
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
December 18, 2024 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Ms. Gardner
2. Roll Call/Conflict of Interest Question – Ms. Gardner
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - December 18, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - November 20, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel – (*Attachment 3*)
6. MDHHS/PIHP Contract
7. Reports –
 - a. CEO – Ms. Marlatt-Dumas (*Attachment 4*)
 - b. LRE Leadership – (*Attachment 5*)
8. Chairperson’s Report – Ms. Gardner
 - a. December 11, 2024, Executive Committee (*Attachment 6*)
9. CEO Evaluation Timeline (*Attachment 7*)
10. Action Items –
 - a. FY 2025 ReFocus LLC Contract (*Attachment 8*)
Suggested Motion: To approve the FY 2025 contract with ReFocus LLC.
11. Financial Report and Funding Distribution – Ms. Chick (*Attachment 9*)
 - a. FY2025, November Funds Distribution (*Attachment 10*)
Suggested Motion: To approve the FY2025, November Funds Distribution as presented.
 - b. Statement of Activities as of 10/31/2024 with Variance Reports (*Attachment 11*)
 - c. Monthly FSR (*Attachment 12*)
12. Board Member Comments
13. Public Comment
14. Upcoming LRE Meetings
 - January 15, 2025 – Executive Committee, 1:00PM

- January 22,2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 22, 2025 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity
November 20, 2024 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Ms. Gardner

Ms. Gardner called the November 20, 2024, LRE Board meeting to order at 1:04 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Ms. Gardner

In Attendance: Linda Dunmore, Patricia Gardner, Janice Hilleary, Alice Kelsey, O’Nealya Gronstal, Dave Parnin, Richard Kanten Andrew Sebolt, Stan Stek, Craig Van Beek

Online: Ron Bacon, Sara Hogan, Jim Storey, Janet Thomas

Absent: Jon Campbell

PUBLIC COMMENT

Michael Brashears – in relation to agenda item 8d, Risk Management Strategy (RMS) – Would like to remind the Board to keep in mind while reviewing the RMS that all CMHs submitted RMS plans and spending plans with no planned use of the ISF. So, even though there are deficit amounts listed in those plans they are targets that each CMH with a deficit is committing to meet by the end of the fiscal year. Ottawa takes the information submitted seriously and it is their intent to reduce the deficit and balance their budget without the use of the ISF. None of the CMHs are planning to use the ISF unless they are unable to meet their targets. Ottawa will aggressively work with the region to balance their budget and has asked the PIHP to work together in complete transparency of meeting the goals of their spending plan and.

CONSENT ITEMS:

LRE 24-45 Motion: To approve by consent the following items.

- November 20, 2024, Board of Directors meeting agenda
- October 23, 2024, Board of Directors meeting minutes

Moved: Craig Van Beek Support: Richard Kanten

MOTION CARRIED

LEADERSHIP BOARD REPORTS

- a. CEO Report – Ms. Marlatt-Dumas

The CEO report is included in the Board packet for information.

- LRE has contracted with Jack Calhoun, ReFocus to handle Compliance. LRE would like to thank Wendi Price for being the interim Compliance Officer.

- Lisa Williams has resigned as of January 31, 2025, LRE would like to acknowledge her leadership and regional collaboration.
- Weekly updates continue regarding the Autism CAP, MDHHS has added additional items to the CAP. Network180 continues to show progress.
- The PIHP/CMSP contract is moving forward with 2 of the boards already approving signature. The additional CMHs will be brought to their next Board meetings for their approval. LRE would like to thank Stephanie VanDerKooi for her work on the contract and with the CEOs.
- A statement of work has been agreed to regarding the UM consultation firm for N180.
- LRE continues to advocate with MDHHS for more slots. Currently the state is only approving 5 slots at a time due to insufficient staffing. The LRE has pushed back on this limiting of submissions.

b. LRE Leadership Report –

The QAPIP was reviewed during the Work Session and is included in the packet.

CHAIRPERSON’S REPORT

October 16, 2024, Executive Committee meeting minutes are included in the packet for information.

- Mr. Gardner updates that there was positive news regarding the contract and that it will be signed by all CMHs. She would like to recognize Stephanie VanDerKooi and the CMHs for their work with the contract.
- Bylaw amendment – Calling a special meeting. Ms. Gardner updates that there are two issues that need to be addressed.
 - i. There is no provision for how or who can call a special Board meeting.
 - Mr. Stek has recommended not amending the Bylaws but instead to put a policy in place to address the calling of special meetings.
 - ii. There is a discrepancy in the term of officers. The bylaws discuss the annual election in one area while in another section the bylaws discuss officer terms being for 2 years.
 - The issue is that N180 Board has never adopted the original bylaws and so would not be able to approve an amendment.
- Ms. Gardner recommends approving having a policy put in place to address calling a special Board meeting and the Board will recognize that the term for officers will be 1 year.

MDHHS/PIHP CONTRACT DISCUSSION

5 PIHPs have now signed the contract. The 2 PIHPs that recently gave in and signed did so under duress and have stated they will continue to stand with the others that have not signed. If LRE does not sign the contract MDHHS has stated, they will dissolve the PIHP and RFP for another organization to take its place. Based on conversations with other PIHPs and legal the likelihood

that this would happen is low. MDHHS cannot just transition the PIHPs as they are formed by the CMHs that are county based. This essentially would strip the power away from the counties and legal counsel is stating that MDHHS is not in a position to do this.

What would it look like if they tried to transition the PIHPs? The transition would be a 2-year process but there does not seem to be a plan in place to begin this transition. Currently MDHHS is paying the PIHPs for the services provided, which by default suggests we are in a contract with them. There is one region that would keep a substantial amount of ISF and seems to be the reason for MDHHS digging in their heels.

PIHPs have attempted to use the dispute resolution process that would entail a fair hearing, but MDHHS has not followed through on it. This is in the MDHHS contract, and they are not following it. If a lawsuit moves forward, it would be a collective lawsuit against the state with Mr. Greg Moore being the legal representative for the PIHPs.

Mr. Parnin recommends moving forward as is and not signing the contract. The purpose is to have MDHHS come back to the table and have further discussions. CMHAM are advocating for the PIHPs and are scheduling a meeting to discuss this issue with the Governor. There is also a media campaign that is on hold until the state takes their next steps.

Mr. Stek comments that he would be inclined to hold to status quo and to put the special meeting policy in place immediately in case an emergency meeting needs to be held. Ms. Gardner agrees and recommends putting it on the December agenda and/or a special meeting can be called if necessary.

ACTION ITEMS

LRE 24-46 Motion: To ratify LRE CEOs execution of the MDHHS/PIHP Contract Amendment 3.

The amendment was for a rate adjustment and had to be signed before the November Board meeting.

Moved: Stan Stek Support: Richard Kanten
MOTION CARRIED

LRE 24-47 Motion: To approve LRE CEO to execute the FY25 PIHP/CMHSP Contract.

Moved: Stan Stek Support: O'Nealya Gronstal
MOTION CARRIED

LRE 24-48 Motion: To approve adoption of a policy that pursuant to Article 4.6 of the Bylaws of the Lakeshore Regional Entity the Board of Directors hereby set the meetings of the Board of Directors to be as posted unless cancelled by the Chairperson and at such other times as the Chairperson of the Board of Director or any four members of the Board of Directors may set for a special or emergency meeting of the Board of Directors.

Moved: Stan Stek Support: Linda Dunmore

MOTION CARRIED

LRE 24-49 Motion: To approve the LRE FY25 Risk Management Strategy Plan.

Moved: Craig Van Beek Support: Linda Dunmore

MOTION CARRIED

LRE 24-50 Motion: To approve the FY25 QAPIP as presented.

Moved: Alice Kelsey Support: Dave Parnin

MOTION CARRIED

LRE 24-51 Motion: To approve the 2025 LRE Board Meeting Schedule as presented.

Moved: Richard Kanten Support: O'Nealya Gronstal

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

FY2025 October Funds Distribution

LRE 24-52 Motion: To approve the FY2025, October Funds Distribution as presented.

Moved: Stan Stek Support: Janice Hilleary

MOTION CARRIED

Statement of Activities as of 9/30/2024 with Variance Report-

Included in the Board packet for information.

Monthly FSR-

Included in the Board packet for information.

BOARD MEMBER COMMENTS

Mr. Parnin comments that he is on the Ottawa CMH Board. Recently an email was sent to the Board members informing them of the current \$4 million deficit. The CMH Board reviews the budget monthly and there have been no issues until recently. The Ottawa CMH CEO has sent a deficit plan to bring the agency back on budget. In the spirit of collaboration and accountability, can we bring this forward and have each CMH work within their budget without using the ISF? Should a letter be sent from Ms. Gardner and Ms. Marlatt-Dumas to each CMH stating that we are in this together to work within our budget and if there is anything that can be done to help from the PIHP?

- Ms. Gardner comments that the financials are given to the Boards each month and the deficit reduction plan offers a multi-faceted strategy that allows each CMH to be

successful. We also push the state as our funder to see that the needs of the community are increasing therefore the static funding is not enough to address those needs. These are critical issues, and all the CEOs are dealing with this on a day-to-day basis. All comments are appreciated.

Mr. Stek comments that there is no surprise that there is a \$4 million dollar deficit and will not be surprised if there is more coming. The challenge is to keep that as a minimum, stay on top of it and be as aggressive as possible when addressing the issue

Mr. Stek would like to thank Lisa Williams for her many years of service. She has been one of the backbones of this organization since the beginning. She will be missed, and we wish her well.

Ms. Kelsey will be interested to hear what the UM consultant will find and if the entire region can use their findings. She recommends that any information is shared with the other CMHs.

PUBLIC COMMENT

Dr. Lisa Williams comments that it has been a pleasure to serve in the Michigan system for 25 years and the lessons that have been learned will be brought with her in her new position. Dr. Williams is hoping that she will continue with the relationships she has built over the years into the future and that collaboration can continue. It has been a fabulous 25 years.

UPCOMING LRE MEETINGS

- December 11, 2024 – Executive Committee, 1:00PM
- December 18, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- December 18, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Ms. Gardner adjourned the November 20, 2024, LRE Board of Directors meeting at 2:16 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CONSUMER ADVISORY PANEL MEETING NOTES

Thursday, December 12, 2024 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynette B., Cindy Boerema, Angie K., James Sibley, Angie Kartes, Tamara M.,

CMH: Cathy Potter (OnPoint), Chelsea Clark (Ottawa), Jodi Garrow (WM), Lori Schummer (WM), Max Knoth (Ottawa),

LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
 - i. Review of the December 12, 2024, Agenda
 - ii. Review of the September 12, 2023, Meeting Minutes

The December 12, 2024, meeting agenda and September 12, 2024, meeting minutes are accepted as presented.

