Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
November 18, 2026 – 1 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.
   - November 18, 2026, Board of Directors meeting agenda *(Attachment 1)*
   - October 28, 2026, Board of Directors meeting minutes *(Attachment 2)*

5. CEO Report – Ms. Marlatt-Dumas *(Attachment 3)*
   a. Legislative Update *(Attachment 4)*
   b. 2026 Election Recap *(Attachment 5)*

6. Chairperson's Report – Ms. Gardner
   a. November 10, 2026, Executive Committee (Attachment 6)

7. Legislative and Advocacy Committee Report – Mr. Parnin *(Attachment 7)*

8. Action Items
    i. Approval of the appointment of LRE Board Member, Laude Hartrum, III to the LRE Legislative Advocacy Committee
    Suggested Motion: To approve the appointment of Laude Hartrum, III to the LRE Legislative Advocacy Committee.

    ii. Approval of the appointment of LRE Board Member, Jessica Castañeda to the LRE Legislative Advocacy Committee.
    Suggested Motion: To approve the appointment of Jessica Castañeda to the LRE Legislative Advocacy Committee.

    iii. Approval of the FY2027 LRE Risk Management Strategy Plan *(Attachment 8)*
    Suggested Motion: To approve the FY2027 LRE Risk Management Strategy Plan as presented.

    iv. Approval of the FY2027 LRE Utilization Management Plan *(Attachment 9)*
    Suggested Motion: To approve the FY2027 Utilization Management Plan as presented.

9. Financial Report and Funding Distribution – Ms. Chick *(Attachment (10)*
    a. FY2026, October Funds Distributions *(Attachment 11)*
    Suggested Motion: To approve the FY2026, October Funds Distribution as presented.

    b. Statement of Activities as of 9/30/2026 with Variance Reports *(Attachments 12)*
    c. September 2026 LRE Combined Monthly FSR Report v1 *(Attachments 13)*
    d. September 2026 LRE Combined Monthly FSR Report v2 with Rate Amendment (Attachment 14)

10. Board Member Comments

11. Public Comment

12. Upcoming LRE Meetings
    - November 25, 2026 – LRE Operations Committee Meeting
    - December 9, 2026 – LRE Executive Committee, 1:00 pm
    - December 9, 2026 – LRE Operations Committee Meeting, 3:30 pm
    - December 10, 2026 – LRE Legislative and Advocacy Committee, 11:00 am
    - December 10, 2026 – LRE Community Advisory Panel, 1:00 pm
    - December 16, 2026 – LRE Board Retreat, 10:00 am
      GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
    - December 16, 2026 – LRE Board Meeting, 2:00 pm
      GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
    - December 23, 2026 – LRE Operations Committee Meeting

13. Adjourn

LAKESHORE REGIONAL ENTITY

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
October 28, 2026 – 1:00 PM
Muskegon Innovation Hub
200 Viridian Dr., Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Ms. Gardner
Ms. Gardner called the October 28, 2026, LRE Board of Directors meeting to order at 1:04 PM and welcomed Board members, staff, and attendees participating in person and online. She acknowledged Ms. Moran's retirement and welcomed Ms. Lydia Terrell. Board members introduced themselves and their county affiliations.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Ms. Gardner
In Attendance: Bob Davis, Patricia Gardner, Janice Hilleary, Alice Kelsey, Dave Parnin, Stan Stek, Janet Thomas
Absent: Ron Bacon, Jon Campbell, Michelle Ferris, Richard Kanten, Andrew Sebolt, Craig Van Beek

PUBLIC COMMENT
Mark Witte announced that he would retire as CEO of OnPoint effective January 8, 2027. He introduced Jeanna Koerber and explained that, following his return from vacation in November, she would take the lead on CEO functions, including attending LRE meetings and speaking on OnPoint's behalf, while he supported the transition until his retirement. No additional agenda-related public comment was offered.

CONSENT ITEMS:
LRE 26-29 Motion: To approve by consent the following items.
- October 28, 2026, Board of Directors meeting agenda
- September 23, 2026, Board of Directors meeting minutes

Moved: Bob Davis Support: Janice Hilleary
MOTION CARRIED

LEADERSHIP BOARD REPORTS

i. CEO Report
The CEO report was included in the Board packet.
- Ms. Marlatt-Dumas welcomed Ms. Terrell and noted the opportunity for transition training before Ms. Moran's departure.
- Ms. Marlatt-Dumas reported on the CMH Fall Conference and thanked the regional Board members who attended.

- The LRE Board retreat is scheduled for December 16, 2026, from 10:00 AM to 2:00 PM, with lunch at noon and a Board meeting from 2:00 to 3:00 PM. The retreat will emphasize discussion.
- LRE received notice of a corrective action plan related to the incomplete FY24 financial compliance audit. LRE continues to work with the auditors and provide updates to the state.
    - Ms. Chick notes that the FY22 cost-settlement dispute complicates the compliance examination and financial status report because successive reports build on prior-year figures and must reconcile with related audits. Changes arising from CMH audits can also affect LRE's audit. Staff were completing the final review of supporting documents.
- Needs-based funding: Legal counsel advised that LRE may pursue Tier 2 procurement of actuarial services under the HMA MiDEAL arrangement because Wakely is a division of HMA. DTMB approval is pending. If approved, a contract exceeding $100,000 may be brought to the Board for action in November.
- The LRE–MDHHS cost-settlement lawsuit has been combined with lawsuits from four other PIHPs. There was no substantive update, and discovery is the next phase.
- The legislative report was included in the Board materials. Statewide activity was limited ahead of the election.

ii. <u>COO Report</u>

- Strategic planning: The prior plan ended September 30, 2026, with most work on track or ongoing. Provider network gaps decreased from six to three. The new three-year plan retains four pillars: local service quality, collaborative relationships, innovation, and fiscal responsibility, with revised goals and metrics. Annual updates will be given. Board orientation and retreats will support effectiveness. Survey agreement was 79% for data-informed improvement, 83% for collaborative support, and 94% for Board effectiveness. Staff retention was 97%, exceeding the 90% goal. It is available on LRE's website
- HSAG: The state rehired the Health Services Advisory Group to restart its three-year review cycle, covering managed-care requirements and corrective actions. Review dates are pending. Ms. VanDerKooi notes that identified data issues were promptly addressed with the affected CMH. The LRE ranked among Michigan's top three PIHPs.
- Performance measure validation: Reviewers found regional data collection and processing sound and sufficient, with reportable quality-indicator data.
- SUD prevention: September's Talk Sooner "Any Way You Slice It" campaign promoted family meals and conversations with children. Three media placements reached more than 3.9 million people, with an estimated PR value of $168,000.

Nine businesses in six counties participated; Network180's Nadia appeared on Channel 8.

- Autism framework: Work began July 1; MDHHS approved the framework as LRE's performance improvement project. Staff are coordinating with CMHs, providers, and school districts on school-related and applied behavior analysis issues. Progress will be reported to the Board.
    - The parent handbook is being translated into Spanish.
- Required reports: Nearly 300 reports were submitted, approximately 98.3% on time. Delays primarily involved pending information or unclear instructions.
- Credentialing: LRE is credentialing 15 new providers. All five CMHs are implementing the state's Universal Credentialing System and addressing access and platform issues.
- Legislative and Advocacy Committee: The committee met October 20 and will initially meet monthly, potentially moving to every other month. Some representation remains open.
- Veteran Navigator Program: The quarterly update reported support for 118 veterans, VA coordination on health care, housing, and transportation, and 12 new community partnerships.
- Compliance: Jack Calhoun retires November 30, 2026. Jill Osterhout assumes the compliance officer role November 16 while retaining her current responsibilities.
- Oversight Policy Board: The next meeting is December 9, 2026.
    - Terms expire at year-end. CEOs and county administrators were notified about reappointments or replacements and asked to ensure attendance at four annual meetings. Counties are addressing quorum concerns; bylaws require notification to county administrators when members miss meetings.

CHAIRPERSON'S REPORT

The October 21, 2026, Executive Committee meeting minutes were included in the packet for information.

- Ms. Gardner reported that the Fall Conference provided a useful overview of the system at the federal and state levels and encouraged other Board members to consider attending.
- Julia Rupp of West Michigan Community Mental Health presented on Certified Community Behavioral Health Clinics (CCBHCs), including the program's success and challenging funding structure.
- Lynne Doyle, an LRE consultant, presented on the framework for assessing and costing residential care services.
- Partner CMHs, LRE staff, and regional Board members were well represented at the conference in Traverse City.

LEGISLATIVE AND ADVOCACY COMMITTEE (LAC) – Mr. Parnin

The October 20, 2026, Legislative and Advocacy Committee meeting minutes were included in the packet for information.

- Mr. Parnin reported that Ms. VanDerKooi will facilitate the Legislative and Advocacy Committee, and he will serve as the Board spokesperson. The committee will meet monthly by videoconference until its foundation is established, with an eventual transition to every other month anticipated.
- The charter calls for two-way collaboration among consumer advisory panels, CMHSPs, regional advisory teams, and LRE staff. The five proposed priorities largely arose from the strategic plan. Discussion indicated that adoption of the priorities did not include an associated financial commitment and strategies for approaching legislators have not yet been developed.

ACTION ITEMS

Ms. VanDerKooi updates that the annual Corporate Compliance Plan has been reviewed and updated. Both redlined and clean versions were included in the packet. Revisions included grammatical and year updates, removal of redundant language, updated websites and policy links, changes to corrective-action language, and updates to compliance officer listings. Element 4 adds the online incident-reporting portal, using Compliancy/The Guard, which allows anonymous reporting through LRE's website. The review of the plan was separate from the compliance training already completed.

LRE 26-30 Motion: To approve the 2026 Corporate Compliance Plan as presented.

Moved: Stan Stek Support: Janice Hilleary
MOTION CARRIED

LRE 26-31 Motion: To approve the 2027 LRE Executive Board schedule as presented.

Moved: Janice Hilleary Support: Janet Thomas
MOTION CARRIED

LRE 26-32 Motion: To approve the following five priorities established by the newly formed Legislative and Advocacy Committee of the Board:

1. Specialized residential rates
2. MDHHS timeliness in issuing rates and providing other critical information
3. Review of the legislative grid to identify bills requiring support, opposition, or other action
4. Crisis stabilization units (CSUs) and related funding
5. Workforce recruitment and retention.

Moved: Janet Thomas Support: Janice Hilleary
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

The CFO Report was included in the Board packet for information.
Ms. Chick reported that the FY2026 rate amendment was received after 5:00 PM on September 30. Late rate information continues to hinder planning for LRE and the CMHs. The amendment was expected to provide approximately $12 million in additional regional funding, with payment expected in January. The final amount depends on how the state applies the amendment. Although helpful, the additional funding was not expected to eliminate the regional deficit.

The FY2026 interim financial status report is due in approximately two weeks. Ms. Chick expects to provide clearer year-end estimates at the November meeting. LRE has requested state estimates of each PIHP's January rate-adjustment payment, those estimates had not been received.

FY2027 rates also arrived after 5:00 PM on September 30. Ms. Chick reported that the rates were higher than FY2026, but the effect of H.R. 1 on Healthy Michigan Plan enrollment remains uncertain. The state's rate certification assumed an approximately 10% statewide reduction in HMP enrollment and a 3%–4% reduction for LRE. Ms. Chick notes that these assumptions did not apply to traditional Medicaid. LRE and its CMH partners are using a more conservative 15% regional disenrollment scenario. The LRE expects impacts to current enrollees to become visible in regional revenue around the third fiscal quarter. Ms. Chick will collect PIHP data for regular submission to MDHHS and advocate for timely adjustment benchmarks. Updated FY2027 revenue projections and the Risk Management Strategy plan will be brought to the Board in November for submission to the state in early December. A regional deficit is still anticipated.

FY2026 September Funds Distribution
LRE 26-33 Motion: To approve the FY2026 September Funds Distribution as presented.

September disbursements totaled approximately $33.5 million, about 23% less than the prior month. The prior month included higher CMH payments and HRA payments. Approximately 97.41% of September disbursements went to members and SUD prevention providers.

Moved: Bob Davis Support: Dave Parnin
MOTION CARRIED

Statement of Activities as of 8/31/2026 with Variance Report
The August Statement of Activities was compared with Budget Amendment 4. Actual revenue was approximately 5.23% below budget, partly because of timing. The performance bonus incentive payment had not yet been received and is paid after fiscal year-end. Actual use of the Internal Service Fund (ISF) and savings remained listed at zero pending final reports in February with the projected use at approximately $16.4 million. Expenditures were also below budget.

Contingency amounts relate to possible CMH cost-settlement needs, while SUD treatment, PA2, and grant payments reflect the timing of revenue receipts and disbursements.

Monthly FSR-
Included in the Board packet for information.
The August monthly financial status report showed a combined CMH deficit of approximately $6.6 million. Three CMHs reported an excess and two reported deficits. The projected regional deficit was approximately $15.8 million before the FY2026 rate amendment, compared with approximately $16.4 million in the Risk Management Strategy plan. Ms. Chick noted that final CMH expenditures have historically exceeded initial projections, so the final deficit could be closer to the risk plan amount. Additional rate-amendment funding is expected to help reduce the gap.

The actual deficit increased by approximately $4.7 million. The largest change was at HealthWest, where increased face-to-face services reduced the reported surplus. The projected regional deficit decreased by approximately $900,000 from the prior month, with no changes to spending plans.

BOARD MEMBER COMMENTS

- Board members offered Ms. Moran congratulations and best wishes for retirement and welcomed Ms. Terrell.
- Ms. Gardner acknowledged the departure of two Board members, O'Nealya Gronstal and Jim Storey, and announced that two incoming Board members, Laude Hartrum, West Michigan and Jessica Castañeda, OnPoint, who are expected to join the Board at the November meeting.

PUBLIC COMMENT
No public comment was offered.

UPCOMING LRE MEETINGS

- November TBD, 2026 – Executive Committee, 1:00PM
- November 18, 2026 – LRE Executive Board Work Session, 11:00 AM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- November 18, 2026 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN
Ms. Gardner adjourned the October 28, 2026, LRE Board of Directors meeting at 2:15 PM.

Craig Van Beek, Board Secretary

Minutes respectfully submitted by:
Ms. Moran, Executive Assistant

CEO Report
November 28th, 2026

Thank you for the opportunity to provide this month's update for the Lakeshore Regional Entity (LRE).

- **PIHP UPDATE**

  - The LRE Board retreat is scheduled for December 16th. The retreat will be from 10 am-2 pm with the LRE BOD meeting following immediately after.

  - LRE received notice from MDHHS that it has been placed under a Corrective Action Plan related to the FY24 Financial Compliance Audit and the Medical Loss Ratio comparison, which have not yet been completed. This matter is connected to the FY22 settlement and the $13.7 million dollar issue. I have consulted with legal counsel and will develop a proposed strategy to present to the Board of Directors next month.

    UPDATE: The CEO is working on getting an update by the time of the Board meeting and will provide a verbal update during the CEO report.

- **REGIONAL UPDATE**

  - **Oversight Policy Board:** Communication about the Oversight Policy Board (OPB) Intergovernmental Agreement went to each county's administrator. The Agreements are moving from a 2-year agreement to evergreen.

  - **Needs Based Funding**: DTMB has confirmed LRE's eligibility to utilize the HMA MiDEAL contract for actuarial support. Final legal review remains pending before proceeding forward with the Tier Two procurement process.

  - **FY22 LRE MDHHS Cost Settlement Lawsuit/ FY25 MDHHS/PIHP Contract Lawsuit**
    - LRE and its legal counsel have not filed a lawsuit at this time. Counsel, in coordination with the Attorney General's (AG) office, continues to pursue resolution without litigation. MDHHS has recouped $4.8 million from the region's HSW payment and has agreed not to recoup additional amounts of the remaining $13.7 million without providing 21 days' notice. This notice period would allow LRE counsel time to file in the Court of Claims if necessary. Counsel continues to communicate with the AG to determine

whether MDHHS is fully considering the information provided or whether the parties are at an impasse. The AG filed a motion for summary disposition on July 13, and LRE confirmed it will not consent to dismissal. LRE counsel responded by August 13. The motion has been fully briefed, and we are awaiting the court's ruling.
UPDATE: A list of individuals has been agreed to with the 5 PIHPs and legal regarding depositions. Legal is moving forward with this. No further update at present time.

- **STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

  2026 Michigan Election Recap: Democrats Sweep Statewide Races and Take Control of Legislature

  - Michigan voters delivered a decisive victory for Democrats in Tuesday's general election, sweeping major statewide races, expanding their majority in the Michigan Senate, flipping control of the Michigan House, and picking up key congressional seats. The results reflected a broader national shift toward Democrats, fueled in part by voter dissatisfaction with President Donald Trump and concerns over rising costs and affordability.

- **Governor:** Democrat Jocelyn Benson defeated Republican John James, becoming the first Democrat elected to succeed another Democratic governor in Michigan since 1960. Benson will replace term-limited Governor Gretchen Whitmer in January 2027.

- **U.S. Senate:** Democrat Abdul El-Sayed defeated former Congressman Mike Rogers in one of the most expensive Senate races in the country. El-Sayed will become Michigan's first Muslim U.S. Senator, replacing retiring Senator, Gary Peters, and keeping the seat in Democratic hands.

