



**Revised Agenda**

Revised 1/23/14

**TO: Community Mental Health Services Board Members**  
**FROM: Janet Thomas, Chair, via Julia Rupp, Executive Director**  
**SUBJECT: Full Board Meeting**  
**January 24, 2014**  
**8:00 AM – Mental Health Center**

- |    |  |             |
|----|--|-------------|
| 1) | Call to Order  | Action      |
| 2) | Approval of Minutes of December 20, 2013<br>(Previously Forwarded)                 | Action      |
| 3) | Committee Reports  |             |
|    | A) Program/Personnel Committee<br>(Attachment #1)                                  | Action      |
|    | B) Recipient Rights Advisory Committee<br>(Attachment #2)                          | Action      |
|    | C) Finance Committee<br>(Attachment #3)  | Action      |
| 4) | Items for Consideration  |             |
|    | A) Approval of Position Changes - IT<br>(Attachment #4)                            | Action      |
|    | B) Approval of Position Change – Finance<br>(Attachment #5)                        |             |
|    | C) Approval of Position Changes - Supervisor I to Supervisor II<br>(Attachment #6) | Action      |
|    | D) Approval of CMH Board Committee Appointments<br>(Attachment #7)                 | Action      |
| 5) | Old Business   |             |
|    | A) Lakeshore Regional Entity Update  | Information |

- |    |   |             |
|----|---|-------------|
| B) | Interim Analysis of Expenditures<br>(Attachment #8)   | Information |
| C) | Interim Analysis of Revenues<br>(Attachment #9)   | Information |
| D) | Interim Balance Sheets of December 2013<br>(Attachment #10)   | Information |
| E) | CMH Expenditures Financial Statement<br>(Attachment #11)  | Information |
| F) | Finance Update – Interest Earnings, Public Act 423, Fees &<br>State Inpatient Summary<br>(Attachment #12) | Information |
| G) | Budget Variance Analysis Report<br>(Attachment #13)   | Information |
| H) | Year End Projection Trends<br>(Attachment #14)  | Information |
| 6) | New Business  |             |
| 7) | Communication   |             |
| A) | FridayFacts of January 17, 2014<br>(Attachment #15)   | Information |
| B) | Director's Report<br>(To be distributed)  | Information |
| 8) | Audience Participation  |             |
| 9) | Adjournment   | Action      |

/jvv

c: The Muskegon Chronicle  
County Administration

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY  
PROGRAM/PERSONNEL COMMITTEE REPORT TO CMH BOARD**

**Via Cheryl Natte, Committee Vice-Chairperson**

1. The Program/Personnel Committee met on January 10, 2014.
2. There were no action items.
3. Reports were given on the LBHA Behavior Treatment Data, LBHA MMBPIS Data Report, and LBHA Critical Events and Risk Events Report for Fiscal Year 2013.

/jvv

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**PROGRAM/PERSONNEL COMMITTEE MEETING MINUTES**

**Friday, January 10, 2013**

**8 a.m.**

**Mental Health Center – Board Room B**

**CALL TO ORDER**

The regular meeting of the Program/Personnel Committee was called to order by Cheryl Natte, Committee Chair, at 8:05 am.

**ROLL CALL**

Committee Members Present: Cheryl Natte, Chuck Buzzell, Bonnie Gonzalez, Jeff Fortenbacher, Ken Shelton, Mike Willacker, Janet Thomas

Committee Members Excused: None

Add'l Board Members Present: Charles Nash

Also Present: Julia Rupp, Dave Parnin, Garland Kilgore, Larry Spataro, Stacey Cornett, Deb Fiedler, Margaret Tietze, Joy Vander Ven

Guests: None

**APPROVAL OF MINUTES**

It was moved by Mr. Shelton, supported by Ms. Gonzalez, to approve the minutes of the December 06, 2013, meeting as written.

**MOTION CARRIED.**

**ITEMS FOR CONSIDERATION**

There were no items for consideration.

**OLD BUSINESS**

Commissioner Nash requested additional information regarding veteran's services for spouses. Mr. Buzzell suggested asking Dave Eling, Executive Director West Michigan Veterans, Inc. and Muskegon County Department of Veterans Affairs, to attend a CMH Full Board meeting in the near future to provide this information.

**NEW BUSINESS**

Stacey Cornett, Director of Clinical Services, provided an update on the implementation of baby court. This program has the potential to provide improved treatment for young children with parents in the justice system and to assist in keeping children out of the foster care system. Genesee County, which also has a baby court, has presented data showing an 80% difference in the return rate over families that are not a part of baby court.

Mr. Buzzell requested information regarding grief counseling within the community and how the decision is made to provide this service by CMH.

### **COMMUNICATION**

#### ***LBHA Behavior Treatment Data for FY13***

Ms. Rupp reported that due to the creation of the Lakeshore Regional Entity, this will be the last Lakeshore Behavioral Health Alliance Behavior Treatment Data report the board will receive. Data for Muskegon CMH will continue to be reported to the board. This report did not present any unusual trends.

#### ***LBHA MMBPIS Data Report for FY13***

Deb Fiedler, Data Analyst, reported that for the last quarter the LBHA met the standards in every one of the indicators. The only area of concern was in the area of DD children, where we have a low number of individuals served.

#### ***LBHA Critical Events and Risk Events Report FY13***

Not many changes were noted on this year's annual report. It was noted that this report is based on certain populations and is not all inclusive of our clients. It is possible a GAP analysis may be done on the risk events data to examine it more closely. Future reports on this data will be presented to the board for CMH Muskegon.

### **DIRECTOR'S COMMENTS**

Ms. Rupp reported the following:

- Staff continue to focus on Person Centered Planning.
- Implementation of the new electronic health record continues to be discussed. This will be a cost savings for us and provide staff with timely data.
- Our Gentle Teaching team is in Lansing. This team is a model within the state, and provides trainers and assessors who give other teams information about what they can do differently to manage problem behaviors. Residential providers are particularly interested in the gentle teaching model.

### **AUDIENCE PARTICIPATION**

There was no audience participation.

### **ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:52 a.m.

Respectfully,

Cheryl Natte  
Program Committee Chairperson

JV<sup>2</sup>

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**RECIPIENT RIGHTS ADVISORY COMMITTEE  
REPORT TO CMH BOARD**

**via Ken Shelton, Committee Chairperson**

1. The Recipient Rights Advisory Committee met on January 10, 2014.
2. It was recommended, and I move, to approve the Recipient Rights Report for the month of December 2013.

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

**Friday, January 10, 2014**

**8 a.m.**

**Mental Health Center – Board Room B**

**CALL TO ORDER**

The regular meeting of the Recipient Rights Advisory Committee was called to order by Ken Shelton, Committee Chair, at 8:52 a.m.

**ROLL CALL**

Committee Members Present: Cheryl Natte, Chuck Buzzell, Bonnie Gonzalez, Jeff Fortenbacher, Ken Shelton, Mike Willacker, Janet Thomas

Committee Members Excused: None

Add'l Board Members Present: Charles Nash

Also Present: Julia Rupp, Dave Parnin, Garland Kilgore, Larry Spataro, Margaret Tietze, Joy Vander Ven

Guests: None

**APPROVAL OF MINUTES**

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to approve the minutes of the December 6, 2013, meeting as written.

**MOTION CARRIED.**

**ITEMS FOR CONSIDERATION**

***Motion to Accept Recipient Rights Report for December 2013***

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to approve the Recipient Rights Report for December 2013.

**MOTION CARRIED.**

For the month of December 2013 there were 19 CMH and 19 provider employees trained:

Rights Updates CMH	19
Rights Updates Provider	7
New Employee Training CMH	0
New Employee Training Provider	11
Respite Training Provider	1
Special Inservice Provider	0
HIPAA Training CMH	0
HIPAA Training Provider	0

Corporate Compliance Training CMH	0
Corporate Compliance Training Provider	0
NAPPI/Rights/Clinical Training Provider	0
RROAM Quarterly Meeting CMH	0
Medicaid Fair Hearing Office Training CMH	0
DCH-ORR Roundtable	0
Recipient Rights Mediation Training	2

For this period, there were 527 incident reports and 20 rights allegations.

Statistical data showing type and code was provided for review, as well as graphs regarding the data. Discussion was held regarding this month's incident reports.

There were 2 deaths reported in December 2013.

### **OLD BUSINESS**

There was no old business.

### **NEW BUSINESS**

We have requested authorization from DCH to go paperless with our Recipient Rights reporting to them. To date we have not received an answer.

### **COMMUNICATIONS**

There was no new communication.

### **DIRECTOR'S COMMENTS**

Ms. Rupp reported that Pam Kimble, Board Certified Behavior Analyst Supervisor, has been appointed the chairperson for the Behavior Support committee.

### **AUDIENCE PARTICIPATION**

There was no audience participation.

### **ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 9:04 a.m.

Respectfully,

Ken Shelton  
Community Mental Health Board Chairperson

/mt



**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**FINANCE COMMITTEE REPORT TO CMH BOARD**

**via I. John Snider II, Chair**

1. The Finance Committee met on January 17, 2014.
- \* 2. It was recommended, and I move, to approve expenditures for the month ending December 31, 2013 in the amount of \$7,801,703.01.
- \* 3. It was recommended, and I move, to authorize the Community Mental Health Executive Director to sign a contract with Sandra Dodd, Nationally Certified Sign Language Interpreter, effective January 1, 2014, through September 30, 2014, at the rate of \$40.00-\$45.00 per hour for interpretation services, with mileage at the current federal mileage rate, not to exceed \$3,000.00.
- \* 4. It was recommended, and I move, to authorize the reclassification of the Fiscal Technician position #N33901 (NO 00161) to an Accounting Technician position (NO 00135) effective February 12, 2014, with the funding for this position staying in org 7706.
- \* 5. It was recommended, and I move, to authorize the increase in hours from 28 hours per week to 32 hours per week for Supports Coordinator/DD position #X87124 (NX 00150) effective February 12, 2014, with the funding for this position staying in org 7144.
- \* 6. It was recommended, and I move, to authorize the reclassification of Services Coordinator/BCaBA position #X84401 (NX 00210) to a Masters Level Clinician/BCBA position (NX 00300) effective February 12, 2014, with the funding for this position staying in org 7319.
- \* 7. It was recommended, and I move, to authorize the Community Mental Health Executive Director to sign a contract with HealthSource Saginaw for Adult and Child Inpatient Psychiatric Services, effective October 1, 2013, through September 30, 2014, at the rate of \$702.25 per diem.
- \* 8. It was recommended, and I move, to authorize the Community Mental Health Executive Director to sign the contract with the Lakeshore Regional Entity for the Michigan ABW Non-Pregnant Childless Adults Waiver (Adult Benefits Waiver) Section 1115 Demonstration Subcontract Agreement, effective January 1, 2014 through September 30, 2014.

/jv<sup>2</sup>

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**FINANCE COMMITTEE MEETING MINUTES**

**Friday, January 17, 2014**

**8:00 a.m.**

**Mental Health Center  
Board Room**

**CALL TO ORDER**

The regular meeting of the Finance Committee was called to order by Board Chair Thomas at 8:04 a.m.

Ms. Thomas welcomed new CMH Board member Commissioner Susie Hughes.

**ROLL CALL**

Committee Members Present: Chuck Buzzell, Dr. Remington Sprague, Bonnie Gonzalez, Janet Thomas

Committee Members Excused: John Snider, Charles Nash, Scott Plummer

Add'l Board Members Present: Susie Hughes, Michael Willacker

Also Present: Julia Rupp, Thomas Best, Judy Cohen, David Parnin, Brandy Carlson, Margaret Tietze, Joy Vander Ven

Guests: None

**MINUTES**

It was moved by Mr. Buzzell, seconded by Ms. Gonzalez, to approve the minutes of the December 13, 2013, meeting as written.

**MOTION CARRIED.**

**ITEMS FOR CONSIDERATION**

A. Approval of Expenditures for December 2013

It was moved by Mr. Buzzell, seconded by Ms. Gonzalez, to approve expenditures for the month ending December 31, 2013 in the amount of \$7,801,703.01.

**MOTION CARRIED.**

B. Interim Analysis of Expenditures

This item was not available for presentation at this meeting.

C. Interim Analysis of Revenues

This item was not available for presentation at this meeting.

D. Interim Balance Sheets of December 2013

This item was not available for presentation at this meeting.

E. CMH Expenditures Financial Statement

This item was not available for presentation at this meeting.

F. Finance Update – Interest Earnings, Public Act 423, Fees and State Inpatient Account Summary

This item was not available for presentation at this meeting.

G. Budget Variance Analysis Report

This item was not available for presentation at this meeting.

H. Year End Projection Trends

This item was not available for presentation at this meeting.

I. Medicaid Eligibles by County and Program

This item was not available for presentation at this meeting.

