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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
March 26, 2025 – 1:30 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.
  - March 26, 2025, Board of Directors meeting agenda (*Attachment 1*)
  - February 26, 2025, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel (*Attachment 3*)
6. Reports –
  - a. CEO – Ms. Marlatt-Dumas (*Attachment 4*)
    - i. FY25 MDHHS/PIHP Contract Update
    - ii. MDHHS Cost Settlement Update
    - iii. Survey/Competitive Procurement Process of Michigan’s PIHP System
      - [Online Survey Link](#)
  - b. LRE Leadership – (*Attachment 5*)
    - i. LRE Annual Impact Report
    - ii. QUAPIP Annual Effectiveness Review
    - iii. Customer Service Satisfaction Survey Report
7. Chairperson’s Report – Ms. Gardner (*Attachments 6*)
  - a. March 19, 2025, Executive Committee
8. Action Items –
  - a. Board Governance Policy (*Attachment 7*)  
***Suggested Motion:*** To approve the LRE Board Governance Policy:
    - i. 10.5 Code of Conduct
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
  - a. FY2025, February Funds Distribution (*Attachment 9*)  
***Suggested Motion:*** To approve the FY2025, February Funds Distribution as presented.
  - b. Statement of Activities as of 1/31/2025 with Variance Reports (*Attachment 10*)

c. Monthly FSR (*Attachment 11*)

10. Board Member Comments

11. Public Comment

12. Upcoming LRE Meetings

- April 16, 2025 – Executive Committee, 1:00PM
- April 23, 2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- April 23, 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  
February 26, 2025 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Ms. Gardner

Ms. Gardner called the February 26, 2025, LRE Board meeting to order at 1:00 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Ms. Gardner

**In Attendance:** Ron Bacon, Jon Campbell, Patricia Gardner, Sara Hogan, Richard Kanten, Alice Kelsey, O’Nealya Gronstal, Dave Parnin, Stan Stek, Jim Storey, Janet Thomas, Craig Van Beek

**Online:** Janice Hilleary, Andrew Sebolt

**Absent:** Linda Dunmore

PUBLIC COMMENT

Michael Brashears, Ottawa CMH – CEO Evaluation – Dr. Brashears comments that over the last 7 months he has received full cooperation from the LRE CEO and gives full support and confidence in her abilities.

CONSENT ITEMS:

**LRE 25-01 Motion:** To approve by consent the following items.

- February 26, 2025, Board of Directors meeting agenda
- December 18, 2024, Board of Directors meeting minutes
- December 18, 2024, Board of Directors closed session meeting minutes – Closed session meeting minutes will be handed out to Board Members.
- February 6, 2025, Board of Directors meeting minutes

Moved: Ron Bacon

Support: Dave Parnin

MOTION CARRIED

LEADERSHIP BOARD REPORTS

a. CEO Report – Ms. Marlatt-Dumas

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

- i. FY25 MDHHS/PIHP Contract Update
  - Ms. Marlatt-Dumas recommends holding on joining the current PIHP lawsuit.
- ii. MDHHS Cost Settlement Update

- The complaint is complete, but LRE is holding on filing as we are working with LRE legal and the AG on resolution to the cost settlement. MDHHS has recouped \$4.8 million but will keep those funds in a separate escrow account while a resolution is being worked on. A meeting is scheduled with the AG tentatively for next week.
  - Mr. Stek comments that he appreciates that LRE leadership has continued to have conversations with the state and did not jump directly into a lawsuit.
  - iii. A link to the CMHAM Action Alert regarding Medicaid funding has been sent to Board members.
  - iv. LRE is working with N180 regarding cashflow issues and will support N180 in difficult decisions they may make to stay within their PMPM.
  - v. LRE will begin contracting with HealthWest for SUD Prevention.
- b. LRE Leadership Report –
- The Corporate Compliance Plan is included in the packet for information.

CHAIRPERSON’S REPORT

February 3 and February 19, 2025, Executive Committee meeting minutes are included in the packet for information.

- Ms. Gardner would like to express her gratitude to the Executive Committee members and CMH Directors for participating in the meetings with robust conversations about the issues.

ACTION ITEMS

**LRE 25-02 Motion:** To approve the 2025 Corporate Compliance Plan as presented.

Moved: Janet Thomas                      Support: Ron Bacon

MOTION CARRIED

**LRE 25-03 Motion:** To approve the 2025 Utilization Management Plan as presented.

Governance Policies.

Moved: Craig Van Beek                      Support: Dave Parnin

MOTION CARRIED

**LRE 25-04 Motion:** To approve the LRE Board Governance Policies:

- ii. 10.6 Open Meetings Act
- iii. 10.13 Communication and Counsel to the Board of Directors

Moved: Ron Bacon                              Support: Janet Thomas

MOTION CARRIED

**LRE 25-05 Motion:** To approve LRE CEO to fully execute the Grant agreements to allocate funds for the purposes and amounts defined in Attachment #10.

Moved: Jon Campbell                      Support: O’Nealya Gronstal

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

**FY2025 December and January Funds Distribution**

**LRE 25-06 Motion:** To approve the FY2025, December and January Funds Distribution as presented.

Moved: Stan Stek      Support: Dave Parnin

MOTION CARRIED

**LRE 25-07 Motion:** To approve FY2025 Budget Amendment #1.

Moved: Ron Bacon      Support: Dave Parnin

MOTION CARRIED

**Statement of Activities as of 12/31/2024 with Variance Report-**

Included in the Board packet for information.

**Monthly FSR-**

The FSR is not available. There was a rate amendment for Autism and an update will be given next month.

CEO EVALUATION

The Executive Committee met with Ms. Marlatt-Dumas and Human Resources; all Ms. Marlatt-Dumas’ marks were above average. The recommendation is that the LRE CEO receive a 3-year contract with a 1-year option to extend by CEO and the LRE Board. Included is a 5% increase for the first year with a 3% annual increase thereafter. Also, Ms. Marlatt-Dumas will continue working with the professional coach and keep the car allowance which will be re-evaluated if the CEO moves within the Region.

**LRE 25-08 Motion:** To approve LRE CEO contract as recommended by the LRE Executive Committee.

Moved: Janet Thomas                      Support: Dave Parnin

MOTION CARRIED

BOARD MEMBER COMMENTS

Mr. Van Beek comments on how well the Executive Committee works while not always agreeing, everyone is heard, and all opinions are taken into consideration. He would like to thank

the group for the process that was used. Mr. Van Beek would also like to thank Ms. VanDerKooi for the presentation and would like to recognize her for all her hard work.

#### UPCOMING LRE MEETINGS

- March 13, 2025 – Community Advisory Panel, 1:00 PM
- March 19, 2025 – Executive Committee, 1:00PM
- March 26,2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- March 26, 2025 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440U

#### ADJOURN

Ms. Gardner adjourned the February 26, 2025, LRE Board of Directors meeting at 1:45 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Moran, Executive Assistant

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**CONSUMER ADVISORY PANEL MEETING SUMMARY**

Thursday, March 13, 2025 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Robert C., Sharon H., John M., Angie K., James S., Tamara M., Cindy B., Sharon P., Jennifer E.

Absent: Shawnee T., Lynette B.

CMH: Cathy Potter (OnPoint), Jodi Garrow (WM), Max Knoth (Ottawa), Kelly Betts (HW)

LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
  - i. Review of the March 13, 2025, Agenda
  - ii. Review of December 12, 2024, Meeting Minutes

March 13, 2025, meeting agenda and December 12, 2024, meeting minutes are accepted as presented.

2. Member Stories – Limit 5 minutes
  - i. Member Experiences
    - Sharon H. went to Lansing and discussed the Medicaid/Medicare Cuts with Sen. Winnie Brinks.
    - James S. reported that he had a high score for bowling and was very proud of his accomplishment as it was his highest score.
    - Robert C. continues to take care of his health and is taking care of his dental hygiene with new teeth.
3. Community Advisory Panel -
  - i. CAP Officer Election- review guidelines
    - a. Chairperson Nominations
      - Tamara M.
    - b. Vice Chairperson Nominations
      - Sharon P.

Motion: To approve Tamara M. as the 2025 Community Advisory Panel Chairperson.  
MOTION CARRIED

Motion: To approve Sharon P. as the 2025 Community Advisory Panel Vice Chairperson.  
MOTION CARRIED

- ii. CAP Guidelines document – add a list of exceptions for attendance under membership guidelines.
  
