

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 28, 2025 – 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.
 - May 28, 2025, Board of Directors meeting agenda (*Attachment 1*)
 - March 26, 2025, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. CEO – Ms. Marlatt-Dumas (*Attachment 3*)
 - b. LRE Leadership – (*Attachment 4*)
6. Chairperson’s Report – Ms. Gardner (*Attachments 5, 6*)
 - a. April 16, 2025, and May 21, 2025, Executive Committee
7. Action Items –
 - a. Board Governance Policy (*Attachment 7*)
Suggested Motion: To approve the LRE Board Governance Policy:
 - i. 10.17 Management Delegation and Executive Limitations
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
 - a. FY2025, March and April Funds Distribution (*Attachment 9, 10*)
Suggested Motion: To approve the FY2025, March and April Funds Distribution as presented.
 - b. Statement of Activities as of 3/31/2025 with Variance Reports (*Attachment 11*)
 - c. Monthly FSR (*Attachment 12*)
9. Board Member Comments
10. Public Comment
11. Upcoming LRE Meetings
 - June 12, 2025 – Community Advisory Panel, 1:00 PM
 - June 18, 2025 – Executive Committee, 1:00PM

- June 25, 2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- June 25, 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

March 26, 2025 – 1:30 PM

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

WELCOME AND INTRODUCTIONS – Ms. Gardner

Ms. Gardner called the March 26, 2025, LRE Board meeting to order at 1:32 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, Andrew Sebolt, Janet Thomas, Craig Van Beek

Online: Stan Stek, Jim Storey

Absent: Linda Dunmore, Janice Hilleary

PUBLIC COMMENT

NA

CONSENT ITEMS:

LRE 25-09 Motion: To approve by consent the following items.

- March 26, 2025, Board of Directors meeting agenda
- February 26, 2025, Board of Directors meeting minutes

Moved: Janet Thomas Support: O’Nealya Gronstal

MOTION CARRIED

COMMUNITY ADVISORY PANEL

The March 13, 2025, Community Advisory Panel meeting minutes are included in the Board packet for information.

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
 - There has been no further movement on with MDHHS regarding the PIHP contract. MDHHS has no plans to have any further negotiations.
- ii. MDHHS Cost Settlement Update

- MDHHS has recouped \$4.8 million and agreed to put it into an escrow account. MDHHS has also agreed not to withhold any additional funds without 21-day notice.
 - A legal summons/complaint is ready, but LRE will continue to try and resolve the issue with MDHHS before filing.
- iii. Survey/Competitive Procurement Process of Michigan's PIHP System
- MDHHS sent out a press release regarding a competitive procurement of the PIHP system. There has been no additional information forthcoming. The timeline is very aggressive at 18-months. Ms. Marlatt-Dumas will keep the Board updated and LRE staff will continue to move forward as normal.
- iv. LRE will wait to hire a Director of Quality and will use contracted support and LRE staff to fill that gap until there is more information on the PIHP procurement.
- v. This is Gambling awareness month.
- vi. Ms. Marlatt-Dumas would like to recognize LRE staff for the volume of information and quality of their work.
- vii. LRE and Network180 (N180) continue to meet to discuss their cash flow issue. LRE will continue to support N180 in any changes that they will have to put in place.
- viii. LRE has been chosen to be included in an additional audit by Covent Bridge that was contracted by CMS. The audit will be a 15-month process until completion. LRE will begin keeping track of the amount of time that staff is dedicating to the audit.
- ix. LRE attended a meeting with MDHHS regarding pulling the CCBHC contract away from the PIHPs and contracting directly with the CCBHCs. There were many questions about whether this is connected to the PIHP rebid.
- b. LRE Leadership Report –
- Ms. VanDerKooi reviews the PowerPoint that reflects information of each report below.
- i. LRE Annual Impact Report
- A link to the full report is included in the PowerPoint.
- ii. QAPIP Annual Effectiveness Review
- Quality Assessment Performance Improvement Program (QAPIP) Review reports on how well we as a region are performing on the components of the QAPIP.
- iii. Customer Service Satisfaction Survey Report
- Moving forward LRE will change to a shorter version of each Customer Service Satisfaction survey due to survey fatigue of individuals. A link to the full report is included in the PowerPoint.

CHAIRPERSON'S REPORT

March 19, 2025, Executive Committee meeting minutes are included in the packet for information.

- The LRE CEO contract has been executed.
- The Executive Committee meetings have been very thorough and well informed by the CEO, especially in the environment that we are in.
- Recommends that the Board stay the course as our focus remains on individuals that our region serves.

ACTION ITEMS

LRE 25-10 Motion: To approve the LRE Board Governance Policy:

- i. 10.5 Code of Conduct

Moved: Ron Bacon

Support: Janet Thomas

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

FY2025 February Funds Distribution

LRE 25-11 Motion: To approve the FY2025, February Funds Distribution as presented.

Moved: Jon Campbell

Support: Janet Thomas

MOTION CARRIED

Statement of Activities as of 1/31/2025 with Variance Report-

Included in the Board packet for information.

- Currently, Medicaid is closely aligning with the budget.
- There was an Autism rate change that is retroactive to November. This rate change will be a budget amendment.

Monthly FSR-

The FSR is not available this month due to the Autism and CCBHC rate changes.

BOARD MEMBER COMMENTS

- Ms. Gronstal asks how board members can help and if speaking with county legislators would be helpful. Ms. Marlatt-Dumas comments that CMHAM has an advocacy plan and may in the future contact legislators with a list of talking points. CMHAM has stated publicly that they are against any form of privatizing the public system.
- Ms. Gardner comments that it is the Board members' role to stay the course. It is difficult for LRE staff as they are continuously bombarded with change. She would like to thank the members of LRE that keep the Board meetings on track and the staff behind the scenes that handle the reporting.

- Ms. Kelsey comments to stay calm and plod on.
- Mr. Campbell would like to thank Ms. Marlatt-Dumas for working with N180 on the cash flow issues.

PUBLIC COMMENT

Dr. Michael Brashears – Ottawa CMH, CEO, notes that there is not enough revenue for the care that is needed. The LRE cannot allow dramatic cuts and changes that will destabilize the provider network system. The region should track and prepare a comprehensive analysis of revenue needs showing the dramatic reduction of rates that will destabilize the provider network. The region should not be expected to stay on a budget that does not meet the needs and obligations of the individuals we serve. The region is fortunate to have Ms. Marlatt-Dumas as she continues to be an advocate on behalf of the CMHs and region.

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

ADJOURN

Ms. Gardner adjourned the March 26, 2025, LRE Board of Directors meeting at 2:40 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CEO Report
May 28th, 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 May 23rd, MDHHS issued a press release, “MDHHS releases results of behavioral health care survey and details related to PIHP procurement requirements”.
 - [The survey results](#) will be used to inform four strategic pillars of the upcoming procurement, which include:
 - Provide high-quality, timely services.
 - Improve choice and consistency across regions.
 - Ensure accountability and transparency.
 - Simplify the system with reduced bureaucracy.
 - MDHHS plans to issue a request for proposals (RFP) for PIHPs in summer 2025 with the goal of a service start date of Oct. 1, 2026.
 - “As organizations representing providers across Michigan’s behavioral health continuum, we welcome MDHHS’s focus on timely care, consumer choice and system accountability. A well-designed system can move us beyond bureaucracy and into a future where access and outcomes – not process – drive the work,” said Daniel Cherrin, on behalf of the MI Care Council, MI Behavioral Health & Wellness Collaborative and the Michigan Association of Substance Addiction Providers. “This is Michigan’s moment to build a behavioral health system rooted in impact and transparency where care is consistent, conflicts are removed and every Michigander gets the support they need, no matter where they live.”
- LRE Response:
 - LRE leadership has sent the press release to staff and has asked for their patience while the details are sorted through and what the impact to the overall system will be, including the employee level.
 - LRE has met with legal to discuss the anticipated contractual requirements in the procurement and how LRE should move forward to continue to protect the beneficiaries we are responsible for serving.
- Medicaid Event Verification
FY25 Quarter 1 was completed for SUD and CMH’s & Providers.
 - SUD review included 18 Providers with a total of \$137,777 in claims reviewed. Recoupment = \$0

- CMH & Provider review included 71 Providers with a total of \$1.6 million in claims reviewed. Recoupment = \$1693.98 from one CMH. The reason was due to the service billed was not in the IPOS (only 1 case).
- Currently working on FY25 Q2.
- LRE's TalkSooner.org partnered with Holland Hospital and FOX17 news carried the story. Attachments are at the end of this report and a short video will be shown during the Board meeting.

2. **REGIONAL UPDATE**

- Network180 (N180) 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 cash flow issues. Network180 implemented a rate cut on May 22nd, 2025. An ongoing analysis is occurring on evaluating cost savings areas.
 - LRE continues to advocate for a more equitable funding methodology at the PIHP level.

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

- FY22 Cost Settlement
 The LRE with LRE's legal 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.
UPDATE: On May 13th, 2025, LRE filed a summons against the State of Michigan regarding the \$13.7 Million claw back. MDHHS agreed not to withhold funds until after 8/1 - they were not willing to do a blanket stay while the case is pending. LRE will need to revisit every few months.
- UPIC Audit
 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.

UPDATE: All materials have been submitted to Covent Bridge, the organization hired by CMS to conduct the audit of the region's Compliance and Managed Care Functions. LRE has not yet heard about the next steps and there currently have not been any additional questions or requests regarding the submission. Again, thanks to the staff for the effort put into the audit with over 200 hours dedicated to this project.

Legislative Update:

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

Other:

- This week in Washington, House Republicans pushed a plan to slash [\\$715 billion](#) (click link for full story) from Medicaid and the Affordable Care Act. According to the nonpartisan Congressional Budget Office, that would mean taking away health care from [13.7 million](#) (click link for full story) Americans, including children, new moms, seniors, and people with disabilities.

Here's the kicker: **cutting Medicaid doesn't save money in the long run.** When federal funding drops, states must either cut services or raise taxes. That means fewer resources for schools, roads, and public safety—or higher costs for working families.

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



TalkSooner.org

Good morning, [Name],

Holland Hospital is partnering with TalkSooner, endorsed by the MDHHS, to strengthen youth substance prevention across the lakeshore. By integrating these resources into its Behavioral Health and School Nurse programs, the hospital is creating a comprehensive, collaborative approach to keeping our community healthy and safe.

A complete media release is below for your convenience, photos are available [here](#). I'm happy to connect you with representatives from Holland Hospital and TalkSooner who can discuss the partnership and its impact on the community.

Thank you for your consideration. Please let me know how I can connect you!