J. Authorization to Contract with Sandra Dodd

It was moved by Dr. Sprague, seconded by Ms. Gonzalez, to authorize the Community Mental Health Executive Director to sign a contract with Sandra Dodd, Nationally Certified Sign Language Interpreter, effective January 1, 2014, through September 30, 2014, at the rate of \$40.00-\$45.00 per hour for interpretation services, with mileage at the current federal mileage rate, not to exceed \$3,000.00.

**MOTION CARRIED.**

K. Approval to Reclassify Fiscal Technician Position to Accounting Technician

It was moved by Ms. Gonzalez, seconded by Mr. Buzzell, to authorize the reclassification of the Fiscal Technician position #N33901 (NO 00161) to an Accounting Technician position (NO 00135) effective February 12, 2014, with the funding for this position staying in org 7706.

**MOTION CARRIED.**

L. Approval to Increase 28 Hour Position to 32 Hour Position

It was moved by Dr. Sprague, seconded by Ms. Gonzalez, to authorize the increase in hours from 28 hours per week to 32 hours per week for Supports Coordinator/DD position #X87124 (NX 00150) effective February 12, 2014, with the funding for this position staying in org 7144.

**MOTION CARRIED.**

M. Approval to Reclassify Services Coordinator/BCaBA Position to Masters Level Clinician/BCBA

It was moved by Ms. Gonzalez, seconded by Mr. Buzzell, to authorize the reclassification of Services Coordinator/BCaBA position #X84401 (NX 00210) to a Masters Level Clinician/BCBA position (NX 00300) effective February 12, 2014, with the funding for this position staying in org 7319.

**MOTION CARRIED.**

N. Approval of Contract with HealthSource Saginaw for Inpatient Services

It was moved by Ms. Gonzalez, seconded by Dr. Sprague, to authorize the Community Mental Health Executive Director to sign a contract with HealthSource Saginaw for Adult and Child Inpatient Psychiatric Services, effective October 1, 2013, through September 30, 2014, at the rate of \$702.25 per diem.

**MOTION CARRIED.**

O. Approval of ABW Agreement with the LRE for FY 2014

It was moved by Dr. Sprague, seconded by Ms. Gonzalez, to authorize the Community Mental Health Executive Director to sign the contract with the Lakeshore Regional Entity for the Michigan ABW Non-Pregnant Childless Adults Waiver (Adult Benefits Waiver) Section 1115 Demonstration Subcontract Agreement, effective January 1, 2014 through September 30, 2014.

**MOTION CARRIED.**

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

**COMMUNICATIONS**

There were no communications.

**DIRECTOR'S COMMENTS**

Ms. Rupp reported that we continue to struggle with our General Fund deficit. The projections for this fiscal year fluctuate depending on the calculations used. Items to be examined include spend downs for our DD individuals and the fee screens at our front door. Discussion was held regarding anticipated General Fund cuts.

A grant has been received to provide Mental Health First Aid. Community members appear to be very interested in this training and requests are being received.

CMH will be collaborating with other community child service partners in an effort to obtain a SAMHSA grant.

A meeting was held recently with CMH staff to provide an update on activity within the Lakeshore Regional Entity (LRE). Staff directly allocated to the LRE provided information about their involvement.

One primary focus at the time within the LRE is the integration of substance abuse services. It is hoped a plan will be in place by April 1 of this year.

It was recently decided by the LRE that contracting and provider relations will continue to be delegated to the individual CMHs.

CMH continues to aim for the April 1, 2014, implementation date for the Electronic Health Record (EHR). We have been collaborating with West Michigan staff to discuss enhancements to the new EHR, which is more clinically based than AVATAR.

#### **AUDIENCE PARTICIPATION**

There was no audience participation.

#### **ADJOURNMENT**

There being no further business to come before the Committee, the meeting adjourned at 8:39 a.m.

Respectfully,

I. John Snider  
Committee Chair

JS/jv<sup>2</sup>

## REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Finance	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> January 24, 2014	<b>REQUESTOR SIGNATURE</b> Julia Rupp, Executive Director	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Approval is requested for Community Mental Health Services of Muskegon County (CMH) to make the position changes as outlined on the attached Position Changes for FY 2014 worksheet.</p> <p>The reasons for the changes are outlined below:</p> <p>The transfer of the Intra/Internet Web Admin. position and the reclassification of the two Information Systems Integrator positions is to help with the management of the new Lakeshore Regional Entity (LRE) information technology projects per the service agreement between the LRE and Community Mental Health Services of Muskegon County (CMH). The request for the reclassification of the Computer Operations Manager/CMH position is directly related to the management of the LRE IT projects. Some of the responsibilities will be as follows: to assess, develop, and implement long term solutions for information technology strategies; and to anticipate needs and plan for evolution of technology. This would be true for the LRE, CMH, and CMH's community partners.</p> <p>The total cost increase for these four positions for CMH for FY 2014 would be \$81,137. (Note that there would be a decreased cost to the County General Fund of \$63,654 as we are requesting transfer of a position from the County's IT department). CMH has the funds to cover these increased expenditures. The cost to the County General Fund would be reduced by a net amount of (\$61,981) due to the transfer of this position.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to approve the IT position changes listed on the attached Position Changes for FY 2014 worksheet to be effective February 12, 2014.</p> <p>.</p> <p>.</p>			
<b>COMMITTEE DATE</b>	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b>	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

POSITION CHANGES FOR FY 2014

1. TRANSFERS OF POSITIONS FROM ONE ACTIVITY TO ANOTHER

POSITION	POS. NO.	INCUMBENT	TRANSFER FROM	PERCENTAGE	TRANSFER TO	PERCENTAGE	EFFECTIVE DATE
INTRAIN/INTERNET WEB ADMIN. FT	X46101	NATALIE WALTHER	1010-0959	100	2220-7703	100	2/12/2014

2. CHANGED POSITIONS

CURRENT POSITION	POS. NO.	CURRENT TABLE & GRADE	BUDGETED	NEW POSITION	REQUESTED TABLE & GRADE	BUDGETED	EFFECTIVE DATE
COMPUTER OPERATIONS MANAGER/CMH	X20501	NX 00330	7703	MENTAL HEALTH CHIEF INFORMATION OFFICER	NX 00410	7703	2/12/2014
INFORMATION SYSTEMS INTEGRATOR	X43508	NX 00300	7703	SOFTWARE TECHNOLOGY SYSTEMS MANAGER	NX 00330	7703	2/12/2014
INFORMATION SYSTEMS INTEGRATOR	X43509	NX 00300	7703	NETWORK TECH. INFRASTRUCTURE SYS. MAN.	NX 00330	7703	2/12/2014

22-Jan-14 TB (Position Changes Requested on County Budgets)

## REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE January 24, 2014	REQUESTOR SIGNATURE Thomas A. Best, CFO	
<b>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</b>			
<p>Authorization is requested for Community Mental Health Services of Muskegon County to reclassify the current Mental Health Claims Supervisor position #X54302 (NX 00280), to a Mental Health Comptroller position (NX 00330) effective February 12, 2014. The total increased cost for FY 2014 for this change would be \$4,101. CMH has the funds available to cover these increased costs. The total cost increase to the County General Fund would be \$392. This position is currently funded in org 7706, and the funding for this reclassified position would stay in org 7706.</p> <p>The employee in this position has been taking on new responsibilities and more higher level job duties within the Finance Division of CMH. This staff person has also been completing additional job duties for the Lakeshore Regional Entity. Some of these include rate setting meetings at MDCH, setting up of necessary account access for the Regional IT and Finance data, Regional Corporate Compliance meetings and collaboration, etc.</p>			
<b>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</b>			
<p>I move to authorize the reclassification of the Mental Health Claims Supervisor position #X54302 (NX 00280) to a Mental Health Comptroller position (NX 00330) effective February 12, 2014, with the funding for this position staying in org 7706.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes    _____ No    _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes    _____ No    _____ Other		



## REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Full Board	<b>BUDGETED</b> X	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> January 24, 2014	<b>REQUESTOR SIGNATURE</b> Julia Rupp, Executive Director	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Authorization is requested for Community Mental Health (CMH) to reclassify the current Clinical Services Supervisor I/Adult CBS-MI position numbers X16601 and X16602 (NX 00240), to Clinical Services Supervisor II/Adult CBS-MI (NX 00280), effective February 12, 2014. These positions are currently funded in org 7147, and the funding for these positions would stay in org 7147. Authorization is also being sought to increase the pay range of Clinical Coordinator/ACT position numbers N19601 and N19602 from NO 00300 up to NX 00280. These two positions are currently funded in org 7324, and the funding for these two positions would stay in org 7324. The total increased cost for FY 2014 for these four position changes would be \$9,383. CMH has the funds available to cover these increased costs. The total cost increase to the County General Fund would be \$151. However, these funds are already budgeted, and no additional funds are being requested from the County General Fund.</p> <p>These position changes are being requested as these positions all provide oversight to individuals who most hold specific licensure. The current pay range of these positions is equivalent to our Masters Level Clinicians, who are therefore reluctant to move into these supervisory positions, as it is a lateral move for them with additional responsibility. The provision of enhanced clinical supervision for direct services staff has been an integral part of our strategic plan, and two of these four positions are currently vacant.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to authorize the reclassification of Clinical Services Supervisor I/Adult CBS-MI position numbers X16601 and X16602 (NX 00240) to Clinical Services Supervisor II/Adult CBS-MI (NX 00280) with the funding for these positions staying in org 7147; and to authorize changing the pay range of Clinical Coordinator/ACT position numbers N19601 and N19602 from NO 00300 up to NX 00280, and the funding for these two positions staying in org 7324, with the effective date of all four changes being February 12, 2014.</p>			
<b>COMMITTEE DATE</b>	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b>	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

(9/11/07)

## REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Full Board	<b>BUDGETED</b>	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> January 24, 2014		<b>REQUESTOR SIGNATURE</b> Janet Thomas, Board Chair
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>The Community Mental Health Services Board of Muskegon County Chair, Ms. Janet Thomas, is requesting the confirmation of the following Committee appointments:</p> <ul style="list-style-type: none"> <li>• Ms. Janet Thomas to be appointed vice-chair of the Finance Committee;</li> <li>• Commissioner Susie Hughes to be appointed as a member of the Finance Committee.</li> </ul>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to confirm the appointment of Ms. Janet Thomas as vice-chair of the Community Mental Health (CMH) Finance Committee and Commissioner Susie Hughes as a member of the CMH Finance Committee.</p>			
<b>COMMITTEE DATE</b>	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b>	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

(9/11/07)

**COMMUNITY MENTAL HEALTH  
INTERIM ANALYSIS OF EXPENDITURES  
December 31, 2013**

	APPROVED BUDGET	Y - T - D EXPENDITURES	Y - T - D UNEXPENDED	% OF BUDGET UNDER (OVER)
1 DD Skill Building	\$ 3,314,861	\$ 682,299	\$ 2,632,562	4.4%
2 DD Clinic	939,290	166,799	772,491	7.2
3 Vocational Services	478,188	90,718	387,470	6.0
4 Clubhouse	501,281	110,521	390,760	3.0
Subtotal Skill Building	<u>5,233,620</u>	<u>1,050,336</u>	<u>4,183,284</u>	4.9
5 DD Supports Coordination	2,779,861	514,038	2,265,823	6.5
6 MI Adult Supports Coordination	3,102,756	555,689	2,547,067	7.1
7 Intensive Case Management	759,211	138,056	621,155	6.8
Subtotal Supports Coord.	<u>6,641,828</u>	<u>1,207,783</u>	<u>5,434,045</u>	6.8
8 Youth Community Based Services	249,944	46,047	203,897	6.6
9 Autism Program	421,039	147,000	274,039	(9.9)
10 MI Outpatient	3,204,559	407,981	2,796,578	12.3
11 Transition Age Team	359,416	88,296	271,120	0.4
12 Nursing	789,750	259,391	530,359	(7.8)
13 Psychiatry	-	117,071	(117,071)	NA
14 ACT	1,695,670	294,386	1,401,284	7.6
15 Home Based	830,431	191,822	638,609	1.9
16 Integrated Health	99,060	18,318	80,742	6.5
17 Infant Mental Health HomeBased Tea	525,331	64,686	460,645	12.7
18 DD Outpatient	1,149,850	182,918	966,932	9.1
19 Intake/Crisis Intervention	1,182,869	217,756	965,113	6.6
Subtotal Clinic Services	<u>10,507,919</u>	<u>2,035,671</u>	<u>8,472,248</u>	5.6
20 Kenneth L. Brinks Facility	1,990,332	365,232	1,625,100	6.6
21 Indian Bay	789,858	164,948	624,910	4.1
22 Children's Waiver	173,100	15,587	157,513	16.0
Subtotal Residential	<u>2,953,290</u>	<u>545,767</u>	<u>2,407,523</u>	6.5
23 Wraparound Services	247,268	52,855	194,413	3.6
24 Community Recovery Services	44,400	24	44,376	24.9
25 Court Collaboration	571,352	96,315	475,037	8.1
26 SED Waiver	97,530	(826)	98,356	25.8
27 Integrated Health #2	140,000	23,872	116,128	7.9
28 CMH Primary Care Integration Proj.	18,000	-	18,000	25.0
29 HUD Supportive Housing Grant	102,000	34,933	67,067	(9.2)
30 HUD Supportive Housing Grant #2	16,275	5,050	11,225	(6.0)
31 MC3 Program	34,125	75	34,050	24.8
32 Center for Positive Living Supports	89,992	22,003	67,989	0.6
33 HUD Supportive Housing Grant #3	22,225	6,570	15,655	(4.6)
34 HUD Supportive Housing Grant #4	20,925	6,941	13,984	(8.2)
35 Homeless Project	166,033	31,788	134,245	5.9
Subtotal Other	<u>1,570,125</u>	<u>279,600</u>	<u>1,290,525</u>	7.2
36 Clerical Services	-	109,764	(109,764)	NA