2. Guest Speaker – Mitchell Laretz, MDHHS
 - i. Statewide CAP Group
 - Mr. Laretz presents the CMS final rule is addressing 2 different groups.
 - The Medical Care Advisory Committee will change to the Medicaid Advisory Committee.
 - Beneficiary Advisory Council launching in June 2025. The group will include current and former Medicaid beneficiaries and caretakers. This meeting will be virtual with special accommodation if needed. There will be hourly stipends and travel reimbursement. Members will have the option to be anonymous to the public. All these options will be identified on the application.
 - A public announcement will be made to bring awareness to both groups. Meetings can be changed and updated as needed to accommodate members and there will be a survey at the end of the meetings.
 - MDHHS is still shaping the recruiting strategies to reach the population.
 - If any of this group is interested or knows of someone that would be interested, they can contact Mitchell Laretz at laretzm@michigan.gov
3. Member Stories – Limit 5 minutes
 - i. Member Experiences

- James comments that in rural areas there are issues with AFC homes shutting down and believes there should be some type of study completed. Homes are important to individuals. He has been looking for a new home for 2 years.
 - There is awareness that this is an issue and is being worked on statewide.
4. Community Advisory Panel -
- i. Walk a Mile Report Out (for those who attended)
 - Lynette updates that the Walk a Mile was great, but it seems that attendance has been down since COVID. The speakers were very good and seemed that attendance was up this year compared to previous years. It is a great opportunity to connect with many people.
 - Tamara was a speaker at the Walk a Mile. She felt very supported while telling her story. It is helpful that people can feel empowered.
 - WM CMH had one of their CAP members' artwork chosen for a button.
5. LRE Updates –
- i. LRE/Network180 Autism Corrective Action Plan (CAP)
 - LRE/N180 has been giving MDHHS updates for the past year about the Autism waitlist and how we are addressing that. The CAP has been extended until January.
 - ii. PIHP/MDHHS Contract Update
 - Currently the LRE has not signed this year's contract due to concerns about specific language. LRE is talking with our legal about how to move forward and the possible impact. There are 5 PIHPs that have signed the contract and 5 PIHPs that have not signed the contract. This will be discussed at the December Board meeting and how they would like to move forward.
 - iii. 2025 LRE Board Meeting Schedule
 - The Board schedule is included in the packet. If the public would like to attend, they may attend in person or virtually. Contact Marion if you would like a link to the meeting.
 - iv. Election of Board Officers – New LRE Board Officers
 - Chair – Patricia Gardner (N180)
 - Vice Chair – Janet Thomas (HealthWest)
 - Secretary – Ron Bacon (WM CMH)
6. Regional Updates –
- i. PIHP/CMH Contract Update –

- The PIHP/CMH contract is inclusive of elements of the MDHHS/PIHP contract. The LRE has been in contract negotiations over the past year with the CMHs and the final contract has been completed and signed by all CMHs.
- ii. Customer Satisfaction Survey -
- LRE is taking surveys up to December 15, 2024, after which this will be taken off the website. There is a total of 1700 surveys completed. There will be meetings after the new year to determine if any changes to the survey are needed. There was some feedback that the survey was too long, and we will be reviewing that. We will keep this group updated.
 - Individuals can request help with filling out the survey.
 - LRE used a nationwide tool for the survey as required by CCBHCs. LRE may look at another survey for non-CCBHC individuals.
 - If a survey is abandoned while filling out online it cannot be saved and an individual would have to start the survey over.
 - Mari reviews the CS report.
 - Grievances year-end total 249 – Q1- 86, Q2 - 70, Q3 - 48, Q4 – 45
 - Appeals year-end total 130 – OP- 3, HW - 34, N180 - 92, Ottawa - 1. There were 92 appeals upheld, and 38 appeals overturned.
 - State Fair Hearings year-end total – 15
 - CS phone calls year-end total – 435
 - NABD trainings in January, April, July and October – 286 attendees
 - PCP writing training – 308 attendees
 - Goals for 2025 – continue trainings, continue NABD and Grievance audits, CCBHC transitions new survey, sharing resources to CS ROAT, continuous improvement overall in CS
- iii. Lisa Williams, West Michigan CMH CEO resignation –
- Dr. Lisa Williams, who is the CEO of West Michigan CMH that covers Lake, Mason and Oceana counties has resigned effective January 31, 2025. WM CMH is in the process of a search for a new CEO.
 - Jeana Koerber is joining OnPoint as the Chief Operating Officer, starting January 13th, 2025.
7. State Updates –
- i. Legislative Update
- Included in the packet is a one-page update. Currently, the legislation is in lame duck session.
8. Reminder about Annual Officer Election in March

- A new Chair and Co-chair will be voted on in March if there are any members interested or would like to nominate another member.

9. LRE Board Meeting

December 17, 2024 – LRE Board Meeting

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

Call-in information will be posted on the LRE website

10. Upcoming CAP Meetings for **2025** (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

March 13, June 12, September 11, December 11

11. Other:

FUTURE AGENDA ITEMS

1. Review of CAP Goals and Bylaws

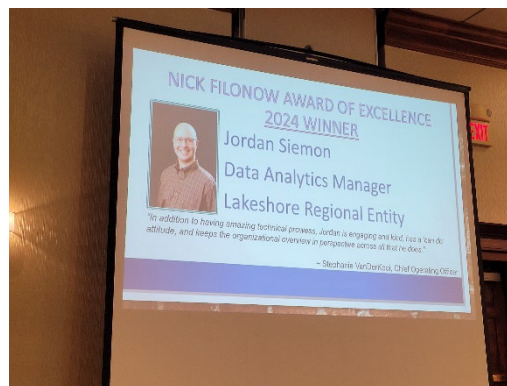


Every day is a good day, but today is a Great Day to be a part of the Lakeshore Regional Entity!

PIHP/REGIONAL Update

1. LRE Updates

- **Congratulations** to Jordan Siemon on being selected to receive the 2024 Nick Filonow Award of Excellence. Jordan holds the Data Analytics Manager title at the LRE. This award is presented annually during the Improving Outcomes Conference to recognize those who have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology, or quality efforts. This award acknowledges the high esteem in which Jordan is held both at the state level and by his colleagues in the mental health field.



2. Regional Updates

- **PIHP/CMHSP Contract Update:**
 - All five CMHSPs have signed the FY24 PIHP/CMHSP contract. This process has been a long and challenging task. However, we are pleased to have successfully completed the new contract through a collaborative effort between LRE staff and CMHs.



- LRE will begin working on FY25 contract language after the holiday season.
- Network180 legal has requested a meeting with LRE legal around the concept of risk which continues to be an area that seems to present some challenge.
- Financial Concerns:
 - **Network180**
Update: LRE is a party to the contract with Network180 and CHRT (which is an affiliate of University of Michigan Healthcare System). The timeline and fee schedule are listed below.

Phase I Work Plan

	Dec 2024	Jan 2025	Feb	Mar	Apr
Weekly meetings	x	x	x	x	x
Landscape analysis of existing standards for alignment of acuity and services	x	x	x		
Review of MCG criteria		x			
Development of data request		x			
Data analysis		x	x	x	
Develop recommendations				x	x
Report writing				x	x
Deliver final Phase I report					x

Phase I Budget

The total cost for the Phase I work as described in this statement of work is \$49,690.

Activity	Hours	Subtotal
Weekly meetings	40	\$7,490
Landscape analysis	61	\$10,795
Review MCG criteria	22	\$3,280
Develop data Request	34	\$6,295
Analyze data	73	\$14,140
Develop recommendations	18	\$4,005
Report writing	13	\$3,685
	Total	\$49,690

- **Ottawa County CMH**
 CMHOC is currently reviewing areas to find economic efficiencies while also looking ahead at FY25 revenue and expenditures. The CEO, Michael Brashears, has reached out to the LRE requesting technical assistance with



the Specialized Residential Services Initiative. The LRE is prepared and looking forward to partnering with CMHOC on this project.

- **Habilitation Services Waiver (HSW)**
LRE filled 5 HSW slots for November – Ottawa – 1 packet, HealthWest – 2 packets, N180 – 2 packets. The LRE has already completed three (3) enrollments from N180 for December, with another 7 packets ready for submission. Currently we have 10 open HSW slots due to MDHHS’ request that PIHPs limit their submissions to 5 packets at a time for initial enrollment. This request by MDHHS has slowed enrollments. The Waiver team has adjusted to this 5-packet limit and has been submitting packets throughout the month of November and December to fill as many open slots as possible given the restriction.

- **MDHHS Annual Waiver Site Review Update FY24:**
 - The Site Review concluded on 12/4. Overall, the Waiver team (Stewart Mills, Melanie Misiuk, and Stephanie VanDerKooi) believe that it went well, with very few issues and no major surprises.

 - The Administrative Review portion was in full compliance again (was also in 2022), including the newer areas. MDHHS congratulated us on this and Price Pullins commented on how much he liked LRE’s CIRE reporting system and dashboard.

 - MDHHS was impressed with the quality of the biopsychosocial assessments, evidence of choice and coordination of care, and evidence of the golden thread throughout plans. They also appreciated the strong evidence of psychiatric documentation, how to report abuse and neglect, and documentation of getting regular feedback from individuals served.

 - There were several repeat citations in each program, but MDHHS commented several times that the overall compliance rate of many of those performance measures has increased significantly since the 2022 review. The details of this will be included in their final report.

 - MDHHS also gave recognition to everyone who worked on the document submission, and said it was outstanding, well organized, and easy to navigate. The LRE is giving a big thanks to all the Waiver and QI Staff at the CMHs that worked on that.

- **Artificial Intelligence**
The LRE has been wrestling with issues around AI. When should it be used, how should it be utilized, what do staff do when on an online platform (TEAMS/ZOOM) call with another organization that might be utilizing AI for



meetings, etc. The LRE has been reaching out to other PIHPs, CMHSPs, national organizations, legal and providers for feedback. Presently we are in the process of drafting a policy. This policy will have a frequent review process that could be as often as monthly as this is how quickly the field of AI is changing.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS PIHP contract – spoke about this last month.

Update: MDHHS sent communication on three separate occasions about things that were changing due to the LRE not signing the original MDHHS Master Contract.