- **Congressional Races:** Three of Michigan's congressional races were expected to be highly competitive, and all three ultimately resulted in Democratic victories. These wins shifted Michigan's congressional delegation from a 7–6 Republican majority to a 9–4 Democratic majority.

    - **4th Congressional District:** Democrat Sean McCann defeated incumbent Republican Congressman Bill Huizenga.
    - **7th Congressional District:** Democrat Will Lawrence defeated incumbent Republican Congressman Tom Barrett, flipping the seat back to Democratic control.
    - **10th Congressional District:** Democrat Christina Hines defeated Republican Mike Bouchard, flipping the seat previously held by Republican Congressman and gubernatorial candidate John James.

- **Michigan State Senate:** Democrats expanded their majority in the Michigan Senate, picking up three additional seats and increasing their advantage from 20–18 to 23–15 heading into the 2027–2028 legislative session. Several competitive races resulted in Democratic victories, including the defeat of two incumbent Republican senators.

    - **9th Senate District:** Democrat Theresa Brooks defeated incumbent Republican Senator Michael Webber in Oakland County.
    - **30th Senate District:** Democrat Carol Glanville defeated incumbent Republican Senator Mark Huizenga in West Michigan.
    - **32nd Senate District:** Democrat Rebecca Amidon defeated Republican Kim Cole, flipping the open seat previously held by term-limited Republican Senator Jon Bumstead.

- **Michigan State House:** Democrats regained control of the Michigan House of Representatives, picking up 11 seats and securing a 63–47 majority, a significant shift from the previous 58–52 Republican majority. Democrats defeated 10 Republican incumbents and flipped an additional open seat. Some of the notable victories included:

    - **27th House District:** Democrat Jaime Churches defeated incumbent Republican Representative Rylee Linting.
    - **28th House District:** Democrat Sherry Berecz defeated incumbent Republican Representative Jamie Thompson.
    - **44th House District:** Democrat Jim Haadsma defeated incumbent Republican Representative Steve Frisbie.

- **46th House District:** Democrat Jan Maino defeated incumbent Republican Representative Kathy Schmaltz.
- **55th House District:** Democrat Alex Hawkins defeated incumbent Republican Representative Mark Tisdel.
- **57th House District:** Democrat Tom Turner defeated incumbent Republican Representative Tom Kuhn.
- **58th House District:** Democrat Katrina Manetta defeated incumbent Republican Representative Ron Robinson.
- **68th House District:** Democrat Matt Schlinker defeated incumbent Republican Representative David Martin.
- **86th House District:** Democrat Joseph McClusky defeated incumbent Republican Representative Nancy DeBoer.
- **109th House District:** Democrat Anna Rink defeated incumbent Republican Representative Karl Bohnak.

- **Looking Ahead:** The election results will significantly reshape Michigan's political landscape heading into 2027. With Democratic control of the governor's office and both chambers of the Legislature, the incoming Benson administration will have an opportunity to advance its policy priorities. For Michigan's public behavioral health system, the transition presents an important opportunity to engage the new administration and legislative leadership on Medicaid funding, strengthening the public mental health system, and protecting local accountability.

LEGISLATIVE UPDATE: The legislative report is included in the Board materials.

- **FYI** – Marion has arrived safely in Ecuador and is settling in.

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

Lakeshore Regional Entity's Legislative Update – 11/9/2026

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

Attachment 4

Highlight = new updates
Highlight = old bill, no longer active
Highlight = Suggestions for Action & Supported/Opposed by CMHAM (Community Mental Health Association of Michigan) and/or the LRE
Highlight = Artificial Intelligence – New Section

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 5/21/25: Referred to a second reading
	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

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				first time, referred to Committee on Government Operations
	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 7/2/26: Read a second time 7/3/26: Read a third time, passed by House, returned to Senate, given immediate effect, ordered enrolled 7/14/26: Presented to Governor 7/29/26: Approved by the Governor, filed with the SOS, Assigned PA 0052'26 with immediate effect.
	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)

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				6/4/25: Referred to a second reading 7/24/25: Read a second time, placed on a third reading 9/4/25: Read a third time, passed House 9/9/25: Referred to Senate Committee on Housing and Human Services
	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) 6/4/25: Referred to a second reading 7/24/25: Read a second time, placed on a third reading 8/19/25: Read a third time 9/4/25: Read a third time, passed House 9/9/25: Referred to Senate Committee on Housing and Human Services
	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, 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 4/16/2025: Reported by the Committee of the Whole favorable without Amendment, placed on order of third reading 4/17/2025: Passed Roll Call, received in the House, read a first time, referred to Committee on Government Operations
	HB 4530	A bill to modify the deadline for mental health professionals to release mental health records or information pertinent to child abuse or neglect investigation to the department.	Laurie Pothusky	6/3/2025: Introduced, read a first time, referred to Committee on Families and Veterans *10/28/2025: Committee Hearing in House* 12/9/25: Referred to a second Reading

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				2/18/26: read a second time, placed on immediate passaged, read a third time 2/24/26: Passed by the House, sent to the Senate, Referred to the Committee on Housing and Human Services
	HB 4535	Modifies eligibility for mental health court.	Kara Hope	6/3/2025: Introduced, read a first time, referred to Committee on Judiciary *10/28/2025: Committee Hearing in House*
	SB 221	A bill to provide for outpatient treatment for misdemeanor offenders with mental health issues	Sylvia Santana	4/17/2025: Introduced, referred to committee on Health Policy 5/8/2025: Reported favorably without amendment, referred to Committee of the Whole 5/20/2025: Referred to Committee of the Whole 5/21/2025: passed roll call, received in House, read a first time, referred to Committee on Health Policy
	SB 334	Police Training; Requires mental health and law enforcement response training for law enforcement officers.	Jeff Irwin	5/29/2025: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 9/9/2025: Referred to Committee of the Whole with Substitute
	HB 4676	A bill to amend Chapter 6 (Guardianship for the Developmentally Disabled) of the Mental Health Code to require courts to consider alternatives to appointing a guardian for an individual with a developmental disability who the court has determined is likely to need protection based on factors set forth in Chapter 6.	Sharon MacDonell	6/25/25: Introduced, Read a first time, referred to the Committee on Families and Veterans 8/13/25: Referred to a Second Reading 9/10/25: Read a second time
	HCR 1	**Adverse Childhood Experiences:** A concurrent resolution to urge the Governor of Michigan to issue an executive directive that would require administrating agencies to assess if the implementation of their programs reduce Adverse Childhood Experiences (ACEs) and provide an annual report and data to the Legislature and general public about progress in reducing ACEs in Michigan.	Douglas Wozniak	8/19/2025 – Introduced, Referred to the Committee on Families and Veterans 10/28/2025 – Committee Hearing, Reported with Recommendation without amendment

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	HB 5334	A bill to amend the Mental Health Code to require assessment by preadmission screening unit of individual being considered for hospitalization within certain period after notification	Matt Bierlein	12/2/2025 – Introduced, read a first time, referred to the Committee on Health Policy
	HB 4968	*The bill would amend the Insurance Provider Assessment Act to allow the Department of Health and Human Services (DHHS) to continue assessing the current, federally-approved insurance provider assessment unless the Federal Centers for Medicare and Medicaid Services (CMS) ended the current Federal approval.*	*Greg VanWoerkem*	*9/16/2025 – Introduced, read a first time, referred to the Committee on Appropriations* *9/25/2025 – Read a second time, third time,* *9/29/2025 – Passed the House, Sent to Senate Referred to Committee of the Whole,* *10/2/2025 - Placed on Immediate Passage, returned to House* *10/7/2025 – Approved by the Governor. Assigned PA 25'25 with Immediate Effect*
	HB 5044	By July 1, 2026, every school district, intermediate school district, and public-school academy board must develop and adopt a policy allowing students with a prescription, recommendation, or order from a private health care specialist to receive medically necessary treatment while at school, in compliance with state and federal laws Upon request, designated school personnel must meet with the student, family, and health care representatives within 30 days to determine how and when treatment will be provided. Treatment must be allowed unless it imposes a fundamental alteration or undue burden on the school.	Pauline Wendzel	9/24/2025 – Introduced, Read a first time, referred to the Committee on Education and Workforce 6/10/26 – Referred to a second reading
	HB 4412-4414	House Bill 4412 would amend the Mental Health Code to revise procedures related to assisted outpatient treatment and involuntary mental health treatment. House Bill 4413 would amend the Mental Health Code to revise procedures related to mediation for disputes involving community mental health services and to update requirements for hospital examinations when an individual is presented for evaluation. House Bill 4414 would amend the Mental Health Code by adding a new Chapter 10A to establish procedures for diverting certain misdemeanor defendants to assisted outpatient treatment.	Donni Steele Mark A Tisdel Tom Kuhn	5/1/25 – Introduced, Read a first time, referred to Committee on Health Policy 1/21/26 – Read a second time 3/10/26 – Placed on a third reading 3/18/26 – Read a third time, passed; given immediate effect 3/24/26 – Sent to Senate, Referred to Committee on Health Policy
	SB 973	A bill to provide for the establishment of a state-based health insurance exchange as a nonprofit corporation; to create the board of exchange and prescribe its powers and duties; to provide for assessments and user fees; and to provide for the powers and duties of certain state and local	Kevin Hertel	5/14/26 – Introduced, Referred to Committee on Health Policy 6/11/26 – Referred to the Committee of the Whole

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
		governmental officers and agencies		6/17/26 – Placed on order of third reading with substitute 6/18/26 – Passed Senate, sent to House, read a first time, referred to Committee on Insurance
	HB 5739-5740	These bills would protect individual assets from being stolen or misappropriated by Guardians or family members for those under guardianship. These bills were presented by the Guardianship Association who are pushing for licensure for all guardians as well as increased pay for those guardians.	Jay DeBoyer Kathy Schmaltz	3/18/26 – Introduced, Read a first time, referred to the Committee on Families and Veterans. 4/28/26 – Reported with recommendation for referral to the Committee on Rules 6/2/26 – Read a second time 6/3/26 – Read a third time 6/10/26 – Passed House, sent to Senate, Referred to Committee on Housing and Human Services
Opposed by LRE	HB 6022	MENTAL HEALTH PREADMISSION SCREENING AND CONTRACTED HEALTH PLANS: House Bill 6022 would amend provisions of the Mental Health Code related to preadmission screening, hospitalization evaluations, and coordination of behavioral health services. The bill would expand the role of contracted health plans in these processes	Curtis VanderWall	5/21/26 – Introduced, Read a first time, referred to the Committee on Health Policy 6/10/26 – Reported with Recommendation to Committee on House Rules Health Policy - 6/3/2026 Rules - 6/25/2026
	SB 1000-1001 HB 6031	The department must, in accordance with federal law and regulations, develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics.	Rosemary Bayer (Senate) Sharon MacDonell (House)	Senate: 5/21/26 – Introduced, Referred to Committee on Housing and Human Services House: 6/2/26 – Introduced, Read a first time, referred to committee on Appropriations
/	SB 1115-1122	Recipient Rights: Series of bills regarding the collection of complaints, investigation of rights violations, retention of monitoring reports and review information by community mental health, and authority over surveillance for state psychiatric hospitals	Michael Webber	7/15/26 – Introduced, Referred to Committee on Housing and Human Services
***	HB 5814	A bill to change the retroactive Medicaid allowance to not more than one month before the in which the individual has applied.	Matt Maddock Luke Meerman	4/16/26 – Introduced, Read a first time, Referred to the committee on insurance 6/16/26 – Read a second and third time 6/23/26 – Passed House with immediate effect,

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				sent to Senate, referred to Committee on Appropriations
***	HB 5823	A bill to amend the mental health code to allow video surveillance in certain licensed care facilities. (Re: HCBS)	Bill Schuette	4/21/26 – Introduced, Read a first time, Referred to the Committee on Health Policy
	HB 6400-6402	Changes to Background Check requirements in Adult Foster Care homes, Psychiatric Facilities, and other applicable facilities	Sarah Lightner	9/26/26 – Introduced, Read a first time, Referred to Committee on Health Policy
	HB 4591	House Bill 4591 would amend the Public Health Code to enter Michigan into the Counseling Compact, which provides procedures to allow licensed professional counselors to practice in states that have joined the compact without having to be licensed in each individual state.1 A compact is like a contract that states enter into by enacting it. This compact allows counselors licensed in one state to practice in others under a privilege to practice obtained through the compact. The compact, included in full in the bill, is briefly described below. The bill also would provide that a privilege to practice under the compact is equivalent to licensure in Michigan as a licensed professional counselor under Part 181 of the Public Health Code.2	Karl Bohnak	6/10/25: Introduced, Read a first time, referred to Committee on Health Policy 10/30/25: Passed the House, referred to the Senate Committee on Health Policy
	HB 4591	Amends the Mental Health Code to allow Physician Assistant, Certified Nurse Practitioners, and Clinical Nurse specialists as qualified to be MHPs, and allow them to perform certain examinations	Carrie Rheingans	8/27/26: Introduced, Read a first time, referred to the committee on Health Policy

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

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	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 5/22/25: Referred to a second reading 6/26/25: Read a second time, placed on a third reading 7/1/25: Read a third time, Passed, given immediate effect, transmitted 7/17/25: Passed by the House with Immediate Effect, moved to the Senate and referred to the Committee on Civil Rights, Judiciary, and Public Safety
	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 5/21/25 – passed roll call, received in the House, read a first time, referred to the Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 4686	Controlled Substances; Allows creating, manufacturing, possessing, or using psilocybin or psilocin under certain circumstances.	Mike McFall	6/25/2025 – Introduced, Read a first time, Referred to the Committee on Families and Veterans
	SB 400	Prohibits prior authorization for certain opioid use disorder and alcohol use disorder medications.	Kevin Hertel	6/11/2025 – Introduced, Referred to the Committee on Health Policy, Reported favorably without amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration. 7/1/2025 – Reported favorably without amendment, placed on order of third reading, placed on immediate passage, passed roll call, Received in House, Read a first time, referred to Committee on Insurance
	SB 430 SB 431 SB 432	Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl; Allows probation for certain major controlled substances offenses.	Stephanie Chang Sarah Anthony Roger Victory	6/17/2025 – Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 9/18/2025 – Committee Meeting 10/6/2025 – Reported favorably without amendment, referred to the Committee of the Whole 10/29/2025 – Placed on order of third reading
#1 – Supported by SUD Oversight Policy Board	SB 462, 464-465 *HB 5368-5370*	Legislation to require retailers to obtain a state-issued license to sell tobacco products, including e-cigarettes and nicotine pouches.	Sam Singh Joe Bellino *Jennifer Wortz* *Brad Slagh*	6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs 12/2/25 – Referred to the Committee of the Whole with Substitute 12/16/25 – Reported to the Committee of the Whole with Substitute, Placed on order of Third Reading 12/18/25 – Amendments adopted, Passed Roll Call in Senate, Received in House, Read a first time, Referred to Committee on Regulatory Reform *HB 5368-5370 12/16/25 - Introduced and Referred to Committee on Regulatory Reform. No hearings set at*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				this time. Sign the Petition — Tobacco Free
#1 – Supported by SUD Oversight Policy Board	SB 463 SB 466	Legislation that will repeal ineffective penalties on young people -- holding retailers accountable not, children.	Paul Wojno Mary Cavanaugh	6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs 12/2/25 – Referred to the Committee of the Whole with Substitute 12/16/25 – Reported to the Committee of the Whole with Substitute, Placed on order of Third Reading 4/22/26 – Amendments adopted, Passed roll call, received in the House, read a first time, referred to the Committee on Regulatory Reform Sign the Petition — Tobacco Free
	SB 399	To amend Part 74 (Offenses and Penalties) of the Public Health Code to specify that, as used in Sections 7453 to 7461 and Section 7521, "drug paraphernalia" would not include testing products used in determining whether a controlled substance contained chemicals, toxic substances, or hazardous compounds in quantities that could cause physical harm or death. "Testing products" would include fentanyl testing strips.	Jeff Irwin	6/11/25 – Introduced, Referred to Committee on Health Policy 6/26/25 – Referred to Committee of the Whole 7/1/25 – Placed on order of third reading, placed on immediate passage, passed roll call, received in the House, read a first time, referred to the Committee on Insurance
	SB 402	To amend Section 109 of the Social Welfare Act to allow a Medicaid-eligible individual to receive street medicine services, including prescriptions for opioid use disorder, by an eligible provider.	Paul Wojno	6/11/25 – Introduced, Referred to Committee on Health Policy 6/26/25 – Referred to Committee of the Whole 7/1/25 – Placed on order of third reading, placed on immediate passage, passed roll call, received in the House, read a first time, referred to the Committee on Insurance
	SB 592	A bill to require reentry services and support for certain individuals after resentencing.	Sylvia Santana	9/25/25 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				12/4/25 – Referred to the Committee of the Whole 6/18/26 – Placed on order of third reading, Placed on Immediate passage, Passed Senate, sent to House, Read a first time, Referred to Committee on Judiciary
	SB 582	To establish a 32% tax on the sale and distribution of nicotine, vapor, and alternative nicotine products-"Alternative nicotine product" means a noncombustible product that contains nicotine derived from any source and that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means.	Stephanie Chang	9/24/25 – Introduced, Referred to the Committee on Appropriations
	HB 5087	To mandate $3,000,000.00 of tax revenue from the sale of tobacco products to be placed in the "Healthy Michigan Fund" each fiscal year for smoking prevention programs.	Phil Green	9/26/25 – Introduced, Read a first time, referred to the Committee on Finance
	SB 597 & 598	The bill would amend the Michigan Regulation and Taxation of Marihuana Act to prohibit the Cannabis Regulatory Agency (Agency) from issuing a marihuana retailer license if doing so would result in more than one marihuana retailer for every 5,000 residents in the applicant's municipality, beginning January 1, 2026	Sam Singh Jeremy Moss	10/2/25 – Introduced, Referred to Committee on Regulatory Affairs
	SB 599-602	The bills would enact the "Industrial Hemp Processing Act" to require a person to hold a license before processing consumable hemp products from industrial hemp. Industrial hemp is generally cannabis with less than 0.3% Tetrahydrocannabinol (THC), the intoxicant in marihuana. • Currently, the licensing of persons engaged in the growing, processing, and handling of industrial hemp is governed by the Industrial Hemp Research and Development Act, which the bills would repeal. • The bills would require the Cannabis Regulatory Agency (CRA) to administer the "Industrial Hemp Processing Act's" licensing and regulatory requirements and to promulgate rules. • They also would establish licensure fees and qualifications and civil and criminal penalties for violations of the proposed Act.	Dayna Polehanki	10/2/25 – Introduced, Referred to Committee on Regulatory Affairs 12/2/25 – Referred to the Committee of the Whole with Substitute 12/9/25 – Placed on order of third reading, placed on immediate passage 12/16/25 – Amendments adopted, Passed roll call in Senate 12/17/25 – Received in House, Read a first time, Referred to Committee on Regulatory Reform
#2 – Supported by SUD Oversight Policy Board	HB 5134 & 5135	To amend MRTMA (or MMFLIA) to say: A person shall not advertise any of the following on a billboard or digital billboard that is located in this state: • Marihuana. • A marihuana-infused product. • A marihuana accessory. • A marihuana establishment.	William Bruck Donovan McKinney	10/23/25 – Introduced, Read a first time, Referred to Committee on Regulatory Reform 121025-OPB-Packet Att 7.pdf