COMMUNITY MENTAL HEALTH  
 INTERIM ANALYSIS OF EXPENDITURES  
 December 31, 2013

	APPROVED BUDGET	Y - T - D EXPENDITURES	Y - T - D UNEXPENDED	% OF BUDGET UNDER (OVER)
37 Lakeshore Behavioral Health Allianc	7,877,469	5,420,033	2,457,436	(2.1)
38 Inpatient-MI Adult	1,348,750	415,036	933,714	(5.8)
39 Inpatient-MI Child	288,700	27,404	261,296	15.5
40 HRA Adjuster	424,100	383,971	40,129	(23.9)
41 MI Adult Vocational Services	219,675	34,605	185,070	9.2
42 DD Vocational Services	2,321,100	465,340	1,855,760	5.0
43 DD In Home Support Services	1,645,625	375,669	1,269,956	2.2
44 Consumer Run Program	109,365	27,341	82,024	0.0
45 DD Respite	743,625	151,569	592,056	4.6
46 Health Services	343,650	64,774	278,876	6.2
47 MI Child Respite	44,025	5,788	38,237	11.9
48 MI Adult Partial Hospitalization	15,275	12,227	3,048	(55.0)
49 MI Child Residential	156,225	675	155,550	24.6
50 DD Residential	12,972,647	2,156,821	10,815,826	8.4
51 MI Adult Residential	2,973,789	600,268	2,373,521	4.8
52 State Inpatient	1,630,090	-	1,630,090	25.0
53 Utilization Management	453,547	67,019	386,528	10.2
54 Network Development	236,612	33,191	203,421	11.0
55 IS Management	569,265	77,420	491,845	11.4
56 QI & Training	262,698	40,762	221,936	9.5
57 Managed Care Administration	1,930,192	469,853	1,460,339	0.7
58 Managed Care Finance	529,904	103,596	426,308	5.5
59 Customer Services	352,703	53,759	298,944	9.8
	<u>37,449,031</u>	<u>10,987,122</u>	<u>26,461,909</u>	<u>4.0</u>
Subtotal	64,355,813	16,216,044	48,139,769	3.2
60 State Facility -Local Match	<u>170,243</u>	<u>42,561</u>	<u>127,682</u>	<u>0.0</u>
Grand Total	<u>\$ 64,526,056</u>	<u>\$ 16,258,605</u>	<u>\$ 48,267,451</u>	<u>3.2%</u>

**COMMUNITY MENTAL HEALTH  
INTERIM ANALYSIS OF REVENUES  
December 31, 2013**

	APPROVED BUDGET	Y - T - D AMOUNT EARNED	Y - T - D AMOUNT REC'D	ADJUSTMENTS SHORT (OVER)
1 DD Skill Building	\$ 3,314,861	\$ 682,299	\$ 816,666	\$ (134,367)
2 DD Clinic	939,290	166,799	270,077	(103,278)
3 Vocational Services	478,188	90,718	291,099	(200,381)
4 Clubhouse	501,281	110,521	207,660	(97,139)
Subtotal Skill Building	<u>5,233,620</u>	<u>1,050,336</u>	<u>1,585,502</u>	<u>(535,165)</u>
5 DD Supports Coordination	2,779,861	514,038	684,032	(169,994)
6 MI Adult Supports Coordination	3,102,756	555,689	701,767	(146,077)
7 Intensive Case Management	759,211	138,056	204,319	(66,263)
Subtotal Supports Coord.	<u>6,641,828</u>	<u>1,207,783</u>	<u>1,590,117</u>	<u>(382,334)</u>
8 Youth Community Based Services	249,944	46,047	13,020	33,027
9 Autism Program	421,039	147,000	32,980	114,020
10 MI Outpatient	3,204,559	407,981	495,007	(87,026)
11 Transition Age Team	359,416	88,296	99,887	(11,591)
12 Nursing	789,750	259,391	157,215	102,176
13 Psychiatry	-	117,071	-	117,071
14 ACT	1,695,670	294,386	281,955	12,431
15 Home Based	830,431	191,822	258,711	(66,889)
16 Integrated Health	99,060	18,318	-	18,318
17 Infant Mental Health HomeBased Team	525,331	64,686	98,131	(33,445)
18 DD Outpatient	1,149,850	182,918	178,307	4,611
19 Intake/Crisis Intervention	1,182,869	217,756	236,383	(18,627)
Subtotal Clinic Services	<u>10,507,919</u>	<u>2,035,671</u>	<u>1,851,596</u>	<u>184,075</u>
20 Kenneth L. Brinks Facility	1,990,332	365,232	235,767	129,465
21 Indian Bay	789,858	164,948	195,073	(30,125)
22 Children's Waiver	173,100	15,587	30,838	(15,251)
Subtotal Residential	<u>2,953,290</u>	<u>545,767</u>	<u>461,678</u>	<u>84,089</u>
23 Wraparound Services	247,268	52,855	67,802	(14,947)
24 Community Recovery Services	44,400	24	1,110	(1,086)
25 Court Collaboration	571,352	96,315	67,602	28,713
26 SED Waiver	97,530	(826)	459	(1,285)
27 Integrated Health #2	140,000	23,872	80	23,792
28 CMH Primary Care Integration Proj.	18,000	-	450	(450)
29 HUD Supportive Housing Grant	102,000	34,933	17,424	17,509
30 HUD Supportive Housing Grant #2	16,275	5,050	4,302	748
31 MC3 Program	34,125	75	3,229	(3,154)
32 Center for Positive Living Supports	89,992	22,003	-	22,003
33 HUD Supportive Housing Grant #3	22,225	6,570	5,256	1,314
34 HUD Supportive Housing Grant #4	20,925	6,941	5,440	1,501
35 Homeless Project	166,033	31,788	5,687	26,101
Subtotal Other	<u>1,570,125</u>	<u>279,600</u>	<u>178,841</u>	<u>100,759</u>
36 Clerical Services	-	109,764	-	109,764

**COMMUNITY MENTAL HEALTH  
INTERIM ANALYSIS OF REVENUES  
December 31, 2013**

	APPROVED BUDGET	Y - T - D AMOUNT EARNED	Y - T - D AMOUNT REC'D	ADJUSTMENTS SHORT (OVER)
37 Lakeshore Behavioral Health Alliance	7,877,469	5,420,033	8,392,901	(2,972,868)
38 Inpatient-MI Adult	1,348,750	415,036	448,387	(33,351)
39 Inpatient-MI Child	288,700	27,404	37,329	(9,925)
40 HRA Adjuster	424,100	383,971	383,971	-
41 MI Adult Vocational Services	219,675	34,605	41,130	(6,525)
42 DD Vocational Services	2,321,100	465,340	483,161	(17,821)
43 DD In Home Support Services	1,645,625	375,669	427,189	(51,520)
44 Consumer Run Program	109,365	27,341	6,250	21,091
45 DD Respite	743,625	151,569	120,592	30,977
46 Health Services	343,650	64,774	74,935	(10,161)
47 MI Child Respite	44,025	5,788	7,032	(1,244)
48 MI Adult Partial Hospitalization	15,275	12,227	12,715	(488)
49 MI Child Residential	156,225	675	7,432	(6,757)
50 DD Residential	12,972,647	2,156,821	2,741,368	(584,547)
51 MI Adult Residential	2,973,789	600,268	720,547	(120,278)
52 State Inpatient	1,630,090	-	372,630	(372,630)
53 Utilization Management	-	67,019	-	67,019
54 Network Development	-	33,191	-	33,191
55 IS Management	-	77,420	-	77,420
56 QI & Training	-	40,762	-	40,762
57 Managed Care Administration	4,334,921	469,853	1,297,091	(827,238)
58 Managed Care Finance	-	103,596	-	103,596
59 Customer Services	-	53,759	-	53,759
	<u>37,449,031</u>	<u>10,987,122</u>	<u>15,574,661</u>	<u>(4,587,539)</u>
Subtotal	64,355,813	16,216,044	21,242,395	(5,026,351)
60 State Facility -Local Match	<u>170,243</u>	<u>42,561</u>	<u>42,561</u>	<u>0</u>
Grand Total	<u>\$ 64,526,056</u>	<u>\$ 16,258,605</u>	<u>\$ 21,284,956</u>	<u>\$ (5,026,351)</u>

## CASH BALANCES IN THE THREE FUNDS FOR FY 2014

	<b>MENTAL HEALTH</b>	<b>INTERNAL SERVICE</b>	<b>CMH CLIENT</b>	<b>TOTAL ALL</b>
DECEMBER, 2012	\$7,579,833	\$3,557,929	\$305,772	<b>\$11,443,534</b>
JANUARY, 2013	\$8,668,109	\$3,558,090	\$316,805	<b>\$12,543,004</b>
FEBRUARY, 2013	\$7,592,461	\$3,558,226	\$454,926	<b>\$11,605,613</b>
MARCH, 2013	\$7,061,447	\$3,558,368	\$449,304	<b>\$11,069,119</b>
APRIL, 2013	\$6,865,340	\$3,558,524	\$300,042	<b>\$10,723,906</b>
MAY, 2013	\$6,739,535	\$3,558,675	\$308,180	<b>\$10,606,390</b>
JUNE, 2013	\$7,013,992	\$3,558,811	\$300,842	<b>\$10,873,645</b>
JULY, 2013	\$6,737,111	\$3,558,972	\$293,501	<b>\$10,589,584</b>
AUGUST, 2013	\$5,604,103	\$3,559,118	\$293,905	<b>\$9,457,126</b>
SEPT.-PRELIM., 2013	\$5,766,587	\$3,559,270	\$291,175	<b>\$9,617,032</b>
SEPT.-FINAL, 2013	\$6,482,940	\$3,559,270	\$287,887	<b>\$10,330,097</b>
OCTOBER, 2013	\$6,570,738	\$3,559,421	\$284,675	<b>\$10,414,833</b>
NOVEMBER, 2013	\$6,432,615	\$3,559,562	\$292,507	<b>\$10,284,684</b>
DECEMBER, 2013	\$8,897,362	\$3,559,718	\$290,399	<b>\$12,747,479</b>

19-Jan-14 TB (Cash Balances in the Different Funds)

**COMMUNITY MENTAL HEALTH  
INTERIM BALANCE SHEET 2220  
MENTAL HEALTH  
December 31, 2013**

<b>ASSETS</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash	\$ 8,897,361.82	\$ 8,213,388.50
Imprest Cash	5,300.00	5,300.00
Accounts Receivable-General	(2,480.81)	110,870.74
Accounts Receivable-Accruals	464,284.12	213,185.74
Interest Receivable	15,105.51	9,812.80
Due From Other Funds	261,410.73	190,648.00
Prepaid Expenses	120,684.02	143,438.00
Asset Sale Proceeds Clearing Account	(5,555.11)	-
Due From State	158,857.24	202,433.37
<b>Total Assets</b>	<u><u>\$ 9,914,967.52</u></u>	<u><u>\$ 9,089,077.15</u></u>
<b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ 497,621.18	\$ 127,093.57
Deferred Revenue	4,530,483.36	826,486.50
Due to Ottawa County	134,140.25	223,536.00
Undistributed Receipts	3,173.09	(11,915.53)
Prior year due to State	1,007,129.75	3,905,450.62
HAB Supports Waiver	999,038.14	787,079.44
State Advance	445,091.35	43,284.08
Capitation Medicaid	430,671.07	1,397,599.50
Adult Benefit Waiver	19,041.65	53,068.86
Medicaid - B3 Services	625,238.51	532,314.01
MI Child	10,976.83	5,351.64
Due to Public Act 423	94,232.28	81,598.40
Donations - Lilac St	50,000.00	50,000.00
Fund Balance**	\$1,068,130.06	1,068,130.06
<b>Total Liabilities and Equity</b>	<u><u>\$ 9,914,967.52</u></u>	<u><u>\$ 9,089,077.15</u></u>
Fund Balance at beginning of year	495,867.48	-
Adult Benefit Waiver Reserve	572,262.58	1,053,770.78
MICHILD Reserve	-	14,359.28
<b>**Total Fund Balance</b>	<u>1,068,130.06</u>	<u>1,068,130.06</u>
Current period profit/(loss)	-	-
<b>Fund Balance at end of period</b>	<u><u>\$ 1,068,130.06</u></u>	<u><u>\$ 1,068,130.06</u></u>
<b>Transferred to County Equipment Revolving Account for:</b>		
Mental Health Center Building (6660-0000-349220)	\$2,346,271.20	\$2,284,742.64
Future Equipment Purchases (6660-0000-349222)	\$179,191.20	\$500,000.00



