The effect of the accident or incident on the person who was involved and the care given.
(d) The name of the individuals who were notified and the time of notification.
(e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved. (f) The corrective measures that were taken to prevent the accident or incident from happening again.
(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not
less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LICENSING RULES FOR AFC FAMILY HOMES R 400.1416 Resident health care.
Rule 16. (1) A licensee, in conjunction with a resident's cooperation, shall follow the instructions and recommendations of a resident's
physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home. (2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident's admission to the home.
(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. (4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of any of the following:
(a) The death of a resident.

(b) Any accident or illness requiring hospitalization.
(c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of destruction to property.
(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

R 400.1417 Absence without notice.
Rule 17. (1) If a resident is absent without notice, the licensee or responsible person shall do both of the following:
(a) Make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency.
(b) Contact the local police authority.
(2) A licensee shall make a reasonable attempt to pursue other steps in locating the resident.
(3) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

LICENSING RULES FOR AFC CONGREGATE FACILITIES R 400.2404 Illnesses and accidents.
Rule 404. (1) In case of an accident or sudden adverse change in a resident's physical condition or adjustment a congregate facility shall obtain needed care immediately and notify the responsible relative and the person or agency responsible for placing and maintaining the resident in the congregate facility.
(2) An occurrence of a reportable communicable disease as defined by the laws of this state or the rules implementing such laws shall be reported immediately to the local health department and the department.
(3) Immediate investigation of the cause of an accident or incident involving a resident, employee or visitor shall be initiated by a congregate facility licensee or administrator and an appropriate accident record or incident report completed and maintained. Within 72 hours, serious accidents requiring medical attention shall be reported to the department for remedial review.

R 400.2405 Deaths of Residents.
Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statues applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

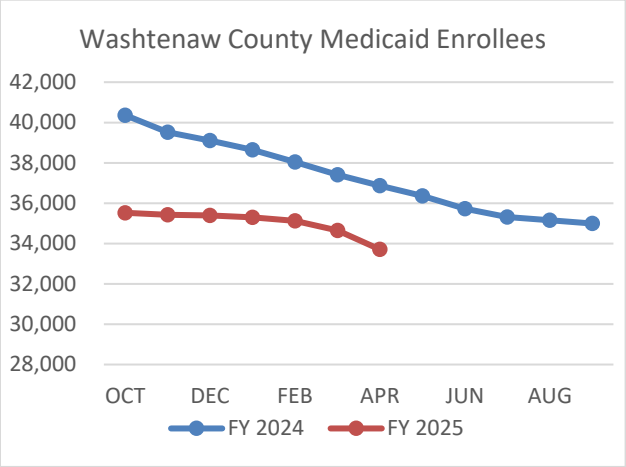
AUTHORITY: P.A. 218 of 1979 COMPLETION: Is Required CONSEQUENCE: Violation of Adult Foster Care Administrative Rule	LARA is an equal opportunity employer/program.

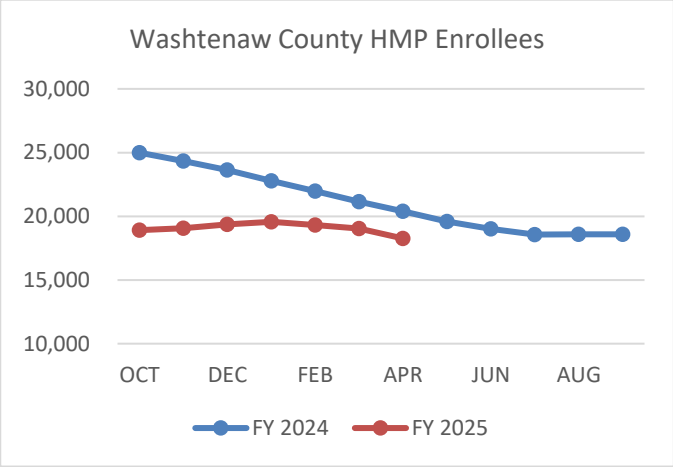
BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2025: For the period ending April 30, 2025
Prepared: June 6, 2025

1. Washtenaw County Enrollees

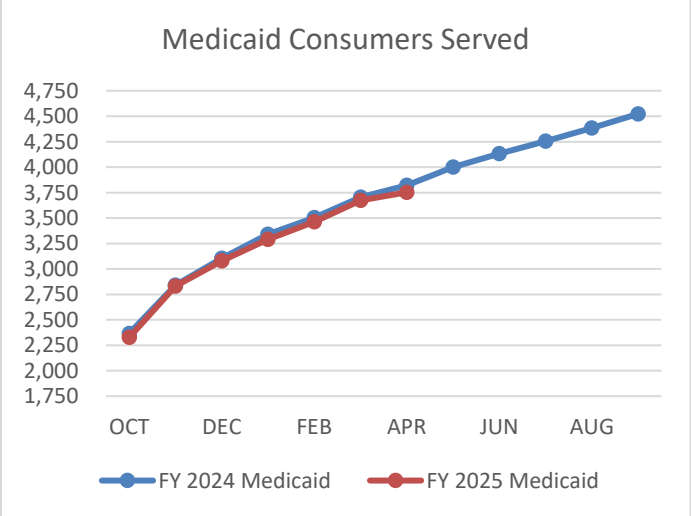
A summary of FY 2025 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

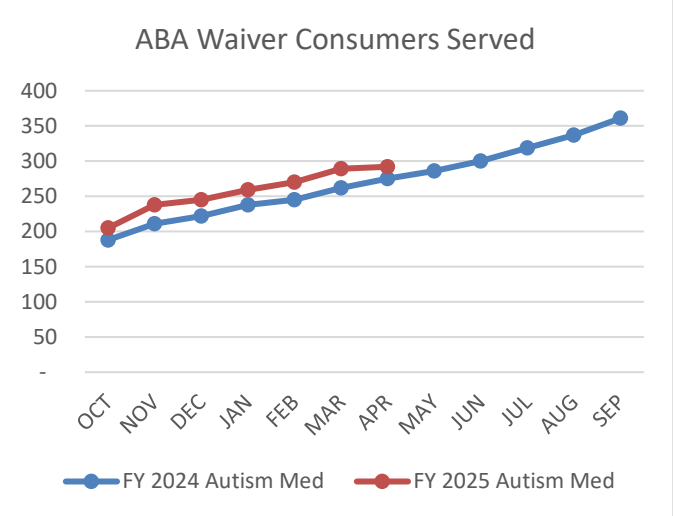




Washtenaw County Medicaid Enrollees were 33,705 in April 2025. This is a 8.59% decrease from the same time last year (3,168 less enrollees than in April 2024). Healthy Michigan enrollment in April 2025 was 18,259. This is a 10.46% decrease from the same time last year (2,133 less enrollees than in April 2024).

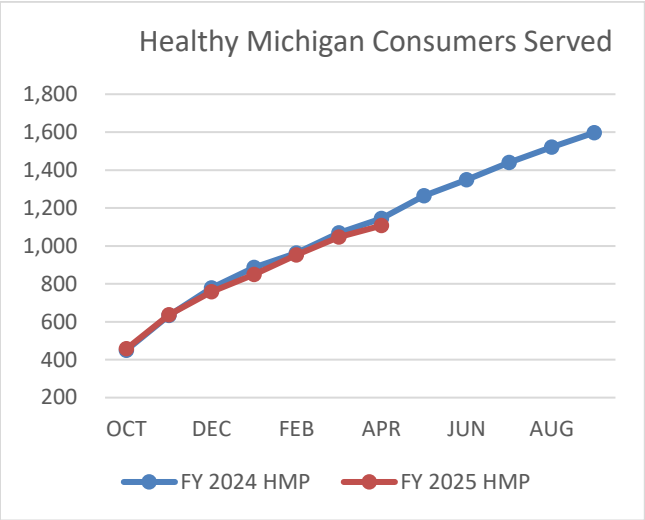
2. WCCMH Consumers Served to Date

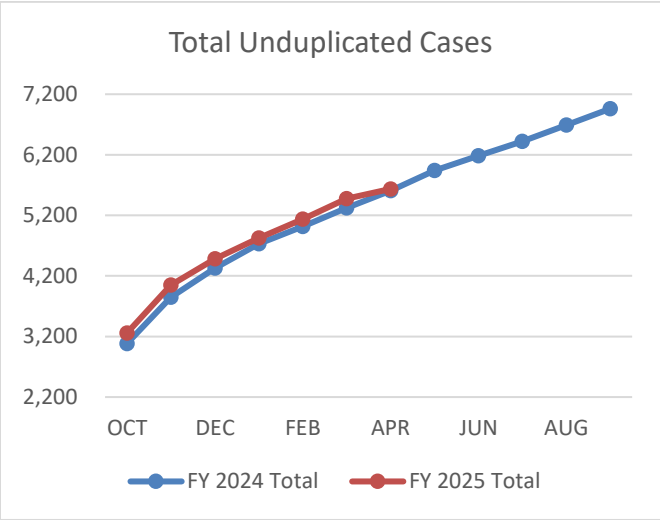




Medicaid consumers served through April 2025 are 3,753. This is 69 less consumers than the prior year (3,822 consumers were served through April 2024).