- 4. LRE Updates –
  - i. LRE Leadership Change
    - Quality Manager position was vacated and has been posted to be replaced.
  - ii. Newsletter
    - The newsletter is included in the packet. Tamara M. was included in the newsletter with a write up.
  
- 5. Regional Updates –
  - i. 2025 Customer Satisfaction Survey
    - Michelle reviews the CSS results. The report is posted on the LRE website.
      - [FY24 Customer Service Satisfaction Survey Report](#)
    - LRE has shortened the CSS for the next year as it is reported that there was a higher percentage of abandonment this year due to the higher number of questions. There are numerous ways that a survey can be completed, including help from CMH staff.
    - Included in the report is information from grievances that were filed with LRE. Having individuals file grievances is positive as it gives individuals a voice and shows LRE where there are areas that can be improved.
  - ii. 2025 Guide to Services
    - The updated Guide to Services has been approved by the state. LRE has the English version posted on the website. The Spanish version is being translated currently and will be posted when complete.
      - [Guide to Services](#)
  
- 6. State Updates –
  - i. Legislative Update
    - a. Attachment includes – Narrative, Legislative Grid, Lame Duck Tracker Update, MI Congress Members Contacts
  - ii. MDHHS Press Release
    - MDHHS issued a press release that included a survey. MDHHS will be sending out a Request for Proposal for the Michigan PIHP system.
    - Link for a request for action:
      - <https://cmham.org/advocacy>
  - iii. Statewide Community Advisory Panel Applications
    - The brochure and application are now available, and these have been shared with the CMHs, if anyone on the group is interested.
      - <https://bit.ly/MiBacApp>



7. LRE Board Meeting

March 26, 2024 – LRE Board Meeting

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

Call-in information will be posted on the LRE website

8. 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

9. Other

- HW is making informational videos about how important it is for Medicaid not to be cut. These videos will be on the Facebook page.

**FUTURE AGENDA ITEMS**

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**CEO Report**  
**March 26<sup>th</sup>, 2025**

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

**1. PIHP UPDATE**

- On Friday February 28<sup>th</sup>, MDHHS sent a press release titled the following: “FOR IMMEDIATE RELEASE: MDHHS launches initiative to strengthen behavioral health care access, quality and choice for Michigan families.” The title is a little misleading, however in essence the article states that MDHHS plans to re-bid the PIHPs. Currently, there has been no further communications from MDHHS regarding what this means, what the criteria are to bid, how many PIHPs they are considering, etc. There are many rumors, however at the present time I am not able to verify any truth or fact in them. CMHA has stated it is adamantly opposed to any action that could lead to privatization of the public system.
- Despite the news release, it is business as usual for the LRE. Site reviews continue to happen across the provider network, member CMHSPs continue enrolling in HSW, CWP, SED Waivers, and monitoring of the managed care functions continues with Health Service Advisory Group.
- LRE is restructuring the leadership team with some recent changes. Last month we had an open position for the Director of Quality Management, however it has been decided not to post this position until we know more about the PIHP rebid process.
- **March is Problem Gambling Awareness Month.** This is held to focus on increasing awareness of problem gambling as a serious but often misunderstood mental health condition. By fostering a deeper understanding of the issue, we can encourage empathy, reduce barriers to treatment, and provide support to those affected by gambling-related harm. Attached is a snapshot of Gambling related data for the Lakeshore Region area. We encourage sharing of our LRE powered website <https://stayoutofthedangerzone.com/> for information and resources.
- I would like to take a moment and recognize the LRE leadership team and staff for all the work that is done daily to keep operations moving. During the Board meeting Stephanie VanDerKooi will cover a few highlights of the annual Quality Assessment Performance Improvement Program, Customer Satisfaction

Surveying and Annual Impact Report. The Impact Report truly shows the amount of work that happens over a 12-month span at the PIHP level.

## **2. REGIONAL UPDATE**

- Network180 Financial Challenges Update –The greatest issue currently is cash flow. LRE and N180 meet weekly to review their financial status to determine the best course of action to support their cash flow issues. As Network180 is forced to make difficult decisions regarding budgetary matters it is important that the region supports them in this process of change.
- LRE continues to advocate for a more equitable funding methodology at the PIHP level.

## **3. STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

- MDHHS/PIHP FY25 contract – There has been no further movement by MDHHS regarding coming back to the table to negotiate the three areas that remain a challenge for the PIHPs.
- FY22 Cost Settlement – The LRE with LRE’s counsel have not filed the lawsuit at present time. LRE’s counsel alongside the Attorney General’s (AG) office continues to work towards a resolution, without filing a lawsuit. MDHHS did take \$4.8 million out of the region’s HSW payment, however, have agreed to not recoup any more of the \$13.7 million without a 21-day notice. This will allow the LRE counsel time to file the lawsuit in the court of claims if necessary. LRE counsel has been communicating with the AG to determine if MDHHS is considering the information that the LRE presented to them or if both parties are at an impasse.
- LRE was one of five PIHPS that have been selected for a special audit with a company designated by CMS, Covent Bridge. The other regions include Regions 1, 2, 6, 7. The audit is taking significant time from staff as they are trying to determine what information and data the auditors are requesting. LRE staff will then have to work with the CMHs to compile any data that is not retained in the LRE data warehouse. This is a 15-month process and is new, so there will be some challenges and some concerns regarding the company understanding the system.

**Legislative Update:**

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

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



# Lakeshore Regional Entity's Legislative Update – 3/18/2025



This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

Highlight = new updates

Highlight = old bill, no longer active

Highlight = Suggestions for Action & Supported/ Opposed by CMHAM (Community Mental Health Association of Michigan)

## STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 4032	Removes interstate medical licensure compact sunset (LARA Lead)	Rylee Lynting	1/28/25: Introduced, Referred to Committee on Health Policy 2/26/25: Referred to a second reading 3/5/25: Placed on a third reading, read a third time, passed 3/12/25: Passed by House with Immediate Effect, Referred to Committee on Health Policy
	HB 4037 & 4038	Establishes certain requirements to operate a health data utility (DHHS Lead)	Julie Rogers Curtie VanderWall	1/29/25: Introduced, Read, referred to the Committee on Health Policy
	HB 4095	Requires insurance providers to panel mental health provider within a certain time period of application process (DIFS Lead)	Noah Arbit	2/20/25: Introduced, Read a first time, referred to Committee on Insurance
	SB 3-5	Creates prescription drug cost and affordability review act, and requires compliance (DIFS/DHHS/LEGAL)	Darrin Camilleri	1/8/25: Introduced, Referred to Committee on Finance, Insurance, and Consumer Protection
	SB 18	Provides conditions on the use of certain federal benefits, including disability benefits, for a child in foster care. (DHHS/LEGAL)	Jeff Irwin	1/22/25: Introduced, Referred to the Committee on Housing and Human Services

### BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 68	A bill to amend 1998 PA 58 to prohibit displaying co-branded alcoholic beverages adjacent to certain products.	Dayna Polehanki	2/5/25: Introduced, Rederred to the Committee on Regulatory Affairs

### FEDERAL LEGISLATION


#### BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

### BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.R.27	<b>HALT Fentanyl Act:</b> This bill permanently places fentanyl-related substances as a class into schedule I of the Controlled Substances Act. Under the bill, offenses involving fentanyl-related substances are triggered by the same quantity thresholds and subject to the same penalties as offenses involving fentanyl analogues (e.g., offenses involving 100 grams or more trigger a 10-year mandatory minimum prison term). Additionally, the bill establishes a new, alternative registration process for certain schedule I research.	H. Morgan Griffith	1/3/25: Introduced, Referred to the Committee on Energy and Commerce, Committee on the Judiciary See – H. Res. 93 2/10/25: Received in the Senate and Read twice and referred to the Committee on the Judiciary
	H. Res. 93	Providing for consideration of the bill (H.R. 27) to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes.	H. Morgan Griffith	2/4/25: Submitted in the House, reported in the House 2/5/25: Debate – proceeded with one hour of debate, postponed proceedings, considered as unfinished business, motion to reconsider laid on the table without objection

## LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>FY 26 Appropriations Issues</b>	See Attached Document		 FY26 CMHA key budget issues.docx