**COMMUNITY MENTAL HEALTH**  
**INTERIM BALANCE SHEET 6772**  
**CMH ISF FUND**  
**December 31, 2013**


<b>ASSETS</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash	\$ 3,559,718.17	\$ 3,557,929.05
<b>Total Assets</b>	<u>\$ 3,559,718.17</u>	<u>\$ 3,557,929.05</u>
<b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ -	\$ -
Deferred Revenue	(48,968.00)	1,405.88
Due to Fund 2220 CMH	52,163.00	-
Fund Balance **	3,556,523.17	3,556,523.17
	<u>\$ 3,559,718.17</u>	<u>\$ 3,557,929.05</u>
Retained Earnings	\$ 49,416.58	\$ -
Medicaid Reserve	3,507,106.59	3,556,523.17
<b>**Total Fund Balance</b>	<u>\$ 3,556,523.17</u>	<u>\$ 3,556,523.17</u>

**COMMUNITY MENTAL HEALTH**  
**INTERIM BALANCE SHEET 7930**  
**CMH CLIENT FUNDS**  
**December 31, 2013**

<b>ASSETS</b>	<b>THIS YEAR</b>	<b>LAST YEAR</b>
Cash	\$ 290,398.86	\$ 305,967.42
Imprest Cash	\$ 1,500.00	\$ 1,500.00
Due From Other Funds	\$ (3,276.09)	\$ 3,276.09
<b>Total Assets</b>	<b><u>\$ 288,622.77</u></b>	<b><u>\$ 310,743.51</u></b>
<b>LIABILITIES AND EQUITY</b>		
Accounts Payable	\$ 92.53	\$ 28,731.87
Interest Payable	\$ 21.50	\$ -
Undistributed Receipts	288,508.74	282,011.64
	<b><u>\$ 288,622.77</u></b>	<b><u>\$ 310,743.51</u></b>

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**MEMORANDUM**

**DATE:** January 24, 2014  
**TO:** CMH Board Members  
**FROM:** Thomas Best – Chief Financial Officer   
**SUBJECT:** CMHS Expenditure Report

Attached is the expenditure report compared to the Budget for FY2014. This is based on the budget approved by the CMH Board during the month of August 2013. As you can see, expenditures are under the budget to date. The following is a brief explanation of the main variances.

- N. MI ADULT INPATIENT – Expected deficit for MI Adult Inpatient placements through the month of December.
- O. MI CHILD INPATIENT – Expected savings for MI Child Inpatient through the month of December.
- U. DD SUPPORTS COORDINATION – Salary and fringe, supplies and building repairs less than anticipated. Staff budgeted in this program actually working in other programs.
- V. MI ADULT SUPPORTS COORDINATION – Salary and fringe, supplies and building repairs less than anticipated. Staff budgeted in this program actually working in other programs.
- Y. DD VOCATIONAL SERVICES – Contractual services for DD skill building, and transportation overspent through the month of December.
- FF. AUTISM PROGRAM – Supplies and contractual services higher than anticipated.
- GG. MI OUTPATIENT – Salary and fringe, and support staff costs less than anticipated. Staff budgeted in this program actually working in other programs.
- HH. TRANSITION AGE TEAM – Contractual Service costs less than anticipated.
- II. NURSING – Equipment and software costs and maintenance and support staff less than anticipated.
- JJ. PSYCHIATRY – Contractual services and equipment repair and maintenance less than anticipated.
- KK. ACT – Contractual services and auto allowance mileage more than anticipated.
- LL. HOME BASED – Salary and fringe costs less than anticipated.
- OO. INFANT MENTAL HEALTH HOME BASED TEAM – Salary and fringe costs less than anticipated.
- RR. MI ADULT PARTIAL HOSPITALIZATION – Expected deficit for MI Adult Partial Hospitalization through the month of December.
- SS. KENNETH L. BRINKS FACILITY – Supplies, contractual services and overhead less than anticipated.

- VV. MI CHILD RESIDENTIAL – Contractual services for MI Child residential placements underspent through the month of December.
- WW. DD RESIDENTIAL – Other specialized residential homes, and building and equipment rent revolving costs less than anticipated.
- XX. MI ADULT RESIDENTIAL – Equipment rent revolving more than anticipated.
- ZZ. STATE INPATIENT – Expected savings for State Inpatient through the month of December.

TB/jvv

BUDGET COMPARISON SUMMARY REPORT

FOR PERIOD ENDING 12/31/

DEPARTMENT NAME	ANNUAL BUDGET	AVERAGE MONTHLY BUDGET	CURRENT MONTH EXPENDITURES	EXPENDITURES TO DATE		YEAR-TO-DATE VARIANCES
				CURRENT YEAR-TO-DATE BUDGET	DATE	
A. WRAPAROUND SERVICES	\$247,288	\$20,606	\$20,909	\$61,818	\$62,855	\$8,963
B. COMMUNITY RECOVERY SERVICES & SUPPORT	\$44,400	\$3,700	\$0	\$11,100	\$24	\$11,076
C. COURT COLLABORATION	\$571,352	\$47,613	\$37,144	\$142,839	\$96,315	\$46,524
D. SED WAIVER	\$97,530	\$8,128	\$7,580	\$24,384	(\$826)	\$25,210
E. INTEGRATED HEALTH #2	\$140,000	\$11,667	\$0	\$35,001	\$0	\$11,129
F. CMH PRIMARY CARE INTERGRATION PROJECT	\$18,000	\$1,500	\$0	\$4,500	\$0	\$4,500
G. HUD SUPPORTED HOUSING GRANT	\$102,000	\$8,500	\$9,125	\$25,500	\$34,933	(\$9,433)
H. HUD SUPPORTED HOUSING GRANT #2	\$16,275	\$1,356	\$1,842	\$4,068	\$5,050	(\$982)
I. IMC3 PROGRAM	\$34,125	\$2,844	\$0	\$8,532	\$75	\$8,457
J. CENTER FOR POSITIVE LIVING SUPPORTS	\$89,992	\$7,499	\$7,418	\$22,497	\$22,003	\$494
K. HUD SUPPORTED HOUSING GRANT #4	\$20,925	\$1,744	\$1,727	\$5,232	\$6,941	(\$1,709)
L. HUD SUPPORTED HOUSING GRANT #3	\$22,225	\$1,852	\$1,314	\$5,556	\$6,570	(\$1,014)
M. LAKESHORE BEHAVIORAL HEALTH ALLIANCE	\$7,877,469	\$656,456	\$301,715	\$1,969,368	\$5,420,036	(\$77,848)
N. MI ADULT INPATIENT	\$1,348,750	\$112,396	\$176,352	\$337,188	\$415,036	(\$77,848)
O. MI CHILD INPATIENT	\$288,700	\$24,058	\$0	\$72,174	\$27,404	\$44,770
P. HRA ADJUSTER	\$424,100	\$35,342	\$128,124	\$106,026	\$383,971	(\$277,945)
Q. DD SKILL BUILDING	\$3,314,861	\$276,238	\$68,164	\$682,714	\$682,259	\$415,415
R. DD CLINIC	\$999,290	\$78,274	\$68,164	\$234,822	\$166,799	\$68,023
S. VOCATIONAL SERVICES	\$478,188	\$39,849	\$33,582	\$119,547	\$90,718	\$28,829
T. CLUBHOUSE	\$501,281	\$41,773	\$40,484	\$125,319	\$110,521	\$14,798
U. DD SUPPORTS COORDINATION	\$2,779,861	\$231,655	\$194,228	\$514,965	\$514,038	\$919,927
V. MI ADULT SUPPORTS COORDINATION	\$3,102,756	\$259,539	\$259,539	\$775,689	\$556,689	\$220,000
W. INTENSIVE CASE MANAGEMENT	\$759,211	\$63,268	\$53,251	\$189,804	\$138,056	\$51,748
X. MI ADULT VOCATIONAL SERVICES	\$219,675	\$18,306	\$17,066	\$54,918	\$34,605	\$20,313
Y. DD VOCATIONAL SERVICES	\$2,321,100	\$193,425	\$249,681	\$980,275	\$465,340	\$114,935
Z. IN HOME SUPPORT SERVICES	\$1,645,625	\$137,135	\$177,324	\$411,405	\$375,669	\$35,736
AA. CONSUMER RUIN PROGRAM	\$109,365	\$9,114	\$9,114	\$27,342	\$27,341	\$1
BB. DD RESPITE	\$743,625	\$61,969	\$49,833	\$185,907	\$151,569	\$34,338
CC. HEALTH SERVICES	\$343,650	\$28,638	\$28,224	\$85,914	\$64,774	\$21,140
DD. MI CHILD RESPITE	\$44,025	\$3,669	\$2,538	\$11,007	\$5,788	\$5,219
EE. YOUTH COMMUNITY BASED SERVICES	\$249,944	\$20,829	\$17,080	\$62,487	\$46,047	\$16,440
FF. AUTISM PROGRAM	\$421,039	\$35,087	\$80,960	\$105,261	\$147,900	(\$41,739)
GG. MI OUTPATIENT	\$3,204,559	\$267,047	\$179,571	\$801,141	\$407,981	\$393,160
HH. TRANSITION AGE TEAM	\$359,416	\$29,951	\$37,014	\$89,853	\$86,296	\$1,557
II. NURSING	\$789,750	\$65,813	\$56,043	\$197,439	\$259,391	(\$61,952)
JJ. PSYCHIATRY	\$0	\$0	(\$30,037)	\$0	\$117,071	(\$117,071)
KK. ACT	\$1,695,670	\$141,306	\$114,939	\$423,918	\$294,386	\$129,532
LL. HOME BASED	\$830,431	\$69,203	\$85,321	\$207,609	\$191,822	\$15,787
MM. INTEGRATED HEALTH	\$99,060	\$8,255	\$6,843	\$24,765	\$18,318	\$6,447
NN. HOMELESS PROJECT	\$166,033	\$13,836	\$11,012	\$41,508	\$31,788	\$9,720
OO. INFANT M.H. HOME BASED TEAM	\$523,331	\$43,778	\$23,464	\$131,334	\$64,686	\$66,648
PP. DD OUTPATIENT	\$1,149,850	\$95,821	\$87,076	\$287,463	\$182,918	\$104,545
QQ. INTAKE/CRISES INTERVENTION	\$1,182,869	\$98,572	\$88,706	\$295,716	\$217,756	\$77,960
RR. MI ADULT PARTIAL HOSPITALIZATION	\$15,275	\$1,273	\$5,883	\$3,819	\$12,227	(\$8,408)
SS. KENNETH L. BRINKS FACILITY	\$1,990,332	\$165,861	\$141,619	\$497,583	\$365,232	\$132,351
TT. INDIAN BAY RESIDENCE	\$769,858	\$65,822	\$63,461	\$197,466	\$164,948	\$32,518
UU. CHILDREN'S WAIVER SERVICES	\$173,100	\$14,425	\$4,768	\$43,275	\$15,587	\$27,688
VV. MI CHILD RESIDENTIAL	\$156,225	\$13,019	\$675	\$39,057	\$675	\$38,382
WW. DD RESIDENTIAL	\$12,972,647	\$1,081,054	\$1,059,018	\$3,243,162	\$2,156,821	\$1,086,341
XX. MI ADULT RESIDENTIAL	\$2,973,789	\$247,816	\$286,711	\$743,448	\$600,268	\$143,180
YY. CLERICAL SERVICES	\$0	\$0	\$7,451	\$0	\$109,764	(\$109,764)
ZZ. STATE INPATIENT	\$1,630,090	\$135,841	\$0	\$407,523	\$0	\$407,523
AAA. UTILIZATION MANAGEMENT	\$453,647	\$37,796	\$27,539	\$113,388	\$67,019	\$46,369
BBB. NETWORK DEVELOPMENT	\$236,612	\$19,718	\$15,151	\$59,154	\$33,191	\$25,963
CCC. IS MANAGEMENT	\$569,265	\$47,439	\$36,932	\$142,317	\$77,420	\$64,897
DDD. QI AND TRAINING	\$262,698	\$21,892	\$17,565	\$65,676	\$40,762	\$24,914
EEE. MANAGED CARE ADMINISTRATION	\$1,950,192	\$160,849	\$70,773	\$482,547	\$469,853	\$12,694
FFF. MANAGED CARE FINANCE	\$529,904	\$44,159	\$45,489	\$132,477	\$103,596	\$28,881
GGG. CUSTOMER SERVICES	\$352,703	\$29,392	\$19,823	\$88,176	\$53,759	\$34,417
<b>GRAND TOTAL</b>	<b>\$64,355,813</b>	<b>\$5,362,991</b>	<b>\$4,703,387</b>	<b>\$16,088,973</b>	<b>\$16,216,044</b>	<b>(\$127,071)</b>