ABA Waiver consumers served through April 2025 are 292. This is the 17 more consumers than this same time as last year (275 consumers were served through April 2024).

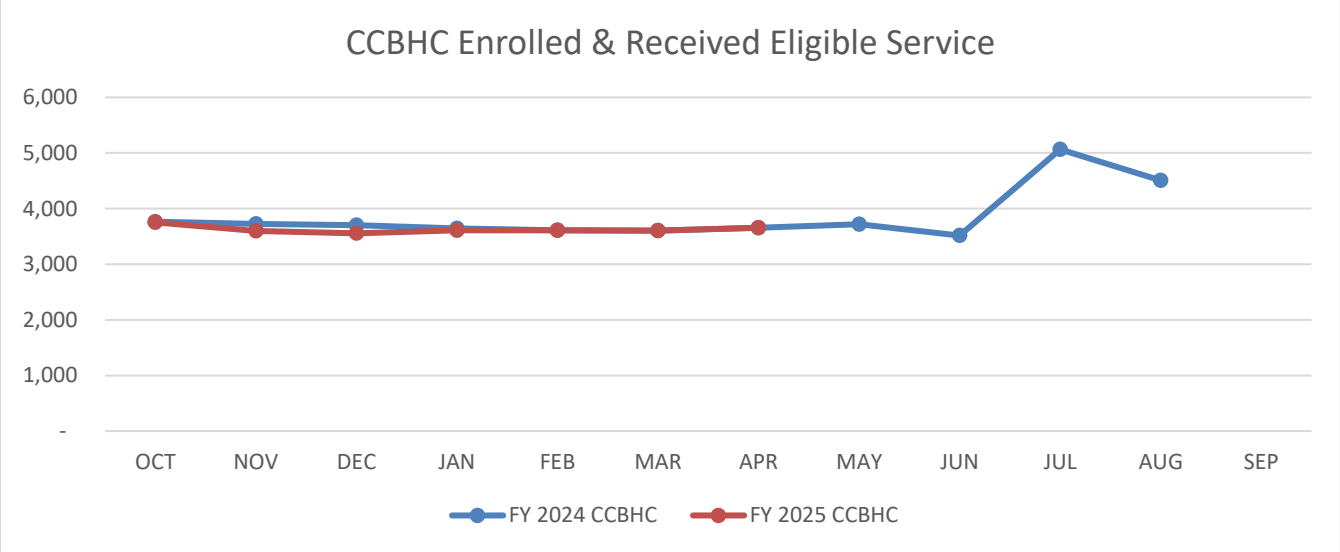




Healthy Michigan consumers served through April 2025 were 1,107. This is 38 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through April 2025 were 5,636. This is 29 more consumers than served last year for the same time period.

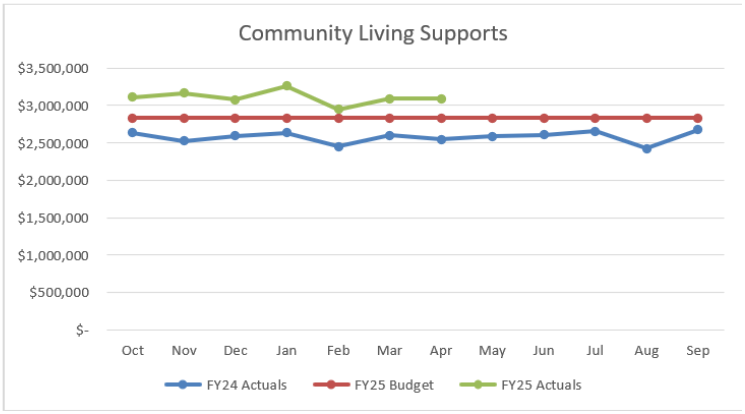
The YTD number of individuals CCBHC enrolled and received an eligible service for FY 2025 as of April was 3,658. This is 1 more consumer for the same time period last year.



3. Financial Statement Highlights

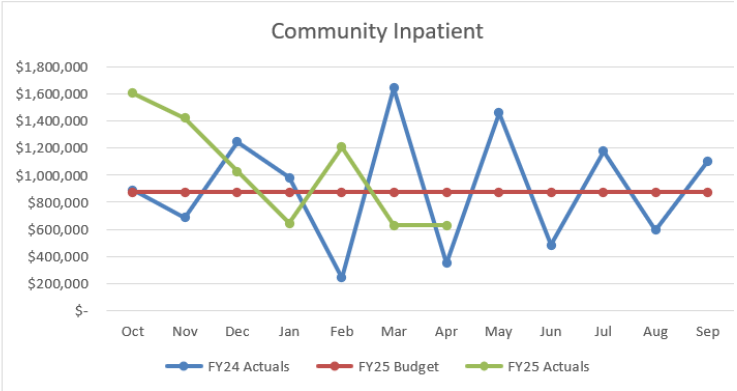
a. CLS service costs to date are estimated to be about $21.7 million and running over budget by about $1.9 million through April of FY 2025. The costs year to date are about 21% higher than last year at this time.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 2,637,767	$ 2,833,333	$ 3,110,404	17.92%
Nov	2,528,276	2,833,333	3,166,798	21.51%
Dec	2,596,104	2,833,333	3,077,601	20.52%
Jan	2,634,937	2,833,333	3,263,270	21.36%
Feb	2,452,584	2,833,333	2,946,981	21.13%
Mar	2,601,049	2,833,333	3,093,528	20.76%
Apr	2,544,132	2,833,333	3,093,528	20.88%
May	2,586,850	2,833,333		
Jun	2,607,943	2,833,333		
Jul	2,653,924	2,833,333		
Aug	2,425,501	2,833,333		
Sep	2,674,986	2,833,333		



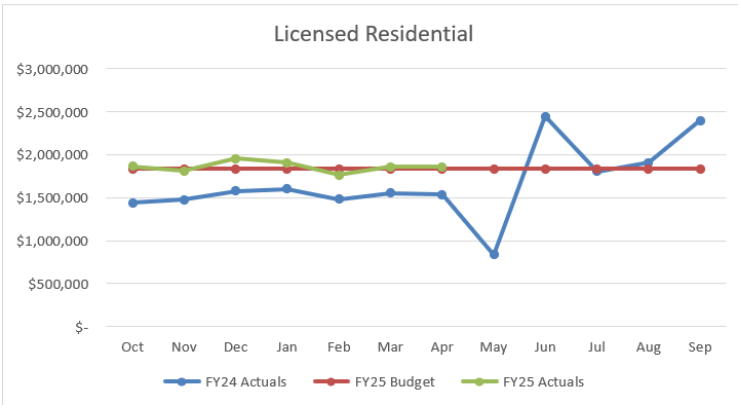
b. Community Inpatient costs to date are $7.1 Million. The costs year to date are 18.7% higher than this time last year and are about $1 million over budget.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 888,374	$ 873,000	$ 1,605,037	80.67%
Nov	686,783	873,000	1,420,600	92.08%
Dec	1,243,366	873,000	1,027,322	43.80%
Jan	981,798	873,000	643,501	23.58%
Feb	244,417	873,000	1,207,305	45.96%
Mar	1,643,710	873,000	631,698	14.89%
Apr	349,426	873,000	631,699	18.70%
May	1,457,597	873,000		
Jun	486,568	873,000		
Jul	1,175,601	873,000		
Aug	593,765	873,000		
Sep	1,104,616	873,000		