Jessica



Jessica Meldrum, MS, APR

Lead Communications & Public Relations Coordinator

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April, XX 2025

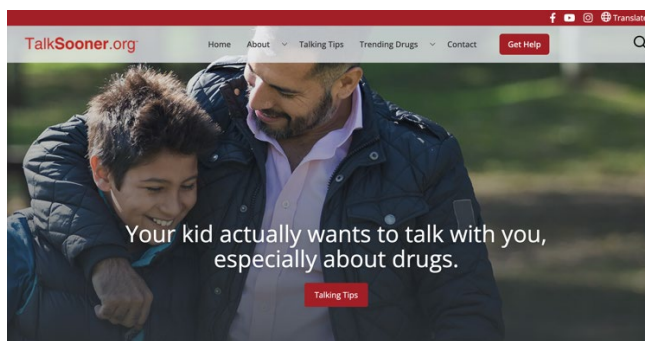
Holland Hospital Partners with TalkSooner to Strengthen Youth Substance Prevention Resources

HOLLAND, Mich., April XX, 2025 — [Holland Hospital](#) is partnering with [TalkSooner](#), a program aimed at preventing youth substance use, to expand community access to free, award-winning youth drug prevention resources.

Endorsed by the Michigan Department of Health and Human Services (MDHHS), TalkSooner is powered by the [Lakeshore Regional Entity](#), the public behavioral health plan for individuals with mental illness, developmental disability, and substance use disorders in Ottawa, Allegan, Kent, Lake, Mason, Muskegon, and Oceana counties.

By partnering with Talksooner, Holland Hospital's Behavioral Health Services and School Nurse Program can further the organization's commitment to community health and well-being to create a comprehensive approach to youth substance use prevention by empowering parents and caregivers with the tools and knowledge to engage in meaningful conversations about substance use, creating a stronger, more proactive prevention network.

"Addressing youth substance use requires a multi-faceted approach, and TalkSooner provides invaluable resources that align with our commitment to preventative care," said Kylene Krause, PhD, Interim Director of Outpatient Behavioral Health Services at Holland Hospital. "By equipping parents with the confidence and tools to have these crucial conversations, we're building a healthier future for our community's youth."



From Meals to Car Rides, Make the Chatter Matter

TalkSooner, in partnership with Holland Hospital, focuses on empowering parents and caregivers to initiate the often-challenging "drug talk" with their children. The program provides free, accessible educational resources designed to facilitate these essential conversations.

"Research continues to show that parents can play an important role in prevention through regular, ongoing conversation with their children, yet we also know that having the 'drug talk' can be one of the most daunting conversations, with many parents unsure of when and how to start," said Amy Embury, Substance Use Disorder Manager for Lakeshore Regional Entity. "TalkSooner's online resources provide trusted information, as well as tools, tips and conversation starters to empower parents to approach these discussions with confidence, based on the latest drug trends and facts."

TalkSooner's materials are now displayed at Holland Hospital Outpatient Behavioral Health Services at 854 Washington Ave in Holland, inviting parents to turn to TalkSooner's website to jump-start the "drug talk" with their children and teenagers. The information will also be displayed on digital monitors at over 20 locations throughout Holland Hospital.

The resources also have been made available to Holland Hospital's school nurses through its

School Nurse Program at its 28 schools within Holland Public, West Ottawa, Hamilton, Holland Christian, Fennville and Zeeland Christian districts, impacting over 12,000 students across the lakeshore.

"Our school nurses are on the front lines, supporting the health and well-being of thousands of students," said Holland Hospital School Nurse Manager Hendrina Cupery. "Integrating TalkSooner into our program allows us to provide parents and caregivers with essential tools to foster open communication at home, reinforcing the preventative education our students receive in school. We believe this collaborative effort will significantly enhance our ability to protect and support our youth."

The talksooner.org website provides up-to-date facts about drug trends, age-appropriate talking tips for children at all stages of development, slang terms for the top trending substances, brief videos that show how parents can turn everything from car rides to snack time into springboards for conversation and more.

To learn more about Holland Hospital's School Nurse Program, visit hollandhospital.org/snp, and to learn about Holland Hospital's Behavioral Health Services, visit hollandhospital.org/bhs.

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About Holland Hospital

Holland Hospital, located in Holland, MI, is a nationally recognized leader in quality and value with advanced technology and extraordinary patient satisfaction. The independent hospital offers a full range of inpatient and outpatient services, multiple convenient locations, and ready access to primary care physicians and experienced specialists. The hospital is also among just 14% of hospitals in the nation to earn the top CMS 5-Star rating and one of the few to consistently achieve the top rating since it was introduced in 2008. Holland Hospital's workplace culture has made it one of the Best & Brightest Companies to Work For in West Michigan. For over a century, the hospital's mission has been to continually improve the health of the communities we serve in the spirit of hope, compassion, respect and dignity. For more information, visit hollandhospital.org.

HEY, PARENTS!

Need help with the drug talk?



Check out www.talksooner.org (available in español!), today!

TalkSooner.org

*Brought to you in
partnership with:*



BEHAVIORAL
HEALTH SERVICES





Lakeshore Regional Entity’s Legislative Update – 5/20/2025

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 4/24/2025 – Referred to Committee of the Whole with substitute, placed on order of third reading, placed on immediate passage, amendments adopted, passed roll call, received in House, read a first time, referred to Committee on Government Operations

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	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 3/20/25: Reported favorably without amendment, Referred to Committee of the Whole 4/16/2025: Reported by Committee of the Whole favorably without amendment, placed on order of third reading. 4/17/2025: Passed roll call, received in House, read a first time, referred to Committee on Families and Veterans
	SB 111	The bills would enhance protections against financial exploitation, abuse, and neglect of vulnerable adults. Specifically, they would create a process for certain elder and vulnerable adults to petition a circuit court to enter an elder and vulnerable adult personal protection order (PPO). They also would allow a county or region to create a vulnerable adult multidisciplinary team (team) that would work within that area to protect against and bring awareness to vulnerable adult abuse, neglect, and financial exploitation.	Jeff Irwin	2/27/25: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported Favorably Without Amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration, reported by Committee of the Whole favorably without amendment, placed on order of Third Reading 4/16/2025: Passed roll call, received in House, read a first time, referred to Committee on Judiciary
	HB 4218 SB 142	These bills would make changes to the state recipient rights advisory committee to explicitly include a representative from Disability Rights Michigan, the Mental Health Association in Michigan, and the Arc Michigan.	Rep - Jamie Thompson Sen – Michael Webber	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4218) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (142)
	HB 4219 SB 143	These bills would require that patient’s rights during mental health treatment, including the objection to treatment, must be communicated orally and in writing to the patient.	Rep - Jamie Thompson Sen – Rick Outman	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4219) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (143)
	SB 129	This bill would amend the Open Meetings Act to allow an appointed member of a public body who has a disability to fully participate in a meeting remotely upon request. The bill would not apply to a member of a public body who was elected by electors to serve.	Sean McCann	3/6/25: Introduced, Rederred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported favorably without amendment, referred to the Committee of the Whole 4/16/2025: Reported by the Committee of the Whole favorable without Amendment, placed on

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				order of third reading 4/17/2025: Passed Roll Call, received in the House, read a first time, referred to Committee on Government Operations

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, Referred to the Committee on Regulatory Affairs 2/26/25: Reported favorable without amendment, Referred to Committee of the Whole 3/6/25: Reported by Committee of the Whole favorable with amendments, placed on order of third reading 3/12/25: Passed Roll Call, Received in House, Read a first time, referred to Committee on Regulatory Reform
	HB 4166 & 4167	Prohibits illicit use of xylazine and provides penalties; Provides sentencing guidelines for illicit use of xylazine.	Kelly Breen Mike Mueller	3/5/2025 – Introduced, referred to the Committee on the Judiciary
	HB 4255 & 4256	Modifies penalties for crime of manufacturing, delivering, or possession of with intent to deliver certain controlled substances; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver certain controlled substances. *PLEASE SEE THE MISCELLANEOUS UPDATES SECTION BELOW FOR MORE INFORMATION*	Sarah Lightner Ann Bollin	3/18/2025 – Introduced, referred to the Committee on the Judiciary 4/16/2025 – Reported with recommendation, referred to a second reading 4/23/2025 – Read a third time, passed, transmitted 4/29/2025 – Passed House with immediate effect, referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 4390 & 4391	Expands methods of testing intoxication or impairment in the Michigan vehicle code to include other bodily fluid.	Brian BeGole Julie Rogers	4/24/2025 – Introduced, read a first time, referred to Committee on Government Operations

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 219-222	Expands petition for access to assisted outpatient treatment to additional health providers	Paul Wojno	4/17/2025 – Introduced, Referred to Committee on Health Policy 5/8/2025 – Referred to Committee of the Whole 5/20/2025 – Placed on order of third reading with substitute

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 S. 331	HALT Fentanyl Act: 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.	Rep - H. Morgan Griffith Sen – Bill Cassidy	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 3/3/25: Committee on the Judiciary. Reported by Senator Grassley with an amendment in the nature of a substitute. Without written report. 3/14/25: Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 84 – 16 3/18/25: Received in House

	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
	HR 2383	Protecting Kids from Fentanyl Act of 2025: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers	Joe Neguse	03/26/2025 - Referred to the House Committee on Energy and Commerce
	S 1132	Families Care Act: To amend the Older Americans Act of 1965 to include peer supports as a supportive service within the National Family Caregiver Support Program, to require States to consider the unique needs of caregivers whose families have been impacted by substance use disorder, including opioid use disorder, in providing services under such program	Ted Budd	03/26/2025 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2935	PREPARE Act of 2025: To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis.	David Joyce	04/17/2025 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, Agriculture, and Financial Services


LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY 26 Appropriations Issues	See Attached Document		 FY26 CMHA key budget issues.docx
	REQUEST FOR ACTION:	ACTION ALERT: Tell MDHHS to Maintain Public Management of Michigan's Mental Health Services. We are asking you to reach out to Governor Whitmer and Lt. Governor Gilchrist and express your concerns with the department's competitive procurement process for the state's PIHP contracts.		Advocacy – CMHAM – Community Mental Health Association of Michigan
	COVID Relief Funding Rescinded – ARPA Funds	As of March 24, HHS halted distribution of unspent COVID relief grant funds, this includes additional Community Mental Health Services Block Grant (MHBG) funding and Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant		National perspective: Mental health and addiction funding on the federal chopping block : NPR

LOCAL THREATS AND CHALLENGES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
		funding. This additional funding was originally authorized in statute by a pair of COVID-19 relief bills passed by Congress in 2020 and 2021, the Coronavirus Preparedness and Response Supplemental Appropriations Act and American Rescue Act, which gave states until Sept. 30, 2025, to use the funds.		State perspective: Nessel sues as Trump health cuts hit Michigan disease, addiction programs
	MAC Letter to Governor	The Michigan Association of Counties has written a letter to Governor Whitmer in opposition to MDHHS' proposal to bid out PIHP contracts.		PIHP-Letter-to-Governor-May-2025.pdf
	ACTION ALERT: Tell Legislators Public Mental Health System Facing Funding Crisis	REQUEST FOR ACTION: We are asking you to reach out to your legislators and Governor Whitmer to tell MDHHS to adjust the behavioral health Medicaid rates for FY25 in order to close the nearly \$100 million FY25 deficit. As currently projected, the Medicaid mental health line items will be underspent by over \$200 million for FY25, IF NO ADJUSTMENTS are made. The time to act is now, there will be public entities running out of money before the end of the fiscal year.		 2025 Budget Shortfall Infographic.1

MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	TAKE ACTION: PROTECT MEDICAID	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.		Advocacy – CMHAM – Community Mental Health Association of Michigan
	Presidential Drug Policy Priorities	The White House Office of National Drug Control Policy (ONDCP) has announced six key priority areas that it plans to focus on this year: Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl; Secure the Global Supply Chain Against Drug Trafficking; Stop the Flow of Drugs Across our Borders and into Our Communities; Prevent Drug Use Before It Starts; Provide Treatment That Leads to Long-Term Recovery; Innovate in Research and Data to Support Drug Control Strategies		ONDCP Releases Trump Administration's Statement of Drug Policy Priorities – The White House 2025-Trump-Administration-Drug-Policy-Priorities.pdf

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	New CMS Administrator	Dr. Mehmet Oz was confirmed as the new administrator for the Centers for Medicare & Medicaid on 4/3/25 by the Senate.		Dr. Mehmet Oz Shares Vision for CMS CMS
	TFM Annual Conference	Tobacco Free Michigan Annual Conference – Save the Date: July 16 th The 2025 Annual Conference will be July 16 at the Okemos Conference Center. Registration will open in late May so watch for future emails.		https://www.tobaccofreemichigan.org/conference
	Regional Opposition to HB 4255 & 4256	The LRE and MSHN both have sent letters to State Senators in opposition of HB 4255 and 4256. Please see the attached letter. This letter was emailed to Senators at the instruction of the Regional SUD Directors.		 2025-5-2-HB4255-42 56 Opposition Letter.1

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	Home Page Find Your Senator - Michigan Senate (https://senate.michigan.gov/FindYourSenator/)
Find Your State Representative	Michigan House - Home Page (https://www.house.mi.gov/)



LRE BHTEDS Completeness and Data Quality Update

May 2025

Ione Myers - Chief Information Officer

May 23, 2025

BHTEDS Completeness – FY24 – from December 2024

MDHHS 8/16/2024 BHTEDS FY24 completeness report showed LRE above the required 95% compliance rate. Subsequent measurement from 11/18/2024 showed a decline in the Crisis Only and SUD measures.

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

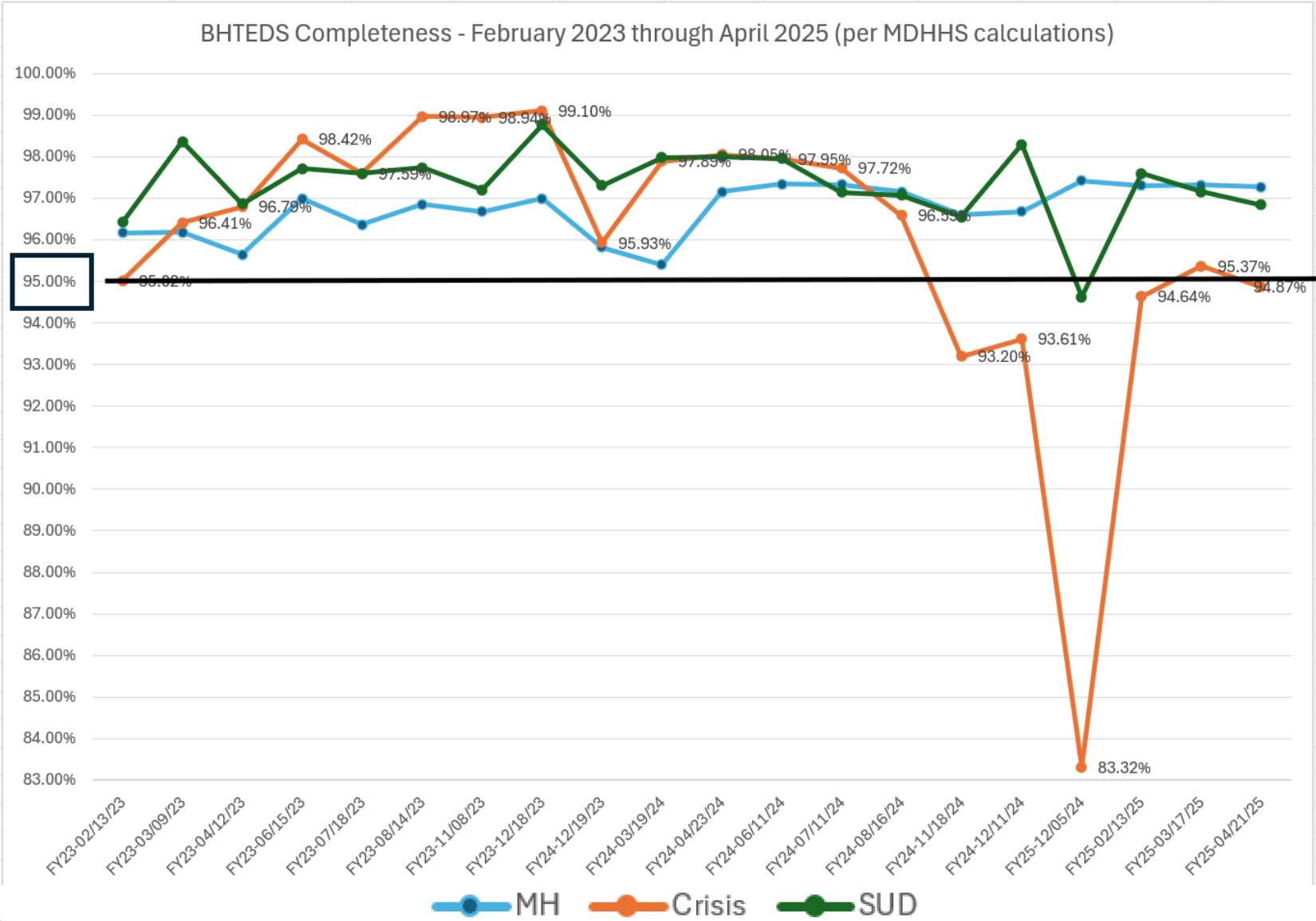
Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	2,542	2,518	99.06%
HealthWest	4,993	4,983	99.80%
Network180	10,194	9,589	94.07%
Ottawa	2,880	2,763	95.94%
West Michigan	2,107	2,100	99.67%
	22,716	21,953	96.64%

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%

BHTEDS Completeness over time



BHTEDS Completeness

FY25 – Most recent 2 measurements, by CMH:

FY25 BHTEDS Completeness

3/17/2025:

Mental Health Completeness by CMH

Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	1,940	1,908	98.35%
HealthWest	3,383	3,380	99.91%
Network180	7,076	6,781	95.83%
Ottawa	2,062	1,966	95.34%
West Michigan	1,589	1,587	99.87%
	16,050	15,622	97.33%

Mental Health (Crisis Only) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	159	159	100.00%
HealthWest	475	473	99.58%
Network180	1,856	1,764	95.04%
Ottawa	392	344	87.76%
West Michigan	209	209	100.00%
	3,091	2,949	95.41%

SUD BHTEDS Completeness - by CMH:

	Denominator	Numerator	% Complete
OnPoint	118	118	100.00%
HealthWest	870	857	98.51%
Network180	1,630	1,576	96.69%
Ottawa	546	518	94.87%
West Michigan	360	360	100.00%
	3,524	3,429	97.30%

4/21/2025:

Mental Health Completeness by CMH

Mental Health (non-Crisis) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	2,048	2,017	98.49%
HealthWest	3,575	3,574	99.97%
Network180	7,454	7,147	95.88%
Ottawa	2,163	2,046	94.59%
West Michigan	1,384	1,380	99.71%
	16,624	16,164	97.23%

Mental Health (Crisis Only) BHTEDS Completeness - by CMH:			
	Denominator	Numerator	% Complete
OnPoint	198	197	99.49%
HealthWest	557	556	99.82%
Network180	2,223	2,124	95.55%
Ottawa	472	385	81.57%
West Michigan	251	251	100.00%
	3,701	3,513	94.92%

SUD BHTEDS Completeness - by CMH:

	Denominator	Numerator	% Complete
OnPoint	112	111	99.11%
HealthWest	772	766	99.22%
Network180	1,526	1,464	95.94%
Ottawa	545	498	91.38%
West Michigan	348	348	100.00%
	3,303	3,187	96.49%

“Dangling Admissions”

MDHHS Requested that all PIHPs work to resolve these: Thus far, across several months, our counts have not gone down significantly.

LRE “Dangling Admission” counts by CMH – 4/30/2025:

Row Labels	Count of MemberCode
ALGN	31
MKG	53
N180	2002
OTT	305
WMCH	4
Grand Total	2395

Rate Setting Factors Monitoring (Missing BHTEDs)

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 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).

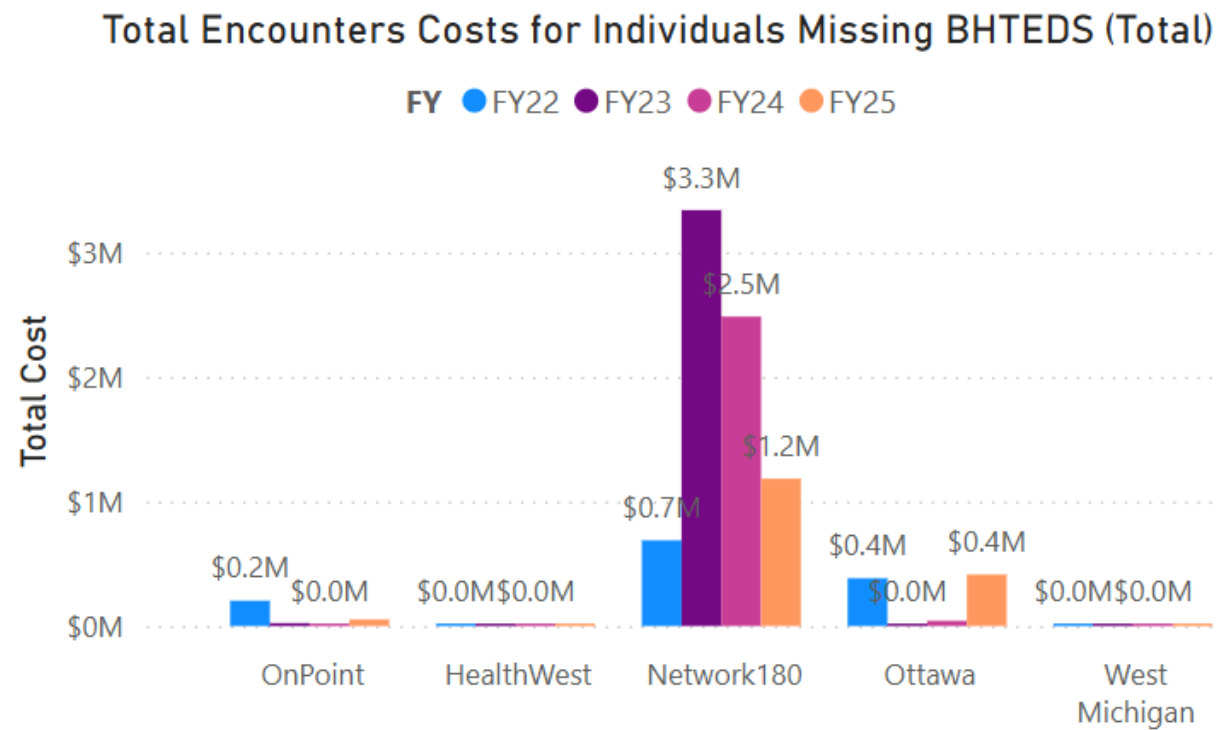
HealthWest, West Michigan CMH and OnPoint have worked through nearly all cases on their list, bringing their total outstanding dollars down to bare minimum. Others still have significant dollars outstanding.