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 5122	To amend MLCC to allow "A current photo identification card issued by a local government. A current student photo identification card issued by an educational institution" to be qualified forms of identification to purchase alcohol.	Alicia St. Germaine	10/23/25 – Introduced, read a first time, referred to Committee on Regulatory Reform
	HB 4969	A bill to regulate the distribution, sale, and manufacture of kratom products; to require licensing for certain conduct related to kratom and kratom products; to prohibit the distribution, sale, and manufacturing of certain kratom products; to provide for the powers and duties of certain state governmental officers and entities; to prescribe fines and sanctions; to provide remedies; and to require the promulgation of rules. – A licensee shall not distribute, sell, or offer for distribution or sale in person or through an online website a kratom product to an individual in this state who is less than 21 years of age	Cam Cavitt	9/17/25 – Introduced, Read a first time, referred to the Committee on Regulatory Reform 11/13/25 - Referred to second reading in Committee on Regulatory Reform 6/10/26 – Re-referred to Committee on Regulatory Reform
	HB 5302	A bill to modify a SUD prevention competitive grant program to provide grants for recovery community organizations	Jay DeBoer	12/2/2025 – Introduced, Read a first time, referred to the Committee on Health Policy 4/22/26 – Referred to a second reading 4/28/26 – Read a second time, placed on a third reading
	HB 4951	*The bill would enact the "Comprehensive Road Funding Tax Act" to do the following:* *-- Impose a 24% excise tax on the wholesale price of marihuana.* *-- Create the Comprehensive Road Funding Fund and allocate $3.0 million of revenue from the Act in Fiscal Year (FY) 2025-2026 to the Fund and $500,000 of revenue from the Act to the Fund in each following fiscal year.* *-- Allocate the remainder of revenue collected under the Act to the Neighborhood Road Fund.1* *-- Beginning in FY 2027-2028 and in each following fiscal year, require the amount appropriated to the Comprehensive Road Funding Fund to be adjusted by the Consumer Price Index.* *-- Require the Department of the Treasury to administer the Act.* *-- Require a person subject to a tax imposed by the Act to file periodic returns at the times and in the manner prescribed by the Department.*	*Samantha Steckloff*	*9/16/2025 – Introduced, Read a first time, referred to the Committee on Appropriations.* *9/25/2025 – Second & Third Reading, Passed* *9/29/2025 – Sent to Senate, Referred to Committee of the Whole* *10/2/2025 - Placed on Immediate Passage, returned to House* *10/7/2025 – Approved by the Governor. Assigned PA 25'25 with Immediate Effect*
	SB 713-714	A bill to provide for regulation of advertisements and promotions for internet gaming	Erika Geiss	11/13/2025 – Introduced, Referred to the Committee on Regulatory Affairs Sen. Geiss Champions Legislation to Protect

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				Michigan Youth from Gambling, Sports Betting Advertisements - Senator Erika Geiss
	SB 786-788	Bills to prohibit the sale or transfer of certain vapor products; and to prescribe penalties. A person shall not sell or otherwise transfer a vapor product that has a heating element unless the heating element is made of or encased in 1 or both of the following materials: (a) Glass. (b) Ceramic.	Jeff Irwin	2/18/2026 – Introduced, Referred to the committee on Regulatory Affairs
	SB 433	*A bill requiring that by not later than July 1, 2026, the department of health and human services shall develop, and provide to the department, an informational notice in English, Spanish, and Arabic, containing information on the dangers of high-potency THC cannabis products and vaping and resources to support and treatment. The department shall provide the notice developed under this subsection to public schools and nonpublic schools and post the notice on the department's website.*	*Dayna Polehanki*	*6/24/25 – Introduced, referred to the Committee on Education* *12/11/25 – Referred to Committee of the Whole* *1/27/26 – Referred to Committee of the Whole favorably with substitute, Placed on order of third reading* *6/25/26 – Passed Senate, Sent to House, read a first time, referred to Committee on Regulatory Reform* *9/22/26 – Read a second and third time, placed on immediate passage. Passed House and returned to the Senate* *10/1/26 – Given Immediate Effect, ordered enrolled* *10/6/26 – Presented to Governor* *10/14/26 – Approved by Governor, Assigned PA 0104'26 with Immediate Effect.*
Supported by SUD Oversight Policy Board	HB 5371 - 5372	A bill to repeal penalties that punish kids for possession of tobacco products and, instead, hold companies accountable that profit from tobacco sales.	Helena Scott Stephanie Young	12/16/25 - Introduced, Read a first time, Referred to the Committee on Regulatory Reform We **NEED** your support to show House members how important these bills are. Here's how you can help: **1) Contact your legislator and ask them to support the legislation.** **2) Attend the House hearing on Thursday March 19.**

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				3) Submit a card of support for Thursday's House hearing. If you cannot attend, we can submit a card on your behalf. Please email Dylan at dsnyder@kelley-cawthorne.com by 5 p.m. on Wednesday 3/18 to submit your card.
	HB 5537	A bill to To amend the Michigan Penal Code to prohibit a person from growing, synthesizing, selling, offering for sale, giving, importing, or distributing kratom or a synthetic variant of kratom; would not apply to kratom that has been approved by the U.S. Food and Drug Administration (FDA) as a drug product, a dietary supplement, or a food additive in conventional food. This exception would not apply to synthetic variants of kratom	Cameron Cavitt	2/19/26 – Introduced, Read a first time, Referred to Committee on Regulatory Reform 3/18/26 – Read a second, third time, placed on immediate passage, passed given immediate effect 3/24/26 – Sent to Senate, Referred to Committee on Government Operations
	HB 4501	A bill to establish and operate a marihuana reference laboratory. o Collect, transport, and possess marihuana for the purpose of testing and conducting research in support of cannabis regulatory agency investigations and the development and optimization of testing methods performed through the cannabis regulatory agency reference laboratory	Mike Mueller	5/15/25 – Introduced, Read a first time, referred to Committee on Regulatory Reform 1/22/26 – Referred to a second reading
	HB 5756	A bill to amend the Michigan Regulation and Taxation of Marihuana Act (MRTMA) to allow and disallow for certain payment methods between businesses and processors; establish reporting requirements for certain financial information; allow CRA enforcement powers in reference to financial disclosures.	Joseph Aragona	3/18/26 – Introduced, Read a first time, Referred to the Committee on Regulatory Reform
	HB 5757	A bill to amend the Michigan Regulation and Taxation of Marihuana Act (MRTMA) to establish fines, penalties, and license revocation for Marijuana caregivers who are exceeding the amount of marijuana grown per cardholder connected to them (6 plants per MM card holder)	Joseph Aragona	3/18/26 – Introduced, Read a first time, Referred to the Committee on Regulatory Reform
	HB 6215	The Cannabis Licensee Enforcement and Appeals Act: A bill to provide for an appeal process for violations of certain laws related to marihuana; to provide for the manner in which disciplinary actions are taken against certain licensees; to create the cannabis licensing appeals board and prescribe its powers and duties; to provide for the powers and duties of certain state governmental officers and entities; to provide for the promulgation of rules; and to provide for sanctions.	Donavan McKinney	7/3/26 – Introduced, read a first time referred to Committee on Regulatory Reform
	HB 5453	A prosecutor's office, a law enforcement agency, and a social welfare agency may work in concert	Sarah Lightner	1/15/26 – Introduced, Read a first time, referred to

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		to establish a supervision program that diverts individuals who are suspected of possessing or using a controlled substance in violation of section 7403 or 7404 of the public health code, 1978 PA 368, MCL 333.7403 and 333.7404, away from criminal prosecution and into the supervision program before the filing of criminal charges under this section. A program established under this section must include appropriate substance use disorder treatment. A program established under this section must utilize a case management system that maintains a record of each case that is diverted under the program from inception to disposition. If the prosecutor's office and the social welfare agency agree that an individual has successfully completed the terms of the individual's supervision, the individual must not be prosecuted for the violation of section 7403 or 7404 of the public health code		the committee on Judiciary 6/10/26 - reported with recommendation without amendment, referred to second reading
	SB 413	*A bill to amend 1978 PA 368, Public Health Code, to remove the supervision requirement for a Limited Licensed Psychologist.*	*Paul Wojno*	*6/11/25 – Introduced, Referred to Committee on Health Policy* *9/22/26 – Passed House, Returned to the Senate* *10/1/26 – Given immediate effect, Ordered Enrolled* *10/6/26 – Presented to the Governor* *10/14/26 – Approved by the Governor, Assigned PA 0114'26 with immediate effect*
	SB 1181	A bill to regulate certain conduct related to kratom and kratom products; to prohibit the manufacturing, processing, distribution, and sale of certain kratom products; to require labeling of certain kratom products; to provide for the powers and duties of certain state and local governmental officers and entities; and to prescribe fines.	John Cherry	9/22/26 – Introduced, Referred to the Committee on Regulatory Affairs

BILLS & REGULATIONS PERTAINING TO ARTIFICAL INTELLIGENCE				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 4667	A bill to add a new section to the Michigan Penal Code to create three felonies related to AI systems, and provide for related penalties.	Sarah Lightner	6/24/25: Introduced, read a first time, referred to the Committee on Judiciary
	HB 4668	A bill to create a new act, the Artificial Intelligence Safety and Security Transparency Act, which would require large developers of foundation models to create and implement certain risk management practices relating to the use of those models, as well as provide for the powers and duties of government officers and entities, protections for certain employees, and related civil causes of action and sanctions.	Sarah Lightner	6/24/25: Introduced, read a first time, referred to the Committee on Judiciary 9/11/25: reported with recommendation for referral to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO ARTIFICAL INTELLIGENCE				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				3/19/26: Placed on second reading, Referred to Committee on Communications and Technology
	HB 4536	An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not deny, modify, or delay a claim based on a review using artificial intelligence	Carrie Rheingans	6/3/25: Introduced, read a first time; referred to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Insurance 3/19/26: Placed on second reading, Referred to Committee on Communications and Technology
	HB 4537	The department or a contracted health plan shall not deny, modify, or delay a claim under the medical assistance program based on a review using artificial intelligence	Carrie Rheingans	6/3/25: Introduced, read a first time; referred to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Insurance 3/19/26: Placed on second reading, Referred to Committee on Communications and Technology
	HB 4661	A bill to establish a crime victim communication modernization grant program to provide grants to certain state and local governmental officers to modernize communication with victims of crime and other individuals; to create the crime victim communication modernization fund and provide for the distribution of money from the fund; to provide for appropriations; and to provide for the powers and duties of certain state and local governmental officers and entities.	Curtis VanderWall	6/17/25: Introduced, read a first time, referred to the Committee on Appropriations
	HB 1077	The Responsible Artificial Intelligence Security for Employees Act: A bill to prescribe the circumstances under which an employer, third party, or service provider may use an automated decisions tool or electronic monitoring tool; to require the retention of certain data and documents; to require an impact assessment of electronic monitoring tools and automated decisions tools; to require an employer to provide covered individuals and certain labor organizations notice of certain events; to require an employer to provide certain benefits to certain individuals under certain circumstances; to provide for the powers and duties of certain state governmental officers and entities; to provide remedies; to prescribe civil sanctions; and to require the promulgation of rules.	Darrin Camilleri	6/24/26 – Introduced, Referred to Committee on Labor
	HB 5899	Artificial Intelligence Pilot Program Act: a bill to create an artificial intelligence board and prescribe its powers and duties; to require the creation of an artificial intelligence pilot program; to provide for	Jaime Greene	4/23/26 – Introduced, Read a first time, referred to the Committee on Communications and Technology.

BILLS & REGULATIONS PERTAINING TO ARTIFICAL INTELLIGENCE				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		the powers and duties of certain state governmental officers and entities; to create funds; and to provide for the promulgation of rules.		5/19/26 – Reported with recommendation to Committee on Rules, Recommendation Concurred in
	H.R. 5784 [Federal]	AI–WISE Act: To amend the Small Business Act to help small business concerns critically evaluate artificial intelligence tools, and for other purposes.	Rep. Hillary Scholten	10/17/25: Introduced, Referred to the House Committee on Small Business 12/12/25: Reported by Committee on Small Business, Placed on Union Calendar 1/20/26: Mr. Williams (TX) moved to suspend the rules and pass the bill, DEBATE , On motion to suspend the rules and pass the bill Agreed to by voice vote, Motion to reconsider laid on the table Agreed to without objection. 1/26/26: Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship
	H.R 5764 [Federal]	AI for Main Street Act: To amend the Small Business Act to require small business development centers to assist small business concerns with the use of artificial intelligence, and for other purposes.	Rep. Mark Alford	10/17/25: Introduced, Referred to the House Committee on Small Business 12/12/25: Reported by Committee on Small Business, Placed on Union Calendar 1/20/26: Mr. Williams (TX) moved to suspend the rules and pass the bill, DEBATE , At the conclusion of debate, the Yeas and Nays were demanded and ordered. Pursuant to the provisions of clause 8, rule XX, the Chair announced that further proceedings on the motion would be postponed, On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays, Motion to reconsider laid on the table Agreed to without objection. 1/26/26: Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship

BILLS & REGULATIONS PERTAINING TO ARTIFICAL INTELLIGENCE				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	S. 4113 [Federal]	AI Guardrails Act of 2026: A bill to provide for limitations on the use of artificial intelligence by Department of Defense. This bill ensures a human is involved when deadly autonomous weapons are fired, AI cannot be used to spy on the American people, and that a human is on the switch to launch nuclear weapons.	Elissa Slotkin	3/17/26 – Introduced, Read twice, and referred to the Committee on Armed Services.
	H.R. 10873 [Federal]	**AI Cyber Defense Act:** To require the National Institute of Standards and Technology to carry out certain activities regarding certain artificial intelligence attacks, and for other purposes.	Pat Harrigan	10/22/26 – Introduced, Referred to the House Committee on Science, Space, and Technology.