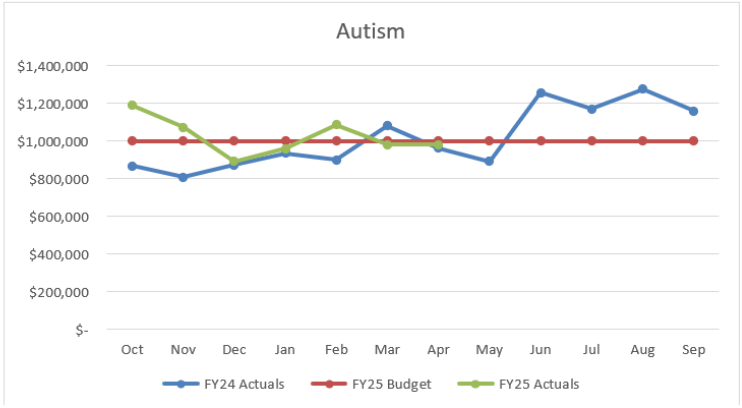
c. Licensed Residential costs to date are $13 Million and coming just slightly over budget. The costs year to date are about 22% more than this time last year.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 1,441,874	$ 1,833,333	$ 1,867,597	29.53%
Nov	1,476,079	1,833,333	1,810,965	26.07%
Dec	1,577,380	1,833,333	1,957,547	25.38%
Jan	1,601,609	1,833,333	1,909,077	23.75%
Feb	1,484,367	1,833,333	1,763,459	22.78%
Mar	1,553,224	1,833,333	1,858,924	22.26%
Apr	1,539,948	1,833,333	1,858,924	22.03%
May	835,708	1,833,333		
Jun	2,444,834	1,833,333		
Jul	1,805,435	1,833,333		
Aug	1,905,507	1,833,333		
Sep	2,401,479	1,833,333		



d. Applied Behavior Analysis/Autism service costs to date are $7.19 Million. The costs year to date are coming in slightly over budget although trending about 11.88% higher than this time last year.

	FY24 Actuals	FY25 Budget	FY25 Actuals	YTD % Change
Oct	$ 867,232	$ 1,000,000	$ 1,190,528	37.28%
Nov	808,887	1,000,000	1,073,749	35.09%
Dec	874,135	1,000,000	891,494	23.74%
Jan	936,517	1,000,000	960,952	18.07%
Feb	900,686	1,000,000	1,087,528	18.62%
Mar	1,081,448	1,000,000	981,454	13.11%
Apr	963,660	1,000,000	981,454	11.42%
May	892,941	1,000,000		
Jun	1,256,451	1,000,000		
Jul	1,170,401	1,000,000		
Aug	1,276,962	1,000,000		
Sep	1,160,236	1,000,000		



e. Internal staffing expenses are coming in line with budget after successful recruitment efforts as well as increased salary/fringe costs.

4. PIHP Revenue Key Points

a. Medicaid, CCBHC and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid and CCBHC is showing a surplus of $6,326,837 through April.
c. By funding source, HMP is showing a deficit of $542,155 through April.
d. Overall, the PIHP surplus is $5,774,160 through April.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $243,788. The deficit is primarily resulting from CCBHC Non-Medicaid costs as well as covering Medicaid deductibles (spenddowns) for individuals served.

6. Local Key Points

a. The majority of Local Funding comes from Washtenaw County.

b. Local Funds are currently showing a deficit of $526,282 through April.

c. The purchase of two group homes totaling $890,000 occurred in February. A budget amendment is necessary to recognize the use the fund balance (local funds) for this purpose. Once complete, the local funds will show a surplus of approximately $300,000

d. Uses of Local Funding include:

i. The 10% GF Match of non-residential services
ii. Local contribution – required by MDHHS
iii. Local share for State Facilities
iv. Shelter expenses and other Local needs

7. Fund Balance

a. The final figures for FY24 fund balance are $6,415,570. At the end of FY 2023, WCCMH has a fund balance of $4,126,826.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
APRIL 25 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	31,901,559
HSW		20,951,269
Behavioral Health Home		311,352
Child Waiver/SED Waiver		635,552
Autism		4,655,089
Prior Year Adjustments		-
Care for Caid		16,224
Total Medicaid Revenue	$	58,471,044
Total Medicaid Expense	$	53,863,463
Medicaid Surplus/(Deficit)	$	4,607,581
CCBHC PIHP Section **		
Supplemental Revenue	$	11,779,122
CCBHC Capitation	$	5,330,208
Total CCBHC Revenue	$	17,109,330
CCBHC HMP Expense		2,881,400
CCBHC Medicaid Expense		12,508,674
Total CCBHC Expense	$	15,390,074
CCBHC Surplus/(Deficit)	$	1,719,256
CCBHC Local Section		
GF/Local Redirect	$	(932,376)
CCBHC Non-Medicaid Expense		932,376
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	4,593,231
Expense		5,135,387
Healthy MI Surplus/(Deficit)	$	(542,155)
General Fund		
Revenue		
CMH Operations	$	2,580,000
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		(932,376)
Funding Fr. Other Local Sources		184,727

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
APRIL 25 FYTD

		Total
Total General Fund Revenue	$	1,832,351
Total General Fund Expense	$	2,076,139
General Fund Surplus/(Deficit)	$	(243,788)
Injectable Meds		
Revenue	$	36,104
Expense		46,625
Inj. Meds. Surplus/(Deficit)	$	(10,521)
Grants And Contracts		
Revenue	$	921,803
Expense		957,793
Grants & Cont. Surplus/(Deficit)	$	(35,989)
CMHSP To CMHSP		
Revenue	$	449,106
Redirect to GF		3,992
Expense		453,098
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	714,296
Expense		1,240,578
Local Surplus/(Deficit)	$	(526,282)
Private Grant & All NOR		
Revenue	$	108,285
Expense		143,015
Priv. Grant & NOR Surplus/(Deficit)	$	(34,730)
Grand Total		
Revenue	$	84,239,543
Expense		79,306,171
Grand Total Surplus/(Deficit)	$	4,933,371

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,774,160
WCCMH Surplus/(Deficit)		(840,789)
	$	4,933,371