Rate Setting Factors Monitoring (Missing BHTEDs)

Estimated Service Costs Impacted (reducing LRE's actuarial risk factors):



Rate Setting Factors Monitoring Financial Impact Summary



Refresh Date: 4/29/2025

Rate Setting Factors Monitoring (Missing BHTEDs)

Significant opportunities for improvement remain – the top 25 rows (of 1,479 total which are missing) represent over \$1 Million in service costs. If “Inpatient Only” episodes were removed, then there would be 17 BHTEDS records which would impact \$754,000.00 in service cost.



Rate Setting Factors Monitoring Served Clients with Missing BHTEDS

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

Member Code	Medicaid ID (Encounter)	CMH Consumer ID	ConsumerName	FY	Rate Group Fund	Division	BHTEDS from Another CMH	Encounter Lines	Total Cost	Total Units	Min Svc Dt	Max Svc Dt	Min CPT Code	Max CPT Code
N180				FY25	DAB	Mental Health	N	299	\$66,937.84	311	10/1/2024	1/31/2025	A0120	T1020
OTT				FY25	DAB	Mental Health	N	291	\$63,818.50	291	10/1/2024	2/28/2025	96372	T1020
N180				FY25	DAB	Mental Health	N	120	\$62,444.11	10590	10/1/2024	1/28/2025	H2000	T1020
N180				FY25	DAB	Mental Health	N	228	\$61,630.88	240	10/1/2024	1/31/2025	H2016	T1020
OTT				FY25	DAB	Mental Health	N	297	\$58,088.72	3507	10/1/2024	2/28/2025	97151	T2025
OTT				FY25	DAB	Mental Health	N	315	\$53,633.29	342	10/1/2024	2/28/2025	96372	T1020
N180				FY24	DAB	Mental Health	N	1	\$48,960.00	133	1/26/2024	1/26/2024	0124	0124
N180				FY25	DAB	Mental Health	N	72	\$44,283.44	194	11/29/2024	2/20/2025	90832	T1020
OTT				FY25	TANF	Mental Health	N	224	\$42,469.34	2558	10/1/2024	2/28/2025	97153	T1017
N180				FY24	HMP	Mental Health	N	8	\$42,145.31	59	1/6/2024	2/28/2024	0100	T1023
N180				FY25	DAB	Mental Health	N	12	\$41,710.70	302	10/1/2024	2/1/2025	H2016	T1020
N180				FY24	DAB	Mental Health	N	26	\$40,453.98	732	10/1/2023	9/1/2024	H2016	T1020
N180				FY25	DAB	Mental Health	N	22	\$39,706.65	279	10/1/2024	2/26/2025	H2016	T1020
N180				FY24	DAB	Mental Health	N	183	\$37,284.60	1360	10/1/2023	9/29/2024	90791	T1017
N180				FY24	HMP	Mental Health	N	4	\$35,262.70	33	2/16/2024	9/16/2024	0100	H0039
N180				FY25	DAB	Mental Health	N	12	\$34,863.80	232	10/1/2024	1/1/2025	H2016	T1020
N180				FY25	HMP	Mental Health	N	1	\$29,187.00	23	11/13/2024	11/13/2024	0100	0100
N180				FY24	DAB	Mental Health	N	107	\$28,645.90	295	11/21/2023	9/27/2024	90791	H2022
N180				FY24	DAB	Mental Health	N	114	\$28,495.66	319	12/21/2023	9/26/2024	0100	H2022
N180				FY24	DAB	Mental Health	N	2	\$27,928.76	26	11/25/2023	11/26/2023	0100	T1023
N180				FY25	DAB	Mental Health	N	219	\$27,288.46	5349	10/1/2024	2/26/2025	90792	T2025
N180				FY24	TANF	Mental Health	N	27	\$27,189.57	81	2/17/2024	9/23/2024	0100	T1023
N180				FY24	HMP	Mental Health	N	12	\$26,044.75	38	6/15/2024	9/26/2024	0100	T1017
N180				FY24	TANF	Mental Health	N	101	\$25,910.16	223	1/4/2024	9/30/2024	G0176	T2036
N180				FY24	DAB	Mental Health	N	106	\$25,856.94	575	2/6/2024	9/30/2024	H0036	T1005

Refresh Date: 4/29/2025

Living Arrangement Errors on BHTEDS

MDHHS requested all PIHPs to submit data corrections for errors in the Living Arrangement field [*original issue caused by some confusion in how some interpreted the MDHHS changes to the coding instructions*]. LRE still has a significant number of these remaining which must be cleared up soon.

LRE Living Arrangements errors by CMH – 5/20/2025:

CMH	ADMISSION ERRORS	DISCHARGE ERRORS	TOTAL
ALG	0	0	0
HW	0	8	8
N180	16	398	414
OTT	1	142	143
WMCMH	0	6	6
TOTAL	17	554	571

Two CMHs have the majority BHTEDS issues:

Ottawa has significant challenges in FY25 BHTEDS completeness. By the most recent MDHHS measurement (4/21/2025) they are below the 95% MDHHS compliance threshold on all 3 measures (“Mental Health”, “Crisis Only” and “SUD”).

Network180 BHTEDS completeness has been largely above the 95 % compliance rate but is also substantially lower than several other CMHs in our region who have achieved rates above 98% and 99%. Meanwhile, other PIHPs continue to improve, leaving LRE currently ranked 8th out of 10 for MH, 10th out of 10 for “Crisis Only” and 9th out of 10 for SUD.

Network180 and Ottawa have the vast majority of the remaining “Dangling Admissions” which MDHHS has asked all PIHPs to resolve.

Network180 has the vast majority of services costs which are not able to be connected (by the MDHHS actuary) to a BHTEDS record (Rate Setting Factors). Many (but not all) of these missing BHTEDS records are for the same clients that appear on the MDHHS “Dangling Admissions” list.

Ottawa and Network180 have the vast majority of “Living Arrangement” errors that need to be corrected, per MDHHS request.

Q&A

EXECUTIVE COMMITTEE SUMMARY

Wednesday, April 16, 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 April 16, 2025, Meeting Agenda
- ii. Review of March 19, 2025, Meeting Minutes

April 16, 2025, agenda, March 19, 2025, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. FY25 MDHHS/PIHP Contract
 - The PIHPs that have not signed the contract have filed a motion and are waiting for MDHHS' response. Currently, LRE has not joined the lawsuit.
- ii. MDHHS Cost Settlement Update
 - Chris Ryan (LRE legal) contacted the AG to inquire about the standing of the cost settlement issue and the \$4.8 million that is still in an escrow account. There has been no response.
 - At present, N180 is having cash flow issues. This topic as it pertains to regional funds having to be used from LRE savings will be discussed with the Operations Council. Network180 will propose recommended options to their Board regarding a deficit reduction plan. Network 180 has asked MDHHS for \$3.5 million to continue to fund the crisis center.
 - Ottawa CMH has created a deficit reduction plan that will reduce the Ottawa deficit to a projected \$35 thousand.

ARPA GRANTS and OVERSIGHT POLICY BOARD

There will be an emergency Oversight Policy Board meeting tonight (4/16/25) due to the impact of the loss of ARPA funds. There are 3 organizations that will be asking to use PA2 funds to maintain the affected programs.

BOARD GOVERNANCE POLICY REVIEW

- i. 10.17 – Executive Limitations –
 - The Executive Committee will recommend approval to the full Board.

BOARD MEETING AGENDA ITEMS

The Executive Committee agrees to recommend cancelling the April Board meeting and addressing items during the May meeting.

BOARD WORK SESSION AGENDA

There will not be a Work Session.

OTHER

NA

UPCOMING MEETINGS

- 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
- May 21, 2025 – Executive Committee, 1:00PM
- May 28, 2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- May 28, 2025 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

EXECUTIVE COMMITTEE SUMMARY

Wednesday, May 21, 2025, 12:00 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 May 21, 2025, Meeting Agenda
- ii. Review of April 16, 2025, Meeting Minutes

May 21, 2025, agenda, April 16, 2025, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. FY22 Cost Settlement Update/ LRE v. State Summons and Complaint
 - MDHHS has responded back to LRE regarding the cost settlement and is maintaining their original stance that the LRE should return the \$13.7 million. The LRE Board approved Ms. Marlatt-Dumas to move forward filing a complaint with the court if other avenues of negotiations failed. After discussing with LRE legal and LRE Board Chair the complaint has been filed due to MDHHS response.
 - Ms. Gardner notes that LRE did try to negotiate and come to a resolution prior to filing the complaint. LRE legal will continue to keep the Board updated as the litigation moves forward.
- ii. PIHP Lawsuit
 - The PIHPs that have not signed the MDHHS/PIHP contract have filed a lawsuit against MDHHS. LRE will not join the lawsuit that the other PIHPs have filed as it would cause a delay. There may be an opportunity down the road to join if that is the direction that the LRE Board decides to take. The same judge is hearing the LRE suit, PIHP suit and the foster care suit.
- iii. FY25 Rate Adjustment
 - Mr. Marlatt-Dumas updates that legislators appropriated funds for MH but due to Milliman's rate setting process all the funds have not been pushed out. There is still about \$210 million sitting with MDHHS. The state has commented that they cannot disburse any more funds when Milliman's methodology shows that the rates are actuarially sound. There is much disagreement within the system that Milliman's rates are actuarially sound.
 - CMHAM has drafted boilerplate language asking the Senate to have MDHHS disburse the funds that have already been appropriated.
 - The Wakely report will be sent out within the next couple of weeks and will be shared with the Board. The Wakely report discusses the issues they believe are making Milliman's rates inaccurate and damaging to the system. PIHPs will

utilize this report to open discussions with MDHHS and legislators about how the process is flawed.

- There was a meeting regarding MDHHS' MH Framework implementation but there is still not enough information to be able to move forward with making changes. LRE does not want to wait until the RFP comes out to begin planning but would like to be ready as much as possible.