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	H.R. 5725	To direct the Attorney General to establish a grant to support communities transitioning to health-centered responses for mental health-related emergencies	Bonnie Watson Coleman	10/8/25 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	H.R. 5706	To establish a grant program to assist eligible entities in developing or expanding behavioral health crisis response programs that do not rely primarily on law enforcement, and for other purposes.	Yassamin Ansari	10/8/25 – Introduced, Referred to the Committee on Energy and Commerce
	H.R. 5557	**Mental Health Services for Students Act of 2025:** to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.	Andrea Salinas	9/23/25 - Introduced, Referred to the Committee on Energy and Commerce
Supported by LRE	S. 3402 H.R. 8487	**Ensuring Excellence in Mental Health Act:** A bill To amend titles XVIII and XIX of the Social Security Act and the Public Health Service Act to improve the certified community behavioral health clinic program, and for other purposes.	John Cornyn Doris Matsui	Senate: 12/9/25 – Introduced, Read twice, Referred to the Committee on Finance House: 4/23/26 – Introduced, Referred to he Committee on Energy and Commerce, and in addition to the Committee on Ways and Means

				Action Alert: Contact your Senator/Representative - National Council for Mental Wellbeing | Ensuring Excellence in Mental Health Act
	H.R. 8620	**CARES Hotline Act:** To amend the Developmental Disabilities Assistance and Bill of Rights Act of 2000 to establish a hotline for caregivers of individuals with developmental disabilities, and for other purposes.	Robert Menendez	4/30/26 – Introduced, Referred to the House Committee on Energy and Commerce.
	H.R. 8540	**To amend title XIX of the Social Security Act to require coverage of, and expand access to, home and community-based services under the Medicaid program; to award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and to award grants to support family caregivers; and for other purposes.**	Debbie Dingell	4/28/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, Oversight and Government Reform, and Ways and Means
Supported by LRE	S. 4865 H.R. 9401	**Latonya Reeves Freedom Act of 2026:** To prohibit discrimination against individuals with disabilities who need long-term services and support, and for other purposes. To clarify and strengthen the integration mandate of the Americans with Disabilities Act of 1990, held by the Supreme Court in Olmstead v. L.C., 527 U.S. 581 (1999) in a manner that accelerates and improves State compliance.	Michael Bennet (Senate) Steve Cohen (House)	Senate: 6/23/26 – Introduced, read twice, referred to Committee on Health, Education, Labor, and Pensions House: 6/23/26 – Introduced, read twice, referred to Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker
	S. 5365	**Community Mental Wellness Worker Training Act:** A bill to authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to train community mental wellness workers, and for other purposes.	Cory Booker	8/7/26 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S. 5236	**Improving CARE for Youth Act:** A bill to amend title XIX of the Social Security Act to ensure Medicaid coverage of mental health services and primary care services furnished on the same day**.**	Margaret Wood Hassan	8/4/26 – Introduced, Read twice and referred to the Committee on Finance.
	H.R. 9990 S. 5120	**Increasing Mental Health Options Act of 2026:** A bill to amend title XVIII of the Social Security Act to expand access to psychological and behavioral services.	Nicole Malliotakis (House) Martin Heinrich (Senate)	House: 7/30/26 – Introduced, referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means Senate: 7/23/26: Introduced, Read twice and referred to the Committee on Finance.

	H.R. 10287	To amend title V of the Public Health Service Act and title XIX of the Social Security Act to promote access to mental health crisis response services.	Kim Schrier	9/3/26 – Introduced, Referred to the Committee on Energy and Commerce
	H.R. 10953	To direct the Secretary of Health and Human Services to establish and carry out a program for making allotments to States to pay for the cost of carrying out the State Ombudsman Program to serve as a resource to provide information and support to individuals with developmental disabilities and their families.	Thomas H. Kean	11/2/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Workforce
	H.R. 10920	**Telehealth Access and Licensure Portability Act of 2026:** To amend the Public Health Service Act to reauthorize a program under which the Secretary of Health and Human Services makes grants to State professional licensing boards for the development and implementation of policies to reduce statutory and regulatory barriers to telemedicine, and for other purposes.	Kat Cammack	10/29/26 – Introduced, Referred to the House Committee on Energy and Commerce
	H.R. 10876	**Behavioral Healthcare Deregulation Act:** To amend title XVIII of the Social Security Act to ensure appropriate access to mental health care under the Medicare program.	Mike Kelly	10/22/26 – Introduced, Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce
	H.R. 10722	**9–8–8 Crisis Response Workforce Act:** To amend the Public Health Service Act to expand behavioral health workforce training programs, and for other purposes.	Troy Carter	10/5/26 – Introduced, Referred to the House Committee on Energy and Commerce.

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* *6/11/2025: Debate in House, Postponed Proceedings* *6/12/2025: Considered Unfinished Business, On passage Passed by the Yeas and Nays: 321-104. Motion to reconsider laid on the table Agreed to without objection.* *7/8/25: Presented to President* *7/16/25: Signed by President. Became Public Law No: 119-26.*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	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
	HR 2483	***SUPPORT for Patients and Communities Reauthorization Act of 2025 (SUPPORT Act):*** *This bill reauthorizes and revises Department of Health and Human Services (HHS) programs that address substance use disorders, overdoses, and mental health.*	*Brett Guthrie*	*3/31/2025 – Introduced in the House, Referred to the Committees on Energy, and Commerce, Education and Workforce, Judiciary, and Financial Services.* *5/29/2025 – Placed on the Union Calendar* *6/4/2025 – General Debate. Passed in the House* *6/5/2025 – Received in the Senate, read twice, referred to the Committee on Health, Education, Labor, and Pensions* *9/18/2025 – Passed Senate with unanimous consent* *9/19/2025 – Message sent to House* *11/25/2025 – Presented to the President* *12/1/2025 – Signed by the President, Became Public Law No: 119-44.*
	HR 4607	**SEEK HELP Act:** To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Joe Neguse	07/22/2025 – Introduced, Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 4595	**Small and Homestead Independent Producers Act of 2025:** To provide authority for small cultivators of cannabis and small manufacturers of cannabis products to ship cannabis and cannabis products using the mail	Jared Huffman	07/22/2025 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, Oversight and Government Reform, and the Judiciary
	HR 1	***One Big Beautiful Bill Act:*** *This bill reduces taxes, reduces or increases spending for various federal programs, increases the statutory debt limit, and otherwise addresses agencies and programs throughout the federal government. It is known as a reconciliation bill and includes legislation submitted by several congressional committees pursuant to provisions in the FY2025 congressional budget resolution (H Con. Res. 14) that directed the committees to submit legislation to the House or Senate Budget Committee that will increase or decrease the deficit and increase the statutory debt limit by specified amounts. (Reconciliation bills are considered by Congress using expedited legislative procedures that prevent a filibuster and restrict amendments in the Senate.)* ***Proposed Federal Legislation Would Ban Virtually All Hemp-Based Cannabinoid Products | Shipman & Goodwin LLP*** **The LRE is actively monitoring the repercussions of this new law, and the effects it will have on our system.*	*Jodey Arrington*	*5/20/2025 - The House Committee on the Budget reported an original measure* *5/22/2025 - On passage Passed by the Yeas and Nays: 215 – 214 in the House* *6/27/2025 – Received in the Senate* *7/1/2025 - Passed Senate with an amendment by Yea-Nay Vote. 51 – 50* *7/3/2025 - On motion that the House agree to the Senate amendment Agreed to by recorded vote: 218 – 214. Presented to President.* *7/4/2025 - Signed by President. Became Public Law No: 119-21.* *H.R.1 Implementation Journey*
	H.R 5630	To amend the Public Health Service Act to require additional information in State plans for Substance Use Prevention, Treatment, and Recovery Services block grants.	Erin Houchin	9/30/25 - Introduced, Referred to the Committee on Energy and Commerce
	H.R. 5415 S. 3076	To amend the Controlled Substances Act to permanently schedule the class of 2-benzylbenzimidazole-opioids known as nitazenes	Rep. Eugene Vindman Sen. David McCormick	09/16/2025 – (House) Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 10/30/2025 – (Senate) Read twice and referred to the Committee on the Judiciary;
	H.R. 5844	To amend the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need–the applicant will address community impacts;	Adriano Espaillat	10/28/2025 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	H.R. 5573	The Attorney General, acting through the Director of the Bureau of Justice Assistance, and in consultation with the Secretary of Health and Human Services, is authorized to award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the unlawful sale, marketing, or distribution of controlled substances using social media platforms	Gabe Evans	9/26/2025 – Introduced, Referred to the House Committee on the Judiciary
	S. 3522	**No Red Tape For Addiction Treatment Act:** A bill to amend title XIX of the Social Security Act to require that State Medicaid programs provide at least one formulation of each type of medication for the treatment of opioid use disorder without prior authorization or limitations on dosage, and for other purposes.	Margaret Wood Hassan	12/17/2025 – Introduced, Read Twice, Referred to Committee on Finance
	HR 7994	**HERO Act:** A bill to establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug, and for other purposes.	Raul Ruiz	3/19/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Workforce 6/25/26 – Subcommittee consideration and mark-up sessions held, forwarded by subcommittee to Full Committee by Voice Vote 7/21/26 - Committee Consideration and Mark-up Session Held, Ordered to be Reported (Amended) by the Yeas and Nays: 48 - 0
	S 3758	**End Veterans Overdose Act of 2026:** a bill to direct the Secretary of Veterans Affairs to make opioid overdose rescue medications available to veterans and their caregivers, and for other purposes.	Jeanne Shaheen	2/2/26 – Introduced, Read twice, referred to the Committee on Veterans' Affairs 3/18/26 - Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably.
	S 3588	**School Access to Naloxone Act of 2026:** a bill to amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose, and for other purposes.	Jeff Merkley	1/7/26 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 3/19/26 - Committee on Health, Education, Labor, and Pensions. Hearings held.
	HR 8000	**END 7-OH Act:** a bill to amend the Controlled Substances Act to schedule synthetic 7-hydroxymitragynine as a Schedule I controlled substance.	Gus Bilirakis	3/19/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	S. 4257	**Resources To Prevent Youth Vaping Act:** A bill to apply user fees with respect to tobacco products deemed subject to the requirements of chapter IX of the Federal Food, Drug, and Cosmetic Act.	Jeanne Shaheen	3/26/26 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	S. 4303	**ENDS Chinese Vapes Act of 2026:** A bill to amend the Tariff Act of 1930 to provide for escalating civil penalties for fraudulent or negligent importation of unauthorized electronic nicotine delivery systems.	Tom Cotton	4/15/26 – Introduced, Read twice, and referred to the Committee on Finance.
	HR 8192	**Nitazene Response Act:** To direct the Secretary of Health and Human Services to issue guidelines for the purpose of addressing the problem of nitazene overdoses, and for other purposes.	David J. Taylor	4/2/26 – Introduced, Referred to the House Committee on Energy and Commerce
	HR 7987	**CLIMB Act:** To prohibit Federal agencies from taking any adverse action against a person solely because the person provides business assistance to a cannabis-related legitimate business, to amend the Securities Exchange Act of 1934 to create a safe harbor for national securities exchanges to list the securities of issuers that are cannabis-related legitimate businesses	Guy Reschenthaler	3/18/26 – Introduced - Referred to the House Committee on Financial Services.
	H.R. 8766	**Deal Death, Face Death Act:** To amend the Controlled Substances Act to provide for the death penalty for anyone who knowingly deals fentanyl to a person who dies from the use of such fentanyl.	Chip Roy	5/12/26 – Introduced, Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce
	S. 4552 HR 8811	**Moms Matter Act:** To address maternal mental health conditions and substance use disorders, and for other purposes.	Kirsten Gillibrand (Senate) Yvette Clarke (House)	Senate: 5/18/26 – Introduced, Read twice, referred to Committee on Health, Education, Labor, & Pensions House: 5/14/26 – Introduced, Referred to the House Committee on Energy and Commerce
	HR 9759 S 4895	**Turn the Tide Act: To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.**	Chris Pappas (House) Jeanne Shaheen (Senate)	House: 7/16/26 – Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Oversight and Government Reform, Education and Workforce, and Financial Services Senate: 6/24/26 – Introduced, Read twice, referred to Committee on Health, Education, Labor, & Pensions

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 9790	**Modernizing Opioid Treatment Access Act 2.0 of 2026:** a bill to expand access to methadone through alternative care models using pharmacies.	Donald Norcross	7/20/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 9675	**Expanding Opportunities for Recovery Act of 2026:** A bill to authorize the Assistant Secretary for Mental Health and Substance Use, acting through the Director of the Center for Substance Abuse Treatment, to award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction.	Bill Foster	7/14/26 – Introduced, Referred to the House Committee on Energy and Commerce.
	HR 10068 S 5312	To amend the Public Health Service Act to provide for a Reducing Youth Use of E-Cigarettes Initiative.	Debbie Wasserman-Schultz (House) Richard Blumenthal (Senate)	House: 8/6/26 – Introduced, referred to the House Committee on Energy and Commerce Senate: 8/6/26 – Read twice, referred to the Committee on Health, Education, Labor, and Pensions
	HR 10272 S 5383	To amend the Controlled Substances Act to schedule MGM–15 and MGM–16 as Schedule I Controlled substances, and to amend the controlled Substances Act to schedule synthetic 7-hydroxymitragynine, and Mitragynine Pseudoindoxyl, as a Schedule I above a specific threshold under the Controlled Substances Act, and to expand enforcement actions against drug manufacturers and distributors of emerging synthetic opioids, commonly known as gas station heroin.	Lance Gooden (House) Bernie Moreno (Senate)	House: 9/3/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary Senate: 8/8/26 - Read twice and referred to the Committee on the Judiciary
	HR 10254	**MORE Savings Act:** To promote affordable access to evidence-based opioid treatments under the Medicare program and require coverage of medication assisted treatment for opioid use disorders, opioid overdose reversal medications, and recovery support services by health plans without cost-sharing requirements.	Madeleine Dean	9/3/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce
	HR 10037	**Virtual-Based Opioid Treatment for Veterans Act:** To direct the Secretary of Veterans Affairs to carry out a pilot program to expand access to virtual-based opioid treatment for covered veterans	Deborah Ross	8/3/26 – Introduced, Referred to House Committee on Veteran's Affairs 8/10/26 – Referred to Subcommittee on Health

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 10471	**CLAIM Act:** A bill to create a safe harbor for insurers engaging in the business of insurance in connection with a cannabis-related legitimate business, and for other purposes	Nydia M. Velázquez	9/16/26 – Introduced, Referred to the House Committee on Financial Services
	HR 10079	**Beverage Regulatory Parity Act:** To provide for the regulation of hemp-derived beverages	Beth Van Duyne	8/10/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
	HR 9830	**Lawful Hemp Protection Act:** To preserve lawful hemp commerce while protecting consumers from high-THC synthetic intoxicants, Congress finds the following: ○ Protecting minors and preventing children's access to hemp products is central to the public interest and to the long-term credibility of the hemp industry. Strong age-control measures are necessary to prevent misuse and safeguard public health. ○ Many Americans, including veterans and seniors, rely on consumer hemp products for wellness. Ensuring that such products are consistently manufactured, accurately labeled, and domestically sourced is essential to maintaining public trust and protecting consumers. ○ Clear provenance standards and the elimination of deceptive or look-alike products promote responsible industry growth, protect consumers, and reinforce confidence in lawful hemp commerce.	Andy Barr	7/22/26 – Introduced, Referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, Agriculture, and Transportation and Infrastructure
	HR 9913	**Safe Sips Act of 2026:** To direct the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, and the Secretary of the Treasury, acting through the Alcohol and Tobacco Tax and Trade Bureau, to establish a system for color coding certain intoxicating drinks	Nick LaLota	7/23/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means
	H.R. 10923	**Public Health and Research Reforms in Controlled Substances Act of 2026:** To amend the Controlled Substances Act to better align such Act with modern medical knowledge, establish a new system for the scheduling of controlled substances, redelegate certain authorities, promote scientific research, and for other purposes.	Steve Cohen	10/29/26: Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Oversight and Government Reform, Natural Resources, Agriculture, and Transportation and Infrastructure

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
	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 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.		National perspective: Mental health and addiction funding on the federal chopping block : NPR State perspective: Nessel sues as Trump health cuts hit Michigan disease, addiction programs
	AG Order No. 6754-2026 from Department of Justice & Drug Enforcement Agency	- DOJ and DEA immediately places all FDA approved products containing marijuana, and all marijuana products regulated by State Medical Marijuana programs as Schedule III. - "provide immediate and long-term clarity to researchers, patients, and providers alike while still maintaining strict federal controls against dillicit drug trafficking." - Expedited hearing process, scheduled for June 26, regarding the complete rescheduling of marijuana		Schedules of Controlled Substances: Rescheduling of Food and Drug Administration Approved Products Containing Marijuana From Schedule I to Schedule III; Corresponding Change to Permit Requirements
	DOJ Clarifies Position on Olmstead Guidance	Clarification on Department of Justice Guidance Titled, "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans With Disabilities Act and Olmstead v. L.C."		Federal Register :: Clarification on Department of Justice Guidance Titled, "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans With Disabilities Act and Olmstead v. L.C."

MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	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
	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.p
	H.R.1 Implementation	As states move to implement the Medicaid provisions of H.R. 1, behavioral health providers face both operational challenges and critical opportunities to shape the path forward. This journey map is designed to equip National Council for Mental Wellbeing members with clear, actionable guidance on the policy changes ahead, the roles of key stakeholders, and the opportunities that matter most for engagement. By proactively collaborating with state officials, leveraging community partnerships, and elevating the needs of people with mental health and substance use challenges, providers can help ensure implementation decisions preserve and strengthen access to care.		H.R.1 Implementation Journey
	SAMHSA Action Alert	**Congress must keep mental health a bipartisan priority in the FY 26 appropriations bill**		Funding Restored! Thank Congress & Encourage them to Keep Mental Health a Bipartisan Priority
	Gov. Whitmer's FY 27 Budget	Michigan Executive Office of the Governor announced Governor Whitmer's FY27 executive budget recommendation, presented on February 11, 2026, totaling $88.1 billion, with a focus on improving literacy, saving Michiganders money, protecting Medicaid, and fixing roads. The budget protects Medicaid access with $780.4 million in stabilization funding and proposes new revenue sources to offset federal cuts, while also funding programs to comply with new federal requirements (H.R. 1).		State Budget Office
	Michigan's Primary Election Recap	CMHA's Primary Election Results and Commentary		 2026 Michigan Primary Election Reca

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	General Fund Declining	CMHA provided a presentation on the concerns for the effects on the General Fund if there are significant losses from the Healthy Michigan Plan.		GF & HMP Slides.pdf
	Federal H.R. 10924	**Medicare for America Act of 2026:** To amend the Social Security Act to establish a Medicare for America health program to provide for comprehensive health coverage for all Americans.	Rosa DeLauro	10/29/26 – Introduced, Referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, the Judiciary, Natural Resources, Education and Workforce, and House Administration
	Advocacy Groups to Partner With	• **Michigan Society for Public Health Educators** • **Michigan Primary Care Association** • **Provider Associations - Incompass** • **MALA** • **CSG Justice Center**		• GLC SOPHE • MPCA | Michigan Primary Care Association | Health Center Resources • Home - Incompass Michigan • Michigan Assisted Living Association | MALA – The Leader in Advocacy, Education and Resources for Providers • Counties Aligning Health & Safety – Aligning Health & Safety

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

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November 4, 2026

MEDIA CONTACT: bensontransitionpress@gmail.com

Governor-elect Benson hits the ground running, announces leadership council and key transition positions to be ready for Day One

DETROIT, Mich. — Governor-elect Jocelyn Benson today announced a leadership council of 15 accomplished leaders from across Michigan who will help guide her transition and prepare her administration to hit the ground running on Day One.