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2025

	Current Fiscal Year				
	FY 2025 Amended Budget	FY 2025 Amended Budget YTD	FY 2025 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 54,524,586	$ 31,806,009	$ 31,917,783	$ 111,775	0.35%
HSW	31,656,289	18,466,169	20,951,269	2,485,100	13.46%
Children & SED Waivers	1,335,478	779,029	635,552	(143,477)	-18.42%
Healthy Michigan Capitation	7,874,111	4,593,231	4,593,231	(0)	0.00%
Autism Capitation	7,980,152	4,655,089	4,655,089	0	0.00%
CCBHC Medicaid/HMP	9,137,500	5,330,208	5,330,208	(0)	0.00%
CCBHC Supplementary	12,936,000	7,546,000	11,779,122	4,233,122	56.10%
Behavioral Health Home	572,073	333,709	311,352	(22,357)	0.00%
TOTAL PIHP Revenue	$ 126,016,189	$ 73,509,444	$ 80,173,606	$ 6,664,162	9.07%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 2,602,661	$ 2,580,000	$ (22,661)	-0.87%
Grants & Earned Contracts	2,392,867	1,395,839	1,370,910	(24,929)	-1.79%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,021,861	$ 369,190	$ (652,671)	-63.87%
Project Revenue	939,998	548,332	209,657	(338,675)	-61.76%
All Other	1,917,652	1,118,630	1,415,393	296,763	26.53%
TOTAL Operating Revenue	**$ 137,480,171**	**$ 80,196,766**	**$ 86,118,756**	**$ 5,921,990**	7.38%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 4,858,669	$ 4,749,063	$ (109,606)	-2.26%
Program Administration	4,608,587	2,688,342	2,333,277	(355,065)	-13.21%
Residential Services					
Community Living Supports	$ 34,000,000	$ 19,833,333	$ 21,752,112	$ 1,918,779	9.67%
Licensed Residential	22,000,000	12,833,333	13,026,494	193,161	1.51%
Outpatient Services					
Autism Services	$ 12,000,000	$ 7,000,000	$ 7,196,992	$ 196,992	2.81%
Case Management	6,340,214	3,698,458	3,860,490	162,032	4.38%
Supports Coordination	3,576,188	2,086,110	1,966,066	(120,044)	-5.75%
Skill Building	4,905,514	2,861,550	2,266,371	(595,179)	-20.80%
Supported Employment	2,174,459	1,268,434	753,401	(515,033)	-40.60%
Psychiatry	5,063,666	2,953,805	2,768,272	(185,533)	-6.28%
Nursing Services	2,892,534	1,687,312	1,615,849	(71,463)	-4.24%
Therapy Services	3,157,108	1,841,646	1,805,438	(36,208)	-1.97%
All Other	14,583,888	8,507,268	6,900,712	(1,606,556)	-18.88%
Other Expenses					
Community Inpatient	$ 10,476,000	$ 6,111,000	$ 7,167,159	$ 1,056,159	17.28%
Local Matches & Shelter	980,000	571,667	1,165,715	594,048	103.92%
Grants & Earned Contracts	2,392,867	1,395,839	1,370,910	(24,929)	-1.79%
TOTAL Operating Expenses	**$ 137,480,171**	**$ 80,196,766**	**$ 80,698,321**	**$ 501,555**	0.63%
Revenue Over/(Under) Expenses	-	-	5,420,435	5,420,435	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2025

	Prior Year Comparison			
	FY 2025 YTD Actuals	FY 2024 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 31,917,783	$ 29,023,513	$ 2,894,270	9.97%
HSW	20,951,269	17,952,350	2,998,919	16.70%
Children & SED Waivers	635,552	688,914	(53,362)	-7.75%
Healthy Michigan Capitation	4,593,231	3,590,566	1,002,665	27.92%
Autism Capitation	4,655,089	4,330,315	324,774	7.50%
CCBHC Medicaid/HMP	5,330,208	4,958,333	371,875	0.00%
CCBHC Supplementary	11,779,122	7,654,584	4,124,538	0.00%
Behavioral Health Home	311,352	280,439	30,913	0.00%
TOTAL PIHP Revenue	$ 80,173,606	$ 68,479,014	$ 11,694,592	17.08%
MDHHS Revenue				
State General Funds	$ 2,580,000	$ 2,580,000	$ -	0.00%
Grants & Earned Contracts	1,370,910	1,088,416	282,494	25.95%
All Other Revenue				
County Appropriation	$ 369,190	$ 454,459	$ (85,269)	-18.76%
Project Revenue	209,657	293,046	(83,389)	-28.46%
All Other	1,415,393	4,650,427	(3,235,034)	-69.56%
TOTAL Operating Revenue	**$ 86,118,756**	**$ 77,545,362**	**$ 8,573,394**	11.06%
Operating Expenses				
Administrative Expenses				
General Administration	$ 4,749,063	$ 4,425,626	$ 323,437	7.31%
Program Administration	2,333,277	5,023,857	(2,690,580)	-53.56%
Residential Services				
Community Living Supports	$ 21,752,112	$ 17,862,010	$ 3,890,102	21.78%
Licensed Residential	13,026,494	10,674,481	2,352,013	22.03%
Outpatient Services				
Autism Services	$ 7,196,992	$ 6,432,565	$ 764,427	11.88%
Case Management	3,860,490	3,188,544	671,946	21.07%
Supports Coordination	1,966,066	1,728,572	237,494	13.74%
Skill Building	2,266,371	2,344,502	(78,131)	-3.33%
Supported Employment	753,401	1,039,905	(286,504)	-27.55%
Psychiatry	2,768,272	2,174,569	593,703	27.30%
Nursing Services	1,615,849	1,503,512	112,337	7.47%
Therapy Services	1,805,438	1,565,537	239,901	15.32%
All Other	6,900,712	6,164,082	736,630	11.95%
Other Expenses				
Community Inpatient	$ 7,167,159	$ 6,037,873	$ 1,129,286	18.70%
Local Matches & Shelter	1,165,715	629,605	536,110	85.15%
Grants & Earned Contracts	1,370,910	1,041,980	328,930	31.57%
TOTAL Operating Expenses	**$ 80,698,321**	**$ 71,837,220**	**$ 8,861,101**	12.33%
Revenue Over/(Under) Expenses	5,420,435	5,708,142	(287,707)	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Four Months Ending April 30, 2025

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Community Wide Service Expansion				
CARES Team				
Access & Triage	$ 720,000	$ 240,000	$ 246,717	$ 6,717
Treatment & Stabilization Services	820,000	273,333	283,131	9,798
Crisis Response	860,000	286,667	296,190	9,523
Other CARES Team	450,000	150,000	111,595	(38,405)
Criminal Justice Diversion & Deflection				
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 150,000	$ 95,205	$ (54,795)
Prosecutting Attorney Office	155,000	51,667	53,370	1,703
Supportive Housing				
Avalon - Permanent Supportive Housing	$ 363,509	$ 121,170	$ 176,097	$ 54,927
Michigan Ability Partners	252,124	84,041	90,045	6,004
Ozone	238,689	79,563	78,013	(1,550)
Ypsilanti Housing Commission	140,144	46,715	70,071	23,356
Shelter Association of MI	85,443	28,481	78,157	49,676
Emergency Housing	250,000	83,333	73,022	(10,311)
Youth Initiatives and Support				
Washtenaw Intermediate School District	$ 803,879	$ 267,960	$ 240,077	$ (27,883)
Student Advocacy Center	380,672	126,891	126,890	(1)
Garrett's Space	373,306	124,435	59,434	(65,001)
Packard Health - YBMen	235,397	78,466	125,000	46,534
Community Family Life Centers	158,250	52,750	79,419	26,669
Washtenaw Area Council for Children	85,047	28,349	28,655	306
All Other Youth Initaties and Support	250,000	83,333	-	(83,333)
Other Service Expansion				
Jewish Family Services	$ 385,642	$ 128,547	$ 90,556	$ (37,991)
Health Dept - Healthy Neighborhoods	210,811	70,270	64,055	(6,215)
Washtenaw Health Plan	198,438	66,146	66,146	-
Ypsilanti District Library	176,522	58,841	14,848	(43,993)
Women's Center of Southeastern MI	79,803	26,601	26,400	(201)
All Other Service Expansion	500,000	166,667	-	(166,667)
TOTAL Community Wide Service Expansion	$ 8,622,676	$ 2,874,225	$ 2,573,093	$ (301,132)

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Education & Prevention				
NAMI Contract	$ 189,223	$ 63,074	$ 47,306	$ (15,768)
Health Dept - Anti Stigma Campaign	170,000	56,667	16,654	(40,013)
Miles Jeffery Roberts Foundation	45,000	15,000	-	(15,000)
Issue Media Group	12,000	4,000	2,000	(2,000)
TOTAL Education & Prevention	$ 416,223	$ 138,741	$ 65,960	$ (72,781)
Evaluation & Communication				
CHRT Contract	$ 239,960	$ 79,987	$ 54,057	$ (25,930)
TOTAL Evaluation & Communication	$ 239,960	$ 79,987	$ 54,057	$ (25,930)
Administration of the Millage				
WCCMH	$ 650,000	$ 216,667	$ 208,415	$ (8,252)
5 Healthy Towns (Planning)	25,000	$ 8,333	-	(8,333)
National Assessment Center	20,660		6,886	6,886
TOTAL Administration of the Millge	$ 695,660	$ 225,000	$ 215,301	$ (9,699)
Grand Totals	**$ 9,974,519**	**$ 3,317,953**	**$ 2,908,411**	**$ (409,542)**

Washtenaw County Community Mental Health Fund

Year Ended September 30, 2024

Financial Statements

Rehmann

This page intentionally left blank.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Table of Contents

This page intentionally left blank.