## MISCELLANEOUS UPDATES

MISCELLANEOUS UPDATES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>National Day of Action</b>	<b>04/01/2025: Take Down Tobacco National Day of Action:</b> On our Day of Action, youth advocates and their communities come together to stand up to Big Tobacco, expose the tricks this industry uses to lure kids into addiction, and call for change.		<a href="#">Day of Action   Take Down Tobacco</a>
	<b>TAKE ACTION: PROTECT MEDICAID</b>	We need your help. Right now, Congress is considering devastating cuts to Medicaid funding that would put access to mental health care at risk for millions of Americans. Congress is about to vote on a House budget resolution bill that will start the process to cut \$880 billion from Medicaid over the next decade.		<a href="#">Advocacy – CMHAM – Community Mental Health Association of Michigan</a>

## Elected Officials

FEDERAL			
	NAME	NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Elissa Slotkin	825B Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	315 W. Allegan St. Suite 207 Lansing, MI 48933
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

STATE	
Find Your State Senator	<a href="https://senate.michigan.gov/FindYourSenator/">Home Page Find Your Senator - Michigan Senate</a> ( <a href="https://senate.michigan.gov/FindYourSenator/">https://senate.michigan.gov/FindYourSenator/</a> )
Find Your State Representative	<a href="https://www.house.mi.gov/">Michigan House - Home Page</a> ( <a href="https://www.house.mi.gov/">https://www.house.mi.gov/</a> )





**LAKESHORE**  
REGIONAL ENTITY

**FY25 QAPIP Review**

**Stephanie VanDerKooi**

Chief Operations Officer

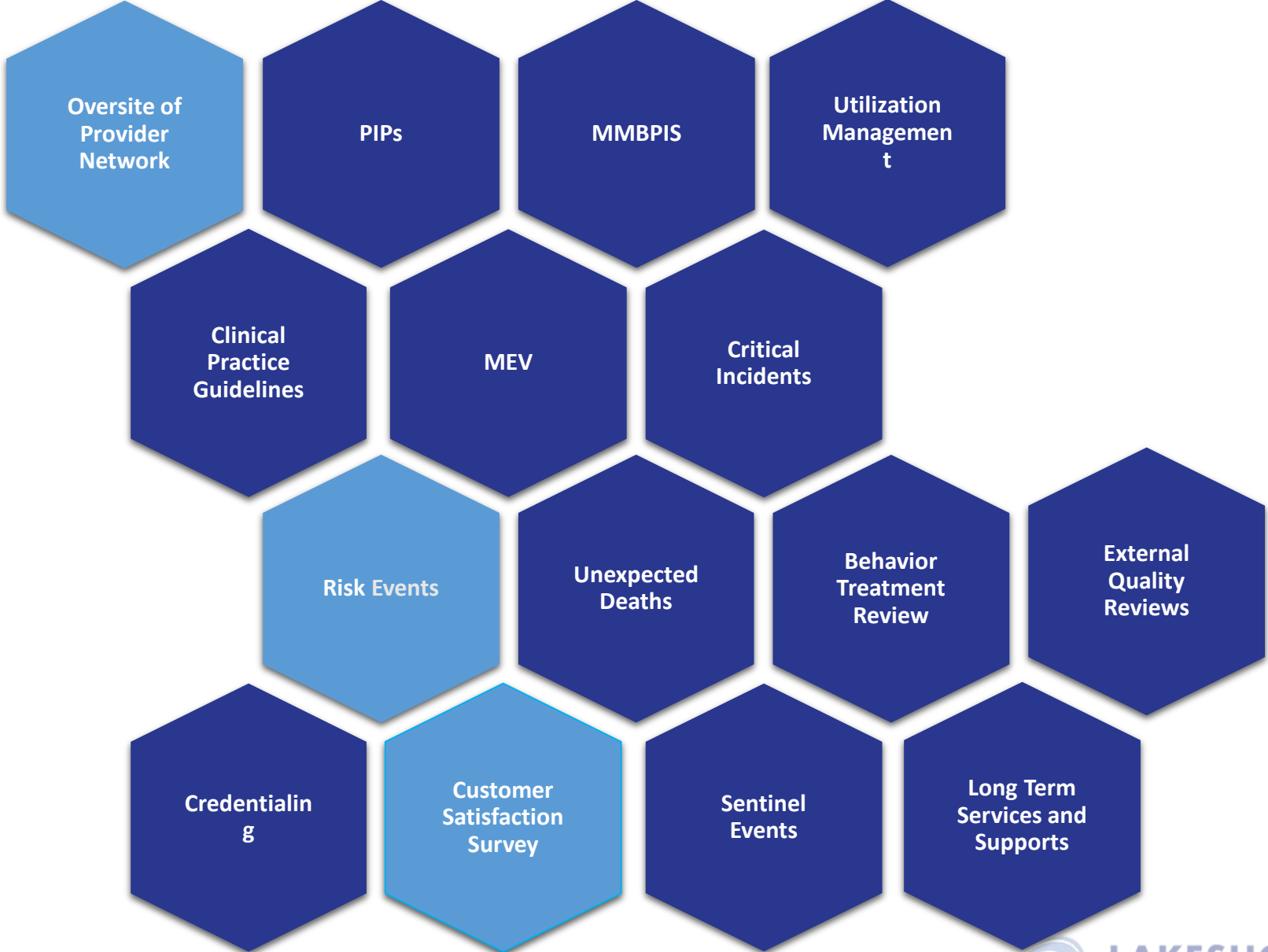


**Quality  
Assessment  
Performance  
Improvement  
Programs**



**Collecting  
Analyzing  
Monitoring  
Reporting  
Auditing  
Remediating  
Validating**

# QAPIP Components



## LRE Board of Director QAPIP Responsibilities

- Formally approve the plan
- Submit to MDHHS by February 28<sup>th</sup>
- Receive “Routinely Written” Reports
- “Formally Review” the Annual Effectiveness Report

# Medicaid Services Verification (non SUD)

During FY24, the LRE performed Medicaid Services Verification audits on 9,852 claims/encounters totaling \$3,854,459.89 Medicaid dollars. **LRE determined that \$42.84, or 0.00%, was subject to recoupment.**

<i>Audit Period</i>	<i>Total Medicaid Dollars</i>	<i>Amount Recouped</i>	<i>% Recoupment</i>
FY24 Quarter 1	\$ 918,312.49	\$ -	0.00%
FY24 Quarter 2	\$ 1,116,182.50	\$ -	0.00%
FY24 Quarter 3	\$ 1,176,989.48	\$ 42.84	0.00%
FY24 Quarter 4	\$ 642,975.42	\$ -	0.00%
<b>Total</b>	<b>\$ 3,854,459.89</b>	<b>\$ 42.84</b>	<b>0.00%</b>

# Medicaid Services Verification (SUD)

During FY24, the LRE performed Medicaid Services Verification audits on 1,962 claims/encounters totaling \$475,539.78 Medicaid dollars. **LRE determined that \$594.52, or 0.13%, was subject to recoupment.**

<i>Audit Period</i>	<i>Total Medicaid Dollars</i>	<i>Amount Recouped</i>	<i>% Recoupment</i>
FY24 Quarter 1	\$ 143,053.45	\$ 109.28	0.08%
FY24 Quarter 2	\$ 132,613.80	\$ -	0.00%
FY24 Quarter 3	\$ 74,967.73	\$ 485.24	0.65%
FY24 Quarter 4	\$ 124,904.80	\$ -	0.00%
<b>Total</b>	<b>\$ 475,539.78</b>	<b>\$ 594.52</b>	<b>0.13%</b>

# CMHSP Site Reviews










In FY24, LRE conducted comprehensive reviews of all five CMHSPs. The audits included an examination of CMHSP administrative and managed care functions, program-specific standards, health information services, clinical and credentialing records, waiver compliance, and critical incident verifications.

## CMHSP Site Review Results for FY24:

CMHSP	Sum of Score	Sum of Possible Score	Percent
CMH of Ottawa County	4268	4644	91.9%
HealthWest	4772	5070	94.1%
network180	5500	5886	93.4%
OnPoint	4668	5018	93.0%
West Michigan CMH	4293	4564	94.1%

# Critical Incidents

For FY24, LRE reported a total of 437 critical incidents, which is a decrease of 22 compared to FY23. It is further noted that the distinct number of individuals reported on for FY24 was 317, which is a slight increase of 7 compared to FY23. Critical incidents were reviewed and discussed with Quality ROAT on a quarterly basis.