The council brings together leaders with deep experience in education, healthcare, public service, philanthropy, labor, business, and law. Together, they will provide expertise and guidance as the incoming administration prepares to deliver on the priorities Michiganders voted for: lowering costs, raising wages, and making government work for the people.

"I am bringing together some of the most experienced and respected leaders in our state to help us prepare for the work ahead," **said Governor-elect Benson.** "Michiganders expect a government that works for them, and that starts with making sure we're ready to deliver from Day One. I'm grateful these leaders are stepping up to help us build an administration focused on lowering costs, growing our economy, and making government work better for families across Michigan."

THE LEADERSHIP COUNCIL CHAIRS:

Dan Kildee served Michigan as a member of Congress from 2013 to 2025 and is the current President and CEO of the Community Foundation of Greater Flint. Prior to being elected to Congress, Mr. Kildee co-founded and served as President of the Center for Community Progress and founded Michigan's first land bank—the Genesee County Land Bank—which is responsible for over $100 million in redevelopment in the city of Flint. He is the current Griffin Endowed Chair in American Government at Central Michigan University.

Kym Worthy is the prosecutor of Wayne County, the first African American and the first female to hold the position. As county prosecutor, Ms. Worthy created the first Elder Abuse Unit in the history of the office. Additionally, she implemented a "Change the Culture" initiative that

focuses on educational training and community policing in an effort to reduce gun violence. She has also been an adjunct professor of criminal law at the University of Detroit Mercy.

Gary Torgow is a Detroit business and civic leader who serves as Chair of Huntington Bank and Founder and Executive Chairman of The Sterling Group. He chairs the Board of Business Leaders For Michigan and the Board of Trustees of the Jewish Federations of North America and serves on the boards of the Pope Francis Center and The Henry Ford.

Cindy Pasky is the President and CEO of Strategic Staffing Solutions. Ms. Pasky serves as chair of the Detroit Downtown Partnership Board of Directors and is a member of Business Leaders for Michigan Board of Directors. She is the Founding Chair of the American-Lithuanian Business Council and serves on the Investor Advisory Committee of the Government of Lithuania. Ms. Pasky has also served as past chair of the Eastern Market Partnership Board of Directors, Michigan Humane Board of Directors, and the Michigan and Detroit Workforce Development Boards.

THE LEADERSHIP COUNCIL MEMBERS:

Rosalynn Bliss is currently the assistant dean and chief external relations officer at the Michigan State University College of Human Medicine. Prior to joining MSU, Ms. Bliss served the City of Grand Rapids as an elected official for 19 years – first as a city commissioner and then as mayor. She has also served on several boards, including the Downtown Development Authority, the Kent County Convention/Arena Authority, Smartzone Authority, Community Rebuilders, Grand Rapids Chamber Foundation Board, Michigan Future Inc., the Citizens Research Council, Macatawa Bank, and Frederik Meijer Gardens & Sculpture Park.

Laura Dickerson is the Vice President of the UAW International Executive Board. Ms. Dickerson is the first African American woman in the history of the UAW to be elected to the International Executive Board, and the first African American woman to serve as Vice President. Ms. Dickerson serves as the Director of the UAW Ford, Agricultural Implement, and Chaplaincy Departments.

Fadwa Hammoud is the managing member of Miller Johnson's Detroit office. Before joining Miller Johnson, Ms. Hammoud served as Michigan's Solicitor General—the youngest and first Arab American Muslim in the role—representing the State in critical appellate matters. In 2021, she made history as the first Arab American Muslim woman to argue before the U.S. Supreme Court. Ms. Hammoud has held leadership positions in the Department of Attorney General and is a former Wayne County prosecutor. She has also contributed to the Michigan Middle Eastern American Affairs Commission and advisory committees focused on historically underrepresented communities.

Austin Lowes is the elected chairperson of the Sault Tribe of Chippewa Indians and also serves as president of the United Tribes of Michigan. Mr. Lowes previously worked as a medical social worker in several communities, including the Sault tribe, the Flathead Indian Reservation in Montana, and the Bay Mills Indian Community. He was awarded a fellowship to the National Congress of American Indians for his commitment to addressing tribal issues.

Chandra Madafferi is president of the Michigan Education Association (MEA). Ms. Madafferi has almost 20 years of experience in the classroom, having taught special education, online credit recovery and health, including health for English language learners. She has served as a delegate to the NEA Representative Assembly, the MEA RA and the MEA Region 7 Coordinating Council, and she has served on the MEA Communications Committee and as member liaison to the Student MEA Advisory Committee.

Terrence Martin is the first African American president of the American Federation of Teachers (AFT) Michigan, leading a union of 35,000 educators and healthcare providers across the state. From 2018 to 2023, Mr. Martin served as president of the Detroit Federation of Teachers. Mr. Martin also serves on the Michigan Education Justice Coalition and Michigan's Black Leadership Advisory Council.

Marcus Muhammad has served as mayor of Benton Harbor since 2016. Most recently, Mr. Muhammad secured a federal BUILD grant for a major Riverview Drive redevelopment, the largest investment in the area's history.

Brent Pilarski is the Business Manager of the Michigan Laborers' District Council (MLDC). Mr. Pilarski is a long-time member of the Laborers' International Union of North America (LIUNA) and has served in multiple leadership roles across Michigan's construction and energy sectors.

Mary Sheffield is the first woman to serve as mayor of the City of Detroit. She previously served as the Detroit City Council's President and was the youngest person ever elected to the position. Ms. Sheffield has a record of championing impactful policies and initiatives, including the Inclusionary Housing, Property Tax Reform, Community Input Over Government Surveillance, Home Repair Grant Funding, Neighborhood Improvement Fund, Homeowner Property Tax Exemption (HOPE), Right to Counsel, Responsible Contracting, the Neighborhood Angels Program, Homelessness and Affordable Housing Taskforce, Detroit Reparations Taskforce, and the Detroit Girls of Destiny mentoring program.

Sen. Elissa Slotkin currently serves Michigan in the U.S. Senate. Sen. Slotkin was a member of the U.S. House of Representatives from 2019 to 2025, and previously worked in national security roles at the Pentagon and White House during the Bush and Obama administrations. Sen. Slotkin is devoted to expanding access to affordable healthcare, lowering the cost of prescription drugs, and bringing critical supply chains and manufacturing back to Michigan.

Linh Song is co-founder and chair of The Song Foundation. Ms. Song has worked in the nonprofit sector for over 20 years, supporting child advocacy, public schools, anti-trafficking within international adoption, and tech startups. She co-chairs Michigan Reproductive Rights for All and is a board member for Jewish Family Services Ann Arbor, Ann Arbor Art Center, Abundant Housing Michigan, Skillman Foundation, Great Lakes Housing Services, and the State Land Bank Authority.

In addition to the leadership council, Governor-elect Benson has named President and CEO of the Community Foundation for Southeast Michigan **Nicole Sherard-Freeman**, CEO of the Greater Flint Health Coalition **Jim Ananich,** and President and CEO of Business Leaders for

Michigan **Jeff Donofrio** as co-chairs for the transition. They will provide strategic direction and ensure the incoming administration is prepared to deliver on its commitments to Michiganders.

The transition will be further supported by Chief Operations Officer **Maria Martinez**, Chief Legal Counsel **Christina Grossi**, Senior Strategist **Mel Brown**, and Senior Advisor **Assad Turfe**.

Martinez comes to the transition with nearly six years of experience in the Executive Office of the Governor, overseeing various legal and operational matters. Grossi is a partner in Honigman's Government Relations & Regulatory Practice Group and a veteran of state government having served as chief legal counsel in the Whitmer administration and in leadership roles in the Department of Attorney General.

Brown is the managing director of government solutions at Miller Johnson and a longtime veteran of Michigan public service with prior roles in the Granholm administration and in the office of U.S. Congressman Sander Levin. Turfe is a Dearborn native who began his career as a deputy in the Wayne County Sheriff's Office and now serves as deputy county executive for Wayne County.

For more information about the transition, visit mi2027transition.com.

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EXECUTIVE COMMITTEE MINUTES
November 10, 2026, 1:00 pm – 2:00 pm, Virtual
Phone: 586-482-8124 Conference ID: 426 632 776#

Present: Patricia Gardner, Ron Bacon, Bob Davis, Rich Francisco, Craig VanBeek, Bill Ward, Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

Absent: Janet Thomas

1. Welcome and Introductions – Patricia Gardner
   i. Review of November 10th, 2026, Meeting Agenda *(Attachment 1)*
      - Approved as submitted.
   ii. Review of October 21, 2026, Meeting Minutes *(Attachment 2)*
      - Approved as submitted.

2. MDHHS Updates
   i. MDHHS FY22 Cost Settlement/Hearing Update
   Ms. Marlatt-Dumas reported that five of the PIHPs received a list of potential deposition witnesses for the lawsuit. The group is now determining whether any additional people should be included before finalizing the list.

3. Provider Network Concerns
   i. Our Hope
      - The organization is financially overextended after purchasing two buildings. Because of this, consolidation of the facilities may occur to avoid destabilization of the entire business practice.
      - The organization has dismissed Rosemary Hodges, its previous CEO, and has named Jeff Greshak of TBD Consultants as its interim CEO. Mr. Ward commented that Mr. Greshak was previously running the Medicaid program at Priority Health and has also worked at Network 180. TBD Consultants has been contracted to help better stabilize the organization. The work in progress includes consolidating operations into one facility and evaluating options for additional buildings.
      - LRE previously requested a cash flow analysis while considering a request for funds, but Our Hope was unable to produce the document. The challenge identified was the lack of an in-house Financial Officer. The current priority is to support the provider while ensuring it becomes financially solvent. The child welfare system and the court system are resources available to also help preserve Our Hope's SUD program and prevent outright closure.

ii. Great Lakes Recovery Center
    - Great Lakes Recovery Center, which serves adolescents in the Upper Peninsula, requested a per diem rate increase to $890 per day. This is after several prior rate increase requests in the last few years.
    - LRE is working GLRC to better understand the financial strain causing the rate demands. NorthCare's CEO, Megan Rooney, is also working with GLRC leadership to help determine underlying cost drivers.
    - Ms. Marlatt-Dumas stated that financial difficulties at Our Hope and Great Lakes illustrate broader pressure on CMHSP provider networks and rates. The region is monitoring these providers because losing them would reduce available substance-use-disorder services, particularly for adolescents.

iii. Pine Rest Inpatient Unit
    - Pine Rest has requested a rate increase, and it has been agreed that it is in the best interest of the region for LRE to take the lead in this matter. Currently, negotiations are pending, and updates will be provided regarding progress on discussions and work on the contract.
    - All conversations will be centralized through Ms. Marlatt-Dumas and drafted documents will be presented to CMH Directors before transmission to Pine Rest leadership.

4. FY27 Rates Update
    i. Ms. Marlatt-Dumas stated that MDHHS continues to delay reporting (the scheduled date for all responses to questions was 10/9/26, has now been moved to November 16, 2026 (Attachment 2). While information that has been provided continues to reflect inaccurate data. This is hindering fiscal year budgeting and operational planning for regional CMH entities.
    ii. Ms. Marlatt-Dumas suggested that the Legislative and Advocacy Committee address the timeliness problem through CMHA and through engagement with the governor's administration and MDHHS leadership. She emphasized that CMHSPs cannot reliably operate without knowing their reimbursement levels.
        - Ms. Gardner inquired as to who would be leading MDHHS efforts now that the election has passed? Ms. Marlatt-Dumas said no clear direction was available; CMHA had made recommendations for several positions, but the extent to which they would be considered was unknown.

5. Legislative and Advocacy Committee Update
    i. Next meeting is scheduled for November 12, 2026.
    ii. Laude Hartrum, III, WMCMH appointee, has agreed to be on the LAC.
        - Ms. Marlatt-Dumas stated that Mr. Hartrum brings a wealth of knowledge that will be beneficial to the Board and committees.

iii. Ms. Marlatt-Dumas also plans to invite our second new board member, Jessica Castañeda, to join LAC as well.
iv. It is expected that both new Board members will be completed with orientation by November 13, 2026.

6. Upcoming LRE Board Meetings
   i. Reminder: and December EC and Board Meetings are scheduled a week earlier due to the holidays.

7. Board Meeting Agenda Items
   i. RMS and UM Plan
      - Risk Management Strategy will be presented to the Board.
        - Plan will be provided to directors for review and approval prior to the November Board meeting to adhere to the December state deadline.
        - Receipt of additional data from Network 180 and Ottawa County needed prior to distribution of RMS draft to directors remains pending.
      - Updated UM Plan will be presented to the Board for approval.

8. Board Work Session
   i. Ms. Marlatt-Dumas recommended that the Board Work Session for November be cancelled.
      - It was agreed to cancel the November Board Work Session.
      - The Board Retreat will be held prior to the scheduled November Board meeting.
9. Other
      - N/A

10. Standing Items
    i. EC/CEO Session (Standing Item)
       - The EC/CEO session was held where it was acknowledged that the LRE CEO evaluation process will begin in December.

11. Upcoming Meetings –
    - November 18, 2026 – LRE Executive Board Meeting, 1:00 PM
      GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
    - November 25, 2026 – Operations Council Meeting, 10:30 am
      Virtual
    - December 9, 2026 – LRE Executive Committee Meeting, 1:00 PM
      Virtual

December 9, 2026 – Operations Council Meeting, 3:30 pm
Virtual

- December 16, 2026 – LRE Board Retreat, 10:00 AM – 2:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- December 16, 2026, - LRE Board Meeting, 2:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

12. Adjourn
    i. The meeting was adjourned at 2:00 pm.

LAKESHORE REGIONAL ENTITY

LRE Legislative and Advocacy Committee Minutes
November 12, 2026, 12:00 pm – 1:30 pm
Call in: 1-586-482-8124, ID: 356 596 763#

Legislative and Advocacy Committee (LAC) Charge

a. For Committee: Monitor policy changes and legislative efforts impacting all services provided through the LRE.

b. For the Board: Study and prioritize issues for regional focus and recommend a course of engagement or action to the LRE Board of Directors.

c. For the Public: Educate the public and support grass-roots community engagement to positively influence policies and legislation.

Attendees: Stephanie VanDerKooi, Melanie Misiuk, Casey Kuperus, Dave Parnin, Mark Witte, Jeana Koerber

Absent: Joe Stone

1. Welcome & Introduction of Jeana Koerber
    i. Stephanie introduced and welcomed Jeana Koerber of OnPoint Allegan to the committee. Jeana will step into the CEO role upon Mark Witte's upcoming retirement and will represent Allegan on this committee.
2. Review of November 12, 2026, Meeting Agenda (attachment 1)
    i. Stephanie reviewed the committee's purpose and the five current priority goals adopted at the previous meeting, all of which were approved by the LRE Board on October 28, 2026. The committee's purpose and goals will remain at the forefront of every agenda to maintain a clear sense of direction.
3. Review of October 20, 2026, Meeting Notes (attachment 2)
    i. As agreed at the October 20th meeting, the committee will meet monthly for several more months before transitioning to a bi-monthly cadence.
    ii. Committee liaison appointments were reviewed to ensure consistent and unified messaging across governance bodies.
        a. Dave Parnin will serve as the primary reporter and liaison to the LRE Board of Directors, presenting updates, recommended Board actions, and policy briefs. Dave will also represent the committee on the SUD Oversight Policy Board, bridging advocacy initiatives and SUD policy oversight, with Stephanie and Jeana serving as backup liaisons.
        b. Mark Witte and Jeana Koerber will serve as liaisons to the Regional CEO meetings, facilitating information exchange regarding operational needs, fiscal shifts, and regional initiatives.

c. The workflow diagrams shared at the previous meeting will serve as a guide for routing critical policy decisions to the Executive Committee, the LRE Board, and the CEO group.

4. CMHA Board Association Special Assessment Fee (attachment 3)
   i. Informational Purposes
5. Review of FY27 LRE Board Approved Goals for Legislative and Advocacy Committee
   i. Residential Rates – Advocate for adequate and sustainable residential provider rates.

      Approved by LRE Board: The committee approved residential rates as a priority.

   ii. Timeliness of State Rate Setting – Address concerns regarding the timing of MDHHS rate releases and the impact on LRE/CMHSPs' ability to develop required risk management plans by November when final rates may not be available until the end of the fiscal year.