Rehmann

INDEPENDENT AUDITORS' REPORT

May 15, 2025

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the ***Washtenaw County Community Mental Health Fund ("WCCMH"),*** *a special revenue fund of Washtenaw County, Michigan,* as of and for the year ended September 30, 2024, and the related notes to the financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Washtenaw County Community Mental Health Fund, a special revenue fund of Washtenaw County, Michigan, as of September 30, 2024, and the changes in its financial position and the budgetary comparison of the special revenue fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Independent Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of WCCMH and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Reporting Entity

As discussed in Note 1, the financial statements present only the Washtenaw County Community Mental Health Fund and do not purport to, and do not, present fairly the financial position of Washtenaw County, Michigan, as of September 30, 2024, and the changes in its financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards,* we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of WCCMH's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Other Information

Our audit was conducted for the purpose of forming an opinion on the basic financial statements that collectively comprise the Washtenaw County Community Mental Health Fund's basic financial statements. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated May 15, 2025, on our consideration of WCCMH's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering WCCMH's internal control over financial reporting and compliance.

This page intentionally left blank.

FINANCIAL STATEMENTS

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Balance Sheet

September 30, 2024

Assets	
Cash and pooled investments	$ 27,610,000
Receivables, net	2,134,374
Due from other governments:	
Community Mental Health Partnership of Southeast Michigan	6,803,807
Michigan Department of Health and Human Services	354,430
Other governmental agencies	306,480
Prepaid items and other assets	541,607
Total assets	$ 37,750,698
Liabilities	
Accounts payable	$ 11,443,482
Accrued payroll	3,207,000
Due to other governments:	
Community Mental Health Partnership of Southeast Michigan	15,328,667
Michigan Department of Health and Human Services	788,599
Other governmental agencies	528,948
Unearned revenue	38,432
Total liabilities	31,335,128
Fund balance	
Nonspendable	541,607
Restricted	5,873,963
Total fund balance	6,415,570
Total liabilities and fund balance	$ 37,750,698

The accompanying notes are an integral part of these financial statements.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Statement of Revenues, Expenditures and Changes in Fund Balance

Budget and Actual
For the Year Ended September 30, 2024

	Original Budget	Final Budget	Actual	Actual Over (Under) Final Budget
Revenues				
Intergovernmental	$ 123,876,225	$ 123,876,225	$ 125,744,981	$ 1,868,756
Charges for services	824,821	824,821	912,448	87,627
Other revenue and reimbursements	1,568,189	1,568,189	2,115,348	547,159
Total revenues	126,269,235	126,269,235	128,772,777	2,503,542
Expenditures				
Health:				
Administration	7,795,426	7,795,426	7,184,951	(610,475)
Access and crisis services	3,880,183	3,880,183	3,245,521	(634,662)
Comprehensive supports and services	56,857,600	56,857,600	52,548,538	(4,309,062)
Residential and supported living	47,800,000	47,800,000	53,812,460	6,012,460
Inpatient services	9,700,000	9,700,000	10,996,788	1,296,788
Grants and contracts	1,987,787	1,987,787	1,882,904	(104,883)
Total expenditures	128,020,996	128,020,996	129,671,162	1,650,166
Revenues over (under) expenditures	(1,751,761)	(1,751,761)	(898,385)	853,376
Other financing sources (uses)				
Transfers from Washtenaw County	1,751,761	1,751,761	4,679,192	2,927,431
Transfers to Washtenaw County	-	-	(1,492,064)	(1,492,064)
Total other financing sources (uses)	1,751,761	1,751,761	3,187,128	1,435,367
Net change in fund balance	-	-	2,288,743	2,288,743
Fund balance, beginning of year	4,126,827	4,126,827	4,126,827	-
Fund balance, end of year	$ 4,126,827	$ 4,126,827	$ 6,415,570	$ 2,288,743

The accompanying notes are an integral part of these financial statements.

This page intentionally left blank.

NOTES TO FINANCIAL STATEMENTS

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Notes To Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements represent the financial condition and the results of operations of a special revenue fund of Washtenaw County, Michigan (the "County") and are an integral part of that reporting entity. The Washtenaw County Community Mental Health Fund (WCCMH) is not a legal entity and, therefore, is not a component unit of Washtenaw County or any other reporting entity, as defined by the Governmental Accounting Standards Board (GASB).

WCCMH is used to account for the provision of services to individuals with mental illnesses, developmental disabilities and substance abuse disorders under contracts with the Michigan Department of Health and Human Services (MDHHS) and the Community Mental Health Partnership of Southeast Michigan (CMHPSM, the regional administrator of federal Medicaid funds).

Under these managed specialty supports and services contracts, WCCMH receives monthly capitation payments based on the number of eligible participants, regardless of services actually performed. In addition, the MDHHS makes fee-for-service payments to WCCMH for certain covered services. WCCMH receives funding for Medicaid eligible consumers through CMHPSM.

Basis of Accounting

The County uses a special revenue fund (i.e., a separate accounting entity with a self-balancing set of accounts, using the modified-accrual basis of accounting) to report the financial position and the results of its community mental health operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain governmental functions and activities.

Receivables

Receivables consist primarily of fees and other such charges for services to first or third party payors, and are shown net of an allowance for uncollectible accounts, in the amount of $2,937,230, based on an estimate of collectability by management.

Interfund Transfers

During the course of operations, numerous transactions occur between WCCMH and the County for goods provided, services rendered or the transfer of County appropriations. These receivables and payables are classified as interfund transfers on the statement of revenues, expenditures and changes in fund balance.

Contracts with Other Governments

WCCMH has several account balances that relate to the County's contracts with MDHHS and CMHPSM. The amounts reported as "Due from MDHHS" and "Due from CMHPSM" represent receivables from those agencies for services provided under the respective contracts for the year ended September 30, 2024. "Due to MDHHS" and "Due to CMHPSM" are amounts due to those entities as a result of year end financial reporting and cost settlements.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Notes To Financial Statements

Budgetary Accounting

WCCMH is under formal budgetary control and follows the County's annual budget process in establishing the budgetary data presented in the financial statements. The annual fiscal budget is adopted on a basis consistent with generally accepted accounting principles and the requirements of MDHHS. The legal level of budgetary control (i.e., the level at which expenditures may not legally exceed appropriations) is the function level for the County's special revenue funds.

Concentration

WCCMH derives substantially all of its revenue from contracts with the State of Michigan and/or regional PIHP (prepaid inpatient health plan), which is the CMHPSM. Accordingly, discontinuation of these contracts could adversely affect the fund's operating results.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the reporting period. Actual results could differ from those estimates.

2. EXCESS OF EXPENDITURES OVER APPROPRIATIONS

State statutes provide that a local unit shall not incur expenditures in excess of the amount appropriated. The legal level of budgetary control is at the function level. During the year, WCCMH incurred expenditures in excess of appropriations are as follows:

	Final Budget	Actual	Excess
Health	$ 128,020,996	$ 129,671,162	$ 1,650,166
Transfers out	-	1,492,064	1,492,064

3. CASH

WCCMH, along with the various other funds and component units of the County, participates in the County's pooled cash management accounts. Information regarding this cash management pool is presented in the County's annual comprehensive financial report.

■ ■ ■ ■ ■

This page intentionally left blank.