Those three areas include:

- LRE is not eligible to provide SUDHH or BHH services to the constituents of Region 3.
- LRE would not be able to utilize any Opioid Settlement funds (approximately \$1 million regionally) until the contract is signed.
- LRE would not be included in some of the data collection efforts on the MichiCans.

Taft Law will be attending the Board meeting to answer questions on whether the LRE should join the other four PIHPs that have filed for a preliminary injunction. The preliminary injunction would allow for the PIHPs that signed the redlined version of the contract to continue to provide the services to the beneficiaries of those specific regions under the SUDHH/BHH.

Presently LRE has not agreed to join the complaint, nor is the LRE a party to the injunction. The LRE Board of Directors should be prepared to ask questions regarding the benefits and impacts of joining or not joining and the risk if the BOD decides not to join the other complainants.

Legislative Update:

Details can be found in the full Legislative Update attached to this report.

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity

December 2024 Legislative Update - Narrative

This month, in lieu of the legislative grid, the LRE will be providing a narrative summary of notable legislative activities at the State and Federal levels.

With the outcome of this month’s elections now confirmed, many changes will be expected in the coming months. The State Speaker of the House will be changing, Matt Hall will be taking over, and the party with control of the Michigan House of Representatives will be the Republicans. Democrats remain in control of the State Senate, meaning the State’s government will be divided.

At the Federal Level, Republicans will now occupy the Executive Office and have majority in both the House and the Senate. Michigan did however elect Democrat Elissa Slotkin to the open Senate seat, replacing Democrat Debbie Stabenow.

The end of 2024 also marks the end of the current two-year legislative cycle at both the State and Federal levels, which means after the end of the year, any existing bills that have not been approved will have to be reintroduced in the new year if the interested parties would like them to continue.

The LRE would like to emphasize legislation that may have a chance to be passed before the end of the year.

The LRE would like to highlight the following bills as action items:

State Legislation:	Federal Legislation
<ul style="list-style-type: none"> • HB 6002-6005 • HB 6022 <p>Tobacco Free Michigan is requesting action on these bills which were discussed in the House Committee on Families, Children, and Seniors on November 12. These bills would create statewide tobacco licensure programs and restore local control on tobacco sales.</p> <p>Non-profit Tobacco Awareness Tobacco Free Michigan United States</p> <ul style="list-style-type: none"> • SB 651 & 654 <p>These bills have passed the Senate, and still need to be passed by the House. These bills would establish retailer licensing and decriminalize youth possession.</p> <ul style="list-style-type: none"> • HB6324 & 6235 <p>These bills would remove flavors from tobacco products in Michigan. On 12/11 the House</p>	<ul style="list-style-type: none"> • HR 7213 – Autism CARES Act of 2024 <p>This bill reauthorizes several programs that support autism education, research, and resources. Specifically, the bill reauthorizes through FY2029 (1) the Developmental Disabilities Surveillance and Research Program that is administered by the Centers for Disease Control and Prevention; (2) activities administered by the Department of Health and Human Services (HHS) to support autism education, early detection, and intervention; and (3) the Interagency Autism Coordinating Committee in HHS. It also updates and establishes various related reporting requirements, including by requiring the Government Accountability Office to report on how to increase the number of developmental-behavioral pediatricians through certain training programs.</p>

December 2024 Legislative Update - Narrative

<p>Committee on Families, Children and Seniors will hear public comment on these bills. Time will likely be tight as it was when they heard comments on bills that cover retailer licensing, preemption and youth possession.</p>	
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LAKESHORE

REGIONAL ENTITY

LRE Data Submissions, Strengths & Opportunities – December 2024

Ione Myers - Chief Information Officer

December 11, 2024

CMH Data File Submissions to LRE

A review of 2024 data file submissions from CMHs to the LRE system shows that submission timeliness has improved overall, with the most common issues being experienced with files coming from the two CMHs who have recently replaced, or are currently working on replacing, their EMR systems.

Other issues with late or inaccurate submissions are very occasional. These are the result of simple human error or scheduling anomalies, and not reflective of any system insufficiencies.

Our regional systems are well positioned for success and will be further strengthened by Ottawa's move to a PCE Systems EMR in 2025.

Strength – Timely Submissions

LRE Data File Submissions to MDHHS

Many different types of reports are due for submission to LRE every month in various formats (structured data files, Excel Templates, Word or PDF Documents [Narratives]).

Of those which are submitted by CMHs to LRE, then subsequently pushed from the PIHP system as structured data files to the MDHHS system (**Monthly: BHPRegistry, BHTEDS, Encounters, Critical Incidents...** **Quarterly: MMBPIS**), **97.9 %** of those regular file submissions, January through November, have occurred timely (only one file was submitted late to MDHHS). This is a significant improvement over prior years.

Keeping all files timely requires careful timing and coordination between CMH and PIHP staff, close attention to detail (and the calendar), and persistence to fully accomplish each task even when (*especially when*) things are not going “normally”.

Opportunity – BHTEDS Completeness

BHTEDS Completeness

While MDHHS 8/16/2024 BHTEDS completeness reports showed LRE above the required 95% compliance rate, subsequent measures are showing a decline in the Crisis Only and SUD measures.

Mental Health Completeness by CMH - FY24 as of 11/18/2024

Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	2,542	2,518	99.06%
HealthWest	4,993	4,983	99.80%
Network180	10,194	9,589	94.07%
Ottawa	2,880	2,763	95.94%
West Michigan	2,107	2,100	99.67%
	22,716	21,953	96.64%

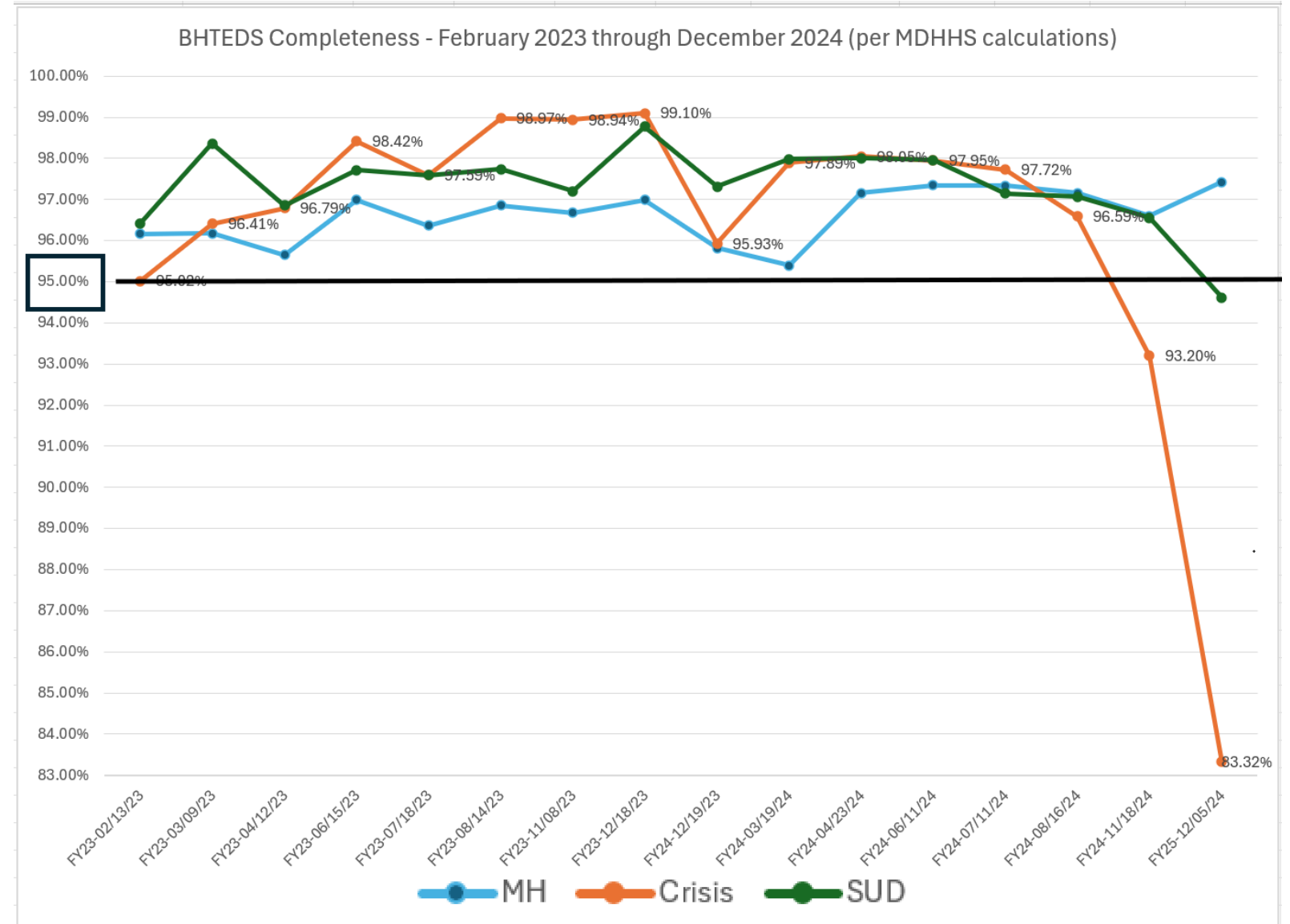
Mental Health (Crisis Only) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	430	408	94.88%
HealthWest	1,146	1,146	100.00%
Network180	3,687	3,361	91.16%
Ottawa	898	794	88.42%
West Michigan	654	651	99.54%
	6,815	6,360	93.32%

SUD Completeness by CMH - FY24 as of 11/18/2024

SUD BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	408	399	97.79%
HealthWest	1,236	1,236	100.00%
Network180	2,600	2,514	96.69%
Ottawa	1,048	948	90.46%
West Michigan	582	578	99.31%
	5,874	5,675	96.61%