      Approved by LRE Board: The committee approved timeliness of state rate setting as a priority.

   iii. Legislative Priorities – Review and identify priority bills from the legislative tracking list.
   iv. Crisis Stabilization Services and Funding

      Approved by LRE Board: Add Crisis Stabilization Services and Funding as the fourth priority.

   v. Workforce Recruitment and Retention — advocate for the staffing, wage, training, licensing, and credentialing changes needed by CMHSPs and providers.

      Approved by LRE Board: Add workforce recruitment and retention as the fifth proposed focus area.
6. 2026 Election Results (attachment 4)
   i. Contacts Mapping – Who Knows Who?
      a. Discussion took place regarding legislative connections that committee members may already have. While some connections exist, it remains unclear what the new team will look like as the incoming governor transitions current and new team members.
      b. Bill Ward has agreed to continue assisting this committee as he is able.
   ii. Standardized Messaging for Conversations with Elected Officials
      a. The committee agreed that talking points, such as a one-pager, should be created to ensure all members share consistent messages in conversations with legislators.
   iii. How to Approach Handling of Priority Bills
      a. See section 8 (v)
7. House Bill 6319 (attachment 5)
   i. A letter regarding House Bill 6319, which is currently before the legislature, has been drafted. The letter is addressed to Representative Carol Glanville, a supporting representative from our region.

ii. This bill expands the Michigan Mental Health Code to allow additional provider types to perform assessments, widening the range of providers able to do this work.
iii. The committee agreed that the letter should be sent on its behalf.
iv. Melanie shared a spreadsheet she created that identifies which legislators serve on specific committees and are working on specific bills. She noted that, in relation to the spreadsheet, this committee's focus would be mental health and SUD bills. She also displayed a page listing elected officials for the region and the federal government, with links for the state, which will be updated in real time.

8. Goals Update
    i. Standardized Residential Rates
        a. The committee is driving advocacy for an equitable, standardized regional rate model for specialized residential providers. Conversations are under way with Erin Barbus and Lynne Doyle to create a framework applicable to different audiences. Initial work began at the fall conference two weeks ago, where the topic was presented and valuable feedback was received.
        b. Next steps include meeting with Mandy Paget, CEO of North Pointe Healthcare, and with Amy Epkey, acting MDHHS director.
        c. Work continues to determine what rates will look like in the upcoming fiscal year. In the interim, the Finance ROAT team agreed to use an assumption of a 15% reduction in Healthy Michigan revenue.
    ii. Timeliness of State Rate Setting
        a. The committee continues to press the state to adhere to timelines that allow all organizations to create accurate budgets and projections for each fiscal year.
        b. The committee agreed that a meeting with Bill Woerkem may lead to progress on the timeliness matter. Dave Parnin will schedule an initial meeting with Bill and report back to the committee.
    iii. Legislative Priorities
        a. General advocacy meetings with newly elected officials are paused until official committee assignments take effect in January.
        b. It was suggested that, since several legislators have retained their positions, outreach to them could begin early to get a head start on legislative priorities. After discussion, the committee agreed to wait until the nominations of State committee chairs are complete.
    iv. Crisis Stabilization Services and Funding
        a. Network 180 is a prime example of an excellent CSU; however, there is a gap between what was promised by the department and what is being received. This has become an issue for other organizations across the state as well.
        b. This topic will be addressed during the meeting with Amy Epkey.
    v. Workforce Recruitment and Retention

a. Melanie reviewed HR 8540, which amends the Social Security Act to require coverage of, and expand access to, CCBHC services under the Medicaid program and to award grants for the creation, recruitment, training, retention, advancement, and other workforce efforts.
b. A second bill, HR 10920, the Telehealth Access and Licensure Portability Act, seeks to amend the Public Health Service Act to reauthorize a program through which the Secretary of Health and Human Services makes grants to State professional licensing boards.
c. Stephanie asked the committee what approach should be used to address bills related to the committee's goals. After extensive discussion, the committee agreed to pause until further research can determine which legislators are backing individual bills, and then to push for bills backed by State legislators, which are more likely to see movement in the House than those backed by out-of-state legislators.
d. The committee agreed that information regarding bills related to its goals will be shared with the region's medical directors.

9. The committee's goals were shared with Alan Bolter, CEO of the Board Association, who responded that the committee is right on track with its priorities and areas of focus. He is impressed with the work the committee plans to do and has offered to assist as needed.
    i. The committee will invite him to join a future meeting and will share its meeting packets with the Board Association's Legislative and Advocacy group.
        a. It was agreed that any action items the committee would like raised at Board Association meetings should go through Alan Bolter, or the Chairperson, and Dave Lowe.
10. National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
    i. The following materials were shared with the Committee for review and awareness:
        a. Materials from the Community Mental Health Association of Michigan Fall Conference
        b. NACBHDD presentations outlining federal behavioral health movements
        c. NACBHDD's weekly email update to be evaluated for distribution to the full LRE Board of Directors
11. Behavioral Health Justice
    i. Counties Aligning Health and Safety
        a. Counties Aligning Health & Safety – Aligning Health & Safety
12. CMHA
    i. Legislative and Advocacy Committee Updates (attachment 7)
    ii. Partnership in Advocacy Discussion
13. Future Agenda Items
14. Other

i. Kratom Drug Legislation Bills
    a. Kratom is a street drug that can be purchased at gas stations and is subject to little legislation governing its sale and use, although major health authorities warn that it is unsafe and not medically approved.
    b. A couple of bills are being introduced to require a minimum age of 21 to purchase the drug.
    c. Stephanie will share this information with the Oversight Policy Board on December 9th to determine whether the group is interested in taking action on this matter.

Membership

i. O'Nealya Gronstal was not reappointed to the LRE Board and is therefore unable to participate in this committee.
    a. New Board member Laude Hartrum, Chief of Police of Pentwater, will fill the open position and begin participating on this committee once he is officially appointed to the LRE Board next week.

ii. Jim Storrey's term on the LRE Board expired, and he has elected not to seek another term.
    a. Jessica Castañeda, a new Board member representing OnPoint in Allegan County, has been approved for appointment to replace Jim and is slated to begin active service in December.

15. Follow-Up Tasks
    i. Stephanie to share information regarding bills address Kratom with the Oversight Policy Board on December 9th
    ii. Melanie to sent letter to Carol Glanville
    iii. Stephanie to meet with Amy Epkey and Mandy Paget
    iv. Dave Parnin to schedule an initial meeting with Greg VanWoerkom
    v. Stephanie to share relative bills with Medical Directors
    vi. Hold invitation for Alan Bolter to future meetings
    vii. Stephanie to share information regarding Kratom related bills with the Oversight Policy Board
    viii. Melanie/Lydia – create a draft letter for legislative bill outreach purposes
    ix. Lydia to schedule 2027 meetings

16. Upcoming LAC Meetings

    December 10, 2026 – 11:00 am – 12:30 pm
    Future meetings to be scheduled

State of Michigan, Department of Health and Human Services
Risk Management Strategy Submission for State Fiscal Year 2027
Provider Attestation

FY2027 RISK MANAGEMENT STRATEGY SUBMISSION ATTESTATION

	Lakeshore Regional Entity
	Name of Entity
Name of Preparer:	Stacia Chick
Title:	Chief Financial Officer
Phone Number:	(231) 747-0903
E-mail Address:	staciac@lsre.org

I hereby attest that the information submitted in the report herein is current, complete, accurate, and in compliance with MDHHS/PIHP Contract Requirements to the best of my knowledge. I understand that MDHHS' acceptance of this RMS submission does not imply MDHHS' acceptance of, or approval of, any ISF balances stated therein that are greater than the contractually limited 7.5% of PIHP's most-recent year's annual operating budget. I understand that failure to attest (as indicated by the completed section below) will result in non-acceptance by the Michigan Department of Health and Human Services.

Name:	Stacia Chick
Title:	Chief Financial Officer
Signature:	Stacia Chick
Date Signed:	11/13/2026

The FY2027 risk management strategy must be submitted to MDHHS-BH-Contracts-MGMT@michigan.gov no later than 11:59pm, December 3, 2026

Michigan Department of Health and Human Services

PIHP Risk Management Strategy Submission for State Fiscal Year 2027 as defined in MDHHS / PIHP Contract; Schedule A, Statement of Work; Section 6, Contractor Risk Management Strategy

PIHP Name: Lakeshore Regional Entity

#1	**For Fiscal Year ended 9.30.2026, report the following:**		
			Amount
A.	Expected balance of the Medicaid ISF	$	17,460,279
B.	Projected Medicaid Savings	$	17,941,983
C.	Expected balance of the Healthy Michigan Plan ISF	$	7,383,450
D.	Projected Healthy Michigan Plan savings	$	-
E.	The PIHP's expected unrestricted fund balance	$	-
F.	Public Act 2 (P.A.2) fund balance	$	14,925,278
G.	Performance Bonus Incentive Program (PBIP) fund balance	$	12,289,486
	Total:	$	70,000,476
#2	**For Standalone PIHPs only, Fiscal Year ended 9.30.2026:**		
A.	Projected GF redirected for Unfunded Medicaid Costs	$	-
B.	Projected GF carryforward Earned	$	-

#3	**For Fiscal Year ending 9.30.2027, report the following:**		
A.	Projection of Medicaid/HMP capitation payments for PIHP and affiliates in total	$	426,023,315
B.	Projection of Medicaid/HMP waiver expenditures for PIHP and affiliates in total (enter as negative)	$	(428,915,253)
	Surplus or (Deficit) Total:	$	(2,891,938)

#4 **Is FY27 Medicaid Revenue expected to be <u>below</u> projected expenditures?**

NO **GO TO NEXT QUESTION (#5)**

YES **ANSWER LETTERS A - D BELOW**

A. Provide a **<u>brief</u>** summary of the expected change in Medicaid revenue and costs from FY26 to FY27:

Revenue is expected to decrease in FY27 due to enrollment declines resulting from H.R. 1. At the same time, expenses are projected to increase due to inflation, higher wages, rising utilization, and provider rate trends. Current capitation rates may not be sufficient to cover the cost of mandated requirements and other cost pressures, including minimum wage increases, earned sick time requirements, and potential Waskul-related increases.

Utilization is increasing in personal care (PC) and community living supports (CLS) in specialized residential settings, community-based CLS, and autism services. Provider capacity is also creating additional cost pressure. A shortage of community-based CLS providers has resulted in higher rates needed to attract and retain providers, while closures of smaller PC and CLS providers in specialized residential settings have increased reliance on larger providers. In some cases, higher rates are also necessary to maintain access to quality community-based services. Additional cost pressures include increased inpatient hospitalization rates and growth in self-determination arrangements.

Finally, it is unclear how much of the Crisis Stabilization Unit (CSU) costs are included in the FY27 capitation rates. The CSU operating in the LRE uses S9484, an approved Medicaid code per MDHHS instructions. Network180 has requested MDHHS to provide the “credit or amount” Milliman assigned to S9484 in developing FY27 capitation rates to determine whether it is sufficient to cover all CSU costs.

B. Provide the amount of projected local and state risk obligations the plan covers:

None

C.	Provide a detailed description of the funds (ISF, local, etc.) that will be used to satisfy the risk obligation:

Cost Reduction/Deficit Elimination Plans are being developed and will be implemented to reduce expenditures. Any remaining risk obligation will be satisfied with funding from Prior Year ISF balance and Prior Year PBIP revenues.

D.	Provide a description of any related actions such as plans to increase efficiency or reduce costs:

Per the LRE Strategic Plan, work with the Member CMHSPs to determine where there could be increased efficiencies and reduced costs. And per the LRE's Operating Agreement, a Planned Funding Adjustment agreement may be developed between the CMHSPs if necessary. Engage in the services of an external consultant and/or auditor to evaluate efficiencies, costs, and utilization management at the Member CMHSP level. Continue to advocate to the State for additional Habilitation Supports Waivers for increased revenue. Work with an actuarial firm to review the Milliman rates to determine if the rates are appropriate and if advocacy is needed. Develop and improve strategies regarding Medicaid disenrollment, particularly related to HR.1 changes. Continue to work with actuarial firm to determine how to maximize data completeness and data integrity to positively impact revenue. The development of the Financial strategic plan, including Quality Improvement activities and increased data monitoring and interpretation in an effort to be able to more easily identify inefficiencies. Use of technology including digital assistance, same day access, and collaborative documentation.
Specific CMHSP Surpluses/(Deficits):
A. HealthWest is projecting revenues above expenditures in the amount of $4,601,646.
B. Network180 is projecting expenditures above revenues in the amount of ($2,388,689). This amount assumes an anticipated legislative funding for a portion of CSU costs. If not received, deficit will be higher. Network180 plans to seek additional funding to address the shortfall. Network180 currently has multiple funding requests submitted to various entities to help bridge this gap.
C. OnPoint is projecting expenditures above revenues in the amount of ($146,481).
D. Ottawa County Community Mental Health Authority is projecting expenditures above revenues in the amount of ($5,463,175). Developing a comprehensive utilization management initiative in efforts to provide guidelines that will strengthen clinical consistency, regulatory compliance, quality outcomes, equitable access to services and responsible stewardship of resources across all service areas.
E. West Michigan Community Mental Health is projecting revenues above expenditures in the amount of $504,762.

#5	**Is FY27 Medicaid Revenue expected to <u>exceed</u> projected expenditures?**	
A.	Provide how much will be allocated to Medicaid savings, ISF deposit, or lapse.	
	NOTE: The planned utilization of this difference must be specified below.	
		Amount
	Projected Earned Medicaid Savings ending balance	$ -
	Projected Medicaid ISF ending balance	$ -
	Projected Medicaid Lapse	$ -

B.	Standalone PIHPs only: Provide any general fund allocations that are expected to exceed expenditures for FY27, for the PIHP in total, whether they will be included in carry-forward or lapsed and the expected amounts of each.

		Amount
	General Fund Carry-Forward Earned	$ -
	General Fund Lapse to MDHHS	$ -

#6	**Multi-county PIHPs: Briefly describe PIHP/CMHSP affiliate risk management relationships, including the PIHP responsible CMHSP arrangements with affiliate CMHSPs in sharing financing responsibility for the projected Medicaid risk exposure. This item does not apply to single-county PIHPs.**

CMHSP must perform utilization management functions sufficient to control costs and minimize risk while assuring that medically necessary services are provided with appropriate quality of care. The CMHSP is to ensure that their total expenditures stay at or below the revenue received through the Region 3 Revenue Distribution methodology to serve the designated population, utilizing a number of managed care tools (levers) to clinically and fiscally manage their system. Those tools include:
A. Access management (addressing penetration risk): developing and applying criteria for receiving/admission to services (the penetration rate)
B. Utilization management (addressing utilization risk): determining and applying
i. Type/modality of services provided to a given person served
ii. Frequency of the service provided to a given person served
iii. Duration/length of stay of the services to a given persons served
iv. Discharge or reduced intensity or frequency of service to a given person served
Note that the Michigan Medicaid Manual underscores the clinical and fiscal flexibility that a CMHSP has in its repeated guidance that the service provided and authorized should be the most cost effective service or support to meet the clinical needs of the person serve.
C. Cost management (addressing unit cost risk): determining and implementing an appropriate cost per unit of service:
i. If directly provided by the CMHSP, these costs are impacted by staff wages, benefits, and productivity
ii. If purchased from other provider organizations, these costs are those imbedded in the contracts with these providers
D. Access to a risk reserve (aggregate fiscal risk) The risk reserve is shared with the CMHSPs and held by the PIHP.

LAKESHORE
REGIONAL ENTITY

UTILIZATION MANAGEMENT PLAN

FY2027

LAKESHORE REGIONAL ENTITY
FY2027 UTILIZATION MANAGEMENT PLAN

Lakeshore Regional Entity (LRE) is the Prepaid Inpatient Health Plan (PIHP) responsible for managing Medicaid specialty behavioral health services and other applicable publicly funded behavioral health services for individuals residing in Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties.

LRE maintains a comprehensive Utilization Management (UM) Program that provides the framework for oversight, monitoring, evaluation, and continuous improvement of utilization management activities throughout the region. The UM Program promotes access to medically necessary, clinically appropriate, person-centered services while supporting consistent application of medical necessity, service authorization, level-of-care, and utilization-review requirements.

The UM Program includes mechanisms to identify and address over-utilization, under-utilization, inappropriate utilization, barriers to access, and significant variation in utilization or decision-making practices. The Program incorporates prospective, concurrent, and retrospective review activities and supports the delivery of services in an amount, duration, scope, and setting sufficient to reasonably achieve their intended purpose. The scope of this Plan is limited to utilization management functions for which LRE has responsibility under applicable federal and State requirements and the MDHHS/PIHP Master Contract. Programs or functions directly administered and overseen by MDHHS are outside the scope of this Plan.

LRE administers the UM Program in accordance with applicable federal and State requirements, the Michigan Medicaid Provider Manual, the Michigan Mental Health Code, the MDHHS/PIHP Master Contract, applicable State Plan and waiver requirements, the LRE/Member CMHSP Contract, and LRE policies and procedures. LRE will monitor changes to applicable requirements and update UM policies, procedures, guidance, and oversight activities as necessary to maintain compliance.

LRE's current Utilization Management policies and procedures address regional UM oversight, medical necessity, person-centered planning, standardized assessments and screens, application of clinical criteria, integrated care coordination, authorization extensions, and emergency and post-stabilization services.

