



FINANCE COMMITTEE

April 17, 2014 – 8 a.m.

Mental Health Center – Board Room

Committee Chair: John Snider

Committee Vice-Chair: Janet Thomas

AGENDA

	<u>Disposition</u>
1. Call to Order	Quorum
2. Approval of Minutes of March 21, 2014 (Previously Forwarded)	Action
3. Items for Consideration	
A. Approval of Expenditures for March 2014 (Attachment #1)	Action
B. Interim Analysis of Expenditures (To be distributed)	Information
C. Interim Analysis of Revenues (TBD)	Information
D. Interim Balance Sheets of February 2014 (TBD)	Information
E. CMH Expenditures Financial Statement (TBD)	Information
F. Finance Update – Interest Earnings, Public Act 423, Fees & State Inpatient Summary (TBD)	Information
G. Budget Variance Analysis Report (TBD)	Information
H. Year End Projection Trends (TBD)	Information
I. Medicaid Eligibles Report (Attachment #2)	Information
J. Approval to Amend Contract with Hope Network Behavioral Services (Attachment #3)	Action

K. Approval to Sign Amendment #1 to the Managed Mental Health Supports and Services Contract with DCH (Attachment #4) Action

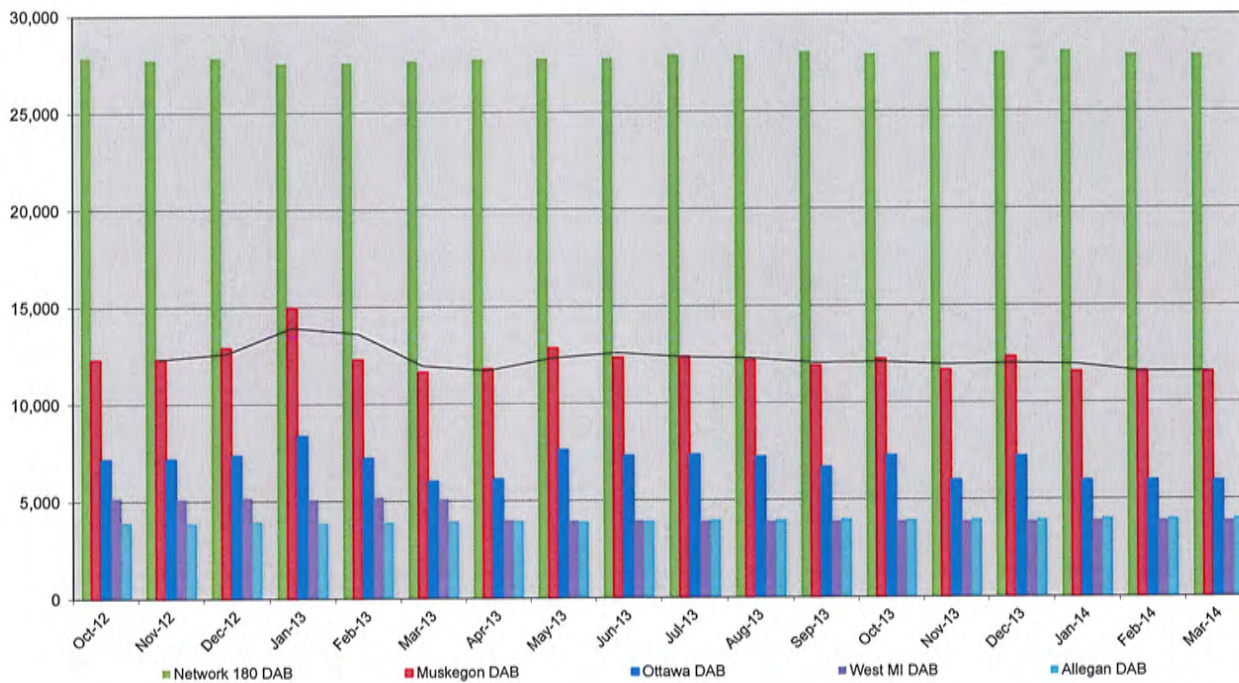
4. Old Business
5. New Business
6. Communications
7. Director's Comments
8. Audience Participation
9. Adjournment