Critical Incident Data Comparison					
Critical Incidents	FY21	FY22	FY23	FY24	FY24 vs FY23
Suicide	7	13	8	13	Up 5 
Accidental Deaths	28	19	26	17	Down 9 
Homicides	0	1	1	2	Up 1 
Natural Deaths	134	106	99	97	Down 2 
Injuries Requiring Emergency Medical Treatment	178	176	151	254	Up 103 
Medication Errors Requiring Emergency Medical Tx	5	4	4	6	Up 2 
Injuries Requiring Hospitalization	18	12	19	20	Up 1 
Medication Errors Requiring Hospitalization	1	1	0	2	Up 2 
Arrests	17	23	23	24	Up 1 

Most categories are very similar across the 4 year span. **Please note the category labeled “Injuries Requiring Emergency Medical Treatment” increased by 103 from FY23 to FY24. The 254 incidents are the most ever reported in this category.** The dramatic increase is attributed to better defined reporting requirements and the new MDHHS CRM reporting platform.





# QAPIP

This QAPIP Review evaluates our performance and ensures our continued monitoring of all QAPIP components. It also deploys Quality Improvement Processes when needed.

To access the full report, [CLICK HERE.](#)

# Customer Satisfaction Survey Results

The customer satisfaction survey is offered each year to consumers involved in CMHSP services. Patient feedback concerning their experience of care is an important part of the efforts to improve quality and health outcomes in populations experiencing mental health difficulties.

## Report Card 2024

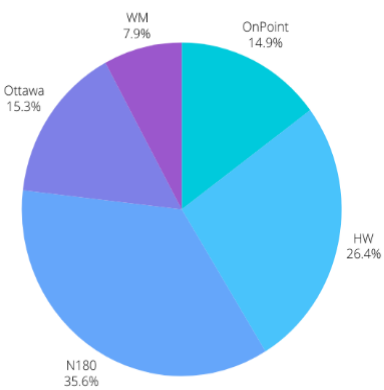
<b>YSS</b>	<b>FY24 Score</b>	<b>MSHIP</b>	<b>FY24 Score</b>
Outcomes	70%	Outcomes	78%
Social Connectedness	82%	Social Connectedness	81%
Access & Availability	85%	Access & Availability	85%
Quality	88%	Quality	86%
Functioning	70%	Functioning	77%
Total	79%	Total	81%

[CLICK HERE](#) for full report.

# Customer Satisfaction Survey Results FY23 & FY24 Comparison

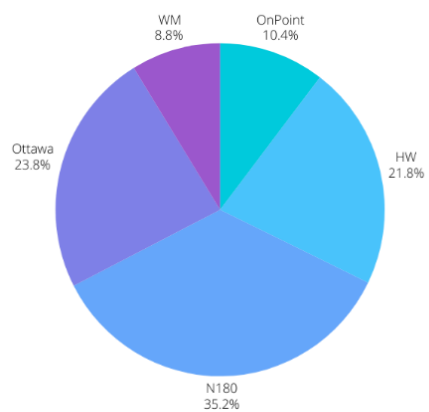
The 2023 survey was a much smaller survey consisting of twelve questions. Participation rates between the two years showed a change in numbers. In 2023, 1,997 people responded to at least one question on the LRE survey. In 2023, the satisfaction survey was distributed throughout the year, beginning in May 2023; while in 2024 the survey was distributed from August 2024 to December 2024.

**CMHSP # of Completed Surveys  
Total 2024: 1756**



<b>ONPOINT</b>	<b>261</b>
<b>HEALTHWEST</b>	<b>463</b>
<b>NETWORK 180</b>	<b>625</b>
<b>OTTAWA</b>	<b>268</b>
<b>WEST MICHIGAN</b>	<b>139</b>

**CMHSP # of Completed Surveys  
Total 2023: 1997**



<b>ONPOINT</b>	<b>208</b>
<b>HEALTHWEST</b>	<b>412</b>
<b>NETWORK 180</b>	<b>773</b>
<b>OTTAWA</b>	<b>437</b>
<b>WEST MICHIGAN</b>	<b>167</b>



# Report Submission Tracking Overview

The LRE has submitted 88 reports in 2025, with a 100% compliance rate for timeliness of submission

2025 Report Submission Progress Tracking				
Report Month	Past Due	Submitted Late	Submitted Timely	Total
January	0	0	51	54
February	0	0	33	36
March	0	0	4	21
April	0	0	0	42
May	0	0	0	23
June	0	0	0	15
July	0	0	0	39
August	0	0	0	36
September	0	0	0	23
October	0	0	0	51
November	0	0	0	42
December	0	0	0	22
TBD				22
<b>Total</b>	<b>0</b>	<b>0</b>	<b>88</b>	<b>426</b>

A silhouette of a lighthouse on a rocky shore at sunset. The sky is filled with orange and red clouds, and the ocean is visible in the background. The lighthouse is the central focus, with its tower and lantern room clearly defined against the bright sky.

# LRE FY24 Annual Impact Report

[CLICK HERE](#) to access the full FY24 Annual Report.

# Q&A

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, March 19, 2025, 1:00 PM

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

WELCOME and INTRODUCTIONS

- i. Review of March 19, 2025, Meeting Agenda
- ii. Review of February 19, 2025, Meeting Minutes

March 19, 2025, agenda, February 19, 2025, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. FY25 MDHHS/PIHP Contract  
LRE continues to hold on joining the lawsuit. The 4 PIHPs that are in the lawsuit are standing steady and moving forward. MDHHS is currently not willing to come back to the table for further negotiations.
- ii. MDHHS Cost Settlement Update  
Ms. Marlatt-Dumas continues to recommend not joining the lawsuit as LRE is working with MDHHS on the cost settlement process. MDHHS has stated that they will not recoup further funds without 21-day notice. An email was sent to the AG from legal asking if there is any movement with the cost settlement but there has been no reply yet.
- iii. Survey/Competitive Procurement Process of Michigan's PIHP System  
[Online Survey Link](#)  
There has been no further information sent out by MDHHS regarding PIHP procurement. CMHAM facilitated a meeting to discuss the procurement where they stated that they will advocate against any type of action that could open the public system to privatization. CMHAM has sent out an advocacy plan and they are keeping apprised with the PIHP lawsuit.

Q: Is there any type of survey that the region can send in demonstrating the positive influence of the current system?

A: We do have a Customer Service Survey that could potentially be included.

Ms. Gardner comments that all public relations resources should be employed within our respective counties to amplify the good work that is being done in the region to counter the states seeming desire to privatize the public system.

The CMH CEOs comment that individuals have to be educated on the meaning of the questions in the survey as it is very confusing. The CMHs do not want to answer the questions but would like to make sure individuals are fully aware of the meaning behind

the questions to enable them to answer accurately and honestly. This could be used to not only show the positive areas of the system but also the areas that could be worked on, which is also positive.

### BOARD GOVERNANCE POLICY REVIEW

i. 10.5 Code of Conduct

Send back to legal to word smith:

- 2a – the concept is that no individual Board member has authority to direct LRE operation or CEO, any directive must come from the Board as a whole. Rewrite to make clearer.
- 2b first sentence –
  - Add a sentence. “If public, press or other entities contact LRE and the CEO is not available the Board Chair would be the primary point of contact.”
- 2b second sentence –
  - the concept is that if a Board member speaks to others, it should be the same message from all Board members. Add “if comments by Directors are appropriate to the public, press or other entities they should be reviewed and discussed by the full Board of Directors in advance.”

ii. 10.17 – Executive Limitations – Any amounts over \$50 thousand are required to have Board approval. Would it be a better option to update this to \$100 thousand?

- The Executive Committee recommends that the executive limitation is increased from \$50 thousand to \$100 thousand.
- Ms. Marlatt-Dumas will work on this policy and bring for review during the April meeting.

### BOARD MEETING AGENDA ITEMS

i. Proposed March 26, 2025, Board Meeting starting time at 1:30pm

- The Executive Committee agrees that the March Board meeting will begin at 1:30pm.

ii. Leadership Report: Annual Impact Report, QAPIP Annual Effectiveness Review (AER), Customer Service Report

- The QAPIP AER will be included in the packet for information.

iii. Action Items

- a. Governance Policy 10.5

### BOARD WORK SESSION AGENDA

There will not be a Work Session.

### CEO Contract

The CEO contract is in place and was signed this morning.