UM PROGRAM OVERVIEW

The LRE UM Program is designed to:

- Promote timely access to medically necessary covered services;
- Support person-centered and clinically appropriate service delivery;
- Promote consistency in access, eligibility, authorization, reauthorization, and utilization-review practices;
- Ensure that utilization-management determinations are based on applicable Medicaid requirements, medical necessity criteria, clinical information, standardized assessments when required, and professional clinical judgment;
- Identify and address over-utilization, under-utilization, inappropriate utilization, access barriers, and significant variation in practice;
- Monitor prospective, concurrent, and retrospective utilization-review activities;
- Evaluate the performance of UM functions performed by Member CMHSPs under contract;
- Protect beneficiary rights related to authorization decisions, notification, appeals, grievances, and State Fair Hearings;
- Support compliance with the Mental Health Parity and Addiction Equity Act and other applicable parity requirements;
- Promote the appropriate and effective use of publicly funded behavioral health resources; and
- Support quality improvement, performance monitoring, and regional system improvement.

The LRE UM Program operates in coordination with LRE's Quality Assessment and Performance Improvement Program. UM findings may be used to identify quality concerns, establish improvement priorities, develop corrective or performance improvement activities, and evaluate the effectiveness of regional actions.

The regional UM framework includes:

- Access screening and eligibility determinations;
- Service authorization and reauthorization;
- Prospective, concurrent, continued stay, and retrospective review;
- Medical necessity and level-of-care determinations;
- Standardized assessments and screening tools required by MDHHS or Medicaid policy;
- Clinical practice guidelines and applicable medical necessity criteria;
- Monitoring of higher levels of care;
- Utilization and authorization data reporting;
- Inter-rater reliability activities;
- Monitoring contracted UM functions and activities;
- Identification of utilization trends and significant regional variation; and
- Corrective action, education, focused monitoring, or performance improvement when indicated.

CONTRACTUAL RESPONSIBILITIES, OVERSIGHT, AND ACCOUNTABILITY

UM Functions and Activities Performed Under Contract

LRE may assign operational UM functions and activities to Member Community Mental Health Services Programs (CMHSPs) through the LRE/Member CMHSP Contract and other applicable written agreements.

UM functions and activities assigned to Member CMHSPs by contract may include:

- Access screening and service eligibility determinations;
- Authorization and reauthorization of services;
- Prospective, concurrent, continued-stay, and retrospective reviews;
- Medical necessity determinations;
- Level-of-care determinations;
- Clinical review activities;
- Application of standardized assessment requirements;
- Documentation of authorization decisions;
- Issuance of required authorization and adverse benefit determination notices; and
- Other UM activities identified in applicable contracts, written agreements, policies, or procedures.

Member CMHSPs are responsible for performing contractually assigned functions and activities in accordance with applicable federal and State requirements, MDHHS contractual requirements, LRE policies and procedures, and the LRE/Member CMHSP Contract. LRE's accountability for contracted functions and activities does not extend to programs or functions that MDHHS directly administers and oversees, including CCBHC services.

Compensation arrangements for individuals or entities performing utilization management activities will not provide incentives to deny, limit, or discontinue medically necessary services.

LRE Retained Accountability

Assignment of UM functions and activities to Member CMHSPs through contract does not relieve LRE of its responsibility and accountability for compliance with applicable Medicaid and MDHHS requirements. While Member CMHSPs perform contractually assigned UM activities, LRE retains responsibility for oversight of those activities to ensure that medical necessity, level-of-care, authorization, and other UM requirements are appropriately and consistently applied throughout the region.

Oversight Methods

LRE provides oversight of UM functions and activities performed by Member CMHSPs to evaluate compliance with applicable requirements and promote consistent and appropriate application of medical necessity criteria, level-of-care criteria, authorization requirements, and other UM standards. Oversight is intended to evaluate whether medical necessity determinations are individualized, clinically supported, appropriately documented, and consistent with applicable Medicaid requirements, clinical criteria, and LRE policies and procedures.

LRE may conduct oversight through review and analysis of utilization and authorization data, required reports, clinical records, authorization and Adverse Benefit Determination documentation, inter-rater reliability activities, program and site reviews, external quality review findings, grievances and appeals related to UM decisions, and other focused monitoring based on identified risk or variation. LRE may also review compliance with required assessments and clinical criteria and use performance information and other monitoring tools to identify trends or areas requiring further evaluation.

When oversight identifies concerns with the application of medical necessity criteria, authorization practices, documentation, consistency, or other UM requirements, LRE may provide education or technical assistance, require corrective action or additional reporting, conduct focused monitoring, or initiate other appropriate improvement activities.

OVERSIGHT AND GOVERNANCE STRUCTURE

LRE's UM Program operates within LRE's established organizational and governance structure. LRE leadership retains authority and accountability for administration of the UM Program.

UM Regional Operations Advisory Team

The Utilization Management Regional Operations Advisory Team (UM ROAT) supports the development, monitoring, evaluation, and improvement of the regional UM Program. Membership includes designated LRE staff and UM representatives from each Member CMHSP, with additional subject-matter experts participating as appropriate based on the topic under review. [LRE FY27 U…minology 1 | Word]

The UM ROAT supports development, review, and monitoring of the annual UM Plan and recommends regional UM priorities. The team reviews utilization, authorization, and performance information to identify over-utilization, under-utilization, inappropriate utilization, significant regional variation, and other areas warranting further review or improvement. The UM ROAT also recommends policies, procedures, standards, and

practices related to access, authorization, medical necessity, level of care, and utilization review; supports development and review of UM monitoring tools; reviews inter-rater reliability and external quality review findings; and recommends focused reviews or other improvement strategies as appropriate. The UM ROAT promotes information sharing and regional consistency, evaluates the effectiveness of regional UM activities, and recommends modifications to the UM Program when indicated. [LRE FY27 U...minology 1 | Word]

UM activities may also be coordinated with LRE's Clinical ROAT, Quality, Customer Services, Compliance, Finance, Information Technology, Network Management, and other appropriate operational areas.

SERVICE ACCESS, ELIGIBILITY, AND ASSESSMENT

Member CMHSPs are responsible for screening, eligibility determination, assessment, and authorization activities for medically necessary services within the scope of their contractual responsibilities. Access and eligibility processes must be conducted in accordance with applicable Medicaid coverage requirements, the Michigan Medicaid Provider Manual, MDHHS requirements, applicable State Plan and waiver requirements, LRE policies and procedures, and the LRE/Member CMHSP Contract. [LRE FY27 U...minology 1 | Word]

Screening and eligibility determinations must be individualized and supported by sufficient clinical and other relevant information to determine the individual's eligibility for services and appropriate disposition. Assessment processes should identify the individual's presenting needs, functional status, strengths, risks, circumstances, and service needs and support subsequent medical necessity, level-of-care, and service-planning decisions. Eligibility and access determinations must be documented in the individual's clinical record in accordance with applicable requirements.

Standardized screening and assessment instruments required by MDHHS or Medicaid policy will be used for applicable populations and programs. These tools are intended to inform clinical decision-making and should be considered with other available clinical information, the individual's circumstances and preferences, and professional clinical judgment. No standardized screening or assessment instrument should be used in isolation to determine eligibility, medical necessity, level of care, or the services an individual receives.

Eligibility, assessment, and service planning must support timely access to medically necessary and clinically appropriate services. When applicable, services must be provided consistent with person-centered planning requirements and in an amount, duration, scope, and setting appropriate to the individual's identified needs.

Eligibility, assessment, reevaluation, authorization, and other applicable UM activities for 1915(i) State Plan services will be conducted and monitored in accordance with current MDHHS requirements.

LRE will provide regional oversight of access, eligibility, screening, and assessment activities to promote consistent application of applicable requirements across the region. Oversight may include review of access and eligibility information, required assessment use, documentation, timeliness, regional variation, and other relevant information. Identified concerns may result in technical assistance, education, focused monitoring, corrective action, or other appropriate follow-up.

MEDICAL NECESSITY AND LEVEL-OF-CARE DETERMINATIONS

Medical necessity and level-of-care determinations are fundamental components of the LRE Utilization Management Program. Member CMHSPs are responsible for determining whether requested services, supports, and levels of care are medically necessary and clinically appropriate in accordance with applicable Medicaid requirements, the Michigan Medicaid Provider Manual, MDHHS requirements, LRE policies and procedures, and other applicable clinical criteria.

Medical necessity and level-of-care determinations must be individualized and based on the individual's needs and circumstances, available clinical information, applicable coverage and eligibility requirements, standardized assessments or screening tools when required, applicable clinical criteria, and professional clinical judgment. No single assessment, screening tool, diagnosis, or clinical criterion should be used in isolation to determine the services or level of care an individual receives. The determination should consider the amount, scope, duration, frequency, intensity, and setting of services necessary to address the individual's identified needs and support achievement of person-centered goals.

Clinical criteria and standardized assessment tools support, but do not replace, individualized clinical decision-making. When additional criteria such as MCG Guidelines (formerly Milliman Care Guidelines) are used, they must be applied consistent with Medicaid coverage and medical necessity requirements and may not be used to impose limitations that are more restrictive than applicable Medicaid requirements. Changes in an individual's condition, functioning, circumstances, treatment response, or service needs must be

considered when determining whether services should be continued, modified, increased, reduced, or discontinued.

LRE will provide regional oversight of medical necessity and level-of-care determinations to promote consistent application of applicable requirements and clinical criteria across the region. Oversight may include review of authorization and utilization information, clinical or record review, inter-rater reliability activities, assessment compliance, identification of significant regional variation, and other monitoring activities as appropriate. Findings may result in education, technical assistance, focused review, corrective action, or other improvement activities when warranted.

AUTHORIZATION AND UTILIZATION REVIEW

Member CMHSPs will conduct authorization, reauthorization, and utilization review activities in accordance with applicable Medicaid requirements, clinical criteria, and LRE policies and procedures. Determinations must be individualized, consistent with person-centered planning requirements, and based on medical necessity, available clinical information, the individual's needs and circumstances, applicable clinical criteria, and professional clinical judgment. Services may not be denied, reduced, or discontinued solely because of predetermined limits on the amount, duration, scope, or cost of services. Authorization and utilization review determinations must be made by appropriately qualified professionals acting within their scope of practice and within applicable timeframes.

Utilization review may occur prospectively, concurrently, or retrospectively. Prospective review occurs before services are provided and may include prior authorization, preadmission screening, or level-of-care determinations. Concurrent review occurs during service delivery to evaluate continued medical necessity and the appropriateness of the authorized level, amount, duration, or scope of services. Retrospective review may be used to evaluate medical necessity, utilization, authorization practices, documentation, compliance, or identified utilization patterns after services have been delivered.

LRE will provide regional oversight of authorization and utilization review activities to promote consistent application of applicable requirements and clinical criteria and to identify significant variation, compliance concerns, or utilization trends requiring further review or follow-up. When an authorization or utilization review determination constitutes an Adverse Benefit Determination, applicable beneficiary protections and notice requirements must be followed.

ADVERSE BENEFIT DETERMINATIONS AND BENEFICIARY PROTECTIONS

Adverse Benefit Determinations

LRE and Member CMHSPs must protect beneficiary rights throughout the prior authorization, service authorization, and utilization review processes. Adverse Benefit Determinations must comply with applicable requirements governing decision-making authority, clinical review, authorization and notification timeframes, failure to make authorization determinations within required timeframes, content and format of notices, reasons for the determination, criteria or authority supporting the determination, language and accessibility, appeal and State Fair Hearing rights, continuation of benefits when applicable, and documentation and record retention.

Adverse Benefit Determinations must comply with applicable federal and State requirements governing decision-making authority, clinical review, authorization and notification timeframes, failure to make authorization determinations within required timeframes, content and format of notices, reasons for the determination, criteria or authority supporting the determination, language and accessibility, appeal and State Fair Hearing rights, continuation of benefits when applicable, and documentation and record retention. LRE will monitor Adverse Benefit Determinations and related authorization activities, including denials, partial denials, reductions, suspensions, terminations, and timely completion of authorization decisions, through reporting, review of notices and authorization data, monitoring of contracted functions and activities, and other appropriate oversight activities.

Appeals and State Fair Hearings

Individuals must be informed of applicable appeal and State Fair Hearing rights when a UM determination constitutes an adverse benefit determination.

Appeal and State Fair Hearing processes are administered in accordance with applicable federal and State requirements and LRE Customer Services and due process policies and procedures.

UM staff and appeal reviewers must maintain appropriate separation, independence, and clinical expertise consistent with governing requirements.

Authorization Extensions

Authorization timeframes may be extended only under circumstances permitted by applicable requirements.

When an extension is initiated by a contracted entity rather than at the individual's request, applicable oral and written notification requirements, documentation standards, grievance rights, and final decision timeframes must be followed.

LRE monitors compliance with authorization-extension requirements through monitoring of contracted functions and activities, record review, site review, reporting, or other appropriate oversight methods. Current LRE Policy 5.16 and Procedure 5.16A establish notification, documentation, record-maintenance, and LRE monitoring requirements for authorization extensions. [5.16 Servi…nsion 2025 | Word], [5.16A Serv…nsion 2025 | Word]

Specific authorization and extension timeframes are maintained in applicable contracts, policies, procedures, notices, and operational guidance rather than repeated in this Plan.

SPECIAL PROGRAM AND SERVICE CONSIDERATIONS

Emergency, Post-Stabilization, and Higher Levels of Care

LRE will continue regional oversight and monitoring of emergency and post-stabilization services, including, but not limited to, psychiatric inpatient, crisis residential services, partial-hospitalization, and withdrawal management. Oversight will include review of relevant utilization patterns, access, authorization and continued-stay activities, length of stay, readmissions, transitions between levels of care, and other identified trends to support timely access to medically necessary and clinically appropriate services.

Certified Community Behavioral Health Clinic Services

CCBHC services are directly administered and overseen by MDHHS in accordance with applicable State and federal CCBHC requirements. LRE does not perform utilization management oversight of CCBHC services under this Plan.

Accordingly, CCBHC-specific eligibility, authorization, utilization management, service delivery, quality, and reporting requirements are outside the scope of LRE's UM Program and this Plan. LRE's responsibilities under this Plan apply to services and functions for which LRE retains responsibility under applicable Medicaid requirements, the MDHHS/PIHP Master Contract, or contractual arrangements.

INTEGRATED CARE AND HIGH-RISK POPULATION MONITORING

LRE supports the use of available utilization, risk, transition, and care coordination information to identify high-risk populations, gaps in care, and opportunities to improve

coordination across behavioral health, substance use disorder, physical health, and other service systems.

LRE and Member CMHSPs collaborate with Medicaid Health Plans and other appropriate entities to identify priority populations and support coordinated, person-centered care. Current LRE integrated-care policy addresses individualized care planning for individuals with complex physical and behavioral health needs, transitions between hospital and community settings, prevention of avoidable readmissions, identification of health disparities, and joint work with Medicaid Health Plans.

Information sharing must comply with all applicable confidentiality, privacy, security, and consent requirements.

DATA REPORTING, UTILIZATION ANALYSIS, AND MONITORING

LRE will use available utilization, authorization, claims, encounter, access, and other relevant data to monitor service utilization and support regional UM oversight. Analysis will be used to identify over-utilization, under-utilization, inappropriate utilization, access concerns, significant regional variation, and other trends or areas warranting further review or improvement. LRE may use reports, dashboards, focused reviews, and other monitoring tools as appropriate.

Authorization and Denial Reporting

LRE and Member CMHSPs will maintain processes to support applicable State authorization and Service Authorization Denial reporting requirements. LRE will monitor the completeness, accuracy, consistency, and timely submission of required information and will review reported data to identify trends, regional variation, compliance concerns, or other findings warranting further review or improvement. Reporting processes and data requirements will be updated as necessary to remain consistent with current MDHHS reporting instructions and specifications.

Data Integrity

LRE will monitor the completeness, accuracy, and consistency of data used for UM oversight and reporting. Identified data concerns will be addressed through appropriate follow-up, which may include data correction, technical assistance, or additional monitoring.

REGIONAL CONSISTENCY AND INTER-RATER RELIABILITY

LRE will maintain mechanisms to evaluate the consistency, reliability, and accuracy of medical necessity and other utilization management determinations across the region. Inter-rater reliability (IRR) and comparable review activities may evaluate medical necessity

and level-of-care determinations, consistent application of MCG or other applicable clinical criteria, documentation supporting UM determinations, and other areas identified through regional monitoring.

LRE participates in relevant State and regional workgroups to promote collaboration, information sharing, and consistent application of utilization management requirements and practices.

Review activities may include random or targeted cases and may be informed by identified risk, regional variation, utilization patterns, service type, audit findings, complaints, appeals, or other relevant factors. Findings will be evaluated to determine whether additional education, clarification, technical assistance, corrective action, focused monitoring, or modification of regional practices is warranted.

CORRECTIVE ACTION AND PERFORMANCE IMPROVEMENT

LRE will utilize corrective action plans or other improvement activities when UM oversight identifies noncompliance, significant performance concerns, or areas requiring improvement. LRE will monitor identified corrective actions to ensure implementation and determine whether additional follow-up is necessary.

FY2027 OPERATIONAL PRIORITIES

During FY2027, LRE will focus on the following UM priorities.