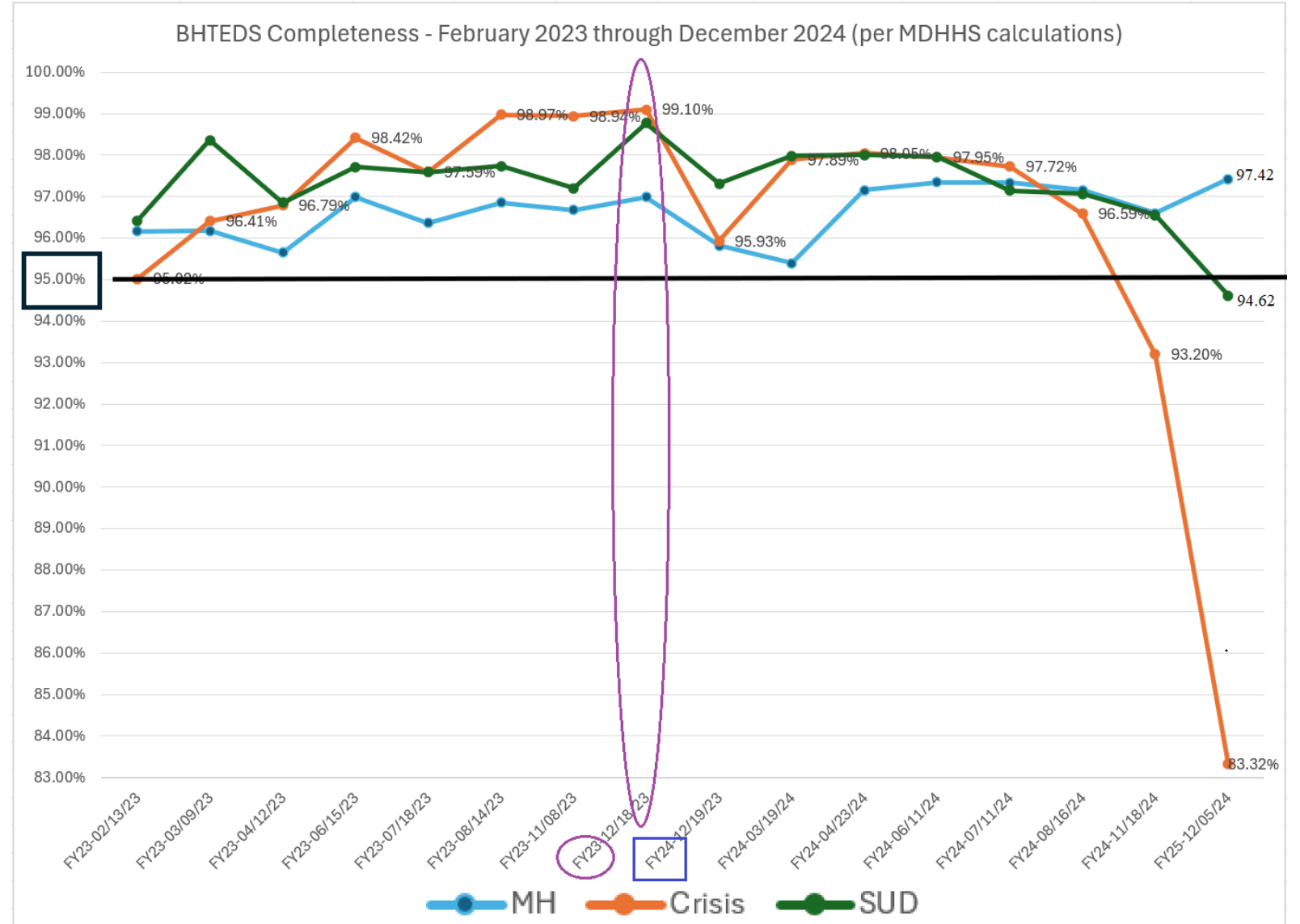
Opportunity – BHTEDS Completeness

BHTEDS Completeness over time



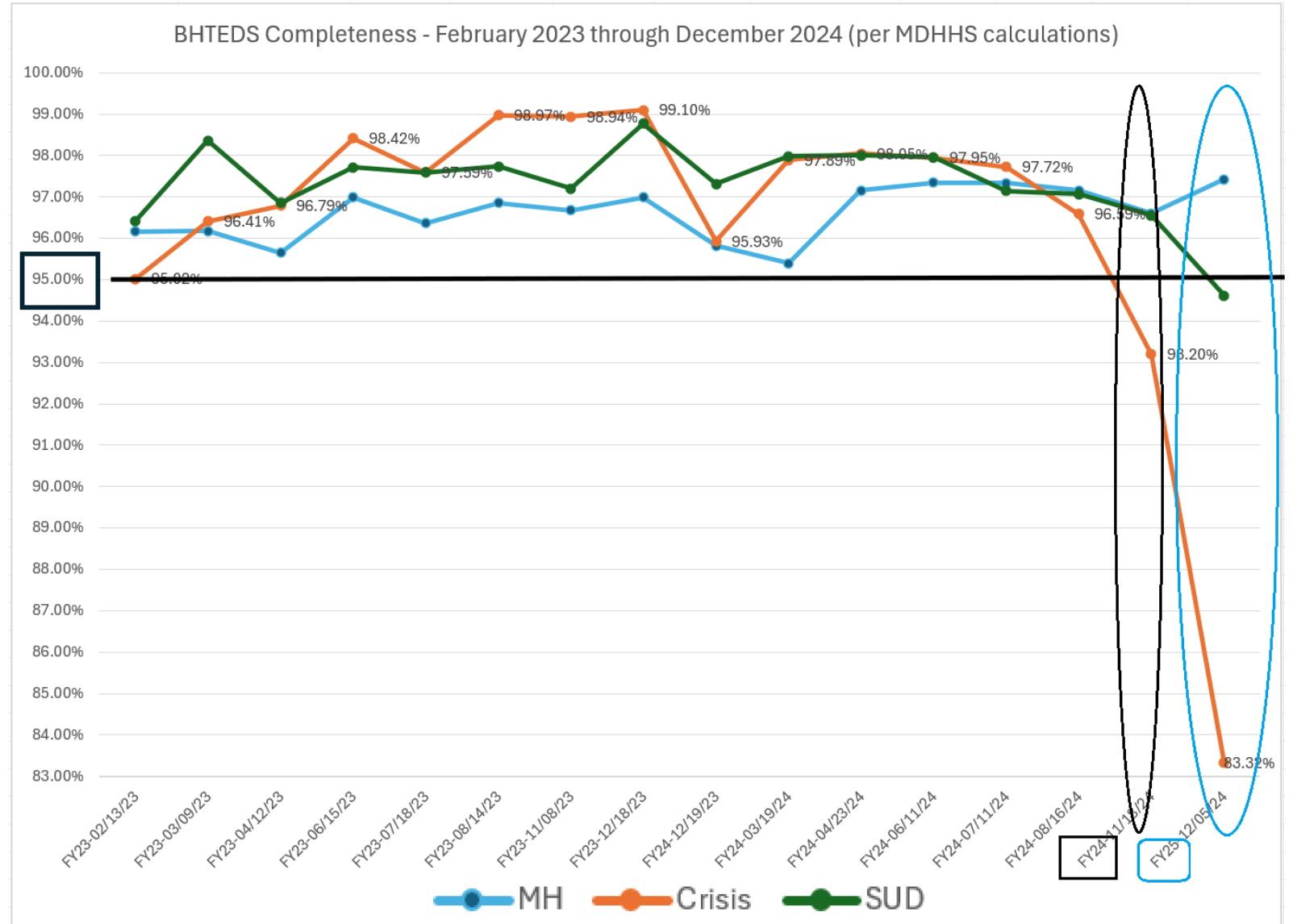
Opportunity – BHTEDS Completeness

BHTEDS Completeness – FY23 ended on a high note



Opportunity – BHTEDS Completeness

BHTEDS Completeness – FY24 is trending downward



Next Steps

Is it a “blip”, or a significant issue?

- Time will tell
- Impacted CMHs have been contacted (some are already ‘in motion’)
- EMR system changes having some impact
- Year-end goals are in focus (FY24 data all-in by 1/28/2025)
- Measures will be closely monitored over the coming months
- Performance improvement projects will be launched where needed
- Risk of “retreat” after year-end with additional claims still coming in

Opportunity – Rate Setting Factors Monitoring

Early in 2024, LRE created the Rate Setting Factors Monitoring dashboard, to show a correlation to the potential financial impact of missing BHTEDS, demonstrated as cost from Encounters which are not able to be connected, for rate setting purposes, to a BHTEDS record due to:

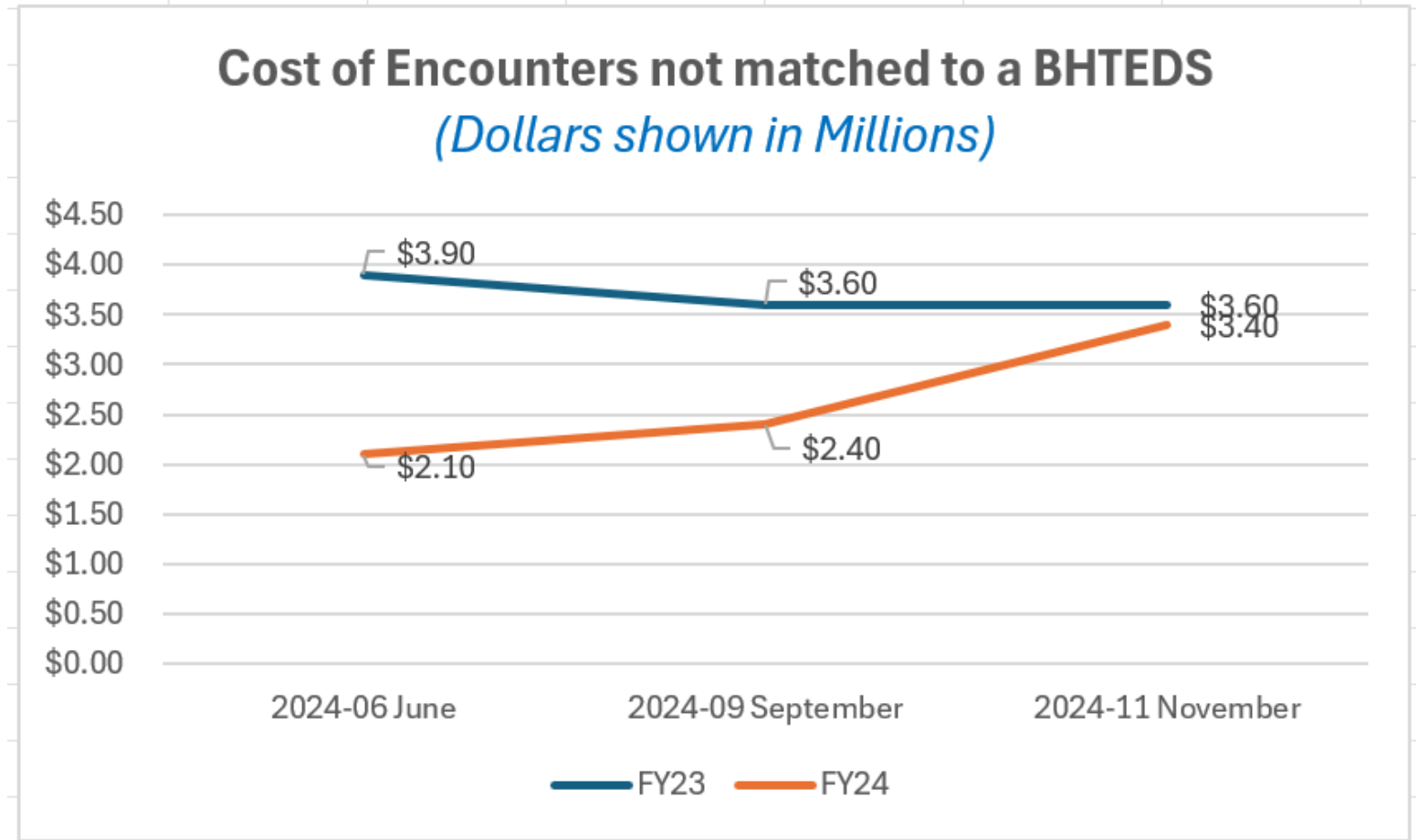
- BHTEDS record is too old (more than 15 months prior to the start of the fiscal year)
- BHTEDS record is too 'too new' – past the end of the fiscal year they were served in
- BHTEDS record is missing the Medicaid ID number (or has an invalid Medicaid ID)
- BHTEDS record is missing entirely

CMHs were encouraged to work through the lists, targeting high-costs cases first (delivering greatest impact for the administrative effort expended).