CHRT (CENTER FOR HEALTH AND RESEARCH TRANSFORMATION) DRAFT REPORT UPDATE

CHRT sent a draft report to N180 and LRE for review. Currently, there was no additional feedback given from either organization. A meeting has been scheduled for June 4, 2025, with LRE/N180/CHRT to walk through the report. After the final report is complete a summary will be given to the Board. LRE can use the information in the report to continue advocating for the mental health (MH) system.

Network180 will be reducing provider rates by 5% beginning tomorrow. LRE has also launched a project to develop a residential assessment and authorization model that prioritizes the least restrictive environment and complies with Home and Community-Based Services (HCBS) standards. The project will balance clinical needs and administrative practices to support outcome-based service costing, ensuring equity in residential service delivery within budget. Key objectives include identifying revenue and expense outliers, reviewing procurement processes, and developing tools such as an Adult Foster Care rate-setting tool and a Specialized Residential Level of Care assessment. The project will be inclusive, involving stakeholders in the process to ensure their input informs the model's development. It will be completed in two phases, with the first phase focusing on process reviews and the second on tool development. Any process to assess residential rates will be a lengthy process to put in place while the across-the-board rate cuts that N180 has implemented will be immediate cost savings.

BOARD MEETING AGENDA ITEMS

The Executive Committee accepts the Board agenda as it is. The agenda will be updated if there are any changes.

BOARD WORK SESSION AGENDA

- i. Finance Module #3
 - The last module in the finance series will be presented during the work session.

OTHER

LRE staff retention remains stable. Executive Team messaging to staff is to continue to serve the individuals to the best of our ability. LRE will wait until the RFP for PIHP rebid comes out to decide how to move forward.

UPCOMING MEETINGS

- May 28, 2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- May 28, 2025 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

- June 12, 2025 – Community Advisory Panel, 1:00 PM
- June 18, 2025 – Executive Committee, 1:00PM
- June 25, 2025 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- June 25, 2025 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Policy 10.17

POLICY TITLE: MANAGEMENT DELEGATION AND EXECUTIVE LIMITATIONS	POLICY #: 10.17		
	Issued By and Approved By: Board of Directors	REVIEW DATES	
		11/18/21	
	Effective Date: 9/17/16	Revised Date:	
Topic Area: Board of Directors			
Applies to: CEO			
Review Cycle: Annually			
Developed and Maintained by: CEO and Designees			
Supersedes: N/A			

I. PURPOSE

All Entity Board of Directors authority delegated to staff are delegated to the CEO. The CEO shall execute the delegated authority of the Entity Board of Directors within defined executive limitations.

II. POLICY

The Lakeshore Regional Entity (the "Entity") Board of Directors sole official connection to the operational organization, its achievements and conduct will be through its chief executive, titled Chief Executive Officer (CEO). The Entity CEO may not simultaneously hold another position (employee, board member or contractor) with any Member.

The Entity CEO shall have the authority delegated to that position from time to time by the Entity Board of Directors. Only decisions of the Board, acting as a body, are binding upon the CEO. Decisions or instructions of individual Board member, officer or committee are not binding on the CEO except in instances when the Board has specifically authorized such exercise of authority.

Delegation of Authority

Contracts

- i. The CEO is authorized to enter into contracts whose total cost does not exceed \$100,000 without Board approval.
- ii. Contracts more than \$100,000 are to be presented to the Board of Directors for approval. In circumstances where executing the contract may impact normal business operations for LRE and/or the provider, contracts may be presented to the Board after services have already commenced.
- iii. The Entity Board of Directors specifically authorizes and delegates to the Entity CEO the authority and responsibility to execute revenue contracts and/or amendments where the due date for the contract to be returned occurs before the next regularly scheduled board meeting, provided that the contract is

consistent with the Entity Board of Directors approved strategic plan and the mission, vision and values. The CEO must report all instances where this action occurs at the next regularly scheduled board meeting.

B. Executive Limitations

The CEO shall not cause or allow any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or violating contractual obligations.

With respect to the actual, ongoing condition of the Entity's financial health, the Entity Chief Executive Officer (CEO) may not cause, or allow the development of, fiscal jeopardy or the material deviation of actual expenditures from the Board of Directors priorities established in policies.

C. Accordingly, the Entity CEO will:

1. Act in an ethical and professional manner.
2. Provide information and advice to the Board that is timely, complete and accurate.
3. Manage the Entity with adequate administrative procedures for matters involving finances, internal controls, employees, contractors, facilities, and other required operations of the organization.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the Entity CEO and the Entity Board of Directors.

IV. MONITORING AND REVIEW

The CEO or designees will review this policy on an annual basis.

V. DEFINITIONS

Entity – Also referred to as Lakeshore Regional Entity or LRE, 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. Board of Directors By-Laws
- B. LRE Operating Agreement
- C. Financial Policies and Procedures
- D. Board of Directors Policies and Procedures
- E. Compliance Plan

VII. REFERENCES/LEGAL AUTHORITY

N/A

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
----------------	-----------------------	-------------------

11/18/21	Added language from 2.1, 10.11, 10.15, 10.16, 10.20 10.21	CEO and Designees
2/8/2025	Added language under Contracts A Condensed Tx of Staff/Plan Members wording under B1 and B3 Added Board information language under B2 Added Entity Definition	

Policy 10.17

POLICY TITLE: MANAGEMENT DELEGATION AND EXECUTIVE LIMITATIONS	POLICY #: 10.17		
Topic Area: Board of Directors Applies to: CEO Review Cycle: Annually Developed and Maintained by: CEO and Designees Supersedes: N/A	Issued By and Approved By: Board of Directors	REVIEW DATES	
		11/18/21	
	Effective Date: 9/17/16	Revised Date: 11/18/21	

I. PURPOSE

All Entity Board ~~of Directors~~ authority delegated to staff is delegated to the CEO. The CEO shall execute the delegated authority of the Entity Board ~~of Directors~~ within defined executive limitations.

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The Lakeshore Regional Entity (the "Entity") Board of Directors sole official connection to the operational organization, its achievements and conduct will be through its chief executive, titled Chief Executive Officer (CEO). The Entity CEO may not simultaneously hold another position (employee, board member or contractor) with any Member.

The Entity CEO shall have the authority delegated to that position from time to time by the Entity Board of Directors. Only decisions of the Board, acting as a body, are binding upon the CEO. Decisions or instructions of individual Board member, officer or committee are not binding on the CEO except in instances when the Board has specifically authorized such exercise of authority.

~~The Entity CEO may not simultaneously hold another position (employee, board member or contractor) with any Member.~~

Delegation of Authority

Contracts

- i. Contracts in excess of \$50,000100,000 are to be presented to the Board of Directors for approval. In circumstances where executing the contract may impact normal business operations for LRE and/or the provider, contracts may be presented to the Board after services have already commenced.

- i. The Entity Board of Directors specifically authorizes and delegates to the Entity CEO the authority and responsibility to execute revenue contracts and/or amendments with the

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State of Michigan where the due date for the contract to be returned occurs before the next regularly scheduled board meeting provided that the revenue contract is consistent with the Entity Board of Directors approved strategic plan and the mission, vision and values of the LRE Pre Paid Inpatient Health Plan. The CEO must report all instances where this action occurs at the next regularly scheduled board meeting.

ii. For funds included in the Entity Board of Directors's approved budget, the CEO is authorized to enter into purchase of service agreements such as maintenance contracts, printing contracts, television advertising, clinical service contracts, and other contracts that implement functions of the Entity system administration. This also includes entering into contracts with consultants and contracts for professional services.

iii. For items not included in the Entity Board of Directors's approved budget, the CEO is authorized to enter into purchase of service agreements and contracts whose total cost does not exceed \$50,000 without Board approval. Such contracts will be reported to the Entity Board of Directors at the next regularly scheduled board meeting.

ii.

For contracts in excess of \$50,000, any increase to the previously approved total by the lesser of ten (10) percent or \$50,000 must be presented to the Board for approval.

iii. The Entity Board of Directors specifically authorizes and delegates to the Entity CEO the authority and responsibility to execute revenue- revenue contracts and/or amendments with the State of Michigan where the due date for the contract to be returned occurs before the next regularly scheduled board meeting, provided that the revenue contract is consistent with the Entity Board of Directors approved strategic plan and the mission, vision and values of the LRE Pre Paid Inpatient Health Plan. The CEO must report all instances where this action occurs at the next regularly scheduled board meeting.

B. in a timely manner as specified by Policy 2.2 – Cash Management Disbursements.

C. Executive Limitations

B.

A. The Decisions or instructions of individual Entity Board of Directors officers, or committees are not binding on the CEO except in instances when the Entity Board of Directors has specifically authorized such exercise of authority.

B. In the case of individual Entity Board of Directors or committees requesting information or assistance without the Entity Board of Directors authorization, the Entity CEO can refuse such requests that require, if in the Entity CEO's opinion, a material amount of staff time or funds are required or are disruptive.

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~~C. The~~ CEO shall not cause or allow any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent or in violation of commonly accepted business and professional ethics ~~or in violation of or violating~~ contractual obligations.

With respect to the actual, ongoing condition of the Entity's financial health, the Entity Chief Executive Officer (CEO) may not cause, or allow the development of, fiscal jeopardy or the material deviation of actual expenditures from ~~board~~ Board of Directors priorities established in policies.

~~D.~~

C. Accordingly, the Entity CEO may not will:

1. Act in an ethical and professional manner.
2. Provide information and advice to the Board that is timely, complete and accurate.
3. Manage the Entity with adequate administrative procedures for matters involving finances, internal controls, employees, contractors, facilities, and other required operations of the organization.
 - ~~1. Expend more funds than have been received in the fiscal year to date (including carry forward funds from prior year) unless the Entity Board of Directors debt guideline is met as defined in the LRE Operating Agreement under Section 4.8 Debt Thresholds.~~
 - ~~2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with the LRE Entity Board of Directors approved schedule.~~
 - ~~3. Use any designated reserves other than for established purposes.~~
 - ~~4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.~~
 - ~~5. Fail to settle payroll and debts in a timely manner.~~
 - ~~6. Allow tax payments or other government ordered payments of filings to be overdue or inaccurately filed.~~
 - ~~7. Fail to adhere to applicable generally acceptable accounting standards.~~
- ~~8. Present and receive Board of Directors approve for any Make a single purchase or commitment of greater than \$ 50,000.00 in a fiscal year, except for participant CMHSP and direct contracted prevention or treatment provider contracts. Splitting orders to avoid this limit is not acceptable.~~
- ~~9. Purchase or sell real estate in any amount absent the Entity Board of Directors authorization.~~
- ~~10. Fail to aggressively pursue receivables after a reasonable grace period.~~

~~E. Treatment of Staff~~

~~The Entity CEO may not:~~

- ~~1. Operate without written personnel rules that:~~
 - ~~i. Articulate federal and state work rules~~
 - ~~ii. Clarify these rules for staff~~
 - ~~iii. Provide effective handling of grievances~~

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- iv. ~~Protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.~~
- 2. ~~Retaliate against any staff member for expression of dissent.~~
- 3. ~~Fail to acquaint staff with the Entity CEO interpretation of their protections under this policy.~~
- 4. ~~Allow staff to be unprepared to deal with emergency situations.~~

F. ~~Treatment of Plan Members~~

The Entity CEO may not:

- 1. ~~Use forms or procedures that elicit information for which there is no clear necessity.~~
- 2. ~~Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.~~
- 3. ~~Fail to inform the Entity Board of Directors of the status of uniform benefits across the region or fail to assist Participant CMHSPs towards compliance.~~
- 4. ~~Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.~~
- 5. ~~Fail to establish with people served by the Entity a clear contract of what may be expected from the Entity including but not limited to their rights and protections.~~
- 6. ~~Fail to inform people served by the Entity of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.~~

III. **APPLICABILITY AND RESPONSIBILITY**

This policy applies to the Entity CEO and the Entity Board of Directors.