SUPPLEMENTARY INFORMATION

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Schedule of Mental Health Service Program Expenditures

For the Year Ended September 30, 2024

	Administration	Access and Crisis Services	Comprehensive Supports and Services	Residential and Supported Living
Expenditures				
Personnel services	$ 6,105,336	$ 3,070,489	$ 29,609,267	$ -
Supplies	22,208	646	209,527	-
Other services and charges	222,705	30,619	18,501,699	53,812,460
Inpatient services - community	-	-	-	-
Inpatient services - local	-	-	-	-
Internal service charges	834,702	143,767	4,228,045	-
Total expenditures	$ 7,184,951	$ 3,245,521	$ 52,548,538	$ 53,812,460

Inpatient Services	Grants and Contracts	Total
$ -	$ 1,703,516	$ 40,488,608
-	1,960	234,341
-	149,529	72,717,012
10,385,430	-	10,385,430
611,358	-	611,358
-	27,899	5,234,413
$ 10,996,788	$ 1,882,904	$ 129,671,162

This page intentionally left blank.

Rehmann

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

May 15, 2025

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the ***Washtenaw County Community Mental Health Fund ("WCCMH"),*** *a special revenue fund of Washtenaw County, Michigan,* as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise WCCMH's basic financial statements as listed in the table of contents, and have issued our report thereon dated May 15, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered WCCMH's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of WCCMH's internal control. Accordingly, we do not express an opinion on the effectiveness of WCCMH's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify a certain deficiency in internal control over financial reporting, described in the accompanying schedule of findings and responses as item 2024-001 that we consider to be a significant deficiency.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether WCCMH's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

WCCMH's Response to Finding

Government Auditing Standards requires the auditor to perform limited procedures on WCCMH's response to the finding identified in our audit and described in the accompanying schedule of findings and responses. WCCMH's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of WCCMH's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Schedule of Findings and Responses

For the Year Ended September 30, 2024

2024-001 – Timely Year-end Closing and Workpaper Preparation - Community Mental Health ("CMH")

Finding Type. Significant Deficiency in Internal Control over Financial Reporting.

Criteria. The timely preparation and issuance of financial statements in accordance with generally accepted accounting principles requires a coordinated effort between management and the external auditors. This places the burden on the auditee to properly prepare for the audit, including timely closing of the accounting records, preparation of workpapers to support the significant account balances and obtaining the necessary documents needed to perform their procedures.

Condition. Initially, management indicated it would be substantially prepared for the audit and that the trial balance provided was reasonably adjusted at the onset of fieldwork in March. However, schedules were prepared for numerous significant audit areas after the start of fieldwork requiring subsequent adjustments and significant delays to the audit process.

Cause. Management did not have identified deadlines and processes to ensure timely completion prior to the commencement of the audit.

Effect. As a result of these conditions, management was unable to timely close the accounting records and prepare for the audit requiring additional time, effort, and coordination to complete the audit in a timely fashion.

Recommendation. We recommend that the CMH develop and adhere to (with appropriate oversight and communication with County Finance) a written plan with detailed tasks and completion points for the timely completion of year end closing procedures to ensure timely issuance of the financial statements and grant reporting.

View of Responsible Officials. WCCMH experienced some staff turnover during the year which made meeting established audit timelines difficult. The CMH will work closely with central finance and the audit team to ensure there is a plan in place to complete audit fieldwork earlier in future periods.

■ ■ ■ ■ ■

This page intentionally left blank.

Washtenaw County Community Mental Health

Proposed Medicaid Cuts and Potential Impact Analysis

Prepared May 15, 2025

In March 2025, Megan Groen, MDHHS Senior Deputy Director provided a presentation at the CMH Director's Forum identifying potential federal Medicaid changes. Subsequently, on April 17, 2025, Governor Whitmer, issued an Executive Directive No. 2025-3 regarding the impact of federal Medicaid cuts.

WCCMH Executive Leadership Team has been following this issue closely and would like to share the following condensed version of the information, as well as the potential direct impacts to Washtenaw County.

Proposal	Potential Impact
Reducing Federal Matching Rates	**$1.1 billion annual loss** for Michigan's budget; without these funds, *30% of Medicaid beneficiaries will lose health care.*
Medicaid Work Requirements	**$75–$155 million administrative cost** for Michigan and ***loss of health care coverage for 100,000–290,000 beneficiaries*** in the first year.
Provider Tax Reforms	**$3 billion annual loss** for Michigan's budget–up to **$2.3 billion decrease** in payments to Michigan hospitals and upwards of **$325 million less** in payments to nursing homes in the state.
Implementing Per-Capita Caps	**$4.1–$13.4 billion loss** over the next 10 years.

- ED 2025-3 FINAL, Pg. 2

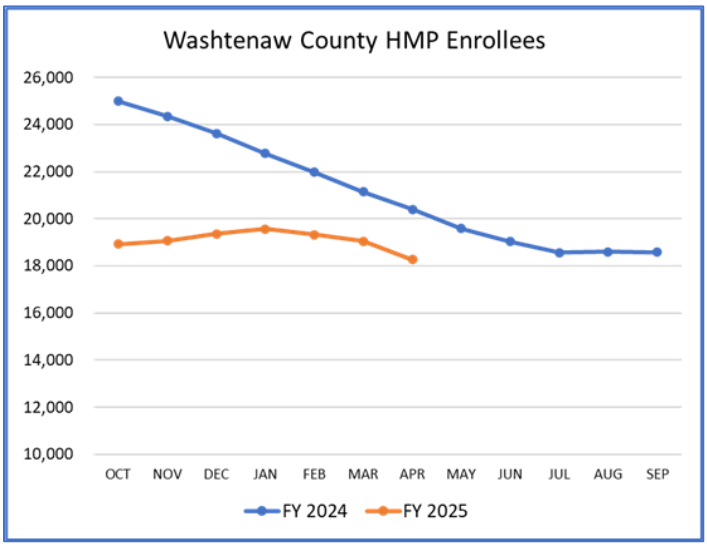
Reducing Federal Matching Rates:

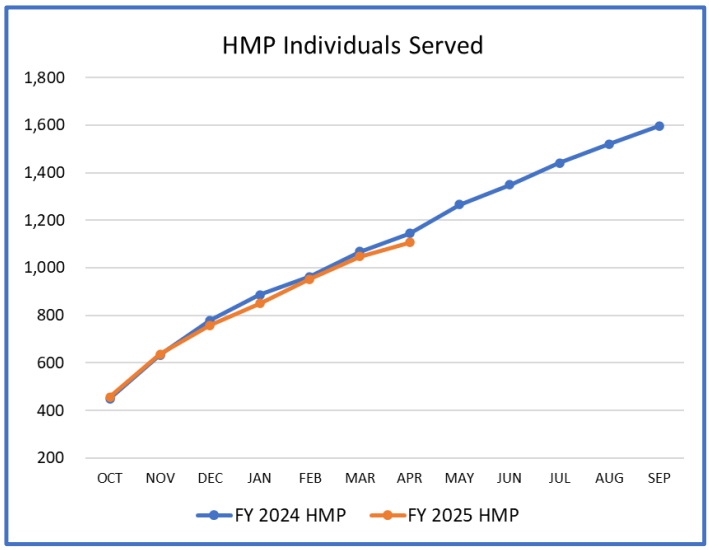
Changing Federal Matching Assistance Percentage (FMAP) Rates

- There are several potential policy changes under consideration relative to changing the current FMAP structure:
  - **Reducing the 90% federal match rate for Medicaid expansion population to the traditional Medicaid match rate (~65% for MI).**
    - CBO estimate: $561 billion reduction nationally over the next 10 years.
    - Michigan impact: $1.1 billion annual cost to the state.
    - Puts at risk the health coverage of ~725,000 individuals or 30% of Michigan's Medicaid population.
  - **Ending the enhanced federal match for certain administrative expenditures.**
    - CBO estimate: $69 billion reduction nationally over the next 10 years.
    - Michigan impact: Minimum of $115 million in state funds needed simply to maintain current IT operations/projects.
  - **Removing the 50% FMAP floor.**
    - No impact to Michigan absent broader FMAP formula adjustments.

- Megan Groen presentation, slide 22.

Healthy Michigan Plan (Medicaid Expansion) currently provides coverage for approximately 18,000 Washtenaw County residents and WCCMH is serving roughly 1,600 of them.