### OTHER



NA

UPCOMING MEETINGS

- March 26, 2025 – LRE Executive Board Meeting, 1:30 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- April 16, 2025 – Executive Committee, 1:00PM
- April 23, 2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- April 23, 2025 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

## Policy 10.5

POLICY TITLE: CODE OF CONDUCT	POLICY # 10.5	REVIEW DATES	
Topic Area: Board of Directors	Issued By and Approved By:  Board of Directors	11/18/21	1/22/25
Applies to: Board of Directors			
Review Cycle: Annually			
Developed and Maintained by: CEO and Designees			
Supersedes: N/A		Effective Date: 9/17/16	Revised Date: 2025

### I. PURPOSE

Directors serving on the Lakeshore Regional Entity (LRE) Board of Directors commit themselves to ethical, lawful, and businesslike conduct, including proper use of authority and appropriate decorum, when acting as an LRE Board Director.

### II. POLICY

It is the policy that each Director represents the interests of the LRE. This accountability supersedes any potential conflicts of loyalty to other interests including advocacy or interest groups, membership on other boards, relationships with others or personal interests of any Director.

1. All Directors will follow the LRE Conflict of Interest Policy.
2. No member of the Board of Directors shall have individual authority over the organization except as explicitly set forth in the LRE Board of Directors policies or otherwise authorized in writing by the LRE Board of Directors.
  - a. No member of the Board of Directors shall have any authority to act on behalf of the organization, bind the organization, or exert any authority over the LRE Chief Executive Officer (CEO), administration or any LRE employee, agent or staff, except as explicitly authorized in writing by the LRE Board of Directors.
  - b. To ensure appropriate communication and preserve confidentiality, the Board of Directors designates the CEO as the primary point of contact and spokesperson for the Entity. If the CEO is not available to respond to inquiries from or interactions with the public, press, or other third parties, the Board Chair shall be the primary point of contact and spokesperson. The Board Chair shall consult with the Board of Directors in advance on any such responses or communications but shall solely serve as spokesperson for the organization to ensure appropriate confidentiality protections and avoid inconsistencies in messaging. No individual member of the Board shall make any public response or statement on behalf of the organization without prior authorization from the Board of Directors.
3. Confidentiality:

- a. Directors will respect confidentiality including, but not limited to, those related to business, strategy and all applicable laws.
- 4. Directors will be properly prepared for LRE Board of Directors deliberations to make informed decisions on behalf of the Entity.
- 5. Board Directors will support the legitimacy and authority of the final determination of the LRE Board of Directors on any matter, without regard to the Board Director’s personal position on the issue.
  - a. If an individual Board member disagrees with a decision made by the Board, they shall identify if speaking on the matter after the meeting that they are speaking as an individual and not for the Board.

**III. APPLICABILITY AND RESPONSIBILITY**

This policy applies to the Directors serving on the LRE Board of Directors.

**IV. MONITORING AND REVIEW**

This policy is reviewed by the CEO and designees on an annual basis.

**V. DEFINITIONS**

**Conflict of Interest:** Any actual or proposed direct or indirect financial relationship or ownership interest between each individual director and any entity with which the LRE has or proposes to have a contract, affiliation, arrangement, or other transaction.

**Lakeshore Regional Entity** – Also referred to as LRE or the Entity, is the Prepaid Inpatient Health Plan (PIHP) for Region 3 as defined in 42 CFR Part 438 and meets the requirements of MCL 330.1204b of the Michigan Mental Health Code.

**VI. RELATED POLICIES AND PROCEDURES**

- A. Conflict of Interest Policy
- B. Compliance Plan
- C. Board By-Laws

**VII. REFERENCES/LEGAL AUTHORITY**

- A. MDHHS/PIHP Master Contract
- B. 42 CFR Part 2
- C. Michigan Mental Health Code

**VIII. CHANGE LOG**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11/18/21	Add references	CEO and Designees
1/22/2025	Language revised	CEO and Board

## Policy 10.5

POLICY TITLE: CODE OF CONDUCT	POLICY # 10.5	REVIEW DATES	
Topic Area: Board of Directors	Issued By and Approved By:  Board of Directors	11/18/21	<del>1/22/22</del> <u>5</u>
Applies to: Board of Directors			
Review Cycle: Annually			
Developed and Maintained by: CEO and Designees			
Supersedes: N/A	Effective Date: 9/17/16	Revised Date: <del>11/18/21</del> <u>1/22/2025</u>	

### I. PURPOSE

~~The Directors serving on the Entity Lakeshore Regional Entity (LRE)~~ Board of Directors commits ~~themselves~~ to ethical, lawful, and businesslike conduct, including proper use of authority and appropriate decorum, when acting as an ~~Entity LRE~~ Board Director.

### II. POLICY

It is the policy that each ~~Lakeshore Regional Entity (the "Entity") Board of Directors member represents~~ represents the interests of the ~~Entity LRE~~. This accountability supersedes any potential conflicts of loyalty to other interests including advocacy or interest groups, membership on other boards, relationships with other's or personal interests of any ~~Board~~ Director.

1. ~~Each of the All Entity LRE Board of~~ Directors will follow the ~~Entity LRE~~ Conflict of Interest Policy.
2. ~~Each of the Entity Board of~~ No member of the Board of Directors shall have individual ~~may not attempt to exercise individual~~ authority over the organization except as explicitly set forth in the ~~Entity LRE~~ Board of Directors policies or otherwise authorized in writing by the LRE Board of Directors.
  - a. ~~Each of the Entity Board of~~ No member of the Board of Directors ~~ss~~ shall have any authority to act on behalf of the organization, bind the organization, or exert any authority over must recognize their limitations and/or lack of authority when interacting interaction with the Entity LRE Chief Executive Officer (CEO), or with the Entity administration or any LRE employee, agent or staff, must recognize the lack of authority vested in individuals except when as explicitly authorized in writing by the Entity LRE Board of Directors, authorized.
  - b. ~~To ensure appropriate communication and preserve confidentiality, the Board of Directors designates the CEO as the primary point of contact and spokesperson for the Entity. If the CEO is not available to respond to inquiries from or interactions with the public, press, or other third parties, the Board Chair shall be the primary point of contact and spokesperson. The Board Chair shall consult with the Board of~~

Directors in advance on any such responses or communications but shall solely serve as spokesperson for the organization to ensure appropriate confidentiality protections and avoid inconsistencies in messaging. No individual member of the Board shall make any public response or statement on behalf of the organization without prior authorization from the Board of Directors. ~~Each Entity Board Directors's interaction with public, press or other entities must recognize the their same limitation and/or lack of authority and the inability of any Entity Board of Director to speak for on behalf of the EntityLRE Board of Directors when interacting with public, press or other entities except when explicitly authorized by the LRE Board of Directors.~~

Commented [MM1]: Condensed - added to 2a

~~Each Entity Board Director Director's commenting comments on the agency and/or the EntityLRE CEO performance must be done collectively;~~

~~c.b. and as regards to explicit Entity Board of Directors policies. Any cComments related to the LRE policies regarding the Entity and/or the Entity CEO performance must be done collectively as related to the policies.~~

Commented [MM2]: Deleted covered under 2b

**3. Confidentiality:**

~~d.a. Each Entity Board Director Directors will respect the confidentiality appropriate to issues of a sensitive nature including, but not limited, to those related to business, or strategy and all applicable laws.~~

~~e. Confidentiality: Each Entity Board Director Directors shall comply with the Michigan Mental Health Code, Section, 330.1748, & 42 CFR Part 2 relative to substance abuse services, and any other applicable privacy laws (Materials can be found by contacting the Entity Compliance Department)~~

~~3-4. Each Entity Board Director Directors will be properly prepared for the EntityLRE Board of Directors deliberations to make informed decisions on behalf of the Entity.~~

~~5. Each Entity Board Director Directors will support the legitimacy and authority of the final determination of the EntityLRE Board of Directors on any matter, without regard to the Entity Board Director's Director's personal position on the issue.~~

~~4.a. If an individual Board member disagrees with a decision made by the Board, they shall identify if speaking on the matter after the meeting that they are speaking as an individual and no for the Board.~~

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~~5. Delegation of Authority: The EntityLRE Board of Directors will use due care so as not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, have a propensity to engage in illegal activities.~~

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~~Excluded Individuals:~~

~~Persons who have been excluded from participation in Federal Health Care Programs may not serve as an EntityLRE Board Director member. Each~~

~~Entity Board Director Directors becomes are responsible for notifying the EntityLRE Corporate Compliance Department if they believe they will become an excluded individual. Each~~