DEPARTMENT NAME	CURRENT YEAR-TO-DATE BUDGET	EXPENDITURES TO DATE	YEAR-TO-DATE VARIANCES	PAYROLL LAG	CONTRACTURAL BILLING LAG	OTHER	ESTIMATED TRUE VARIANCE
A. WRAPAROUND SERVICES	\$61,818	\$62,855	\$8,963	(\$7,809)	(\$1,154)		\$0
B. COMMUNITY RECOVERY SERVICES & SUPPORT	\$11,100	\$24	\$11,076	(\$17,342)	(\$11,076)		\$0
C. COURT COLLABORATION	\$142,839	\$96,315	\$46,524	(\$2,997)	(\$29,182)		\$0
D. SED WAIVER	\$24,384	(\$826)	\$25,210	(\$2,997)	(\$11,129)		\$0
E. INTEGRATED HEALTH #2	\$35,001	\$23,872	\$11,129		(\$4,500)		\$0
F. CMH PRIMARY CARE INTERGRATION PROJECT	\$4,500	\$0	\$4,500				\$9,433
G. HUD SUPPORTED HOUSING GRANT	\$25,500	\$34,933	(\$9,433)				\$0
H. HUD SUPPORTED HOUSING GRANT #2	\$4,068	\$5,050	(\$982)				\$982
I. HUD SUPPORTED HOUSING GRANT #3	\$8,532	\$75	\$8,457	(\$3,280)			\$0
J. MCH PROGRAM	\$22,497	\$22,003	\$494				\$2,786
K. CENTER FOR POSITIVE LIVING SUPPORTS	\$5,232	\$6,941	(\$1,709)				\$1,709
L. HUD SUPPORTED HOUSING GRANT #4	\$5,556	\$6,570	(\$1,014)				\$1,014
M. LAKESHORE BEHAVIORAL HEALTH ALLIANCE	\$1,969,368	\$5,420,033	(\$3,450,665)				\$3,450,665
N. MI ADULT INPATIENT	\$337,188	\$415,036	(\$77,848)				(\$92,652)
O. MI CHILD INPATIENT	\$27,174	\$27,404	(\$44,770)				(\$26,727)
P. HRA ADULTER	\$106,026	\$383,971	(\$277,945)				\$277,945
Q. DD SKILL BUILDING	\$828,714	\$682,289	\$146,415	(\$96,692)	(\$49,723)		\$0
R. DD CLINIC	\$234,822	\$166,799	\$68,023	(\$20,880)	(\$47,143)		\$0
S. VOCATIONAL SERVICES	\$119,547	\$90,718	\$28,829	(\$15,784)	(\$13,045)		\$0
T. CLUBHOUSE	\$125,319	\$110,521	\$14,798	(\$13,268)	(\$1,530)		\$96,852
U. DD SUPPORTS COORDINATION	\$694,965	\$514,038	\$180,927	(\$85,076)			\$155,593
V. MI ADULT SUPPORTS COORDINATION	\$75,689	\$555,689	\$220,000	(\$64,407)	(\$27,777)		\$0
W. INTENSIVE CASE MANAGEMENT	\$189,804	\$138,056	\$51,748	(\$23,972)	(\$20,313)		\$0
X. MI ADULT VOCATIONAL SERVICES	\$54,918	\$34,605	\$20,313	(\$14,935)	(\$14,350)		(\$26,415)
Y. DD VOCATIONAL SERVICES	\$580,275	\$465,340	\$114,935	(\$35,736)	(\$3,766)		\$0
Z. IN HOME SUPPORT SERVICES	\$411,405	\$375,669	\$35,736	\$1	(\$1)		\$0
AA. CONSUMER RUN PROGRAM	\$27,342	\$27,341	\$34,338		(\$34,338)		\$0
AB. DD RESPIRE	\$185,907	\$64,774	\$21,140		(\$21,140)		\$0
AC. HEALTH SERVICES	\$85,914	\$5,788	\$5,219		(\$5,219)		\$0
AD. MI CHILD RESPIRE	\$11,007	\$6,447	\$16,440	(\$9,153)			(\$52,239)
AE. YOUTH COMMUNITY BASED SERVICES	\$62,487	\$46,047	(\$41,739)	(\$10,500)	(\$30,723)		\$330,723
AF. AUTISM PROGRAM	\$105,281	\$407,981	\$393,160	(\$62,437)	(\$62,437)		(\$8,950)
AG. MI OUTPATIENT	\$801,141	\$88,296	\$1,557	(\$10,507)	(\$47,331)		\$61,627
AH. TRANSITION AGE TEAM	\$89,853	\$259,391	\$61,952	(\$117,071)	(\$46,311)		(\$47,656)
AI. NURSING	\$197,439	\$117,071	\$129,532	(\$46,311)	(\$51,002)		\$83,222
AJ. PSYCHIATRY	\$0	\$294,386	\$15,787	(\$24,076)			(\$8,290)
AK. ACT	\$423,918	\$191,822	\$6,447	(\$3,723)	(\$2,724)		\$0
AL. HOME BASED	\$207,609	\$18,318	\$9,720	(\$1,315)	(\$8,405)		(\$0)
AM. INTEGRATED HEALTH	\$24,765	\$31,788	\$9,720	(\$16,887)	(\$36,909)		\$12,852
AN. HOMELESS PROJECT	\$41,508	\$64,686	\$66,648	(\$22,795)	(\$81,750)		\$0
AO. INFANT M.H. HOME BASED TEAM	\$131,334	\$182,918	\$104,545	(\$32,344)	(\$45,616)		\$0
AP. DD OUTPATIENT	\$287,463	\$217,756	(\$8,408)	(\$6,429)			\$3,552
AQ. INTAKE/CRISIS INTERVENTION	\$235,716	\$12,227	\$132,351	(\$22,273)	(\$10,245)		\$5,807
AR. MI ADULT PARTIAL HOSPITALIZATION	\$3,819	\$365,232	\$32,518	(\$27,688)	(\$3,766)		\$0
AS. KENNETH L. BRINKS FACILITY	\$497,583	\$164,948	\$27,688	(\$3,376)	(\$1,075,128)		\$35,006
AT. INDIAN BAY RESIDENCE	\$197,466	\$15,587	\$38,362		(\$1,213)		\$11,213
AU. CHILDREN'S WAIVER SERVICES	\$43,275	\$675	\$1,086,341	(\$54,523)	(\$246,455)		(\$103,275)
AV. MI CHILD RESIDENTIAL	\$39,057	\$2,156,821	\$143,180	(\$109,764)	(\$333,093)		\$0
AW. DD RESIDENTIAL	\$324,162	\$600,268	\$407,523	(\$17,001)	(\$29,368)		\$7,430
AX. MI ADULT RESIDENTIAL	\$743,448	\$109,764	\$46,369	(\$9,025)	(\$16,939)		\$0
AY. CLERICAL SERVICES	\$0	\$0	\$25,963	(\$35,608)	(\$29,289)		\$0
AZ. STATE INPATIENT	\$407,523	\$67,019	\$33,191	(\$4,784)	(\$9,103)		\$0
AAA. UTILIZATION MANAGEMENT	\$113,388	\$73,420	\$24,914	(\$17,138)			\$34,444
AAA. NETWORK DEVELOPMENT	\$59,154	\$42,317	\$40,762	(\$12,694)	(\$36,369)		\$0
CCC. IS MANAGEMENT	\$142,317	\$65,676	\$469,853	(\$103,596)	(\$21,445)		\$7,488
DDD. IQ AND TRAINING	\$482,547	\$132,477	\$53,759	(\$34,417)	(\$21,972)		\$0
EEE. MANAGED CARE ADMINISTRATION	\$103,596	\$88,176	\$34,417	(\$97,874)	(\$2,640,756)		\$0
FFF. MANAGED CARE FINANCE	\$32,477	\$88,176	(\$127,071)				\$4,021,739
GGG. CUSTOMER SERVICES	\$88,176	\$16,044	(\$127,071)				(\$275,739)
GRAND TOTAL	\$16,088,973	\$16,216,044	(\$127,071)				

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**  
**MEMORANDUM**

**DATE:** January 24, 2014  
**TO:** CMH Board Members  
**FROM:** Thomas Best, Chief Financial Officer  
**SUBJECT:** Finance Update – Interest Earnings, Public Act 423, Fees, and State Inpatient Account

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**1. Interest Earnings:**

The trial balances for the two areas show cash balances as follows: Regular Services - \$8,897,362 and Internal Service Fund - \$3,559,718. The average investment rate for these funds is approximately 2.448%, per the County Treasurer's office. We are a little more than \$3,400 over budget for this item in Regular Services after the first two months of the fiscal year. We are also a little less than \$10 under budget for this in the Internal Service Fund.

<u>Item</u>	<u>Regular Services</u>	<u>Internal Service Fund</u>
Cash Balance as of 12/31/13	\$ 8,897,362	\$ 3,559,718
Total Interest Earned for FY2013	\$ 44,790	\$ 2,746
Total Interest Budget for FY2014	\$ 43,000	\$ 1,800
Interest Budget Per Month for FY2014	\$ 3,583	\$ 150
Interest Earned November 2013	\$ 5,113	\$ 141
Interest Budgeted Through November 2013	\$ 7,167	\$ 300
Interest Earned Through November 2013	\$ 10,612	\$ 293

**2. Public Act 423:**

	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Through December 31, 2013	\$34,500	\$30,968	(\$3,532)

**3. Fee Report:**

Below is a summary of the Fee Report for revenues received through December 2013. It should be noted that this variance report is based on the budget approved by the CMH Board during the month of August 2013.

<u>Item</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Medicaid-State Plan	\$3,725,738	\$3,464,373	(261,365)
HAB Supports Waiver	2,123,000	2,418,473	295,473
Medicaid – b3 Services	4,168,466	4,051,842	(116,624)
SSI/Room & Board	567,950	566,537	(1,413)
<b>Total</b>	<b>10,585,154</b>	<b>10,501,225</b>	<b>(83,929)</b>

**4. Inpatient Summary:**


	<u>State Inpatient</u>		<u>Community Inpatient</u>		
	<u>Variance to Date</u>	<u>Days Used in December</u>		<u>Variance to Date</u>	<u>Days Used in December</u>
Kalamazoo	34,469	162	MI Adult	(170,500)	209
Hawthorne	13,552	31	MI Child	18,043	34
Caro	(7,251)	0	Partial Hosp.	(4,856)	0
	<b>40,770</b>	<b>193</b>		<b>(157,313)</b>	<b>243</b>
Budgeted Amount to Cover Community Placements	33,660				
<b>Net Utilization Variance</b>	<b>74,430</b>				

TAB/jvv



**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY**

**MEMORANDUM**

**DATE:** January 24, 2014  
**TO:** CMH Board Members  
**FROM:** Thomas Best – Chief Financial Officer   
**SUBJECT:** Budget Variance Analysis Report

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Attached is the Budget Variance Analysis Report for State Institutions and local programs for FY2014. Please be aware that this is based on the budget approved by the Board during the month of August 2013.

Following is a discussion of some of these variances:

- Other Revenues Differential – This has to do with the fact that we do not have available as much Medicaid carry forward dollars as we anticipated. This deficit will most likely continue to increase as the fiscal year progresses.
- Net Salary and Fringe Variance: This area has a very large positive variance after the first three months of the fiscal year. This positive variance should continue to increase as the fiscal year progresses.
- State Facility Utilization: This area has a positive variance after the first three months of the fiscal year. As this area is all State General Fund, it will need to be watched closely as the fiscal year progresses.
- Hackley Hospital Northwood/Westwood: This area has a large negative variance after the first three months of the fiscal year. This area will need to be watched closely as the fiscal year progresses.
- MI Adult Residential: This area has a large negative variance after the first three months of the fiscal year. This negative variance will most likely continue to increase as the fiscal year progresses.