HealthWest, West Michigan CMH and OnPoint have worked through nearly all cases on their list, bringing their total outstanding dollars down to bare minimum. Others still have significant dollars outstanding.

Opportunity – Rate Setting Factors Monitoring

Although significant work has been done to date, FY23 and FY24 total dollars at risk have actually increased from June through November. Both FY23 and FY24 data will be used by Milliman in 2025 to set rates for FY26.



Opportunity – Rate Setting Factors Monitoring

Top of the list – first 25 cases represent \$750,000.00 in cost



Rate Setting Factors Monitoring Served Clients with Missing BHTEDS

Rows highlighted in cyan have a matching BHTEDS based on LCID. Please compare and validate the Medicaid ID on both BHTEDS and Encounters.

Medicaid ID (Encounter)	CMH Consumer ID	FY	Rate Group Fund	Division	BHTEDS from Another CMH	Encounter Lines	Total Cost	Total Units	Min Svc Dt	Max Svc Dt
		FY24	DAB	Mental Health	N	73	\$62,179.42	1247	10/1/2023	9/25/2024
		FY24	DAB	Mental Health	N	1	\$48,960.00	133	1/26/2024	1/26/2024
		FY23	DAB	Mental Health	N	71	\$44,951.66	1349	10/1/2022	9/27/2023
		FY24	HMP	Mental Health	N	8	\$42,145.31	59	1/6/2024	2/28/2024
		FY23	HMP	Mental Health	N	12	\$41,811.85	345	10/21/2022	9/1/2023
		FY24	DAB	Mental Health	N	26	\$40,453.98	732	10/1/2023	9/1/2024
		FY24	DAB	Mental Health	N	138	\$38,488.33	379	10/12/2023	9/30/2024
		FY23	TANF	SUD	N	441	\$38,477.26	537	10/1/2022	9/30/2023
		FY24	DAB	Mental Health	N	186	\$38,321.14	1364	10/1/2023	9/29/2024
		FY24	HMP	Mental Health	N	4	\$35,031.70	33	2/16/2024	9/16/2024
		FY23	TANF	SUD	N	64	\$34,670.46	219	10/6/2022	9/29/2023
		FY23	DAB	SUD	N	45	\$28,484.03	165	10/5/2022	9/15/2023
		FY24	DAB	Mental Health	N	114	\$28,349.82	317	12/21/2023	9/26/2024
		FY24	DAB	Mental Health	N	2	\$27,928.76	26	11/25/2023	11/26/2023
		FY24	DAB	Mental Health	N	104	\$27,694.62	286	11/21/2023	9/27/2024
		FY24	TANF	Mental Health	N	103	\$26,518.26	228	1/4/2024	9/30/2024
		FY24	HMP	Mental Health	N	9	\$25,388.31	47	9/4/2024	9/30/2024
		FY23	DAB	SUD	N	34	\$24,722.60	174	10/13/2022	9/13/2023
		FY24	HMP	Mental Health	N	7	\$24,682.07	25	6/15/2024	9/26/2024
		FY24	HMP	Mental Health	N	2	\$23,545.46	23	6/29/2024	6/30/2024
		FY24	TANF	Mental Health	N	29	\$23,289.43	86	2/17/2024	9/23/2024
		FY24	HMP	Mental Health	N	5	\$23,257.36	30	11/21/2023	12/11/2023
		FY24	DAB	Mental Health	N	2	\$23,216.00	29	12/4/2023	1/1/2024
		FY24	DAB	Mental Health	N	94	\$23,097.90	355	2/6/2024	9/30/2024
		FY24	HMP	Mental Health	N	7	\$22,205.51	25	7/1/2024	8/28/2024

Encounters Refresh Date: 11/27/2024

BHTEDs Refresh Date: 11/29/2024

Opportunity – Rate Setting Factors Monitoring

Bottom of the list – Some cases have only 1 or 2 services

Diminishing returns

There is no expectation that all (currently 2,272) cases need to be resolved. Some cases have only 1 or 2 services, and a very small impact on cost.

There are currently 19 pages (475 cases) with a cost per case of \$5,000.00 or more.

Some of these are “inpatient only” individuals who did not engage in follow-up care with the CMH. But many are also recipients of hundreds of lines of service who were in ongoing care for a significant period of time.

Going forward

IF FY23 cannot be further remediated because it is too far in the past and data cannot be collected, then efforts should be focused on FY24, and toward preventing the pattern from persisting into FY25. Accurate and complete data collection at entry to care can prevent lost data capture and reduce future administrative rework.

Q&A

EXECUTIVE COMMITTEE SUMMARY

Wednesday, December 11, 2024, 1:00 PM

Present: Ron Bacon, Patricia Gardner, Janet Thomas, Richard Kanten, Craig Van Beek
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of December 11, 2024, Meeting Agenda
- ii. Review of November 13, 2024, Meeting Minutes

The December 11, 2024, agenda and the November 13, meeting minutes are accepted as presented.

FY25 MDHHS/PIHP CONTRACT UPDATE

3 (Regions 1, 2, 10) of 5 PIHPs (LRE and region 6 are not included) have filed a preliminary injunction against the state as MDHHS is beginning to withhold funding in other areas because the contract has not been executed. At least two areas that funding is being withheld are the SUD HH contract and the Opiate Settlement (\$1 million). The CMHs can use PA2 funds for SUD HH if approved by the OPB, if necessary to cover expenditures already incurred. LRE did sign a redlined contract that commits us to implementing the SUDHH and Ms. Marlatt-Dumas has asked MDHHS to send an amended contract that does not include the 3 areas of disagreement (ISF, Waskul, CCBHC). The 3 PIHPs that filed the injunction already have a SUD HH in place and are serving individuals. Part of the discussion with LRE legal will be if we are not party to the injunction what is the legal impact of not signing the contract.

Currently, there is no update on the TRO. If the TRO is granted it will only include the 3 PIHPs that filed. Ms. Gardner comments that if MDHHS does not allow our region to provide the necessary services then we should move forward with joining the TRO but, if possible, it would be preferable to be able to work with MDHHS collaboratively. LRE can still join the suit if that is the direction of the Board.

Ms. Marlatt-Dumas' meeting with Kristen Jordan was cancelled this week, but another is in process of being scheduled. Ms. Jordan is supposed to send a clarifying communication regarding the SUD HH funds. There has been a lack of communication and no movement by MDHHS signifying that they are willing to come back to the table to discuss the issues.

Ms. Marlatt-Dumas will contact Greg Moore and/or Chris Ryan to attend the December Board meeting. Ms. Gardner believes that LRE will not be able to meet in closed session as this does not meet the requirements of the OMA. Ms. Gardner is concerned that because Greg Moore is in favor of filing suit there may be some bias as he explains the situation to the Board. She would like a pro/con explanation from someone that does not have a competing interest as Mr. Moore represents the other PIHPs in the suit. Mr. Van Beek comments that it will be the Boards decision on how to move forward in the suit and with legal counsel and still recommends having Mr. Moore attend and explain the situation and impact. Ms. Thomas is concerned that this is a recurring issue and would like to know if there is any type of mediation that could occur.

- The dispute resolution process was attempted but MDHHS would not engage and is the reason the PIHPs filed the suit as they are not following their own dispute resolution process as outlined in the contract.
- Ms. Marlatt-Dumas will continue to communicate with Kristen Jordan and can ask if she would be willing to attend a Board meeting.

PIHP/CMHSP CONTRACT UPDATE

All CMHs have signed the PIHP/CMH and CCBHC contracts.

LRE/N180 RFP FOR UM CONSULTANT UPDATE

A contract has been put in place with CHRT. They will be meeting with Network180 and LRE next week.

BOARD MEETING AGENDA ITEMS

- i. Action Items
 - a. ReFocus Contract
Currently, LRE is contracted with ReFocus. LRE has added Compliance Services to the contract which brings it to over \$50 thousand.

BOARD WORK SESSION AGENDA

Work Session will begin at 11:00am.

- i. ISF Analysis Update – Jason Stading
An ISF Analysis will be completed annually as our PIHP contract states.

OTHER

CEO Evaluation is due to begin in December. A timeline will be presented to the Board during the December Board meeting. Stacia Chick will be facilitating the process.

UPCOMING MEETINGS

Reminder: December meetings are a week earlier due to Holidays.

- December 18, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- December 18, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 15, 2025 – Executive Committee, 1:00PM
- January 22, 2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 22, 2025 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

**Lakeshore Regional Entity
Chief Executive Officer Performance Evaluation & Compensation Process**

Policy:

It is the practice of the Lakeshore Regional Entity to compensate all employees with a salary that is market competitive and performance based. Our compensation program will protect the financial integrity of the organization and will drive organizational performance toward excellence. The compensation system for the Chief Executive Officer will be determined by the Governing Board.

Performance Evaluation & Compensation Process:

The timeline and process for evaluation of the performance of the Chief Executive Officer and determining compensation follows.