~~Entity Directors Board Director arcis responsible for providing information necessary to monitor possible exclusions. The~~

- a. ~~EntityLRE staff shall periodically review the EntityLRE Board Director's Director's names against the excluded list per regulatory and contractual obligations.~~
- 6. ~~Each EntityDirectors Board Director will read and seek to understand the EntityLRE Compliance Plan and Code of Conduct.~~
  - a. ~~The EntityDirectors Board of Directors have a duty to report to the Entity Chief Compliance Officer any alleged or suspected violation of the LRE Board of Directors Code of Conduct or related laws and regulations by themselves or another Director to the LRE Chief Compliance Officer of the Entity Board of Directors Code of Conduct or related laws and regulations by themselves or another Entity Board Director.~~
  - b. ~~The EntityDirectors Board of Directors may seek advice from the EntityLRE Board of Directors Chairperson or the EntityLRE Chief Compliance Officer concerning appropriate actions that may need to be taken to comply with the Code of Conduct or Compliance Plan.~~
  - c. ~~Reporting Suspected Fraud: The Entity Board of Directors must report any suspected "fraud, abuse or waste" (consistent with the definitions as set forth in the Compliance Program Plan) of any EntityLRE funding streams.~~
  - d. ~~Failure to comply with the EntityLRE Compliance Plan and the EntityLRE Board of Directors Code of Conduct may result in the recommendation to a participant Member CMHSP Board the Director's member's removal from the EntityLRE Board of Directors.~~
  - e. ~~The EntityDirectors Board Directors will participate in required EntityLRE Board of Directors Compliance trainings.~~
  - f. ~~The EntityDirectors Board of Directors will establish and encourage throughout its the region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations.~~
  - g. ~~The EntityDirectors Board of Directors shall cooperate fully in any internal or external Medicaid or other LRE funding stream compliance investigation.~~

Commented [MM3]: Deleted - this is covered in the LRE compliance plan/training.

### III. APPLICABILITY AND RESPONSIBILITY

This policy applies to ~~the the Directors serving on the~~ EntityLRE Board of Directors.

### IV. MONITORING AND REVIEW

This policy is reviewed by the CEO and designees on an annual basis.

### V. DEFINITIONS

**Conflict of Interest:** Any actual or proposed direct or indirect financial relationship or ownership interest between each individual director and any entity with which the EntityLRE has or proposes to have a contract, affiliation, arrangement, or other transaction.

~~Lakeshore Regional Entity LRE or Entity Region #3 (Stephanie flush this out more) — Also referred to as LRE or the Entity, is the Prepaid Inpatient Health Plan (PIHP) for Region 3 as~~

defined in 42 CFR Part 438 and meets the requirements of MCL 330.1204b of the Michigan Mental Health Code.

**VI. RELATED POLICIES AND PROCEDURES**

- A. Conflict of Interest Policy
- B. Compliance Plan
- C. Board By-Laws

**VII. REFERENCES/LEGAL AUTHORITY**

- A. MDHHS/~~PIHBP Master Contract Medicaid Specialty Supports and Services Contract~~
- B. 42 CFR Part 2
- C. Michigan Mental Health Code

**VIII. CHANGE LOG**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11/18/21	Add references	CEO and Designees
<u>1/22/2025</u>	<u>Language revised</u>	<u>CEO and Board</u>

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## Lakeshore Regional Entity Board Financial Officer Report for March 2025 3/26/2025

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- **Disbursements Report** – A motion is requested to approve the February 2025 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through January is included as an attachment.
- **LRE Combined Monthly FSR** – The January LRE Combined Monthly FSR Report is not yet available. An updated report will be provided when complete.
- **Cash Flow Issues** – Network180 reported cash flow issues several times within the last couple months. LRE has extended several cash advances to Network180 and is having ongoing discussions with Network180 on how to address the cash flow issues.



- FY 2025 Revenue Projections** – The FY25 February revenue projection increased \$13.3 million from January to \$469.6 million. An estimated \$9.95 million is attributable to CCBHC Supplemental revenue. This spring, MDHHS will revise Cohort 2 (OnPoint, Ottawa, Network180) CCBHC PPS-1 rates, based on the FY24 CCBHC Cost Reports submitted in February 2025. The base capitation portion of the rates will remain the same and only the supplemental portion will be impacted. The estimated rates from the CCBHCs’ cost reports and daily visit projections provided by the CCBHCs have been incorporated into the projections below. In February, MDHHS amended base capitation rates to offset the cost of implementing the state-mandated Autism code 97153 rate increase, effective November 2024. This increased projections \$2.2 million for February – September. An additional \$924,728 received in March for November – January will be included in March revenue projections.

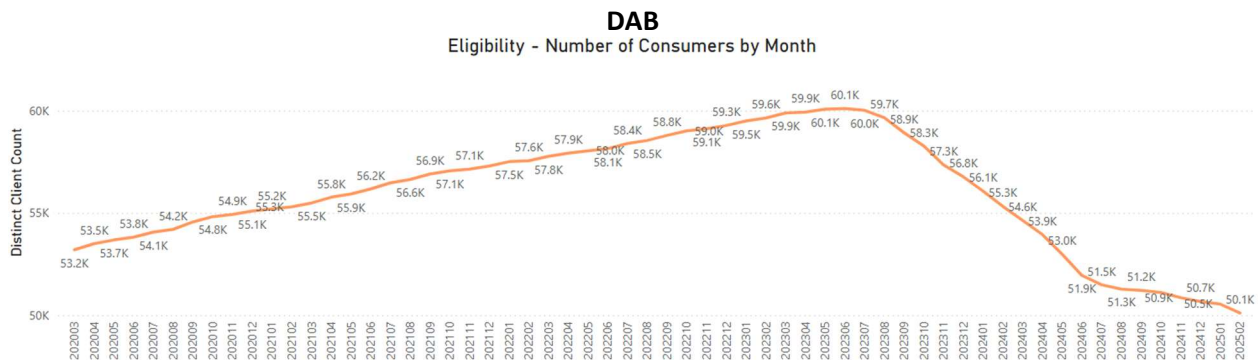
FY 2025 Revenue Projection								
Total LRE				CMHSPs Breakdown (Net of CCBHC)				
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change		FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	
MCD - MH	\$ 208,240,822	\$ 203,109,464	\$ (5,131,357) -2.46%		<b>MCD - MH</b>			
MCD - SUD	\$ 8,162,709	\$ 7,677,553	\$ (485,156) -5.94%	OnPoint	\$ 16,864,811	\$ 16,413,790	\$ (451,021)	
HMP - MH	\$ 17,311,272	\$ 17,434,498	\$ 123,225 0.71%	Healthwest	\$ 40,261,507	\$ 40,574,797	\$ 313,290	
HMP - SUD	\$ 11,157,718	\$ 11,018,563	\$ (139,155) -1.25%	Network180	\$ 109,602,547	\$ 104,287,889	\$ (5,314,658)	
Autism	\$ 47,599,001	\$ 54,293,305	\$ 6,694,304 14.06%	Ottawa	\$ 28,657,374	\$ 29,202,296	\$ 544,922	
Waiver	\$ 56,582,505	\$ 56,494,093	\$ (88,413) -0.16%	West Michigan	\$ 12,854,583	\$ 12,630,693	\$ (223,891)	
SUDHH	\$ -	\$ 11,372	\$ 11,372	<b>Total MCD - MH</b>	<b>\$ 208,240,822</b>	<b>\$ 203,109,464</b>	<b>\$ (5,131,357)</b>	
SUDHH - LRE Admin	\$ -	\$ 2,843	\$ 2,843		<b>MCD - SUD</b>			
CCBHC MCD Base Cap	\$ 23,389,790	\$ 28,904,608	\$ 5,514,818 23.58%	OnPoint	\$ 653,507	\$ 607,998	\$ (45,509)	
CCBHC HMP Base Cap	\$ 6,046,769	\$ 7,837,590	\$ 1,790,821 29.62%	Healthwest	\$ 1,657,313	\$ 1,582,894	\$ (74,419)	
CCBHC MCD Supplemental	\$ 34,550,918	\$ 50,181,590	\$ 15,630,673 45.24%	Network180	\$ 4,253,796	\$ 3,947,765	\$ (306,031)	
CCBHC HMP Supplemental	\$ 9,822,186	\$ 14,980,389	\$ 5,158,203 52.52%	Ottawa	\$ 1,057,081	\$ 1,019,748	\$ (37,333)	
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ - 0.00%	West Michigan	\$ 541,012	\$ 519,148	\$ (21,864)	
ISF	\$ -	\$ -	\$ -	<b>Total MCD - SUD</b>	<b>\$ 8,162,709</b>	<b>\$ 7,677,553</b>	<b>\$ (485,156)</b>	
IPA	\$ 3,585,824	\$ 3,777,921	\$ 192,097 5.36%		<b>HMP - MH</b>			
<b>Total Region</b>	<b>\$ 440,372,070</b>	<b>\$ 469,646,345</b>	<b>\$ 29,274,275 6.65%</b>	OnPoint	\$ 1,226,108	\$ 1,265,956	\$ 39,848	
				Healthwest	\$ 2,989,777	\$ 3,252,620	\$ 262,843	
				Network180	\$ 9,632,693	\$ 9,121,953	\$ (510,740)	
				Ottawa	\$ 2,793,323	\$ 3,004,103	\$ 210,780	
				West Michigan	\$ 669,371	\$ 789,864	\$ 120,493	
				<b>Total HMP - MH</b>	<b>\$ 17,311,272</b>	<b>\$ 17,434,498</b>	<b>\$ 123,225</b>	
					<b>HMP - SUD</b>			
				OnPoint	\$ 805,992	\$ 818,802	\$ 12,809	
				Healthwest	\$ 1,996,379	\$ 2,143,272	\$ 146,893	
				Network180	\$ 6,176,263	\$ 5,722,737	\$ (453,526)	
				Ottawa	\$ 1,722,885	\$ 1,807,976	\$ 85,091	
				West Michigan	\$ 456,198	\$ 525,777	\$ 69,579	
				<b>Total HMP - SUD</b>	<b>\$ 11,157,718</b>	<b>\$ 11,018,563</b>	<b>\$ (139,155)</b>	
					<b>Autism</b>			
				OnPoint	\$ 4,198,155	\$ 4,555,154	\$ 356,998	
				Healthwest	\$ 9,643,002	\$ 11,031,346	\$ 1,388,344	
				Network180	\$ 23,969,281	\$ 27,731,129	\$ 3,761,848	
				Ottawa	\$ 6,980,987	\$ 7,771,150	\$ 790,162	
				West Michigan	\$ 2,807,575	\$ 3,204,526	\$ 396,952	
				<b>Total Autism</b>	<b>\$ 47,599,001</b>	<b>\$ 54,293,305</b>	<b>\$ 6,694,304</b>	
					<b>Waiver</b>			
				OnPoint	\$ 6,363,966	\$ 6,403,999	\$ 40,033	
				Healthwest	\$ 12,978,790	\$ 13,032,462	\$ 53,672	
				Network180	\$ 23,778,918	\$ 23,830,212	\$ 51,294	
				Ottawa	\$ 9,457,872	\$ 9,338,282	\$ (119,590)	
				West Michigan	\$ 4,002,959	\$ 3,889,138	\$ (113,822)	
				<b>Total Waiver</b>	<b>\$ 56,582,505</b>	<b>\$ 56,494,093</b>	<b>\$ (88,413)</b>	
Member Month Projection								
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change					
OnPoint	246,600	259,204	12,605					
Healthwest	568,250	596,445	28,194					
Network180	1,532,219	1,623,020	90,801					
Ottawa	444,895	464,339	19,445					
West Michigan	205,608	215,036	9,428					
<b>Total Member Months</b>	<b>2,997,571</b>	<b>3,158,044</b>	<b>160,473</b>					