Our projected budget variance, based on the budget approved by the CMH Board during the month of August 2013 is almost \$42,000. There are contingencies of approximately (\$2,900) at this time. This would leave us with a net positive variance of approximately \$39,100 after the first three months of the fiscal year. However, due to the different periods of the budget year that these variances are calculated over, this would prorate out to a negative variance of approximately (\$132,400) for the whole fiscal year.

In doing the above calculations, I made the following assumptions:

1. State GF revenues will continue at present funding level through March 31, 2014, and then be reduced by 75% starting April 01, 2014. Expenditures were also adjusted per this assumption. Please note, however, that many programs (i.e., state inpatient, jail services, MRS—W-10 agreement) will remain 100% State GF and will not be affected by Medicaid expansion. Note that this assumes that State Inpatient funding will be reduced by 75% also. However, there is a small chance that this reduction will not occur. **IF** this funding is not

reduced by the 75%, it would result in approximately \$559,000 more in State General Fund dollars coming into our agency.

2. ABW revenues will continue as is through March 31, 2014, and then go away starting April 01, 2014. Expenditures were also adjusted per this assumption.
3. I assumed that Medicaid revenues would be INCREASED by the amount of reduced revenues expected for State GF and ABW as mentioned due to Medicaid expansion. I also figured a DECREASE in Medicaid funding for us starting January 1, 2014, to fund the Regional Entity. I did not assume any other increased Medicaid revenues other than for the two areas mentioned. Again, expenditures were adjusted per the revenue adjustment assumptions made for Medicaid.
4. That Autism Services will be cost settled again, and we will receive full funding for total expenditures in this area. If this cost settlement does not occur, an additional amount of regular medicaid dollars will be needed to cover these costs. This could amount to as much as \$560,000 in additional regular medicaid expenditures.

However, this figure does not really give us a true picture of where we stand as we are not able to use the different funding sources (i.e., State GF and Medicaid, etc.) to offset each other's shortfalls. Therefore, a truer picture would be as follows:

Medicaid	235,000
State General Fund	(330,700)
Local Match on Above	(36,700)
ABW from Fund Balance	(170,700)
LCC Revenues More than Expenditures	22,500
Ottawa CMH	-0-
Local Match Surplus on Everything Else	133,300

TAB/jvv

BUDGETED VARIANCE ANALYSIS REPORT  
FOR THE MONTH ENDING DECEMBER 31, 2013

OCTOBER  
FOR  
SEPTEMBER

ITEM	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTALS
REVENUES													
FEE COLLECTIONS *	\$39,310	\$1,840	(\$125,679)										(\$83,928)
OTHER REVENUES DIFFERENTIAL	\$8,108	(\$195,308)	\$52,347										(\$134,853)
OTHER CMH BOARDS DIFFERENTIAL	(\$3,878)	(\$3,514)	(\$7,623)										(\$15,015)
OTHER ALLOCATION ADJUSTMENTS-STATE GRANT *	\$0	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL REVENUES VARIANCE	\$43,540	(\$196,974)	(\$50,354)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$233,788)
EXPENDITURES													
TOTAL SALARY & FRINGE VARIANCE *	\$123,538	\$164,069	\$164,133										\$451,740
RENT AND O & M ADJUSTMENTS:													
RENTAL ADJUSTMENTS	\$1,522	(\$650)	(\$7,545)										(\$6,673)
NET BUILDING ADJUSTMENTS	\$4,304	(\$11,075)	(\$10,758)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,854)
OTHER	\$5,826	(\$11,905)	(\$18,358)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$24,477)
UTILIZATION ON STATE FACILITIES *	\$26,150	\$37,060	\$11,220										\$74,430
CLAIMS PAYMENT *	\$0	\$1,816	\$0										\$0
PROFESSIONAL AND CONTRACTUAL SERVICES	\$8,251	(\$14,828)	(\$55,030)										(\$61,605)
PROPERTY HOSPITAL NORTHWOOD/MIESTWOOD *	(\$55,240)	(\$47,043)	(\$52,280)										(\$154,563)
INPATIENT RESIDENTIAL **	\$0	(\$50,985)	\$13,110										(\$87,875)
SUPPLIES, EQUIP. UNDER \$3000. & SOFTWARE	\$4,980	(\$8,890)	(\$3,471)										\$2,817
DRUGS & PHARMACEUTICALS **	\$0	\$1,289	(\$651)										\$0
TELEPHONE	\$398	\$303	\$0										\$0
ADVERTISING	\$0	\$0	\$0										\$0
GENERAL LIABILITY/INSURANCE COSTS ***	\$0	(\$1,230)	\$4,398										\$3,168
AUDITING & LEGAL COUNSEL **	\$0	\$3,966	\$7,227										\$11,213
DD RESIDENTIAL **	\$0	(\$13,615)	\$1,331										(\$12,284)
CONTRACTUAL SERVICES/DD CONTRACTS **	\$0	(\$2,194)	(\$2,189)										(\$4,383)
TRANSPORTATION **	(\$4,975)	(\$4,975)	(\$4,965)										(\$14,915)
ADMINISTRATION EXPENSE *	(\$3,201)	\$643	\$3,126										\$568
ALL OTHER EXPENSES	(\$24,179)	(\$55,328)	(\$52,077)										(\$151,584)
TOTAL OTHER	\$105,185	\$86,836	\$85,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$275,739
TOTAL EXPENDITURES VARIANCE	\$148,725	(\$110,138)	\$3,364	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,951
NET BUDGET VARIANCE													
OTHER ANTICIPATED CONTINGENCIES													
CLAIMS TAX PAYMENT													
TOTAL CONTINGENCIES *													

EST. COST  
 OTHER ANTICIPATED CONTINGENCIES (\$2,852)  
 CLAIMS TAX PAYMENT (\$2,852)  
 TOTAL CONTINGENCIES \*

\*THESE EIGHT VARIANCES SHOULD BE BASED ON 1ST 12 MONTHS ONLY.  
 \*\*THESE SIX VARIANCES SHOULD BE BASED ON LAST 12 MONTHS ONLY.  
 \*\*\*THIS IS AN ANNUAL ADJUSTMENT  
 ALL OTHERS SHOULD BE BASED ON 13 MONTHS.

MONTH END PROJECTIONS OF DEFICITS/SURPLUSES BY FUND SOURCE FOR FY 2014

ITEM	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	
												PRELIMINARY	FINAL
STATE PLAN MA	N/A	\$625,822	(\$327,355)										
HAB SUPPORTS WAIVER	N/A	\$1,709,429	\$2,083,040										
B3 SERVICES	N/A	(\$1,885,451)	(\$1,520,686)								\$0	\$0	\$0
<b>SUBTOTAL MUSKEGON MEDICAID</b>	<b>\$0</b>	<b>\$649,800</b>	<b>\$235,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
LCC MEDICAID	N/A	\$22,500	\$22,500										
OTTAWA MEDICAID	N/A	UNKNOWN	\$0										
<b>TOTAL ALL MEDICAID DOLLARS</b>	<b>\$0</b>	<b>\$672,300</b>	<b>\$257,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
STATE GENERAL FUND	N/A	(\$1,119,800)	(\$330,700)										
LOCAL MATCH (NET)	N/A	\$64,000	\$96,600										
<b>TOTAL STATE GFLOCAL MATCH</b>	<b>\$0</b>	<b>(\$1,055,800)</b>	<b>(\$234,100)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
ADULT BENEFIT WAIVER	N/A	(\$129,400)	(\$170,700)										
<b>TOTALS</b>	<b>N/A</b>	<b>(\$512,900)</b>	<b>(\$147,300)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

21-Jan-14

TB (Month End Projections by Fund Source)

ESTIMATED LAPSE FOR FY 2014

ITEM	INITIAL				SUBTOTAL	2ND 5%	TOTALS
	5% ALL CMH	2ND 5% 50% CMH	AFFILIATION	50% DCH			
<b>MEDICAID</b>							
-ESTIMATED CARRY FORWARD ALLOWABLE	\$2,550,491	\$1,275,245	\$3,825,736				
-ESTIMATED AMOUNT TO PUT INTO ISF	\$0	\$0	\$0				
<b>APPROXIMATE MEDICAID WE CAN USE</b>	<b>\$2,550,491</b>	<b>\$1,275,245</b>	<b>\$3,825,736</b>				
-MUSKEGON AVAILABLE	\$235,000		\$235,000			\$235,000	
-OTTAWA AVAILABLE	\$0		\$0			\$0	
-LCC AVAILABLE	\$22,500		\$22,500			\$22,500	
<b>APPROXIMATE MEDICAID AVAILABLE</b>	<b>\$257,500</b>	<b>\$0</b>	<b>\$257,500</b>		<b>\$0</b>	<b>\$257,500</b>	
-MUSKEGON'S SHARE	\$257,500		\$257,500				
-OTTAWA'S SHARE	\$0		\$0				
<b>TOTALS</b>	<b>\$257,500</b>	<b>\$0</b>	<b>\$257,500</b>		<b>\$0</b>		
<b>ESTIMATED MEDICAID LAPSE</b>							
<b>STATE GENERAL FUND</b>							
-ESTIMATED CARRY FORWARD AVAILABLE							(\$330,700)
-ESTIMATED CARRY FORWARD ALLOWABLE							\$202,582
<b>ESTIMATED STATE SHORT OF CARRY FORWARD</b>							<b>(\$533,282)</b>

21-Jan-14 TB (Estimated Lapse)

MEDICAID WORKSHEET

ITEM	AMOUNT
ESTIMATED MEDICAID TO BE RECEIVED *	\$51,009,815
CARRY FORWARD ALLOWABLE (7.5%)	\$3,825,736
ALLOWABLE AMOUNT TO PUT INTO ISF (7.5%)	\$3,825,736
MUSKEGON CURRENT ISF BALANCE	N/A
OTTAWA CURRENT ISF BALANCE	N/A
NET THAT CAN BE PUT INTO ISF	\$3,825,736
MUSKEGON AVAILABLE (COMES FROM BUDGET VARIANCE REPORT) **	\$235,000
OTTAWA AVAILABLE (COMES FROM INFO RECEIVED FROM J. BROWN)	\$0
LCC AVAILABLE (COMES FROM MONTHLY REPORT FROM LCC)	\$22,500

\*YEAR TO DATE RECEIVED FOR WHOLE AFFILIATION PRORATED FOR YEAR.  
 \*\*ALSO USE MONTHLY REPORT TO DIRECTOR TO HELP CALCULATE THIS

TB (Estimated Lapse)

21-Jan-14

STATE GF WORKSHEET

ITEM	AMOUNT
ESTIMATED STATE GF TO BE RECEIVED *	\$4,051,634
CARRY FORWARD ALLOWABLE (5%)	\$202,582
CARRY FORWARD AVAILABLE (COMES FROM BUDGET VARIANCE REPORT) **	(\$330,700)

\*DOES NOT INCLUDE CATEGORICAL FUNDING OR CHILD WAIVER ADD ON  
 \*\*ALSO USE MONTHLY REPORT TO DIRECTOR TO HELP CALCULATE THIS



Michigan Association of  
**COMMUNITY MENTAL HEALTH**  
Boards

January 17, 2014

FRIDAYFACTS - 12 pages

TO: CMH Executive Directors  
Chairpersons and Delegates  
Provider Alliance  
Executive Board

FROM: Michael Vizena, Executive Director  
Alan Bolter, Associate Director

- RE:**
- **Mental Health and Wellness Commission Update**
  - **State Awards MHFA Grants**
  - **NCCMH Receives CARF Accreditation**
  - **NLCMH Receives Anti Smoking Grant**
  - **UM Offers Web-based Certification In Integrated Behavioral Health**
  - **Legislative Update**
    - **State of the State Highlights**
  - **National Update**
    - **House Passes 2014 Budget Deal; Includes Funding Bump for Mental Health**
  - **Standing Committee Reports – January, 2014**
  - **MACMHB Meetings for January, 2014**

**Mental Health and Wellness Commission Update**

Earlier today, Lieutenant Governor held a meeting of the Mental Health and Wellness Commission stakeholders group. The report has been completed and will be released on Tuesday, followed by a joint hearing of the House and Senate Health Policy committees. The Lieutenant Governor described the Commission's work as very bipartisan and focused on persons with mental health, developmental disabilities, and substance use disorders. He characterized all of the recommendations as developed consistent with three overarching goals of the Commission's work – advancing opportunities for persons based on maximizing independence and self-determination; better access to high quality, coordinated, and consistent care; and measureable and trackable outcomes for monitoring actions taken.

The general categories within the report that LG Calley identified included more standardized and evidenced based assessment, clinical treatment, and coordinated care; childrens' services; education related; recipient rights; stigma reduction; employment; housing; veterans; safety; and juvenile justice.