Meeting	Date	Action	Responsibility
Executive Committee Meeting	December meeting	The committee will be notified of the upcoming review cycle. Review form will be distributed for reference. If changes are needed, the Executive Committee will provide the feedback to Director of HR.	Director of Human Resources
Board of Directors Meeting	December meeting	Instructions on the annual performance evaluation will be shared with all Board Members.	Board Chair
	January 10th	Performance Evaluation Due back from Board Members to HR	Board Members
Executive Committee Meeting	January meeting	The Director of HR will distribute a summary report to Executive Committee and CEO.	Director of Human Resources
Board of Directors Meeting	January meeting	The Executive Committee will present the performance evaluation summary to the Governing Board.	Board Chair
Executive Committee Meeting	February meeting	Salary data will be distributed to Executive Committee	Director of Human Resources
		The Executive Committee and CEO will finalize salary agreement for the next calendar year per the contract.	Executive Committee & CEO

		The Executive Committee will develop a recommendation for the Board of Directors to review and approve.	Executive Committee
Board of Directors Meeting	February meeting	The Executive Committee will present the recommendation to the Board.	Board Chair

December 2024 Contracts for LRE BOD Approval (\$50,000 or Greater)			
Agency Name	Contract Name	Description	Contract Total
ReFocus, LLC.	FY25_ReRocus LLC	<p>FY25 Grant Funding:</p> <ul style="list-style-type: none">• Provide evaluation for Peer Driven Tobacco Cessation program.• Provide oversight and evaluation for No Cigs for our Kids: MRL list, protocol monitoring and Synar related activities for SUD Prevention grant project.• ABA Analysis• UM Matrix Project• Corporate Compliance Program Management	\$58,320.00

Lakeshore Regional Entity Board Financial Officer Report for December 2024

12/18/2024 Revised

- **Disbursements Report** – A motion is requested to approve the November 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through October is included as an attachment.
- **LRE Combined Monthly FSR** – The October LRE Combined Monthly FSR Report is included as an attachment for this month’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through October of \$905 thousand, a projected annual **deficit** of \$2 million, and a budgeted **surplus** of \$1.3 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual **surplus** except Network180 who has a **deficit** of \$2 million. CMH of Ottawa County and West Michigan CMH are projecting to **breakeven**. HealthWest, Network180, and OnPoint have projected **deficits**. All CMHSPs have a budgeted **surplus or breakeven**, except OnPoint with a budgeted **deficit** of \$268 thousand.

CCBHC activity (excluding PIHP activity) is included in this month’s report showing an actual **surplus** of \$932 thousand (excluding LRE activity), which is the responsibility of the CCBHCs and not the PIHP. A projected **surplus** of \$5.4 million and a budgeted **deficit** of \$2.2 million is shown.

- **Cash Flow Issues** – No CMHSP has reported cash flow issues in the last month.
- **FY 2022 MDHHS Cost Settlement** – Update will be provided by legal counsel.

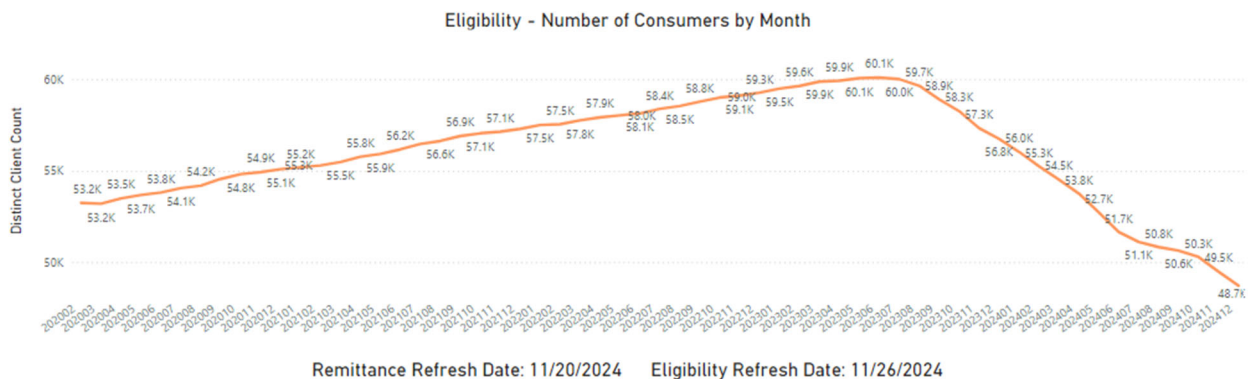
- FY 2025 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. The FY25 November revenue projection increased \$310,066 from the FY25 October projections. This change was exclusive of CCHBC. There were subsequent updates made to CCBCH daily visits for Network 180 and minor updates for Ottawa. This CCBHC update resulted in a projected increase of \$2,624,507 for the region. So in total November Projections increase \$2,934,574. Most of this increase will be seen in the CCBHC funding buckets, especially CCBHC supplemental and will therefore be contingent on meeting daily visit projections.

FY 2025 Revenue Projection							
Total LRE			CMHSPs Breakdown (Net of CCBHC)				
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change		FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change
MCD - MH	\$ 208,240,822	\$ 201,189,322	\$ (7,051,499) -3.39%	MCD - MH			
MCD - SUD	\$ 8,162,709	\$ 7,729,376	\$ (433,333) -5.31%	OnPoint	\$ 16,864,811	\$ 16,204,558	\$ (660,253)
HMP - MH	\$ 17,311,272	\$ 16,862,327	\$ (448,946) -2.59%	Healthwest	\$ 40,261,507	\$ 40,061,831	\$ (199,676)
HMP - SUD	\$ 11,157,718	\$ 10,815,129	\$ (342,589) -3.07%	Network180	\$ 109,602,547	\$ 103,577,874	\$ (6,024,673)
Autism	\$ 47,599,001	\$ 52,015,397	\$ 4,416,396 9.28%	Ottawa	\$ 28,657,374	\$ 28,834,140	\$ 176,766
Waiver	\$ 56,582,505	\$ 56,562,230	\$ (20,275) -0.04%	West Michigan	\$ 12,854,583	\$ 12,510,920	\$ (343,664)
CCBHC MCD Base Cap	\$ 23,389,790	\$ 28,904,608	\$ 5,514,818 23.58%	Total MCD - MH	\$ 208,240,822	\$ 201,189,322	\$ (7,051,499)
CCBHC HMP Base Cap	\$ 6,046,769	\$ 7,837,590	\$ 1,790,821 29.62%	MCD - SUD			
CCBHC MCD Supplemental	\$ 34,550,918	\$ 42,474,023	\$ 7,923,106 22.93%	OnPoint	\$ 653,507	\$ 614,357	\$ (39,150)
CCBHC HMP Supplemental	\$ 9,822,186	\$ 12,735,147	\$ 2,912,961 29.66%	Healthwest	\$ 1,657,313	\$ 1,585,918	\$ (71,395)
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ - 0.00%	Network180	\$ 4,253,796	\$ 3,978,041	\$ (275,755)
ISF	\$ -	\$ -	\$ -	Ottawa	\$ 1,057,081	\$ 1,021,840	\$ (35,241)
IPA	\$ 3,585,824	\$ 3,703,109	\$ 117,285 3.27%	West Michigan	\$ 541,012	\$ 529,221	\$ (11,791)
Total Region	\$ 440,372,070	\$ 454,750,815	\$ 14,378,745 3.27%	Total MCD - SUD	\$ 8,162,709	\$ 7,729,376	\$ (433,333)
Total CMHSPs				HMP - MH			
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	OnPoint	\$ 1,226,108	\$ 1,170,032	\$ (56,076)
OnPoint	\$ 39,310,267	\$ 41,325,762	\$ 2,015,495 5.13%	Healthwest	\$ 2,989,777	\$ 3,144,404	\$ 154,627
Healthwest	\$ 90,762,761	\$ 95,752,985	\$ 4,990,225 5.50%	Network180	\$ 9,632,693	\$ 8,861,342	\$ (771,351)
Network180	\$ 200,607,414	\$ 207,440,599	\$ 6,833,185 3.41%	Ottawa	\$ 2,793,323	\$ 2,930,149	\$ 136,826
Ottawa	\$ 59,198,098	\$ 58,830,376	\$ (367,722) -0.62%	West Michigan	\$ 669,371	\$ 756,400	\$ 87,029
West Michigan	\$ 32,985,149	\$ 33,775,427	\$ 790,278 2.40%	Total HMP - MH	\$ 17,311,272	\$ 16,862,327	\$ (448,946)
Total CMHSPs	\$ 422,863,689	\$ 437,125,149	\$ 14,261,460 3.37%	HMP - SUD			
Average PMPM				OnPoint	\$ 805,992	\$ 768,397	\$ (37,595)
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	Healthwest	\$ 1,996,379	\$ 2,096,175	\$ 99,796
OnPoint	\$ 159.41	\$ 164.29	\$ 4.88	Network180	\$ 6,176,263	\$ 5,645,766	\$ (530,498)
Healthwest	\$ 159.72	\$ 163.65	\$ 3.93	Ottawa	\$ 1,722,885	\$ 1,791,754	\$ 68,869
Network180	\$ 130.93	\$ 130.27	\$ (0.65)	West Michigan	\$ 456,198	\$ 513,037	\$ 56,839
Ottawa	\$ 133.06	\$ 129.28	\$ (3.78)	Total HMP - SUD	\$ 11,157,718	\$ 10,815,129	\$ (342,589)
West Michigan	\$ 160.43	\$ 159.72	\$ (0.70)	Autism			
Total CMHSPs	\$ 141.07	\$ 141.21	\$ 0.14	OnPoint	\$ 4,198,155	\$ 4,415,576	\$ 217,420
Member Month Projection				Healthwest	\$ 9,643,002	\$ 10,599,384	\$ 956,381
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	Network180	\$ 23,969,281	\$ 26,512,953	\$ 2,543,672
OnPoint	246,600	251,544	4,944	Ottawa	\$ 6,980,987	\$ 7,445,048	\$ 464,061
Healthwest	568,250	585,110	16,859	West Michigan	\$ 2,807,575	\$ 3,042,437	\$ 234,862
Network180	1,532,219	1,592,347	60,129	Total Autism	\$ 47,599,001	\$ 52,015,397	\$ 4,416,396
Ottawa	444,895	455,055	10,161	Waiver			
West Michigan	205,608	211,461	5,854	OnPoint	\$ 6,363,966	\$ 6,352,875	\$ (11,091)
Total Member Months	2,997,571	3,095,517	97,946	Healthwest	\$ 12,978,790	\$ 13,141,086	\$ 162,296
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	Network180	\$ 23,778,918	\$ 23,663,589	\$ (115,329)
OnPoint	246,600	251,544	4,944	Ottawa	\$ 9,457,872	\$ 9,376,384	\$ (81,488)
Healthwest	568,250	585,110	16,859	West Michigan	\$ 4,002,959	\$ 4,028,297	\$ 25,337
Network180	1,532,219	1,592,347	60,129	Total Waiver	\$ 56,582,505	\$ 56,562,230	\$ (20,275)
Ottawa	444,895	455,055	10,161				
West Michigan	205,608	211,461	5,854				
Total Member Months	2,997,571	3,095,517	97,946				