CMHSPs Breakdown - SUDHH			
OnPoint	\$ -	\$ -	\$ -
Healthwest	\$ -	\$ -	\$ -
Network180	\$ -	\$ -	\$ -
Ottawa	\$ -	\$ 11,372	\$ 11,372
West Michigan	\$ -	\$ -	\$ -
<b>Total Waiver</b>	<b>\$ -</b>	<b>\$ 11,372</b>	<b>\$ 11,372</b>

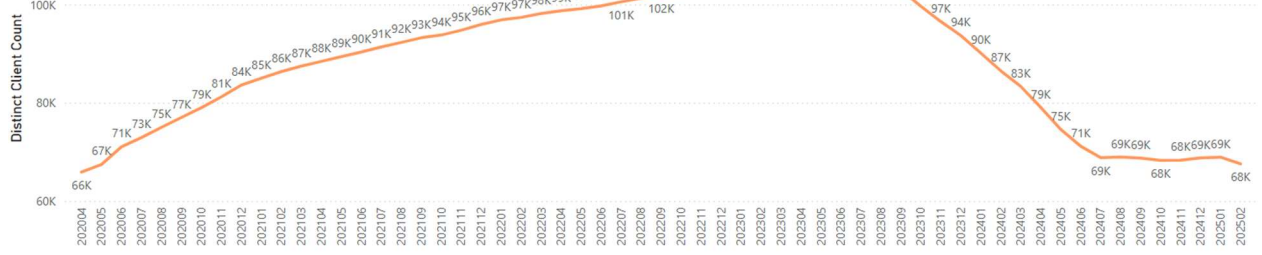
  

CMHSPs Breakdown - CCBHC			
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change
<b>MCD - CCBHC Base Capitation</b>			
OnPoint	\$ 1,881,018	\$ 2,524,398	\$ 643,380
Healthwest	\$ 6,336,673	\$ 6,135,958	\$ (200,715)
Network180	\$ 8,529,158	\$ 14,043,615	\$ 5,514,457
Ottawa	\$ 2,763,358	\$ 2,395,123	\$ (368,235)
West Michigan	\$ 3,879,583	\$ 3,805,514	\$ (74,069)
<b>Total</b>	<b>\$ 23,389,790</b>	<b>\$ 28,904,608</b>	<b>\$ 5,514,818</b>
<b>HMP - CCBHC Base Capitation</b>			
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)
<b>Total</b>	<b>\$ 6,046,769</b>	<b>\$ 7,837,590</b>	<b>\$ 1,790,821</b>
<b>MCD - CCBHC Supplemental Revenue</b>			
OnPoint	\$ 5,071,207	\$ 4,673,392	\$ (397,815)
Healthwest	\$ 10,199,499	\$ 13,427,898	\$ 3,228,399
Network180	\$ 10,691,851	\$ 18,353,432	\$ 7,661,581
Ottawa	\$ 3,930,417	\$ 8,264,764	\$ 4,334,347
West Michigan	\$ 4,657,943	\$ 5,462,104	\$ 804,161
<b>Total</b>	<b>\$ 34,550,918</b>	<b>\$ 50,181,590</b>	<b>\$ 15,630,673</b>
<b>HMP - CCBHC Supplemental Revenue</b>			
OnPoint	\$ 1,712,909	\$ 1,443,158	\$ (269,751)
Healthwest	\$ 3,090,877	\$ 4,002,352	\$ 911,475
Network180	\$ 2,145,946	\$ 4,984,114	\$ 2,838,168
Ottawa	\$ 1,172,369	\$ 2,709,816	\$ 1,537,447
West Michigan	\$ 1,700,084	\$ 1,840,949	\$ 140,865
<b>Total</b>	<b>\$ 9,822,186</b>	<b>\$ 14,980,389</b>	<b>\$ 5,158,203</b>

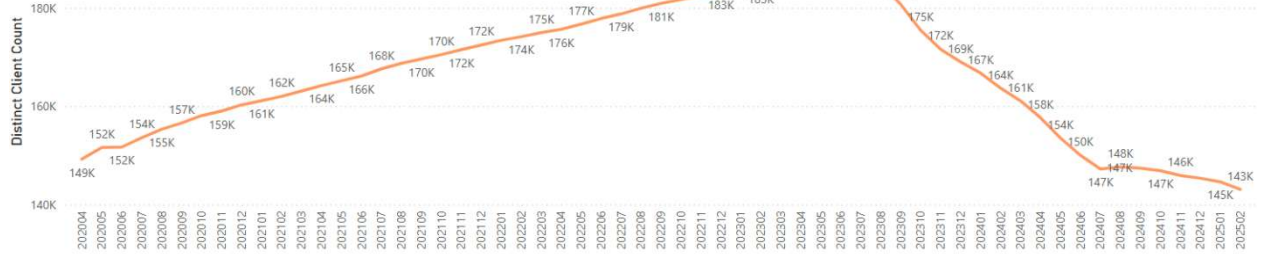
- Financial Data/Charts** – The charts below show regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for February 2020 – December 2024. The LRE also receives payments for other 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.