The Lieutenant Governor indicated that the Commission will stay in place for another year to keep a focus on implementation, issues identified by the Commission but not addressed in the report, and continued policy development work. The administration is also putting together a 5 year budget plan to support various recommendations within the report.

MACMHB will provide all members detail on the Tuesday hearing when they are posted, and will share copies of the report when it is made available.

### **State Awards MHFA Grants**

Last week the Michigan Department of Community Health announced the awardees of its Mental Health First Aid (MHFA) grants. The grants will support two Michigan organizations who demonstrated interest and ability to provide Mental Health First Aid training in Michigan. MDCH originally announced the Request for Proposals to bidders on Oct. 7, 2013.

“Governor Snyder has called upon the MDCH to take a close look at mental health services in Michigan,” said James K. Haveman, Director of the MDCH. “Mental Health First Aid training is an evidence-based and internationally recognized program that will do just that – greatly increase the understanding of mental health issues, and in turn, improve the recognition and appropriate treatment of mental health issues for our residents.”

The West/Central Collaborative has been awarded \$468,800 to serve Clinton, Eaton, Ingham, Kalamazoo, Kent, Muskegon, Genesee, Saginaw counties, and the city of Battle Creek during the grant period which runs through Sept. 30. Training and Treatment Innovations, Inc. (TTI) has been awarded \$500,734 to serve Oakland, Macomb and Wayne counties.

With its grant money, TTI will work with other collaborating and coordinating entities to provide free MHFA training to interested parties in Macomb, Oakland and Wayne counties through Sept. 30, 2014. Community groups and organizations such as churches, primary/first responders, teachers, community programs that work with kids and teens, recreation programs and any other groups interested in MHFA are encouraged to contact TTI to arrange for training to be offered at their site or TTI’s. If you would like to arrange for MHFA training for your group or organization, sign up for an already scheduled class, or want more information, please call the TTI Training Department at (248) 524-8801.

### **NCCMH Receives CARF Accreditation**

CARF International announced that North Country Community Mental Health (NCCMH) has once again obtained accreditation for a period of three years for several programs, including Assertive Community Treatment, Case Management/Services Coordination (adults and children), Community Integration, Crisis Intervention (adults and children), Crisis Stabilization, and Outpatient Treatment (adults and children).

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has undertaken a rigorous



peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.

"We are very pleased by this decision, which represents our commitment to quality and client care," said North Country CMH Director Alexis Kaczynski. This is our third accreditation award from CARF, and we have performed with distinction."

Congratulations to the Board, Management Team, and staff at NCCMH!

### **NLCMH Receives CDC Anti-Smoking Grant**

Northern Lakes Community Mental Health (NLCMH) and the American Lung Association of Michigan have received one of five Centers for Disease Control (CDC) Community Transformation Grants in the country, the only project which focuses on working with people with mental illness. The primary project goals are to train local mental health professionals to better screen for tobacco use, how to support and assist persons with mental illnesses to stop smoking, and to assist Northern Lakes CMH to accomplish its vision of becoming a tobacco-free culture. People with mental illness purchase over 44% of the cigarettes sold in the U.S. and die 25 years earlier than the general public. A key leadership team attended the Community Transformation Action Institute in Dallas, Texas, and received valuable information on making the project a success.

### **U of M Offers Web-based Certification In Integrated Behavioral Health**

Registration is now open for the Web-based Certificate in Integrated Behavioral Health and Primary Care at the University of Michigan School of Social Work. This web-based certificate program will take place from February to May, 2014, and is designed for professionals in social work, primary care, nursing, psychology, and other applied fields. Participants will gain assessment, intervention, and consultation skills; will learn strategies to apply these skills in the workplace; and will link with a peer distance learning community to practice new skills and discuss ideas. Participants can earn 40 hours of social work continuing education credits and/or 40 AMA PRA Category 1 Credit(s)<sup>™</sup>.\* For more information, visit: <http://ssw.umich.edu/programs/ce/ibhpc/index.html> or contact the SSW Continuing Education Office at [ssw.conted@umich.edu](mailto:ssw.conted@umich.edu) or 734.763.5723.

## **LEGISLATIVE UPDATE**

### **State of the State Highlights**

Last night Governor Snyder delivered his fourth State of the State address, with an overall emphasis on Michigan's "continuing comeback". In his 61-minute address to a Joint Convention of the House and Senate, Mr. Snyder spent about two-thirds of his speech reviewing the accomplishments of his first three years in office. Governor Snyder did briefly mention Mental Health, calling for the adoption of the Mental Health and Wellness Commission report recommendations and support of the Project Unify program. Below are the highlighted notes from the Governor's speech related to mental health:

### **Quality of Life for Persons with Mental Illness**

The Governor called for the implementation of recommendations that will soon be formally released by the Mental Health and Wellness Commission.

- The recommendations will help people with mental illness, substance abuse disorders or developmental disabilities to lead more independent lives.
- Recommendations include developing a Pure Michigan marketing strategy to highlight opportunities for families living with disabilities, and having Michigan join the "Spread the Word to End the Word" movement, which seeks to rid our vocabulary of derogatory terms regarding people dealing with mental illness.

### **NATIONAL UPDATE**

#### **House Passes 2014 Budget Deal; Includes Funding Bump for Mental Health**

The House yesterday easily approved a \$1 trillion omnibus budget bill, the result of intensive negotiations over the last month to fund government operations for the remainder of 2014 and avert another shutdown. The bill, which is also expected to pass the Senate this week, increases mental health funding over 2013 levels and includes \$15 million for Mental Health First Aid training.

The bipartisan, bicameral 2014 budget agreement (H.R. 3547) reduces the impact of the sequestration cuts and largely spares healthcare programs from major reductions. The Substance Abuse and Mental Health Services Administration (SAMHSA) will receive a \$144 million increase over fiscal year 2013 levels, for a total budget of \$3.6 billion. Among the highlights of the SAMHSA budget are:

- \$15 million for a new grant program to provide Mental Health First Aid training to police officers, first responders, judges, social workers and the staff of college and university counseling centers, among others
- \$50 million for the Primary-Behavioral Health Care Integration (PBHCI) program, which supports the co-location of services in behavioral health and primary care settings
- \$1.8 billion for the Substance Abuse Block Grant, a \$110 million increase over the 2013 post-sequester level
- \$484 million for the Mental Health Block Grant, 5 percent of which will be used to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders
- \$40 million for new Project AWARE grants, which will provide 20 grants to State Education Authorities for comprehensive programs in 1,000-1,500 schools to get students with mental health issues referred to needed services

- \$46 million for the National Child Traumatic Stress Initiative
- \$48 million for the Garrett Lee Smith Memorial Act programs

Securing federal funding for Mental Health First Aid training has long been a priority for the National Council. President & CEO Linda Rosenberg praised the budget deal, saying "Mental Health First Aid is a low-cost but high-impact way to make a real difference. The new funding from SAMHA will ensure that thousands of professionals working on the front lines will have access to this simple but highly effective training... These skills can save lives, and we applaud SAMHSA for providing this essential funding."

Among other health agencies and programs that receive increases in the spending package are the National Institutes of Health. The \$29.9 billion allocated to NIH includes support for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, a multi-agency effort to map the human brain.

The federal government has been operating under a series of stopgap funding resolutions since 2012. The omnibus 2014 budget bill represents the first time in several years that Congress has been able to reach agreement on all of the line item appropriations that make up the annual budget.

## **MACMHB Standing Committee Reports**

### **Children's Issues Committee** - January 14, 2014

#### **Children's Administrators Forum Update**

Diane Cranston gave a brief report on the activities of the forum including minutes from recent meetings, a presentation on the Parent Support Partners Program, The CAFAS Aggregate Reports on FY2011-12 and the Manasseh Project regarding human trafficking.

#### **DCH Updates** – Sherida Falvay, MDCH

Ms. Falvay reported that the department is amending its contract with the Medicaid Health Plans and is adding language that will make the responsibility of paying for psychotropic drugs the responsibility of the health plans.

For FY14, the state has \$5 million set aside for mental health innovation focusing on children's services. There is \$2.5 million set aside for non-Medicaid home-based services, \$1.5 million for mental health first aid training and \$1 million for care management directed to children with high end behavioral issues who are not getting the services they need. An RFP will soon be sent out on the high end behavioral health needs population.

Currently 20 CMHs have parent support partners. In an attempt to get the word out, the department is going to host a webinar on February 26 from 10:00am to 12:00pm. This will be an opportunity to share information, answer questions and hopefully get more CMHs involved.

The target population of the New Directions Workgroup is kids who are put into state facilities and not receiving the necessary services. The workgroup is pushing to be able to use Medicaid in residential treatment. They want to see residential treatment as a short term treatment, not a place to live.

### **Wrap Around Programs and Enrollment Process**

There was brief discussion around the Wraparound Services approval and enrollment process. The Wraparound Services are included in the 2011 1915 b/c waiver as an EPSDT State Plan Service. Enrollment is at the CMH level, submitted through the PIHP to the department.

### **Children's Boardworks Module**

Chair Conklin reported that there will be a conference call January 15 with the workgroup assigned the task of putting together a Children's BoardWorks Module. They hope to have a module ready for review by the committee at its March meeting. The workgroup anticipates piloting a children's module.

### **Legislative Update – Alan Bolter**

Alan reported on the supplemental to the Healthy Michigan program. It is not definite that the legislature will even consider a supplemental. One issue is that the Association believes the administration's numbers are off by about \$60 million. Also a major area of concern has to do with when the CMH GF comes out of the budget. The administration plans on removing the CMH GF once the legislation goes into effect – mid-March. MACMHB feels this is problematic because expansion will take several months to ramp up and enroll people into the program. If the CMH GF resources are taken out on April 1, our members will not have the resources to provide services, which will result in service interruptions.

The revenue estimating conference was last week, with Michigan anticipating \$970 million more than anticipated. January 16 is the Governor's State of the State address. The Mental Health and Wellness Commission recommendations may be out sometime early next week and the FY15 state budget presentation will be February 5 or 6.

### **Committee Focus Areas and Membership**

The committee discussed priorities for the upcoming year. Possibly areas of focus included:

- a. suicide prevention
- b. children with developmental disabilities
- c. interaction of mental health and the ISDs
- d. substance use disorders as they relate to children
- e. integrated health and how it affects children; different than with adults

There was discussion on having presentations at the meetings to educate committee members on these topics.

*The next meeting of the Children's Issues Committee is scheduled for Tuesday, March 18, 2014, 1:00pm, MACMHB office, Lansing.*

## **Legislation Committee Meeting** - January 15, 2014

### **Report from Lobbyist**

Associate Director Alan Bolter reported that the revenue estimating conference was last week, with Michigan anticipating \$970 million more than expected. This is combined revenue from previous and current budgets FY13 & FY14 and anticipated from the FY15 budget.

January 16 is the Governor's State of the State address, and the FY15 state budget presentation will be February 5 or 6.

There is talk out of House and Senate that with the extra revenue a tax cut or rebate may be proposed.

House priorities include road funding, as well as no fault auto insurance reform.

Every member of House and Senate is up for reelection this year.

### **MACMHB Legislative Update**

#### **FY14 Supplemental Budget (UPDATE)**

With the implementation of the Medicaid Expansion, GF savings are coming out of the CMH and Corrections Systems.

In a memo to Sen. John Moolenaar, Mike and Alan voice support of the Healthy Michigan Plan Medicaid Expansion and go on to outline the Association's concerns; which include when the CMH GF comes out of the system.

The administration plans on removing the CMH GF once the legislation goes into effect – mid March. MACMHB feels this is problematic because expansion will take several months to ramp up and enroll people into the program. If the CMH GF resources are taken out on Day 1, our members will not have the resources to provide services, which will result in service interruptions.

Alan and Jon Smalley are working with Rep. Mike Shirkey, to develop an amendment for the removal of CMH GF to be done in a planful manner; i.e., as a gradual draw or on the backend.

### **2013 Year in Review**

Alan referred members to his public policy update which includes 2013 in review. He also distributed a table of bills to watch in 2014.

## **2014 State of the State address**

The Governor gives his State of the State address at 7:00pm on January 16. At this time there has been nothing sent out regarding what he will discuss.

### **SB273 – Sen. Judy Emmons**

SB273 will change the scope of practice for LLP (limited license psychologist). Concerns were raised by the Western Michigan CMH that this will change how CMHs use master level psychologists. Alan reported that the purpose of the bill is to change the scope of practice for those practicing in the private sector. This will not impact the public mental health and SUD systems.

### **Update on HB4891**

John Andrews gave an update on HB4891 which dedicates for each state fiscal year 9.5% of the prior year's net income from Alcoholic beverage sales and fees. He reported that there is a meeting planned with Rep. Lori, to develop a time table for moving the bill forward.