CMHSPs Breakdown - CCBHC			
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change
MCD - CCBHC Base Capitation			
OnPoint	\$ 1,881,018	\$ 2,524,398	\$ 643,380
Healthwest	\$ 6,336,673	\$ 6,135,958	\$ (200,715)
Network180	\$ 8,529,158	\$ 14,043,615	\$ 5,514,457
Ottawa	\$ 2,763,358	\$ 2,395,123	\$ (368,235)
West Michigan	\$ 3,879,583	\$ 3,805,514	\$ (74,069)
Total	\$ 23,389,790	\$ 28,904,608	\$ 5,514,818
HMP - CCBHC Base Capitation			
OnPoint	\$ 532,594	\$ 696,647	\$ 164,053
Healthwest	\$ 1,608,943	\$ 1,557,980	\$ (50,963)
Network180	\$ 1,826,960	\$ 3,628,658	\$ 1,801,698
Ottawa	\$ 662,433	\$ 667,757	\$ 5,324
West Michigan	\$ 1,415,840	\$ 1,286,549	\$ (129,291)
Total	\$ 6,046,769	\$ 7,837,590	\$ 1,790,821
MCD - CCBHC Supplemental Revenue			
OnPoint	\$ 5,071,207	\$ 6,571,487	\$ 1,500,280
Healthwest	\$ 10,199,499	\$ 13,427,898	\$ 3,228,399
Network180	\$ 10,691,851	\$ 13,764,593	\$ 3,072,742
Ottawa	\$ 3,930,417	\$ 3,247,941	\$ (682,476)
West Michigan	\$ 4,657,943	\$ 5,462,104	\$ 804,161
Total	\$ 34,550,918	\$ 42,474,023	\$ 7,923,106
HMP - CCBHC Supplemental Revenue			
OnPoint	\$ 1,712,909	\$ 2,007,436	\$ 294,526
Healthwest	\$ 3,090,877	\$ 4,002,352	\$ 911,475
Network180	\$ 2,145,946	\$ 3,764,169	\$ 1,618,222
Ottawa	\$ 1,172,369	\$ 1,120,241	\$ (52,128)
West Michigan	\$ 1,700,084	\$ 1,840,949	\$ 140,865
Total	\$ 9,822,186	\$ 12,735,147	\$ 2,912,961

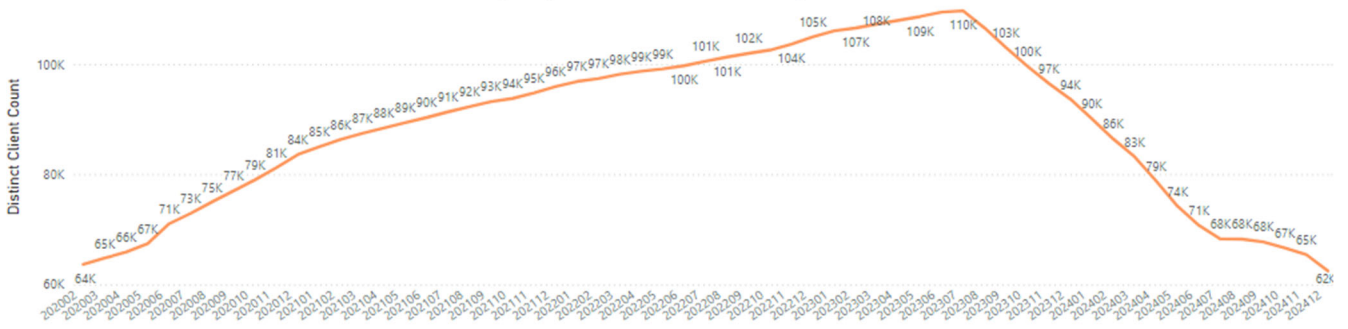
- Financial Data/Charts** – The charts below show regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for February 2020 – November 2024. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program. Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July 2023.

DAB



HMP

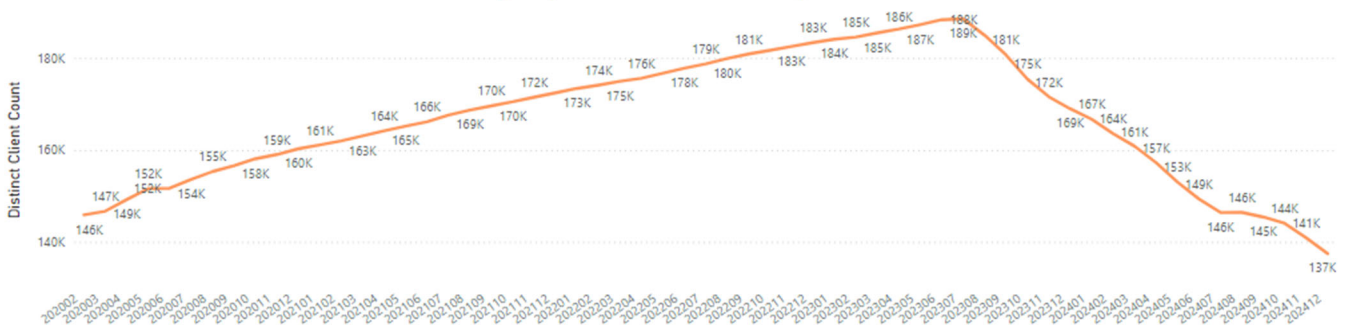
Eligibility - Number of Consumers by Month



Remittance Refresh Date: 11/20/2024 Eligibility Refresh Date: 11/26/2024

TANF

Eligibility - Number of Consumers by Month



Remittance Refresh Date: 11/20/2024 Eligibility Refresh Date: 11/26/2024

- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2025.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT November 30, 2024		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
1/31/2024	GENERAL/OTHER	5,000.00
2/29/2024	GENERAL/OTHER	5,000.00
3/31/2024	GENERAL/OTHER	5,000.00
4/8/2024	GENERAL/OTHER	5,000.00
5/22/2024	GENERAL/OTHER	5,000.00
6/28/2024	GENERAL/OTHER	5,000.00
7/30/2024	GENERAL/OTHER	5,000.00
7/31/2024	GENERAL/OTHER	5,000.00
8/31/2024	GENERAL/OTHER	5,000.00
11/30/2024	GENERAL/OTHER	5,000.00
	GENERAL/OTHER TOTAL	65,575.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	HEALTHWEST LITIGATION TOTAL	41,663.14
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
2/29/2024	MANAGED CARE/MDHHS CONTRACT	76.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	346,635.12
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
3/31/2024	NETWORK 180 LITIGATION	1,154.40
	NETWORK 180 LITIGATION TOTAL	54,028.53
	GRAND TOTAL	\$ 520,914.29



BOARD ACTION REQUEST
Subject: November 2024 Disbursements

Meeting Date: December 18, 2024

RECOMMENDED MOTION:

To approve the November 2024 disbursements of \$42,104,484.03 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	\$3,378,957.85
Healthwest	\$8,171,642.28
Network 180	\$17,164,363.03
Ottawa County CMH	\$4,695,519.75
West Michigan CMH	\$2,499,859.50
SUD Prevention Expenses	\$120,654.08
Local Match Payment	\$251,887.00
Hospital Reimbursement Adjuster (HRA)	\$3,897,452.00
MICHIGAN IPA TAX - QUARTERLY	\$1,228,041.90
SUD Public Act 2 (PA2)	\$145,793.10
Administrative Expenses	\$4,447,765.54
Total:	\$42,104,484.03

85.58% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

STAFF: *Stacia Chick*
DATE: *12/11/2024*



Statement of Activities - Actual vs. Budget
Fiscal Year 2024/2025
 As of Date: 10/31/24

Change in Net Assets	Year Ending 9/30/2025	10/31/2025		
	FY25 Budget <i>Initial</i>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	290,494,416	24,207,868	19,130,803	(5,077,065)
DHS Incentive	471,247	39,271	-	(39,271)
Autism Revenue	47,599,001	3,966,583	4,593,351	626,767
Healthy Michigan	28,468,990	2,372,416	2,784,842	412,427
Performance Bonus Incentive	2,819,234	234,936	-	(234,936)
CCBHC Quality Bonus Incentive	1,745,775	145,481	-	(145,481)
Hospital Rate Adjuster (HRA)	18,820,061	1,568,338	-	(1,568,338)
Member Local Contribution to State Medicaid	1,007,548	83,962	83,962	(0)
Medicaid CCBHC Base Capitation	23,389,790	1,949,149	2,314,710	365,561
Healthy Michigan CCBHC Base Capitation	6,046,769	503,897	535,300	31,403
Medicaid CCBHC Supplemental Revenue	34,550,918	2,879,243	-	(2,879,243)
Healthy MI CCBHC Supplemental Revenue	9,822,186	818,516	-	(818,516)
MDHHS Grants	10,867,560	905,630	-	(905,630)
PA 2 Liquor Tax	3,996,264	333,022	-	(333,022)
Non-MDHHS Grants: DFC	125,000	10,417	-	(10,417)
Interest Earnings	1,354,059	112,838	16,228	(96,610)
Miscellaneous Revenue	5,500	458	-	(458)
Total Operating Revenues	481,584,318	40,132,027	29,459,197	(10,672,830)
Expenditures				
Salaries and Fringes	6,423,649	535,304	221,772	(313,532)
Office and Supplies Expense	259,246	21,604	6,890	(14,713)
Contractual and Consulting Expenses	954,171	79,514	68,267	(11,247)
Managed Care Information System (PCE)	365,200	30,433	24,600	(5,833)
Legal Expense	210,000	17,500	-	(17,500)
Utilities/Conferences/Mileage/Misc Exps	5,710,291	475,858	5,350	(470,507)
Grants - MDHHS & Non-MDHHS	623,800	51,983	11,644	(40,339)
Hospital Rate Adjuster / Taxes	22,405,885	1,867,157	-	(1,867,157)
Prevention Expenses - Grant & PA2	3,629,787	302,482	12,303	(290,179)
CCBHC Quality Bonus Incentive	1,745,775	145,481	-	(145,481)
Member Payments - Medicaid/HMP	354,744,045	29,562,004	27,895,231	(1,666,773)
Member Payments - CCBHC Capitation	29,436,559	2,453,047	2,850,010	396,963
Member Payments - CCBHC Supplemental	44,373,103	3,697,759	-	(3,697,759)
Member Payments - PA2 Treatment	2,414,659	201,222	-	(201,222)
Member Payments - Grants	7,280,600	606,717	3,660	(603,057)
Local Contribution to State Medicaid	1,007,548	83,962	83,962	(0)
Total Expenditures	481,584,318	40,132,027	31,183,690	(8,948,336)
Total Change in Net Assets	-	-	(1,724,493)	(1,724,493)