/jv²

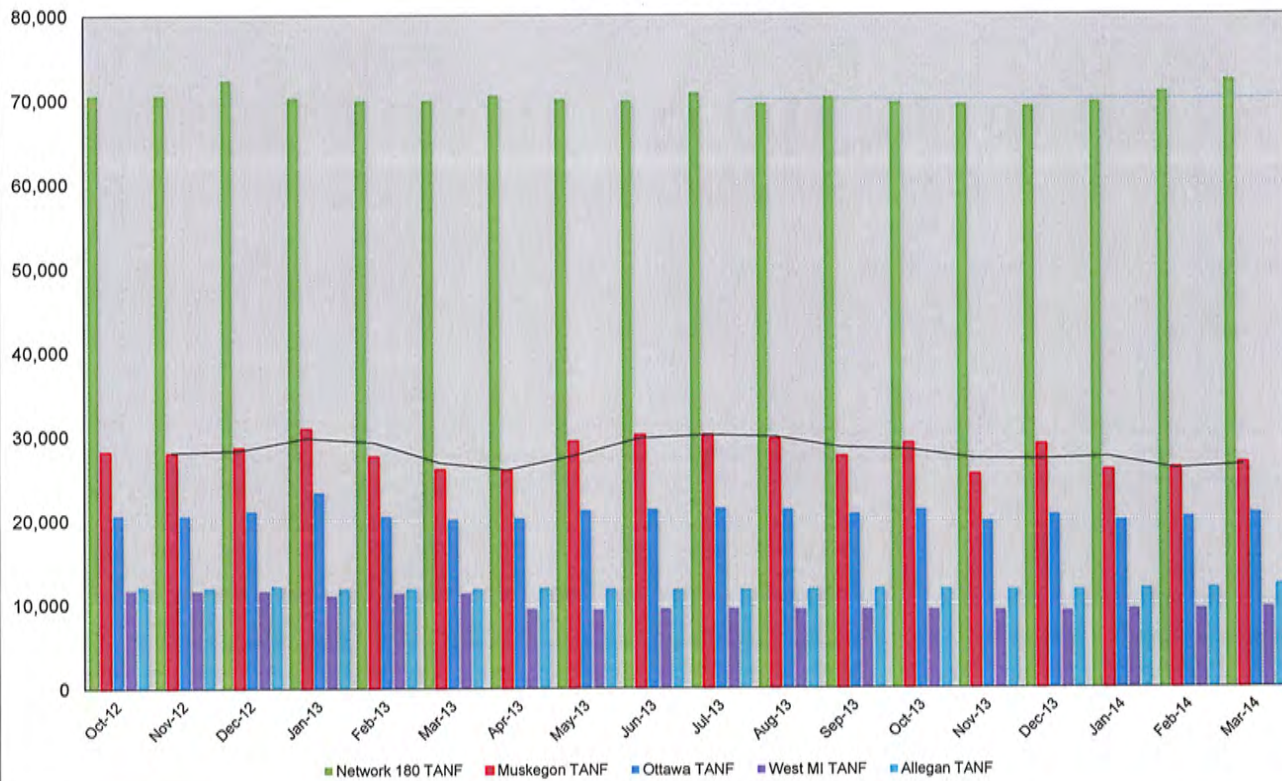
REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE April 17, 2014	REQUESTOR SIGNATURE Thomas A. Best, CFO	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Expenditures for the month of March 2014 totaled \$4,382,324.92. Some unusual expenditures for the month include amounts of \$7,500 to Behavioral Consultations, PLC for three months of services; \$3,919.86 to CDW Government, Inc., for laptops and RAM; \$1,600 to ISI for Asterisk Conference System implementation; \$6,900 to Merit Network, Inc., for annual maintenance fee; \$1,129.55 to New Horizons Computer Learning Center for on-site Acrobat XI Part 2 and Outlook 2010 Part I training; \$2,996.67 to Revel for marketing costs; \$4,560 to Rite Way Plumbing and Heating, Inc., for air conditioning unit for the IT server room; and \$3,620 to Taylor Office Furniture to reconfigure offices at our Oak Street facility.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve expenditures for the month ending March 31, 2014, in the total amount of \$4,382,324.92.			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

Regional DAB FY 2013 - Present



Regional TANF FY 2013 - Present



REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Network Development	REQUEST DATE April 17, 2014		REQUESTOR SIGNATURE Judy Cohen, Network Manager
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested for Community Mental Health to amend the contract with Hope Network Behavioral Health Services (3075 Orchard Vista SE, Grand Rapids, MI 49546), to increase the rate of their Harbor Pointe Homes from \$324.37 to \$358.44 per day, effective April 1, 2014. Hope Network is not willing to accept their approved rate effective October 1, 2013, as they increased their rates at the start of the calendar year to \$331.00 plus room and board of \$27.44 per day (a 10.5% increase for CMH).</p> <p>CMH staff are requesting we amend the contract so that we can use this facility at times when we have a consumer with intellectual/developmental disabilities and who has a sex-offending history, as our clinical placement options are very limited for this population.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move for the Community Mental Health Executive Director to sign an amendment to the contract with Hope Network Behavioral Services to increase the rate of their Harbor Pointe Homes to \$358.44 per day, effective April 1, 2014 through September 30, 2014, not to exceed \$65,595.00.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE April 17, 2014		REQUESTOR SIGNATURE Tom Best, Chief Financial Officer
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested for Community Mental Health of Muskegon County (CMH) to sign Amendment #1 to the contract with the Michigan Department of Community Health (MDCH) for the Managed Mental Health Supports and Services contract, effective October 1, 2013 through September 30, 2014.</p> <p>CMH has received an amendment to the contract with MDCH for Medicaid Managed Mental Health Supports and Services which updates certain Office of Recipient Rights requirements as well as corrects the inadvertent omission of the Recipient Rights Data Reporting requirements from Attachment C.6.5.1.1. The attachments for the amendment include the following:</p> <ol style="list-style-type: none"> 1. An edited version of the contract boilerplate with the specific changes to section 6.3.2 Recipient Rights and Grievance/Appeals. 2. Attachment C.6.3.2.3. ORR CEU Requirements. 3. Attachment C.6.3.2.4. Recipient Rights Appeal Process. 4. Attachment C.6.5.1.1. Reporting Requirements adding instructions for completing the Recipient Rights Data Report. 5. The boilerplate signature page. <p>It is understood and agreed that all other conditions of the original agreement remain the same.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to authorize the Community Mental Health Executive Director to sign Amendment #1 to the Managed Mental Health Supports and Services contract with the Michigan Department of Community Health, effective October 1, 2013 through September 30, 2014.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		