### **Mental Health & Wellness Commission Update**

Alan reported that the Senate and House Health Policy Committees will have a joint hearing on January 21 to go through the commission's report. Once the report is available, Association staff will send out to the membership.

*The next meeting of the Legislation Committee is scheduled for Wednesday, March 19, 9:30am, MACMHB office, Lansing.*

### **Policy Committee Meeting - January 15**

#### **Public Comment Review of Proposed Medicaid Policy**

Association Director Michael Vizena reported that during the Communications portion of the Steering Committee meeting on January 10 the department shared that their target date for having the Healthy Michigan application available is March 1, allowing only 1 month for enrollment by April 1.

When asked if CMHs can do anything to assist in efforts with administration and legislature, Alan suggested asking for a planful and expedited process.

The Association will be sending out to the field the MAGI criteria to members as a reminder to be prepared for enrollment of those who are eligible because of their financial status.

Lisa asked about the coverage of B3 services under Healthy Michigan. The response the Association received is that these services "are covered under the Healthy Michigan Plan as we currently cover them under Medicaid."

## **Duals Planning**

Integrated care organizations (ICOs) have been selected for the 4 regions. An extensive schedule has been established between now and July 1 when it will be implemented. There are several workgroups meeting internally on various aspects of the plan. These workgroups will be soliciting membership interest from ICOs and PIHPs and will focus on operational areas related to the plan.

On January 28 there will be an open public meeting in Kalamazoo.

The Association has no details yet on financing. Actuaries from the state are in contact with actuaries from CMS regarding the rates, but information has not been shared.

## **Mental Health and Wellness Commission**

Alan reported that the Senate and House Health Policy Committees will have a joint hearing on January 21 to go through the commission's report. Once the report is available, Association staff will send out to the membership.

A follow-up meeting is planned for February 4. Mike and Alan have received an invitation to a stakeholders meeting on Friday, January 17 and hope to receive a copy of the recommendations.

## **TSG (The Standards Group)**

Laura Vredevelde distributed a report to the committee on current TSG activities and projects. Beginning in January 2014 there will be significant changes to the TSG Board membership. There will be a meeting of the new TSG Board on Friday, January 24, 2014, 12:30pm at MACMHB.

Committee member Lisa Morse asked about the future roll of TSG. Will the group act as an umbrella over other DCH initiatives; for example the 490 Workgroup? Association staff will reach out to Laura for more information.

Ginny Reed, Saginaw County CMH Authority, indicated that she received a 2014 schedule of 490 Workgroup meetings, beginning in January.

## **Legislative Update**

Alan reported on the supplemental to the Health Michigan program. It is not definite that the legislature will even consider a supplemental. One issue is that the Association believes the administration's numbers are off by about \$44 million. Also a major area of concern has to do with when the CMH GF is removed. The administration plans on removing the CMH GF once the legislation goes into effect – mid-March. MACMHB feels this is problematic because expansion will take several months to ramp up and enroll people into the program. If the CMH GF resources are taken out on April 1, our members will not have the resources to provide services, which will result in service interruptions.

The revenue estimating conference was last week, with Michigan anticipating \$970 million more than anticipated. January 16 is the Governor's State of the State address. The Mental

Health and Wellness Commission recommendations may be out sometime early next week and the FY15 state budget presentation will be February 5 or 6.

*The next meeting of the Policy Committee is scheduled for March 19, 2014, 1:00pm, MACMHB office, Lansing.*

## **Member Services Committee Meeting**-January 16, 2014

### **Report on Conferences and Trainings**

The committee discussed the extensive use of social media that takes place at the conferences. They will ask Association staff to put together an announcement at the beginning of the conference to encourage attendees to use new media to capture what speakers are saying and to disseminate information, but to please turn off the sound on devices like cell phones.

### **Award Update**

The committee voted to recommend to the Executive Board acceptance of changes to the Hal Madden Award and the acceptance of the new David LaLumia Outstanding Professional Service Award.

### **Regional Board Member Forums**

Jan Plas will meet with Association staff to discuss 2014 forums and how to get more board members interested in attending.

### **Begin Discussion on BoardWorks Update**

Committee members took a few minutes to talk about Rich Visingardi, who passed away recently, and his tremendous contribution to the system; including developing the Association's BoardWorks 2.0 program.

Discussion has begun on the development of a new, updated BoardWorks program; BoardWorks 3.0. The committee will seek input from current BoardWork instructors and from the membership on changes they would like to see and possible new BoardWorks topics; taking into consideration the recent changes to the CMH system. At its March meeting, the committee will begin evaluating the feedback and organizing and prioritizing the information.

### **PIHP Regional Entities Update**

Association Director Michael Vizena distributed an informational update on what the Association is doing to support the new Regional Entity PIHPs. He indicated that he has received a limited number of questions related to regional entity membership. After some discussion on how to approach the membership issue, Mike suggested a letter to the CEOs and board chairs of the new regions asking for their input. The committee voted to receive and file Mike's report.



*The next meeting of the Member Services Committee is scheduled for Thursday, March 20, 2014, 9:30am, MACMHB office, Lansing.*

## **Contract & Financial Issues Committee - January 16, 2014**

### **GF Supplemental Update**

Alan reported on the supplemental to the Health Michigan program. One issue is that the Association believes the administration's numbers are off by about \$44 million. Also a major area of concern has to do with when the CMH GF comes out of the budget. The administration plans on removing the CMH GF once the legislation goes into effect – mid-March. MACMHB feels this is problematic because expansion will take several months to ramp up and enroll people into the program. If the CMH GF resources are taken out on April 1, our members will not have the resources to provide services, which will result in service interruptions.

The system will run out of GF in February if the supplemental is not in place. Also of concern is that whatever the supplemental is, we do not know how it will be distributed.

There will be an estimated 50,000 currently uninsured individuals who will not have access to services if the GF is removed prior to enrollment of these consumers in Healthy Michigan.

Next steps – The Association is working with legislative offices on an amendment to revise how the GF is removed from the budget. Alan along with lobbyist Jon Smalley and Maribeth Leonard, LifeWays CEO, are meeting with Rep. Mike Shirkey and next week to discuss this amendment.

### **PIHP Rate Setting**

Judith distributed a summary the January 10, 2014, Rate Setting Workgroup meeting. The workgroup has been charged with completing a legislative report by March 1, 2014 which summarizes both short and longer term items.

The target is rate setting for October rates; to be completed by June. There is still ambiguity about cost effectiveness.

Milliman is working on various analyses with the department.

The workgroup is working on a timeline and action plan.

There has been discussion on a having a longer range plan than October 2014 and the need to plan for October 2016 rates.

Healthy Michigan rates – DCH staff are talking with CMS regarding the rates. The assumption is it will be a statewide rate.

### **Healthy Michigan Implementation Survey Request**

Currently, MACMHB is working with MDCH administrative staff and the Legislature related to implementation of the Healthy Michigan Plan (Medicaid expansion). The purpose of this

survey is to collect current data from all CMHs related to 1) transition issues related to serving persons with mild/moderate mental health conditions, and 2) identifying and quantifying remaining general fund (GF) support needs after Medicaid expansion has been implemented. This survey attempts to quantify GF needs related to spend down Medicare only, and non-Medicaid SED children consumers.

Once the committee's suggested revisions to the survey are completed, Association staff will develop and send out a SurveyMonkey to committee members. They have been asked to complete the survey by January 31, 2014.

### **EDIT Update**

Carol Mills referred the committee to the proposed policy draft of physician injectable drug coverage. For billing purposes for people who are straight Medicaid, the primary care physician is not required to be present, but must be notified if this service is being rendered.

There will be changes to home-based community services which will change how AFC homes operate in the state of Michigan; including locked bedroom doors. Carol will send out the information on the changes to committee members.

### **ABW Cost Settlement**

The department has made changes to the final cost reports related to ABW settlement. Implications of these changes were discussed.

### **State Facility/CMHSP Contracts; Full Management**

Mike has an initial meeting next week with Cynthia Kelly to begin discussion of implications of current state facility contracts and full management relationship with the removal of most of the GF financing from CMHSP budgets. Carol Mills and Judith Taylor will participate in workgroup discussion regarding possible remedies.

*The next meeting of the Contract & Financial Issues Committee is scheduled for Thursday, March 20, 2014, 1:00pm, MACMHB office, Lansing.*

### **MACMHB Meetings for January, 2014**

(all meetings are at the MACMHB offices unless otherwise indicated)

January 27<sup>th</sup>, 10:00 a.m. - Provider Alliance Meeting



STATE OF MICHIGAN  
Department  
of Human  
Services

Field Operations Administration  
235 S. Grand Ave., Suite 1406  
P.O. Box 30037  
Lansing, MI 48909  
www.michigan.gov/dhs

FOA Memo 2014-03

## Memorandum

To: BSC Directors  
County Directors  
District Managers

Date: January 22, 2014

From: Terrence M. Beurer  
Director, Field Operations Administration (FOA).

Subject: Institutional Status

Effective immediately, Institutional Status will no longer be considered in the determination of eligibility for Medicaid for individual's age 22-64 years old in a state psychiatric hospital. Eligibility for retroactive Medicaid for an individual in a state hospital will be allowed back to October 1, 2013. This retroactive MA applies to applications received effective immediately as well as to current Medicaid beneficiaries who are residing in a state facility.

Applications will be submitted from the following Psychiatric Hospitals:

- Caro Center – Caro Michigan (Tuscola County)
- Kalamazoo Psychiatric Hospital – Kalamazoo Michigan (Kalamazoo County)
- Walter Reuther Psychiatric Hospital – Westland Michigan (Wayne County – Inkster District)
- Center for Forensic Psychiatry – Ann Arbor Michigan (Washtenaw County)

When processing applications please ensure the attached Proposed Policy Draft and BEM 265 be included in the case record.

The applications will be completed and submitted by the facilities to the county where the applicant is/was residing for these facilities. The applications will be processed by the county where the respective facility and applicant is/was located. Please be certain to include the address for the facility and living arrangement. It is expected that NO Level of Care will be generated on these approvals, but that DCH will be responsible for following and adding the necessary LOC (88 at this time) upon opening of these MA/QMB approvals. DCH will continue this practice of adding the 88 LOC and provider id until the anticipated build scheduled for March 2014, which is expected to generate an appropriate LOC(17) and provider id.

All other financial and non-financial factors must be met during determination. Should you need clarification or encounter any unexpected results please notify Jane Goetschy, Public Assistance Bureau, FOA at [goetschyj@michigan.gov](mailto:goetschyj@michigan.gov).

Contact Office: FOA CAB  
Distribution: All Staff  
Obsolete Date: None until revised or rescinded.

10-1-13

## COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

### MEMORANDUM

Date: January 24, 2014  
To: CMH Board Members  
From: Julia Rupp, Executive Director  
Subject: Monthly Activity Report

The following summarizes the activity within the agency for the past month:

- The Autism program is adding an additional Masters level staff so we can serve up to 32 children. We are currently at 20; when we reach 32 we will have to implement a waiting list.
- While we did see some improvements in projected General Fund (GF) this month, we are preparing for the possibility of starting a waiting list for GF clients. We are carefully watching and waiting to get information from the Department of Community Health (DCH) on GF funding for the remainder of this fiscal year.
- Agency staff continue to make preparations to start the use of the new Electronic Health Record. The targeted "go live" date on this is still set for April 1, 2014.
- Finance and other agency staff completed the move back from the west end of the Mental Health Center to the north side of the east end in the last couple of weeks. Work continues on the south side of the east end.
- The adult teams that moved temporarily to the Oak Street location have moved back to the west end of the Apple Avenue location. This will allow us to have the Oak Street location be a child and youth location only. The additional space will allow the youth teams to increase group services and relocate Dr. Smith.
- Finance staff continue to work on making sure accurate insurance information is in the AVATAR system to insure proper billing to all guarantors.
- In collaboration with other CMHs, (Muskegon, Kent, Kalamazoo, Clinton-Eaton-Ingham, Saginaw, and Genesee) we received a Mental Health First Aid grant in the amount of \$500,000. Network 180 is the fiscal agent. This will allow us to continue to provide training to our community members on mental health first aid.
- We have received preliminary recommendations from Revel based on the surveys and focus groups. Final recommendations and a summary of their report for Community Mental Health branding will be presented to the full board in February.
- BDO USA recently completed the financial part of their audit of our agency for FY 2013. We will be receiving a draft report on this audit in the very near future.

- Brinks renovations are moving along. We anticipate moving into our new location in the Brookhaven building in mid-February. We do not anticipate having to close down services during the move. We are applying for credentials in crisis residential for the Brinks program. The new space and planned program changes will allow us to serve persons with greater needs.
- We are working on service agreements with Lakeshore Regional Entity to provide services in IT, reporting, and QA. Dr. Green will allocated .25 to LRE as the LRE Medical Director.