IV. **MONITORING AND REVIEW**

The CEO ~~and/or~~ designees will review this policy on an annual basis.

V. **DEFINITIONS**

Entity – Also referred to as Lakeshore Regional Entity or LRE, 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.
N/A

VI. **RELATED POLICIES AND PROCEDURES**

- A. ~~Board~~Board of Directors By-Laws
- A.B. LRE Operating Agreement
- B.C. Financial Policies and Procedures
- C.D. ~~Board~~Board of Directors Policies and Procedures
- D.E. Compliance Plan

VII. **REFERENCES/LEGAL AUTHORITY**

N/A

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VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
11/18/21	Added language from 2.1, 10.11, 10.15, 10.16, 10.20 10.21	CEO and Designees
<u>2/8/2025</u>	<u>Added language under Contracts A</u> <u>Condensed Tx of Staff/Plan Members wording under B1 and B3</u> <u>Added Board information language under B2</u> <u>Added Entity Definition</u>	

Lakeshore Regional Entity Board Financial Officer Report for May 2025 5/28/2025

- **Disbursements Report** – A motion is requested to approve the March and April 2025 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through March is included as an attachment.
- **LRE Combined Monthly FSR** – The March 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 **deficit** through March of \$7.5 million, a projected annual **deficit** of \$9.1 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 \$8.3 million and CMH of Ottawa with a deficit of \$2.3 million. HealthWest, OnPoint, and West Michigan CMH have projected **surpluses**. Network180 and CMH of Ottawa have projected **deficits**. All CMHSPs have a budgeted **surplus or breakeven**, except OnPoint with a budgeted **deficit** of \$268 thousand and CMH of Ottawa with a budgeted **deficit** of \$63 thousand.

CCBHC activity (excluding PIHP activity) is included in this month's report showing an actual **deficit** of \$1.1 million (excluding LRE activity), which is the responsibility of the CCBHCs and not the PIHP. A projected **surplus** of \$2.4 million and a budgeted **deficit** of \$2.2 million is shown.

- **Cash Flow Issues** – Network180 reported cash flow issues several times within the year. LRE has extended several cash advances to Network180 and is having ongoing discussions with Network180 on how to address the cash flow issues. The majority of the cash advances have been repaid by Network180 by offsetting the FY24 Cost Settlement that was paid by LRE to Network180. \$2 million is left outstanding in cash advances to Network180 and is to be repaid before the end of FY25.

- FY 2025 Revenue Projections** – The FY25 April revenue projection decreased \$9.88 million from March to \$462 million. An estimated \$3.72 million is attributable decreased enrollment. Network180 decreased CCBHC daily visit projections, reducing supplemental revenue by \$6.16 million and shifting \$2.9 million of base capitation from CCBHC back to traditional Medicaid and Healthy Michigan. MDHHS amended base capitation rates statewide to reflect the addition of two CCBHC demonstration sites in another region, which added \$32,950 in revenue.

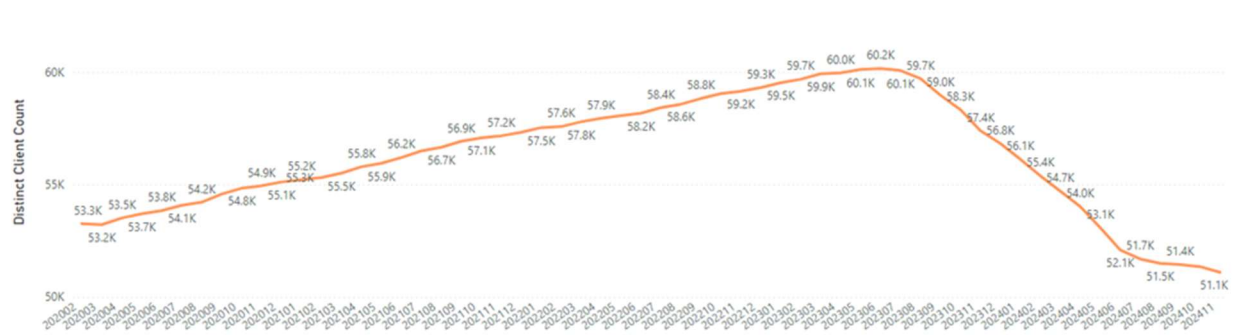
FY 2025 Revenue Projection									
Total LRE					CMHSPs Breakdown (Net of CCBHC)				
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change			FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change	
MCD - MH	\$ 208,240,822	\$ 205,275,178	\$ (2,965,644)	-1.42%	MCD - MH				
MCD - SUD	\$ 8,162,709	\$ 7,700,499	\$ (462,210)	-5.66%	OnPoint	\$ 16,864,811	\$ 16,269,761	\$ (595,049)	
HMP - MH	\$ 17,311,272	\$ 17,987,909	\$ 676,636	3.91%	Healthwest	\$ 40,261,507	\$ 40,611,819	\$ 350,312	
HMP - SUD	\$ 11,157,718	\$ 11,353,485	\$ 195,767	1.75%	Network180	\$ 109,602,547	\$ 106,486,078	\$ (3,116,469)	
Autism	\$ 47,599,001	\$ 55,182,527	\$ 7,583,527	15.93%	Ottawa	\$ 28,657,374	\$ 29,233,164	\$ 575,790	
Waiver	\$ 56,582,505	\$ 56,327,142	\$ (255,363)	-0.45%	West Michigan	\$ 12,854,583	\$ 12,674,356	\$ (180,227)	
SUDHH	\$ -	\$ 9,914	\$ 9,914		Total MCD - MH	\$ 208,240,822	\$ 205,275,178	\$ (2,965,644)	
SUDHH - LRE Admin	\$ -	\$ 2,479	\$ 2,479		MCD - SUD				
CCBHC MCD Base Cap	\$ 23,389,790	\$ 27,117,418	\$ 3,727,628	15.94%	OnPoint	\$ 653,507	\$ 598,463	\$ (55,044)	
CCBHC HMP Base Cap	\$ 6,046,769	\$ 6,854,550	\$ 807,782	13.36%	Healthwest	\$ 1,657,313	\$ 1,574,046	\$ (83,266)	
CCBHC MCD Supplemental	\$ 34,550,918	\$ 43,407,936	\$ 8,857,019	25.63%	Network180	\$ 4,253,796	\$ 4,000,368	\$ (253,428)	
CCBHC HMP Supplemental	\$ 9,822,186	\$ 13,045,325	\$ 3,223,140	32.81%	Ottawa	\$ 1,057,081	\$ 1,012,556	\$ (44,525)	
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%	West Michigan	\$ 541,012	\$ 515,065	\$ (25,947)	
ISF	\$ -	\$ -	\$ -		Total MCD - SUD	\$ 8,162,709	\$ 7,700,499	\$ (462,210)	
IPA	\$ 3,585,824	\$ 3,798,384	\$ 212,560	5.93%	HMP - MH				
Total Region	\$ 440,372,070	\$ 461,985,303	\$ 21,613,234	4.91%	OnPoint	\$ 1,226,108	\$ 1,290,964	\$ 64,856	
Total CMHSPs					Healthwest	\$ 2,989,777	\$ 3,191,652	\$ 201,874	
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change		Network180	\$ 9,632,693	\$ 9,764,018	\$ 131,325	
OnPoint	\$ 39,310,267	\$ 40,016,947	\$ 706,680	1.80%	Ottawa	\$ 2,793,323	\$ 2,963,765	\$ 170,443	
Healthwest	\$ 90,762,761	\$ 96,836,472	\$ 6,073,712	6.69%	West Michigan	\$ 669,371	\$ 777,510	\$ 108,139	
Network180	\$ 200,607,414	\$ 210,334,915	\$ 9,727,501	4.85%	Total HMP - MH	\$ 17,311,272	\$ 17,987,909	\$ 676,636	
Ottawa	\$ 59,198,098	\$ 63,127,493	\$ 3,929,395	6.64%	HMP - SUD				
West Michigan	\$ 32,985,149	\$ 33,946,057	\$ 960,908	2.91%	OnPoint	\$ 805,992	\$ 837,324	\$ 31,332	
Total CMHSPs	\$ 422,863,689	\$ 444,261,884	\$ 21,398,195	5.06%	Healthwest	\$ 1,996,379	\$ 2,102,761	\$ 106,382	
Average PMPM - Net of CCBHC Supplemental & SUDHH Revenue					Network180	\$ 6,176,263	\$ 6,104,860	\$ (71,404)	
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change		Ottawa	\$ 1,722,885	\$ 1,789,144	\$ 66,259	
OnPoint	\$ 131.90	\$ 128.47	\$ (3.42)	-2.60%	West Michigan	\$ 456,198	\$ 519,397	\$ 63,199	
Healthwest	\$ 136.33	\$ 133.14	\$ (3.19)	-2.34%	Total HMP - SUD	\$ 11,157,718	\$ 11,353,485	\$ 195,767	
Network180	\$ 122.55	\$ 117.87	\$ (4.68)	-3.82%	Autism				
Ottawa	\$ 121.59	\$ 118.68	\$ (2.91)	-2.40%	OnPoint	\$ 4,198,155	\$ 4,612,043	\$ 413,887	
West Michigan	\$ 129.50	\$ 123.89	\$ (5.61)	-4.33%	Healthwest	\$ 9,643,002	\$ 11,159,875	\$ 1,516,872	
Total CMHSPs	\$ 126.27	\$ 122.13	\$ (4.13)	-3.27%	Network180	\$ 23,969,281	\$ 28,238,277	\$ 4,268,995	
Member Month Projection					Ottawa	\$ 6,980,987	\$ 7,900,393	\$ 919,406	
	FY25 Initial Budget Projection	FY25 Current Budget Projection	FY25 Initial to Current Change		West Michigan	\$ 2,807,575	\$ 3,271,940	\$ 464,366	
OnPoint	246,600	259,984	13,385		Total Autism	\$ 47,599,001	\$ 55,182,527	\$ 7,583,527	
Healthwest	568,250	596,401	28,150		Waiver				
Network180	1,532,219	1,638,726	106,507		OnPoint	\$ 6,363,966	\$ 6,414,707	\$ 50,741	
Ottawa	444,895	465,070	20,175		Healthwest	\$ 12,978,790	\$ 13,072,132	\$ 93,342	
West Michigan	205,608	215,045	9,438		Network180	\$ 23,778,918	\$ 23,816,445	\$ 37,527	
Total Member Months	2,997,571	3,175,226	177,655		Ottawa	\$ 9,457,872	\$ 9,231,186	\$ (226,686)	
					West Michigan	\$ 4,002,959	\$ 3,792,673	\$ (210,287)	
					Total Waiver	\$ 56,582,505	\$ 56,327,142	\$ (255,363)	