Statement of Activities
Budget to Actual Variance Report
 For the Period ending October 31, 2025

As of Date: 10/31/24

Operating Revenues

Medicaid/HSW/SED/CWP	Current projections reflect a decrease. Adjustments will be made during the next amendment.
DHS Incentive	This revenue is received quarterly beginning in April.
Autism Revenue	Current projections reflect an increase. Adjustments will be made during the next amendment.
Healthy Michigan	Current projections reflect an increase. Adjustments will be made during the next amendment.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if CCBHC performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. First quarter payment is expected in January.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Current projections reflect an increase. Adjustments will be made during the next amendment.
Healthy MI CCBHC Base Capitation	Current projections reflect an increase. Adjustments will be made during the next amendment.
Medicaid CCBHC Supplemental Revenue	Current projections reflect a decrease. Adjustments will be made during the next amendment.
Healthy MI CCBHC Supplemental Revenue	Current projections reflect a decrease. Adjustments will be made during the next amendment.
MDHHS Grants	MDHHS grant reimbursements are on hold. SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter.
Non-MDHHS Grants: DFC	No provider billings received for reimbursement.
Interest Revenue	Additional interest expected earned on deposits and CD re-investments.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

Salaries and Fringes	Some expenses in this category will occur later in the fiscal year.
Office and Supplies	Budget projections will be monitored for potential changes during the next amendment.
Contractual/Consulting	Some expenses are planned for later in the fiscal year.
Managed Care Info Sys	Some expenses are planned for later in the fiscal year.
Legal Expense	Billings are delayed. Budget projections will be monitored for potential changes during the next amendment.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment will be made in quarter two.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly. FY25 Operating Advance is also expected from MDHHS.
Member Med/HMP Payments	Current projections reflect an increase. Adjustments will be made during the next amendment.
Member CCBHC Capitation	Current projections reflect an increase. Adjustments will be made during the next amendment.
Member CCBHC Supplemental	First supplemental payment for October is made in December.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending is based on projections and will be monitored for amendments.
Member Grant Payments	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

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

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2025
October 2024 Reporting Month
Reporting Date: 12/9/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	5,535,894	14,208,302	2,439,245	4,063,241	1,657,551	337,152	28,241,384
Total Capitated Expense	3,589,904	16,185,747	2,331,385	3,314,730	1,577,621	337,152	27,336,539
Actual Surplus (Deficit)	1,945,990	(1,977,445)	107,860	748,511	79,930	-	904,845
% Variance	35.15%	-13.92%	4.42%	18.42%	4.82%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	October expenses are historically lower. HW expects this variance to decrease.	Network180 is experiencing increase demands in autism and specialized residential services beyond available revenue.	OnPoint is still working through funding source assignment, expect expenses to increase in future months.	Only processed one week of payables for October service activity. Surplus anticipated to diminish going forward. Accruals have not been done historically but CMHOC intends to move toward this in FY25. Because no other department in the county records expense accruals, CMHOC has to develop an approved procedure and internal controls first. The October expenses reported were based on actuals paid up to the anticipated expense service activity reported in Avatar, so some accrual but not all.	Less than threshold for explanation.	Less than threshold for explanation.	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of:							
October Revised							
Total Projected Medicaid/HMP Revenue	70,516,979	172,084,706	29,463,833	51,455,956	21,363,296	13,922,556	358,807,327
Total Capitated Expense Projections	71,798,078	172,795,313	29,503,797	51,455,956	21,363,297	13,922,556	360,838,997
Projected Surplus (Deficit)	(1,281,099)	(710,607)	(39,964)	0	(1)	-	(2,031,671)
% Variance	-1.82%	-0.41%	-0.14%	0.00%	0.00%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Projections this early can be difficult. However, HW will continue to work on cost management and productivity standards.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/13/2024	11/15/2024	11/18/2024	11/19/2024	11/15/2024		
Total Budgeted Medicaid/HMP Revenue	70,516,979	172,798,914	29,463,833	51,455,956	21,363,297	13,922,556	359,521,535
Total Budgeted Capitated Expense	68,930,569	172,798,914	29,731,448	51,455,956	21,363,297	13,922,556	358,202,740
Budgeted Surplus (Deficit)	1,586,410	0	(267,615)	-	-	-	1,318,795
% Variance	2.25%	0.00%	-0.91%	0.00%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	
Variance between Projected and Proposed							
Spending Plan	(2,867,508)	(710,607)	227,651	0	(1)	-	(3,350,466)
% Variance	-4.07%	-0.41%	0.77%	0.00%	0.00%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Revenue projections are coming in higher than anticipated. Should this continue, an updated spending plan will be submitted.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2025
 October 2024 Reporting Month
 Reporting Date: 12/9/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	2,294,446	2,375,957	679,844	636,413	1,169,131	74,810	7,229,165
Total CCBHC Expense	1,722,950	1,986,334	621,691	636,413	1,256,042	6,753	6,230,183
Actual CCBHC Surplus (Deficit)*	571,497	389,623	58,153	-	(86,911)	68,057	998,982
% Variance	24.91%	16.40%	8.55%	0.00%	-7.43%	90.97%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Projections this early can be difficult. However, HW will monitor this area closely.	Network180 experienced losses in 2024 and is budgeting to recover losses in 2025.	OnPoint is still working through funding source assignment, expect expenses to increase in future months.	Less than threshold for explanation.	WM is planning for a shortfall in CCBHC based on the current PPS1 rates.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROJECTION:							
Total Projected Medicaid/HMP CCBHC Revenue	25,124,188	35,201,035	11,799,968	7,431,062	12,395,115	897,723	92,828,908
Total CCBHC Expense Projections	20,675,397	35,439,088	8,978,884	7,430,637	13,986,304	81,039	86,591,350
Projected CCBHC Surplus (Deficit)*	4,448,791	(238,053)	2,821,084	425	(1,591,189)	816,684	6,237,559
% Variance	17.71%	-0.68%	23.91%	0.01%	-12.84%	90.97%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	HW has been working on their CCBHC expenses and productivity. HW anticipates this variance to decrease but maintain a positive swing.	Less than threshold for explanation.	OnPoint does not agree with projected revenue. OnPoint expects our PPS-1 to be reduced during mid-year rebasing. See proposed spending plan below.	Less than threshold for explanation.	WM is planning for a shortfall in CCBHC based on the current PPS1 rates.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/13/2024	11/15/2024	11/18/2024	11/19/2024	11/15/2024		
Total Budgeted Medicaid/HMP CCBHC Revenue	25,124,188	35,460,199	9,075,362	7,430,637	12,395,116	897,723	90,383,225
Total Budgeted CCBHC Expense	25,947,194	35,439,088	8,900,770	7,430,637	13,986,304	81,039	91,785,032
Budgeted Surplus (Deficit)*	(823,006)	21,111	174,592	-	(1,591,188)	816,684	(1,401,807)
% Variance	-3.28%	0.06%	1.92%	0.00%	-12.84%	90.97%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Based on historical, HW planned a negative variance.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	WM is planning for a shortfall in CCBHC based on the current PPS1 rates.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
Variance between CCBHC Projected and Proposed Spending Plan	5,271,797	(259,164)	2,646,492	425	(1)	-	7,639,366
% Variance	20.98%	-0.73%	29.16%	0.01%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	CCBHC expenses are decreasing appropriately as HW works towards increased productivity standards.	Less than threshold for explanation.	OnPoint does not agree with projected revenue. OnPoint expects our PPS-1 to be reduced during mid-year rebasing.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	

*CCBHC Surpluses are retained by the CCBHC and not the PIHP. CCBHC Deficits are the responsibility of the CCBHC and not the PIHP.

Lakeshore Regional Entity
 FY2025 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	Change	August	Change	September	Change
HW	1,945,990		(1,945,990)		-		-		-		-		-		-		-		-		-		-
N180	(1,977,445)		1,977,445		-		-		-		-		-		-		-		-		-		-
OnPoint	107,860		(107,860)		-		-		-		-		-		-		-		-		-		-
Ottawa	748,511		(748,511)		-		-		-		-		-		-		-		-		-		-
WM	79,930		(79,930)		-		-		-		-		-		-		-		-		-		-
Total	904,845		(904,845)																				

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	Change	August	Change	September	Change
HW	(1,281,099)		1,281,099		-		-		-		-		-		-		-		-		-		-
N180	(710,607)		710,607		-		-		-		-		-		-		-		-		-		-
OnPoint	(39,964)		39,964		-		-		-		-		-		-		-		-		-		-
Ottawa	0		(0)		-		-		-		-		-		-		-		-		-		-
WM	(1)		1		-		-		-		-		-		-		-		-		-		-
Total	(2,031,671)		2,031,671																				

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	Change	August	Change	September	Change
HW	1,586,410		(1,586,410)		-		-		-		-		-		-		-		-		-		-
N180	0		(0)		-		-		-		-		-		-		-		-		-		-
OnPoint	(267,615)		267,615		-		-		-		-		-		-		-		-		-		-
Ottawa	-		-		-		-		-		-		-		-		-		-		-		-
WM	-		-		-		-		-		-		-		-		-		-		-		-
Total	1,318,795		(1,318,795)																				

Base Capitation Only. Does not include CCBHC activity.

Lakeshore Regional Entity
FY2025 FSR Monthly Comparison of Surplus/(Deficit) Detail
(Excluding CCBHC)

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	1,303,353	(1,183,593)	(121,013)	449,713	(130,970)	317,490
Autism	642,637	(793,852)	228,873	298,798	210,900	587,356
Total Distributed Medicaid/HMP Revenue	1,945,990	(1,977,445)	107,860	748,511	79,930	904,845
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(6,563,553)	(3,003,673)	(2,571,522)	(1,106,669)	(1,962,544)	(15,207,961)
Autism	5,282,454	2,293,066	2,531,557	1,106,670	1,962,543	13,176,290
Total Distributed Medicaid/HMP Revenue	(1,281,099)	(710,607)	(39,964)	0	(1)	(2,031,671)