WCCMH continues to serve the same number of individuals regardless of enrollment. Prior to Medicaid Expansion, these services would have to be provided with non-federal funds, such as State General Funds or local funds such as millage dollars. WCCMH is on track in FY 2025 to meet expenditure levels consistent with years past.

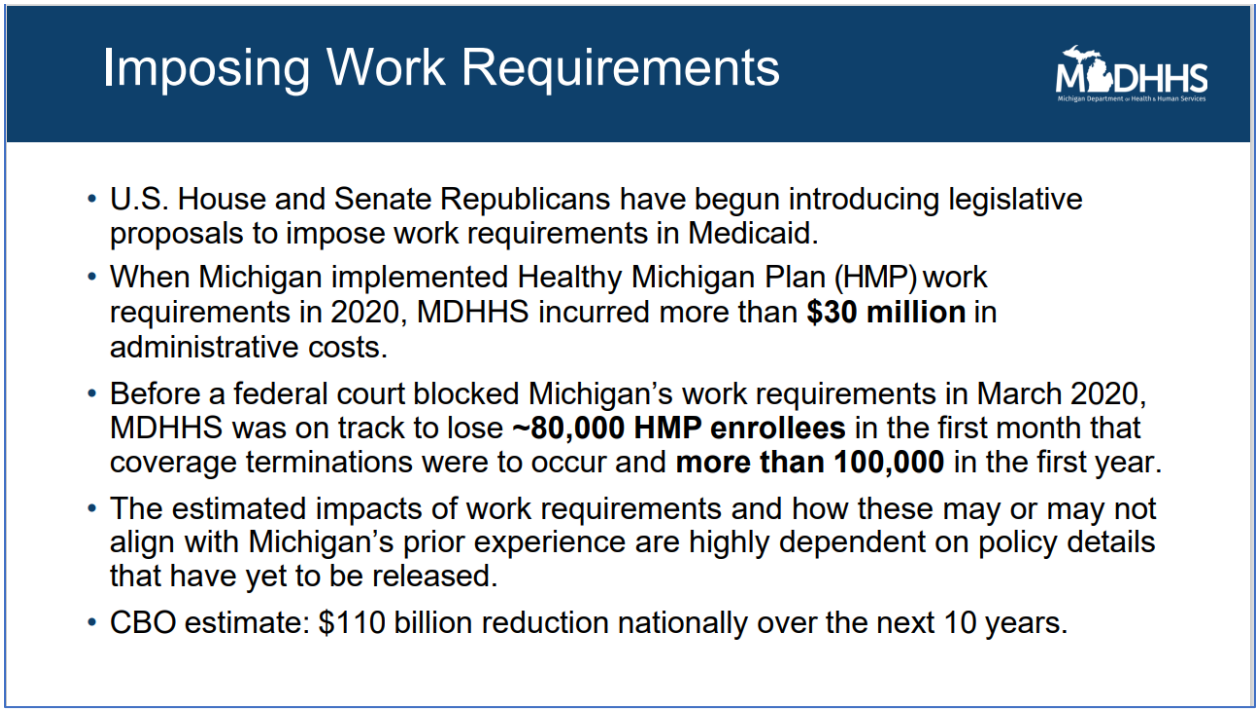
Fiscal Year 2024

- WCCMH provided $11.8 million in services for individuals on HMP.
  - $7.5M supporting psychiatric hospitalizations and residential supports
  - $4.3M to Certified Community Behavioral Health Clinics (CCBHC) enrolled individuals

Fiscal Year 2023

- WCCMH provided $11.5 million in services for individuals on HMP.
  - $6.6M supporting psychiatric hospitalizations and residential supports
  - $4.9M to Certified Community Behavioral Health Clinics (CCBHC) enrolled individuals

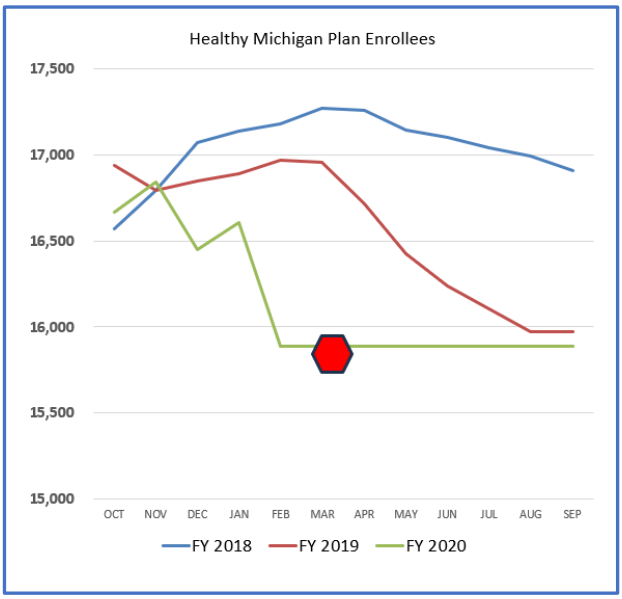
Medicaid Work Requirements:

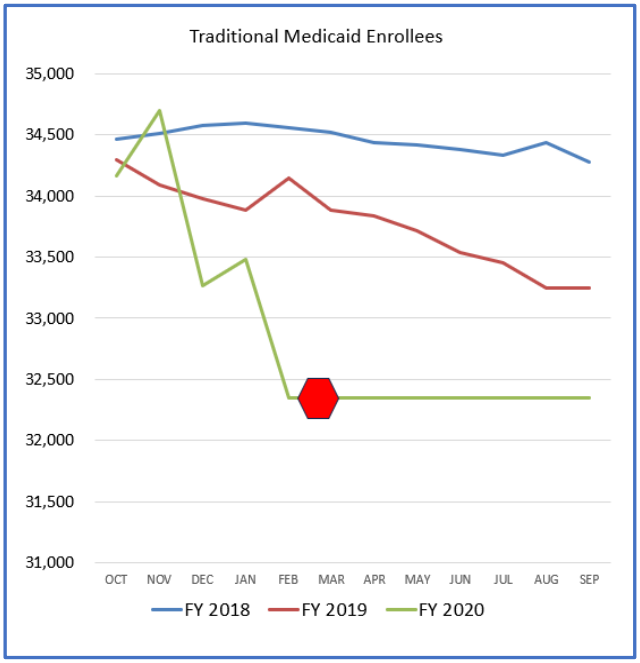


- Megan Groen presentation, slide 25.

In 2018, the Center for Medicare and Medicaid (CMS) issued guidance allowing states to implement work requirements in 2018 and that same year Governor Snyder signed Public Act 208 (Senate Bill 897) imposition work requirements for Medicaid eligibility.

In 2019, WCCMH started to see and feel the impacts on Medicaid eligibility decline. CMH is funded by enrollees as a per member per month capitated model. The work requirements were halted in March 2020 at the onset of the pandemic.





Provider Tax Reforms:

Limiting Provider Taxes

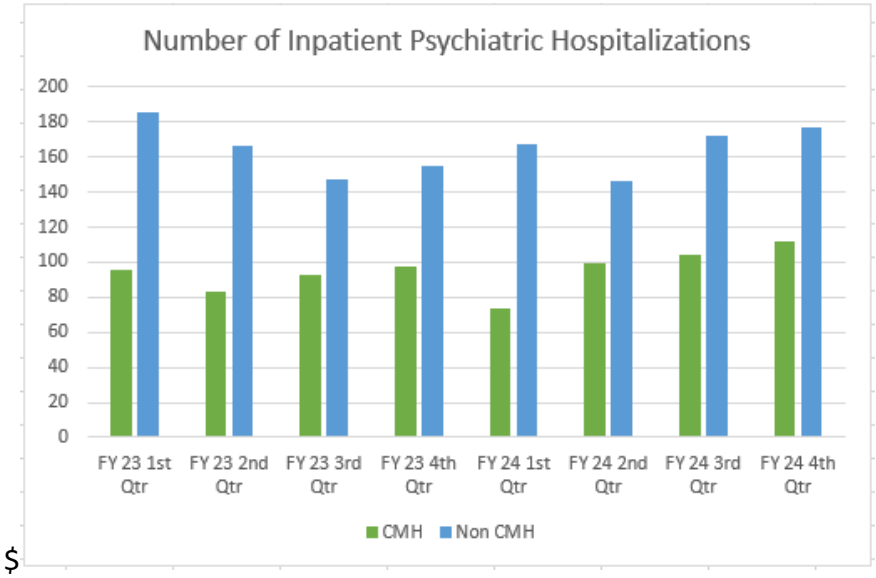
- Michigan has three provider taxes today:
  - Hospitals.
  - Nursing homes.
  - Ambulance providers.
- We also have a Managed Care Organization tax – the Insurance Provider Assessment.
- Together, these taxes are leveraged to make up **nearly $3 billion** of Michigan's state share of Medicaid costs.
- The tax dollars fund both the base Medicaid program and broader state budget (through state retention) and increased reimbursement to the taxed provider classes.