CMHSPs Breakdown - SUDHH				
OnPoint	\$	-	\$	-
Healthwest	\$	-	\$	-
Network180	\$	-	\$	-
Ottawa	\$	-	\$	9,914
West Michigan	\$	-	\$	-
Total Waiver	\$	-	\$	9,914
CMHSPs Breakdown - CCBHC				
	FY25 Initial Budget Projection		FY25 Current Budget Projection	FY25 Initial to Current Change
MCD - CCBHC Base Capitation				
OnPoint	\$	1,881,018	\$ 2,747,074	\$ 866,056
Healthwest	\$	6,336,673	\$ 6,135,958	\$ (200,715)
Network180	\$	8,529,158	\$ 12,033,749	\$ 3,504,591
Ottawa	\$	2,763,358	\$ 2,395,123	\$ (368,235)
West Michigan	\$	3,879,583	\$ 3,805,514	\$ (74,069)
Total	\$	23,389,790	\$ 27,117,418	\$ 3,727,628
HMP - CCBHC Base Capitation				
OnPoint	\$	532,594	\$ 630,915	\$ 98,321
Healthwest	\$	1,608,943	\$ 1,557,980	\$ (50,963)
Network180	\$	1,826,960	\$ 2,711,351	\$ 884,391
Ottawa	\$	662,433	\$ 667,757	\$ 5,324
West Michigan	\$	1,415,840	\$ 1,286,549	\$ (129,291)
Total	\$	6,046,769	\$ 6,854,550	\$ 807,782
MCD - CCBHC Supplemental Revenue				
OnPoint	\$	5,071,207	\$ 4,860,982	\$ (210,226)
Healthwest	\$	10,199,499	\$ 13,427,898	\$ 3,228,399
Network180	\$	10,691,851	\$ 13,708,391	\$ 3,016,540
Ottawa	\$	3,930,417	\$ 5,948,562	\$ 2,018,145
West Michigan	\$	4,657,943	\$ 5,462,104	\$ 804,161
Total	\$	34,550,918	\$ 43,407,936	\$ 8,857,019
HMP - CCBHC Supplemental Revenue				
OnPoint	\$	1,712,909	\$ 1,754,715	\$ 41,806
Healthwest	\$	3,090,877	\$ 4,002,352	\$ 911,475
Network180	\$	2,145,946	\$ 3,471,379	\$ 1,325,433
Ottawa	\$	1,172,369	\$ 1,975,930	\$ 803,561
West Michigan	\$	1,700,084	\$ 1,840,949	\$ 140,865
Total	\$	9,822,186	\$ 13,045,325	\$ 3,223,140

- 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 July 2023 – April 2025. 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.

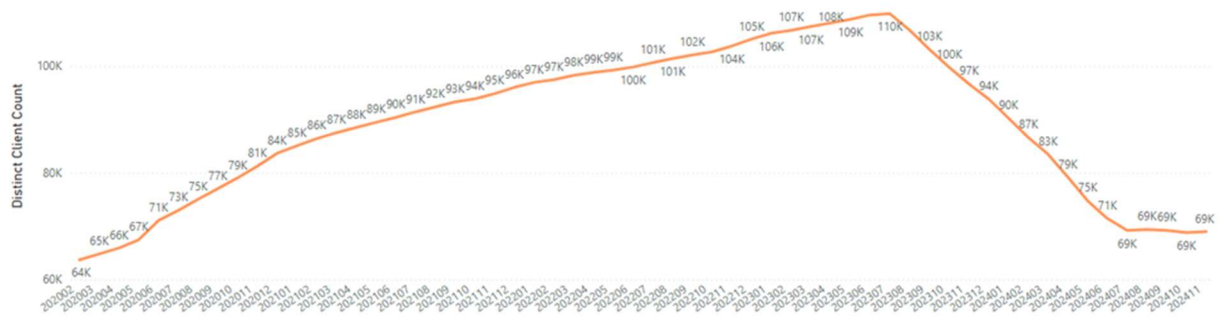
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Eligibility - Number of Consumers by Month



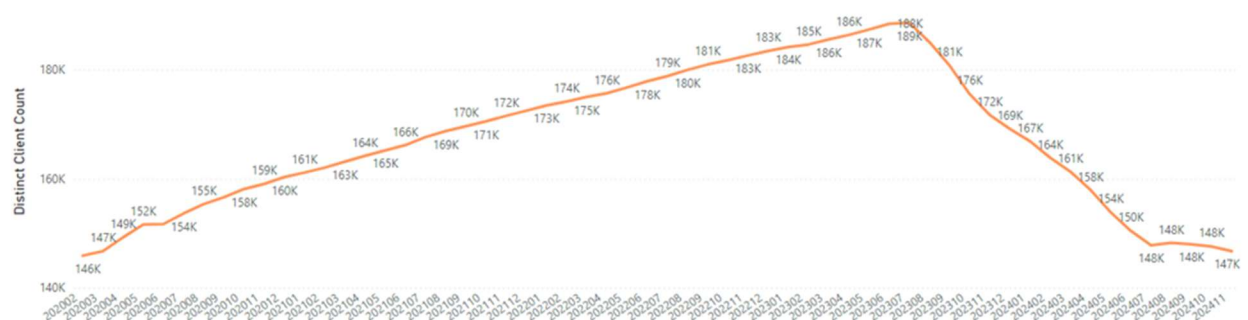
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Eligibility - Number of Consumers by Month



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 April 30, 2025		
12/31/2024	FY 2022 ISF LAPSE LITIGATION	4,717.50
1/31/2025	FY 2022 ISF LAPSE LITIGATION	714.00
2/28/2025	FY 2022 ISF LAPSE LITIGATION	21,499.45
3/31/2025	FY 2022 ISF LAPSE LITIGATION	6,469.50
	ISF LAPSE LITIGATION TOTAL	33,420.45
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
3/31/2025	STATE FAIR HEARINGS	10,710.00
	STATE FAIR HEARINGS SUPPORT TOTAL	10,710.00
11/30/2021	CCBHC SUPPORT	812.50
	CCBHC 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
4/6/2024	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
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
2/28/2025	GENERAL/OTHER	5,000.00
3/31/2025	GENERAL/OTHER	5,250.00
	GENERAL/OTHER TOTAL	90,825.00
10/31/2021	HEALTHWEST LITIGATION	5,365.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,385.00
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,725.00
11/30/2023	HEALTHWEST LITIGATION	251.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	HEALTHWEST LITIGATION TOTAL	41,663.14
10/31/2021	MANAGED CARE/MOHHS CONTRACT	17,095.00
11/30/2021	MANAGED CARE/MOHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MOHHS CONTRACT	5,201.00
1/29/2022	MANAGED CARE/MOHHS CONTRACT	23,501.91
2/17/2022	MANAGED CARE/MOHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MOHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MOHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MOHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MOHHS CONTRACT	4,092.00
4/11/2022	MANAGED CARE/MOHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MOHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MOHHS CONTRACT	6,765.23
8/22/2022	MANAGED CARE/MOHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MOHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MOHHS CONTRACT	20,831.00
9/30/2022	MANAGED CARE/MOHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MOHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MOHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,065.00)
12/31/2022	MANAGED CARE/MOHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MOHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MOHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MOHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MOHHS CONTRACT	16,568.20
5/31/2023	MANAGED CARE/MOHHS CONTRACT	5,925.00
6/30/2023	MANAGED CARE/MOHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MOHHS CONTRACT	7,765.00
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MOHHS CONTRACT	1,301.40
9/30/2023	MANAGED CARE/MOHHS CONTRACT	2,510.40
10/31/2023	MANAGED CARE/MOHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MOHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MOHHS CONTRACT	5,000.00
2/29/2024	MANAGED CARE/MOHHS CONTRACT	76.00
10/1/2024	MANAGED CARE/MOHHS CONTRACT - PIHP ISF	5,497.06
10/31/2024	MANAGED CARE/MOHHS CONTRACT - PIHP ISF	9,515.42
11/30/2024	MANAGED CARE/MOHHS CONTRACT - PIHP ISF	7,057.75
12/5/2024	MANAGED CARE/MOHHS CONTRACT - PIHP ISF	1,542.57
	MANAGED CARE/MOHHS CONTRACT TOTAL	370,653.95
2/28/2023	NETWORK 150 LITIGATION	2,674.00
3/31/2023	NETWORK 150 LITIGATION	29,167.33
4/30/2023	NETWORK 150 LITIGATION	105.60
5/31/2023	NETWORK 150 LITIGATION	2,288.20
6/30/2023	NETWORK 150 LITIGATION	13,540.00
7/31/2023	NETWORK 150 LITIGATION	3,665.60
8/31/2023	NETWORK 150 LITIGATION	1,137.60
3/31/2024	NETWORK 150 LITIGATION	1,154.40
	NETWORK 150 LITIGATION TOTAL	54,028.53
	GRAND TOTAL	\$ 614,313.57



BOARD ACTION REQUEST
Subject: March 2025 Disbursements
Meeting Date: May 28, 2025
RECOMMENDED MOTION:

To approve the March 2025 disbursements of \$41,348,699.87 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$3,012,430.58
Healthwest	\$8,247,079.01
Network 180	\$19,184,982.88
Ottawa County CMH	\$6,991,977.83
West Michigan CMH	\$2,929,232.82
SUD Prevention Expenses	\$56,862.45
SUD Public Act 2 (PA2)	\$393,684.30
Administrative Expenses	\$532,450.00
Total:	\$41,348,699.87

97.76% 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: 4/14/2025



BOARD ACTION REQUEST
Subject: April 2025 Disbursements

Meeting Date: May 28, 2025

RECOMMENDED MOTION:

To approve the April 2025 disbursements of \$35,686,819.21 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$2,873,571.90
Healthwest	\$6,926,600.40
Network 180	\$16,373,564.80
Ottawa County CMH	\$4,810,650.39
West Michigan CMH	\$2,303,077.10
SUD Prevention Expenses	\$62,277.02
Michigan IPA Tax - Quarterly	\$1,228,041.90
SUD Public Act 2 (PA2)	\$547,104.89
Administrative Expenses	\$561,930.81
Total:	\$35,686,819.21