### HMP Eligibility - Number of Consumers by Month



### TANF Eligibility - Number of Consumers by Month



- **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 February 28, 2025		
12/31/2024	FY 2022 ISF LAPSE LITIGATION	4,717.50
1/31/2025	FY 2022 ISF LAPSE LITIGATION	714.00
	<b>ISF LAPSE LITIGATION TOTAL</b>	<b>5,431.50</b>
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	<b>BYLAWS/OPERATING AGREEMENT TOTAL</b>	<b>12,200.00</b>
11/30/2021	CCHBC SUPPORT	812.50
	<b>CCHBC SUPPORT TOTAL</b>	<b>812.50</b>
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
4/6/2024	GENERAL/OTHER	5,000.00
5/22/2024	GENERAL/OTHER	5,000.00
6/26/2024	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
10/31/2024	GENERAL/OTHER	5,000.00
11/30/2024	GENERAL/OTHER	5,000.00
12/31/2024	GENERAL/OTHER	5,000.00
1/31/2025	GENERAL/OTHER	5,000.00
	<b>GENERAL/OTHER TOTAL</b>	<b>80,575.00</b>
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,368.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,720.00
11/30/2023	HEALTHWEST LITIGATION	281.80
1/31/2024	HEALTHWEST LITIGATION	105.60
	<b>HEALTHWEST LITIGATION TOTAL</b>	<b>41,663.14</b>
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	(5,068.50)
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	(5,321.04)
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
10/1/2024	MANAGED CARE/MDHHS CONTRACT - PHP ISF	5,497.06
10/31/2024	MANAGED CARE/MDHHS CONTRACT - PHP ISF	9,515.42
11/30/2024	MANAGED CARE/MDHHS CONTRACT - PHP ISF	7,057.78
12/5/2024	MANAGED CARE/MDHHS CONTRACT - PHP ISF	1,948.57
	<b>MANAGED CARE/MDHHS CONTRACT TOTAL</b>	<b>370,653.95</b>
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
	<b>NETWORK 180 LITIGATION TOTAL</b>	<b>54,028.53</b>
	<b>GRAND TOTAL</b>	<b>\$ 565,364.62</b>



**BOARD ACTION REQUEST**

**Subject: February 2025 Disbursements**

Meeting Date: March 26, 2025

**RECOMMENDED MOTION:**

To approve the February 2025 disbursements of \$40,211,127.96 as presented.

**SUMMARY OF REQUEST/INFORMATION:**

<b><u>Disbursements:</u></b>	
Allegan County CMH	\$3,475,141.22
Healthwest	\$8,358,843.64
Network 180	\$17,521,322.50
Ottawa County CMH	\$5,003,633.80
West Michigan CMH	\$2,758,039.16
SUD Prevention Expenses	\$637,421.80
SUD Public Act 2 (PA2)	\$1,954,561.73
Administrative Expenses	\$502,164.11
<b>Total:</b>	<b>\$40,211,127.96</b>

93.89% 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:** *3/18/2025*



**Statement of Activities - Actual vs. Budget**  
**Fiscal Year 2024/2025**

As of Date: 1/31/25

Change in Net Assets	Year Ending 9/30/2025	1/31/2025		
	FY25 Budget <i>Amendment 1</i>	Budget to Date	Actual	Actual to Budget Variance
<b>Operating Revenues</b>				
Medicaid, HSW, SED, & Children's Waiver	282,568,553	94,189,518	93,795,246	(394,271)
DHS Incentive	471,247	157,082	-	(157,082)
Autism Revenue	51,999,100	17,333,033	18,257,171	924,138
Healthy Michigan	27,851,725	9,283,908	12,134,880	2,850,971
Performance Bonus Incentive	2,819,234	939,745	-	(939,745)
CCBHC Quality Bonus Incentive	1,745,775	581,925	-	(581,925)
Hospital Rate Adjuster (HRA)	18,820,061	6,273,354	-	(6,273,354)
Member Local Contribution to State Medicaid	1,007,548	335,849	335,849	(0)
Medicaid CCBHC Base Capitation	28,904,608	9,634,869	4,417,523	(5,217,346)
Healthy Michigan CCBHC Base Capitation	7,837,590	2,612,530	1,111,600	(1,500,930)
Medicaid CCBHC Supplemental Revenue	42,474,023	14,158,008	11,214,702	(2,943,306)
Healthy MI CCBHC Supplemental Revenue	12,735,147	4,245,049	5,453,213	1,208,164
MDHHS Grants	12,107,809	4,035,936	1,960,133	(2,075,803)
PA 2 Liquor Tax	4,449,350	1,483,117	196,043	(1,287,074)
Non-MDHHS Grants: DFC	126,951	42,317	44,080	1,763
Interest Earnings	1,354,059	451,353	417,164	(34,189)
Miscellaneous Revenue	5,500	1,833	-	(1,833)
<b>Total Operating Revenues</b>	<b>497,278,280</b>	<b>165,759,427</b>	<b>149,337,605</b>	<b>(16,421,821)</b>
<b>Expenditures</b>				
Salaries and Fringes	5,914,796	1,971,599	1,423,817	(547,782)
Office and Supplies Expense	259,081	86,360	70,991	(15,369)
Contractual and Consulting Expenses	861,171	287,057	170,774	(116,283)
Managed Care Information System (PCE) *	365,200	121,733	92,690	(29,043)
Legal Expense *	210,000	70,000	23,906	(46,094)
Utilities/Conferences/Mileage/Misc Exps	6,312,309	2,104,103	(58,231)	(2,162,334)
Grants - MDHHS & Non-MDHHS	670,864	223,621	215,890	(7,731)
Hospital Rate Adjuster / Taxes	22,540,168	7,513,389	1,228,042	(6,285,347)
Prevention Expenses - Grant & PA2	3,690,120	1,230,040	964,150	(265,890)
SUD Treatment Expenses - Grants	1,138,436	379,479	155,194	(224,285)
CCBHC Quality Bonus Incentive	1,745,775	581,925	-	(581,925)
Member Payments - Medicaid/HMP	349,352,581	116,450,860	121,137,872	4,687,011
Member Payments - CCBHC Capitation	36,742,198	12,247,399	5,529,123	(6,718,276)
Member Payments - CCBHC Supplemental	55,209,170	18,403,057	11,070,857	(7,332,200)
Member Payments - PA2 Treatment	2,923,039	974,346	280,296	(694,051)
Member Payments - Grants	8,335,824	2,778,608	2,029,765	(748,843)
Local Contribution to State Medicaid	1,007,548	335,849	335,849	(0)
<b>Total Expenditures</b>	<b>497,278,280</b>	<b>165,759,427</b>	<b>144,670,984</b>	<b>(21,088,442)</b>
<b>Total Change in Net Assets</b>	<b>-</b>	<b>-</b>	<b>4,666,621</b>	<b>4,666,621</b>

\* The categories of Managed Care Information Systems (PCE) and Legal are Net of amounts applied to Grants



**Statement of Activities  
Budget to Actual Variance Report**

For the Period ending January 31, 2025

As of Date: 1/31/25

**Operating Revenues**

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
DHS Incentive	This revenue is received quarterly beginning in April.
Autism Revenue	Current projections reflect an increase. Will be monitored for future 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 delayed, pending CMS approval of rate increase.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Reallocation of CCBHC to/from base capitation has not yet occurred for December or January.
Healthy MI CCBHC Base Capitation	Reallocation of CCBHC to/from base capitation has not yet occurred for December or January.
Medicaid CCBHC Supplemental Revenue	Current projections reflect a decrease. Will be monitored for future amendment.
Healthy MI CCBHC Supplemental Revenue	Current projections reflect an increase. Will be monitored for future amendment.
MDHHS Grants	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	N/A - Closely aligned with the current budget projections.
Interest Revenue	Additional interest expected for 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	Under current projections. Expenses 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. Admin reallocation not yet completed for January.
Grants - MDHHS & Non-MDHHS	N/A - Closely aligned with the current budget projections.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment delayed, pending CMS approval
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly.
CCBHC Quality Bonus	Payments are made after the end of the fiscal year if performance metrics are met.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	December and January adjustments have not yet been recorded.
Member CCBHC Supplemental	December and January adjustments have not yet been recorded.
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.