Limiting Provider Taxes

- There are several options rumored to be under consideration relative to limiting provider taxes:
  - Reducing the provider tax limit from 6% of providers' net patient revenue to 3% or 4%.
  - Capping provider taxes as a share of state general funding.
  - Eliminating entirely the state's ability to leverage provider tax revenue to finance their Medicaid program.
  - Taking administrative action through rulemaking to require wholesale restructuring of managed care organization taxes.
- CBO estimate: $48-612 billion reduction nationally over the next 10 years.

- Megan Groen presentation, slide 23 & 24.

Limiting the provider taxes would be very impactful to the hospitals that WCCMH utilizes for inpatient psychiatric stays. WCCMH is spending over $10M annually for Medicaid & HMP eligible hospitalizations. WCCMH is responsible for all psychiatric hospitalizations for all Washtenaw County Medicaid beneficiaries.



$

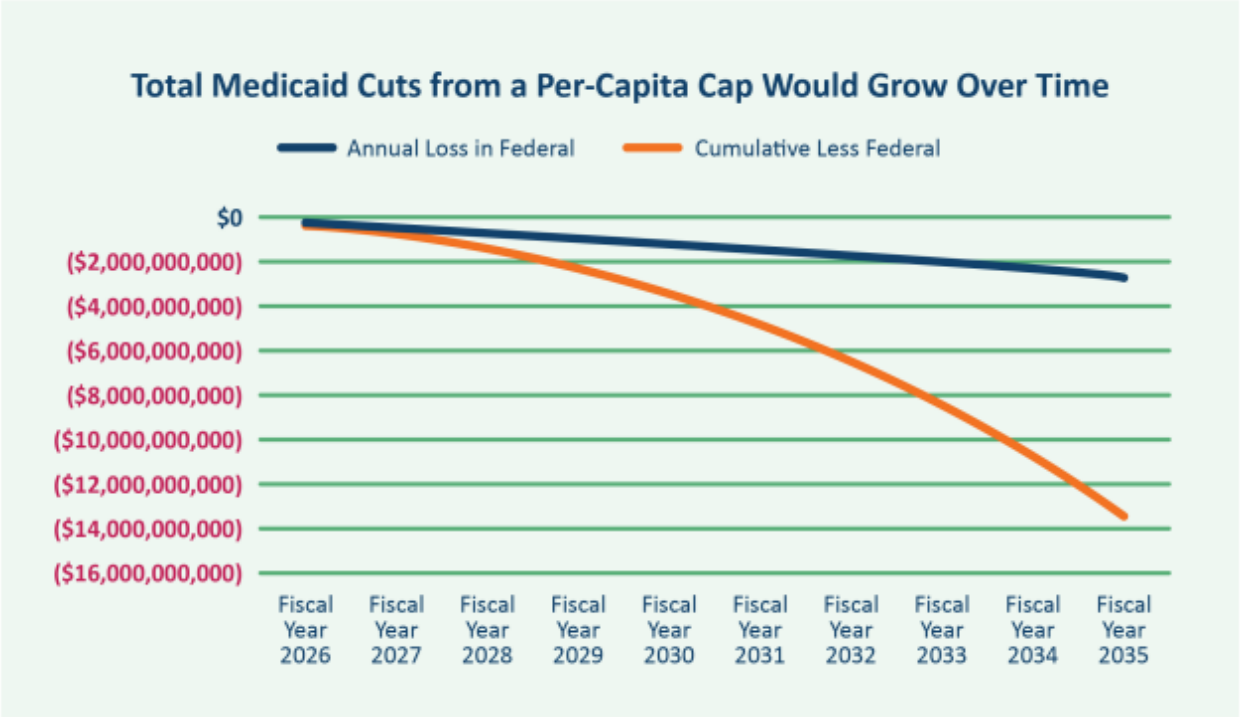
Implementing Per-Capita Caps:

Capping Medicaid Funds to States

MDHHS Michigan Department of Health & Human Services

- Medicaid is currently an entitlement program wherein states must cover all eligible individuals, and the federal government must provide the federal share of funding for the costs of that coverage.
- Per capita caps and block grants are mechanisms to shift financial costs and risk to states.
  - **Per-capita caps:** Limits federal funding to a fixed amount per enrollee. This amount would be adjusted annually by a set amount/inflationary factor. Because funding is set on a per enrollee basis, federal funding available to states under this model would adjust for enrollment fluctuations.
  - **Block grants:** Limits federal funding to a fixed amount for the entire Medicaid program. This amount would be adjusted annually by a set amount/inflationary factor but would not adjust for enrollment fluctuations.

- Megan Groen presentation, slide 26.



- ED 2025-3 FINAL, Pg. 15

Should we experience any of these potential Medicaid cuts, the State would need to provide leadership and direction on the existing mandates and contractual obligations. How CCBHC funding and mandates relates to these potential cuts has not been identified yet.

Potential Regional Impact:

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) the PIHP, has successfully built back up a regional Internal Service Fund balance to nearly $22 million to aid in weathering potential Medicaid and HMP revenue challenges. The region has also been able to carryforward unspent funds from prior years. The regional CMHPSM Board will first look at how to use the ISF and carryforward funds to meet the Medicaid mandates outlined in the agreement with the State (see pg. 20, FY25 Annual Budget Book for detail on the mandated supports and services). Historically, Washtenaw makes up almost half of the regional budget and count of Medicaid beneficiaries.

Detailed mandates are available in the MHDDS Medicaid Provider Manual, specifically the Behavioral Health and Intellectual and Developmental Disability Supports and Service section.

https://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/michild/providerinfo/medicaid-provider-manual

Potential Local Impact:

For FY 2025, WCCMH's annual operating budget is just under $138 million (not including millage funds). $126 million or 91.3% of that is various forms of Medicaid, to include various waivers, CCBHC funding, expansion (see pg. 17 FY25 Annual Budget Book). The Washtenaw County appropriation of general funds to WCCMH represent 1.5% of the budget. WCCMH is also under contract directly with MDHHS to provide urgent and emergent mental health services to the uninsured and underinsured utilizing a State General Fund appropriation of $4.5M.

WCCMH has approximately 420 active positions, a portion of which are funded by millage. In FY 2024, WCCMH supported nearly $45M in staff wages, which grew substantially from $40M in FY 2023. These figures do not include the increased cost of central services support through the Cost Allocation Plan. Details on direct services can be found in the annual operating budget detail on page 37 of the WCCMH Annual Budget Book.

Should there be cuts to the Medicaid program, the Commissioners, WCCMH Board and County/WCCMH Administration would need to work collectively on solutions and mitigation of the local impacts.

- WCCMH closed FY24 with a $6.4M fund balance, which represents 4.6% of the annual budget. These dollars are local in nature and used to fulfill local non-Medicaid obligations. The funds could be used to close gaps in accordance with applicable rules and regulations.

- The CMH Millage fund has approximately $3M of uncommitted fund balance. Consideration could be given to reallocating the millage and existing funded initiatives to close gaps in accordance with the ballot language.

- Use of additional County General Fund appropriations could be used for the purpose of covering negotiated increases.

.