93.45% 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: 5/19/2025



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

As of Date: 3/31/25

	Year Ending 9/30/2025	3/31/2025		
	FY25 Budget <u>Amendment 1</u>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	282,568,553	141,284,277	136,285,938	(4,998,339)
DHS Incentive	471,247	235,624	-	(235,624)
Autism Revenue	51,999,100	25,999,550	28,910,455	2,910,905
Healthy Michigan	27,851,725	13,925,863	16,650,691	2,724,829
Performance Bonus Incentive	2,819,234	1,409,617	-	(1,409,617)
CCBHC Quality Bonus Incentive	1,745,775	872,888	-	(872,888)
Hospital Rate Adjuster (HRA)	18,820,061	9,410,031	-	(9,410,031)
Member Local Contribution to State Medicaid	1,007,548	503,774	503,774	-
Medicaid CCBHC Base Capitation	28,904,608	14,452,304	13,315,949	(1,136,355)
Healthy Michigan CCBHC Base Capitation	7,837,590	3,918,795	3,310,253	(608,542)
Medicaid CCBHC Supplemental Revenue	42,474,023	21,237,012	16,947,600	(4,289,411)
Healthy MI CCBHC Supplemental Revenue	12,735,147	6,367,574	8,274,907	1,907,334
Health Homes (BHH/SUDHH)	35,500	17,750	1,822	(15,928)
MDHHS Grants	12,072,309	6,036,155	5,541,912	(494,242)
PA 2 Liquor Tax	4,449,350	2,224,675	2,098,086	(126,589)
Non-MDHHS Grants: DFC	126,951	63,476	69,325	5,850
Interest Earnings	1,354,059	677,030	747,508	70,478
Miscellaneous Revenue	5,500	2,750	-	(2,750)
Total Operating Revenues	497,278,280	248,639,140	232,658,222	(15,980,918)
Expenditures				
Salaries and Fringes	5,914,796	2,957,398	2,332,164	(625,234)
Office and Supplies Expense	259,081	129,541	112,410	(17,131)
Contractual and Consulting Expenses	861,171	430,586	275,303	(155,282)
Managed Care Information System (PCE) *	365,200	182,600	135,183	(47,417)
Legal Expense *	210,000	105,000	86,760	(18,240)
Utilities/Conferences/Mileage/Misc Exps	6,312,309	3,156,155	(79,323)	(3,235,477)
Grants - MDHHS & Non-MDHHS	670,864	335,432	384,454	49,022
Hospital Rate Adjuster / Taxes	22,540,168	11,270,084	2,456,084	(8,814,000)
Prevention Expenses - Grant & PA2	3,690,120	1,845,060	1,496,364	(348,696)
SUD Treatment Expenses - Grants	1,138,436	569,218	187,632	(381,586)
CCBHC Quality Bonus Incentive	1,745,775	872,888	-	(872,888)
Member Payments - Medicaid/HMP	349,352,581	174,676,291	186,935,256	12,258,965
Member Payments - CCBHC Capitation	36,742,198	18,371,099	16,626,202	(1,744,897)
Member Payments - CCBHC Supplemental	55,209,170	27,604,585	26,639,361	(965,224)
Member Payments - PA2 Treatment	2,923,039	1,461,520	991,073	(470,446)
Member Payments - Grants	8,335,824	4,167,912	3,540,166	(627,746)
Local Contribution to State Medicaid	1,007,548	503,774	503,774	-
Total Expenditures	497,278,280	248,639,140	242,622,864	(6,016,276)
Total Change in Net Assets	-	-	(9,964,642)	(9,964,642)

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

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



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

As of Date: 3/31/25

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 and second quarter payments delayed, pending CMS approval of rate increase.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Current projections reflect a decrease. Will be monitored for future amendment.
Healthy MI CCBHC Base Capitation	Current projections reflect a decrease. Will be monitored for future amendment.
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. Additional quarter 2 payments are pending receipt.
Non-MDHHS Grants: DFC	Slightly over target. Prior year carryover funds applied.
Interest Revenue	Additional interest received for deposits and CD re-investments. Will be monitored for future amendment.
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. Vacant or unfilled positions. Others will be monitored for future amendment.
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	Some COVID/ARPA MDHHS grants were paused/terminated as of 3/31/25 and final billing/payment have been done. Adjustments to budget will be done.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First and second quarter HRA payments 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	Revenue projections reflect an increase resulting in additional member payments. Adjustments will be made during the next amendment.
Member CCBHC Capitation	Current projections reflect a decrease. Will be monitored for future amendment.
Member CCBHC Supplemental	N/A - Closely aligned with the current budget projections.
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.



DRAFT ONLY - NOT ACCEPTED AS FINAL

Includes Medicaid, Autism and Healthy Michigan activity only.
Does not include Grant, General Funds, Local or other funding.

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2025
March 2025 Reporting Month
Reporting Date: 5/19/25

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	35,274,933	88,755,437	15,154,488	25,815,955	10,837,365	5,318,582	181,156,760
Total Capitated Expense	32,999,581	97,077,270	14,897,043	28,134,021	10,181,643	5,318,582	188,608,141
Actual Surplus (Deficit)	2,275,352	(8,321,833)	257,445	(2,318,066)	655,722	-	(7,451,381)
% Variance	6.45%	-9.38%	1.70%	-8.98%	6.05%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	The positive variances has been steadily closing the gap within the last few months. We will continue to do so with utilization management	Network180 is working to reduce expenditures with for services in the provider network, through inpatient diversion and utilization management. However, actual service needs continue to grow.	Less than threshold for explanation.	Current FY25 deficit projection	WM surplus is related to delay in filling open positions.	Less than threshold for explanation.	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: March							
Total Projected Medicaid/HMP Revenue	72,580,605	180,070,261	30,350,711	52,648,326	21,829,129	13,922,556	371,401,588
	0	-	-	0	-	-	-
Total Capitated Expense Projections	65,999,162	193,003,530	30,052,807	56,133,708	21,363,297	13,922,556	380,475,060
Projected Surplus (Deficit)	6,581,443	(12,933,268)	297,904	(3,485,382)	465,832	-	(9,073,472)
% Variance	9.07%	-7.18%	0.98%	-6.62%	2.13%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	HealthWest continues to see a shift from CMH expenses to CCBHC expenses. Our KATA project is also improving productivity standards.	Network180 is working to reduce expenditures with for services in the provider network, through inpatient diversion and utilization management. However, actual service needs continue to grow. Actual experience has also shifted our daily visit projections for the year, which shifts capitation dollars to CCBHC, further increasing this deficit.	Less than threshold for explanation.	Current FY25 deficit projection	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							
Total Budgeted Medicaid/HMP Revenue	70,516,979	172,798,914	29,463,833	48,246,034	21,363,297	13,922,556	356,311,612
Total Budgeted Capitated Expense	68,930,569	172,798,914	29,731,448	48,308,763	21,363,297	13,922,556	355,055,547
Budgeted Surplus (Deficit)	1,586,410	0	(267,615)	(62,729)	-	-	1,256,066
% Variance	2.25%	0.00%	-0.91%	-0.13%	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	4,995,033	(12,933,269)	565,519	(3,422,652)	465,832	-	(10,329,537)
% Variance	7.08%	-7.48%	1.92%	-7.09%	2.18%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Planned positive variance to account for year end shifts	Network180 is experiencing increase demands in autism and specialized residential services beyond available revenue.	Less than threshold for explanation.	Spending plan adj pending PPS-rate determination	Less than threshold for explanation.	Less than threshold for explanation.	

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2025
March 2025 Reporting Month
Reporting Date: 5/19/25

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	12,816,981	16,581,166	4,248,711	5,006,211	6,087,051	600,307	45,319,711
Total CCBHC Expense	13,614,742	13,903,623	4,041,314	5,868,741	6,226,511	63,759	43,718,690
Actual CCBHC Surplus (Deficit)*	(797,761)	2,677,543	207,397	(862,530)	(139,460)	536,548	1,601,021
% Variance	-6.22%	16.15%	4.88%	-17.23%	-2.29%	89.38%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	HealthWest continues to see a shift from CMH to CCBHC. HealthWest is seeing positive results from its ongoing KATA for CCBHC services productivity.	Network180 has seen increases in daily visits that are closer to original projections, leading to a YTD surplus.	Less than threshold for explanation.	Spending plan adj pending PPS-rate determination	WM is expecting 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	31,924,870	9,292,576	10,987,372	12,395,115	1,200,615	90,893,780
Total CCBHC Expense Projections	27,229,484	28,286,264	8,675,686	9,195,662	13,986,304	127,518	87,500,918
Projected CCBHC Surplus (Deficit)*	(2,105,296)	3,638,606	616,890	1,791,710	(1,591,189)	1,073,097	3,392,862
% Variance	-8.38%	11.40%	6.64%	16.31%	-12.84%	89.38%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Due to the above shift, and early results of the HealthWest CCBHC KATA, we are projected a deficit. This deficit should decrease as the KATA continues.	Actual experience has shifted our daily visit projections for the year, which shifts capitation dollars to CCBHC. We need to also send the LRE those updated projections, which would lower this surplus.	Increase is due to increased daily visit projections, net of decrease in PPS-1 rate.	Includes increased Daily Visit projection from DCOs	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	4/10/2025	11/15/2024		
Total Budgeted Medicaid/HMP CCBHC Revenue	25,124,188	35,460,199	9,075,362	14,296,954	12,395,116	1,200,615	97,552,434
Total Budgeted CCBHC Expense	25,947,194	35,439,088	8,900,770	14,296,954	13,986,304	127,518	98,697,828
Budgeted Surplus (Deficit)*	(823,006)	21,111	174,592	-	(1,591,188)	1,073,097	(1,145,394)
% Variance	-3.28%	0.06%	1.92%	0.00%	-12.84%	89.38%	
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							
% Variance	(1,282,290)	3,617,495	442,298	1,791,710	(1)	-	4,538,256
	-5.10%	10.20%	4.87%	12.53%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	We continue to keep a close eye on the CCBHC variance within our KATA.	Actual experience has shifted our daily visit projections for the year, which shifts capitation dollars to CCBHC. We need to also send the LRE those updated projections, which would lower this surplus.	Less than threshold for explanation.	Spending plan adj pending PPS-rate determination	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) Detail
(Excluding CCBHC)

March 2025 Reporting Month

Reporting Date: 5/19/25

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	268,030	(5,778,277)	(1,248,546)	(2,828,221)	(366,029)	(9,953,043)
Autism	2,007,322	(2,543,556)	1,505,990	510,155	1,021,751	2,501,662
Total Distributed Medicaid/HMP Revenue	2,275,352	(8,321,833)	257,445	(2,318,066)	655,722	(7,451,381)
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	2,986,978	(15,700,104)	(2,457,232)	(3,608,859)	(1,746,313)	(20,525,530)
Autism	3,594,465	2,766,835	2,755,135	123,478	2,212,145	11,452,059
Total Distributed Medicaid/HMP Revenue	6,581,443	(12,933,268)	297,904	(3,485,382)	465,832	(9,073,472)