1. Prior Authorization and Adverse Benefit Determination Compliance

LRE will monitor implementation of applicable FY27 prior authorization and adverse benefit determination requirements, including decision-making, qualified review, timeliness, notices, documentation, beneficiary protections, data collection, and reporting.

2. Contracted UM Function and Activity Oversight

LRE will evaluate Member CMHSP performance of contractually assigned UM functions and activities through annual and risk-based monitoring and will address identified compliance or performance concerns.

3. Regional Consistency

LRE will continue inter-rater reliability, comparative review, and other monitoring activities to evaluate consistency in medical necessity, level-of-care, authorization, and continued-stay determinations.

4. Utilization Trend Analysis

LRE will use available utilization, authorization, claims, encounter, and related information to identify:

- Over-utilization;
- Under-utilization;
- Inappropriate utilization;
- Access concerns;
- High-risk or high-cost patterns;
- Significant regional variation; and
- Areas requiring focused review or improvement.

5. Higher Levels of Care

LRE will continue monitoring higher-level-of-care utilization, including admissions, length of stay, continued-stay activity, readmissions, transitions, and other identified measures.

6. Authorization and Service Authorization Denial Reporting

LRE will incorporate required authorization and Service Authorization Denial reporting into its UM oversight activities and evaluate available information for timeliness, completeness, consistency, and actionable trends.

7. 1915(i) Implementation

LRE will evaluate and implement applicable 1915(i) requirements related to UM, eligibility, assessment, authorization, reevaluation, disenrollment, contractual responsibilities, reporting, and oversight.

8. Standardized Assessment Compliance

LRE will monitor use of required standardized assessments and screening tools and evaluate whether identified findings warrant education, technical assistance, corrective action, or additional oversight.

9. Integrated Care and High-Risk Populations

LRE will use appropriate integrated-care, risk-stratification, transition, and utilization information to identify populations or utilization patterns that may benefit from targeted coordination or improvement activities.

10. Data Quality and Reporting

LRE will continue improving the completeness, accuracy, consistency, and usefulness of regional data supporting UM oversight and required State reporting.

ANNUAL UM PROGRAM EVALUATION

LRE will evaluate the UM Program at least annually to assess regional utilization trends, performance of UM functions and activities, progress on annual priorities, the effectiveness of identified improvement activities, and other available measures relevant to the effectiveness of the UM Program, including beneficiary or provider experience information when appropriate and available.

REFERENCES AND GOVERNING AUTHORITIES

The UM Program is governed or informed by current versions of applicable authorities, including:

- Title XIX of the Social Security Act;
- 42 CFR Part 431;
- 42 CFR Part 438;
- 42 CFR §438.208;
- 42 CFR §438.210;
- 42 CFR §§438.400 through 438.424;
- 42 CFR §440.230;
- 42 CFR Part 441;
- Applicable home and community-based services requirements;
- Michigan Mental Health Code;
- Michigan Medicaid Provider Manual;
- FY2027 MDHHS/PIHP Master Contract;
- FY2027 LRE/Member CMHSP Contract;
- Applicable Medicaid State Plan and waiver authorities;
- MDHHS policies, practice guidelines, technical requirements, and reporting instructions;
- LRE Utilization Management policies and procedures;
- LRE Person-Centered Planning policies and procedures;
- LRE Customer Services, grievance, appeal, and due process policies and procedures;
- LRE Quality Assessment and Performance Improvement Program;
- Applicable contracts and written agreements; and
- Applicable clinical practice guidelines and medical necessity criteria.

APPENDIX I: DEFINITIONS

Adverse Benefit Determination
A determination or action that meets the definition of an adverse benefit determination under applicable federal and State Medicaid managed-care requirements.

Appeal
A review by the PIHP of an adverse benefit determination in accordance with applicable Medicaid managed-care requirements.

Authorization
Approval of Medicaid payment, level of care, or covered services in accordance with applicable benefit, medical necessity, clinical, contractual, and regulatory requirements.

Concurrent Review
Review conducted while services are being delivered to determine whether the service, level of care, amount, duration, scope, frequency, or intensity continues to meet the individual's needs and applicable requirements.

Continued-Stay Review
A form of concurrent review that evaluates whether continued services or continued placement at a particular level of care remain medically necessary and clinically appropriate.

Contractual Function or Activity
A function or activity assigned by LRE to a Member CMHSP or other contracted entity through the LRE/Member CMHSP Contract or another written agreement. Assignment through contract does not relieve LRE of responsibility for oversight and compliance with applicable requirements.

Denial
A determination that a requested service, level of care, amount, duration, scope, frequency, or intensity does not meet applicable coverage, benefit, medical necessity, clinical, contractual, or regulatory requirements.

Medical Necessity
The criteria that must be met for Medicaid services to be authorized, including that the service is expected to prevent, diagnose, treat, maintain, or improve an individual's condition or functioning and meets applicable Medicaid requirements.

Medical Necessity Criteria
Evidence-based criteria, standards, guidelines, clinical protocols, benefit requirements, and other applicable authorities used to determine whether proposed services, supports, equipment, or treatment are medically necessary.

Prospective Review
Review conducted before services begin, including access screening, eligibility determination, preadmission screening, prior authorization, or level-of-care determination.

Retrospective Review
Review conducted after services have been delivered to evaluate medical necessity, appropriateness, effectiveness, efficiency, quality, documentation, utilization patterns, compliance, or outcomes.

Utilization Management
The system of oversight, monitoring, evaluation, authorization, and improvement activities used to promote access to clinically appropriate, medically necessary, high-quality services in accordance with applicable regulatory, contractual, benefit, and clinical standards.

Utilization Review
The review of service utilization, authorization decisions, medical necessity, clinical documentation, service delivery, or outcomes to evaluate appropriateness, efficiency, effectiveness, quality, consistency, and compliance.

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity Board
Financial Officer Report for November 2026
11/18/2026

- **Disbursements Report** – A motion is requested to approve the October 2026 disbursements. A summary of the disbursements is included as an attachment.

- **Statement of Activities** – Report through September is included as an attachment. These figures are draft and will not be final until after the audit is complete.

- **LRE Combined Monthly FSR –** The September 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** fiscal year-to-date through September of **$12.6 million**, a projected annual **deficit** of **$20.6 million**, and a budgeted **deficit** of **$18.8 million** regionally (Medicaid and HMP) is shown in this month's report. All CMHSPs have an actual **surplus** except Network180 who has a **deficit** of **$12.3 million** and CMH of Ottawa with a **deficit of $10.6 million**. HealthWest, OnPoint, and West Michigan CMH have a projected **surplus**. Network180 and CMH of Ottawa have projected **deficits**. All CMHSPs have a budgeted **surplus or breakeven**, except Network180 with a budgeted **deficit** of **$15 million** and CMH of Ottawa with a budgeted **deficit** of **$7.1 million**.

  From August to September, the projected **deficit** increased by **$4.8 million**, primarily because CMH of Ottawa and Network180 reported higher expense projections of $3 million and $1.2 million, respectively.

  The figures above are based on June 2026 revenue projections. We also compared them with estimated revenue that reflects the FY26 rate amendment. The amended revenue will not be fully known until January 2027, but it is estimated to reduce the regional **deficit** to **$6.2 million**. Under this estimate, HealthWest, OnPoint, and West Michigan CMH have projected **surpluses**, while Network180 and CMH of Ottawa have projected **deficits** of **$8.6 million** and **$9.6 million**, respectively.

- **Cash Flow Issues –** No cash flow issues have been reported.

- **FY2027 Revenue Projections –** The LRE's Operations Council agreed unanimously to adopt the FY27 revenue projections based on the finalized capitation rates MDHHS provided on September 30, 2026 with the enrollment assumptions including a 15% reduction in Healthy Michigan enrollment due to the implementation of H.R.1.

  The October FY27 revenue is within 1.9% of the projected total fiscal year-to-date revenue. MDHHS continues to pay waivers at FY25 rates. A projected recoupment of $57,381 is expected due to the difference between waiver rates.

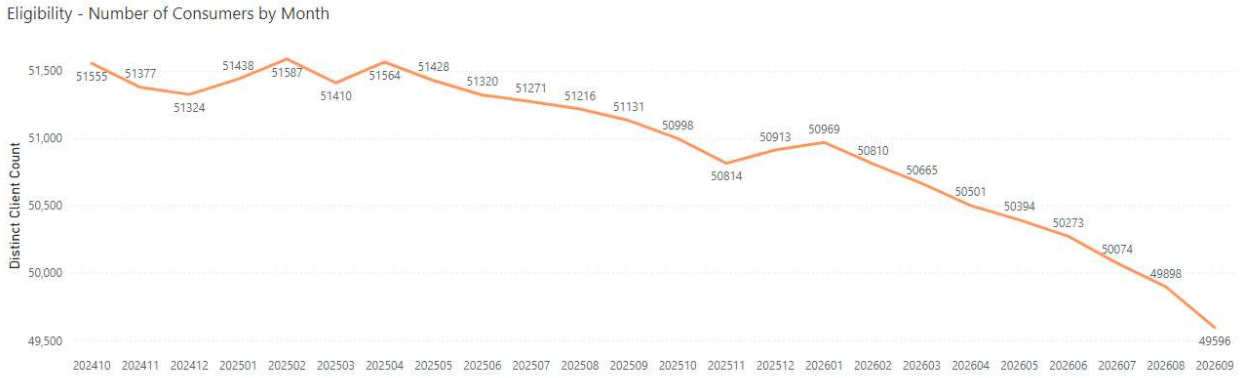
  Uncertainty remains regarding the impact of H.R.1 implementation on eligibility and subsequently, revenues. The H.R.1 requirements take effect in January 2027 for new enrollees and March 2027 for redeterminations; therefore, the impact may not be visible in the data until the third quarter of FY27.

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- **FY2026 Revenue Projections –**MDHHS amended FY26 rates in September 2026. MDHHS expects to process rate amendment payments by the end of January 2027. Ultimately, the amount of retroactive revenue will depend on the enrollment numbers that MDHHS applies the revised rates to and their settlement methodology, which has not been consistently applied in the past.

- **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 October 2024 – September 2026. The LRE has experienced a decline in enrollments for DAB, TANF, and HMP, mirroring patterns observed throughout the state. LRE has been closely tracking missing HSW payments, and per MDHHS requirements, those missing payments are reported to MDHHS four months after the missing payment occurred.

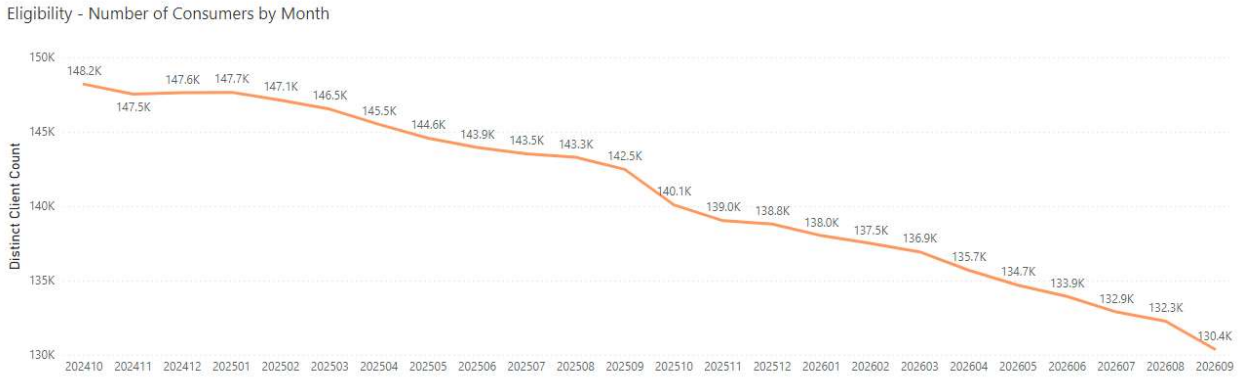
DAB



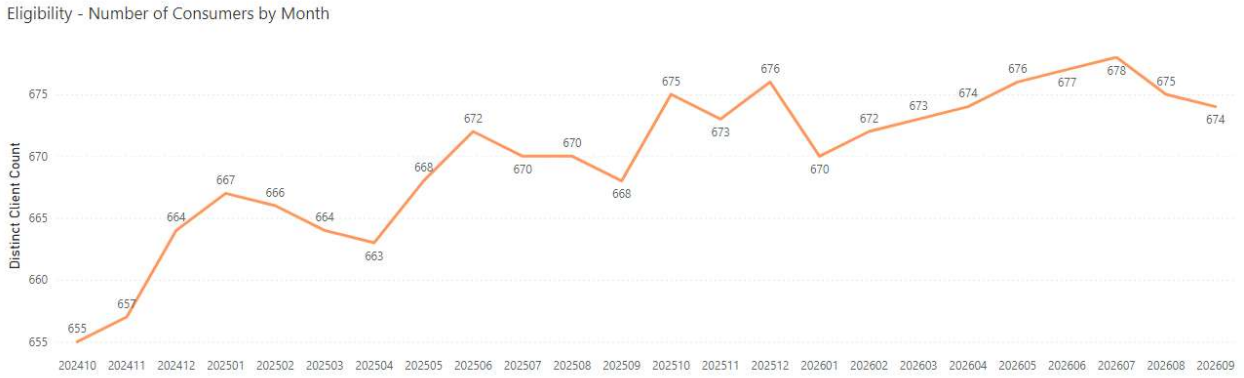
HMP



TANF



HSW



- **Legal Expenses –** Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2026.

Lakeshore Regional Entity
Legal Expenses Report

Fiscal Year	Managed Care / MDHHS Contract	By-Laws Operating Agreement	Health West Litigation	N180 Litigation	General	State Fair Hearings	Compliance	CCBHC	ISF Litigation	Total
FY22	$ 187,807.86	$ 12,200.00	$ 30,555.94	$ -	$ 325.00	$ -	$ -	$ 812.50	$ -	$ 231,701.30
FY23	$ 149,640.86	$ -	$ 10,720.00	$ 52,874.13	$ 10,250.00	$ -	$ -	$ -	$ -	$ 223,484.99
FY24	$ 9,186.40	$ -	$ 387.20	$ 1,154.40	$ 50,000.00	$ -	$ -	$ -	$ -	$ 60,728.00
FY25	$ 24,018.83	$ -	$ -	$ -	$ 178,998.45	$ 18,802.00	$ -	$ -	$ 74,954.20	$ 296,773.48
FY26	$ -	$ -	$ -	$ -	$ 111,435.50	$ -	$ 2,432.00	$ -	$ 9,670.00	$ 123,537.50
Total	**$ 370,653.95**	**$ 12,200.00**	**$ 41,663.14**	**$ 54,028.53**	**$ 351,008.95**	**$ 18,802.00**	**$ 2,432.00**	**$ 812.50**	**$ 84,624.20**	**$ 936,225.27**

As of October 31, 2026

- **Trend of ISF –** Below, this chart contains the Internal Service Fund (ISF) balances FY2021 through FY2026. FY2026 is based on the FY26 Interim FSR. The FY26 Final FSR will not be completed until February 2027. The figures include the $13.7 million from the FY22 cost settlement with MDHHS that are still under dispute.

Lakeshore Regional Entity
Trend of ISF
As of November 2026

ISF		Increase/(Decrease)	
FY2021	27,664,441		
FY2022	28,292,826	628,385	
FY2023	30,234,474	1,941,648	
FY2024	29,425,286	(809,188)	
FY2025	30,305,400	880,114	
FY2026	24,843,729	(5,461,671)	Not final, based on interim FSR

- **FY2027 Spending Plan Summary –** Below, this chart contains a summary of the member CMHSP FY2027 Spending Plans. This shows an overall regional **deficit** of **$2.9 million**. Of note, the Network180 spending plan assumes anticipated legislative funding for a portion of Crisis Stabilization Unit (CSU) costs. If not received, their deficit will be significantly higher.

Lakeshore Regional Entity FY2027 Initial Spending Plan Summary

	HealthWest	Network180	OnPoint	Ottawa	West Michigan	TOTAL	
Capitated Revenue							
Medicaid	60,964,030	146,582,159	24,849,623	40,043,457	21,304,846	293,744,115	
Autism	13,408,312	34,318,267	6,121,193	10,082,913	3,822,420	67,753,105	
Healthy Michigan	7,199,343	19,176,217	2,704,061	5,145,624	2,499,704	36,724,949	
SUD Health Home				24,493		24,493	
Total Budgeted Capitated Revenue	**81,571,686**	**200,076,643**	**33,674,877**	**55,296,486**	**27,626,971**	**398,246,662**	
Capitated Expense							
Medicaid	48,694,732	126,771,265	24,659,763	40,820,939	20,779,299	261,725,998	
Medicaid - MCO Admin	6,166,342	10,029,313	3,813,512	1,703,511	1,662,923	23,375,601	8.20%
Autism	8,462,700	37,454,805	1,755,639	11,258,198	2,335,450	61,266,792	
Autism - MCO Admin	1,071,653	2,901,624	271,501	379,189	186,836	4,810,803	7.28%
Healthy Michigan	10,939,913	23,242,455	2,628,105	6,363,674	1,997,872	45,172,019	
Healthy Michigan - MCO Admin	1,634,700	2,065,870	692,838	209,657	159,830	4,762,894	9.54%
SUD Health Home				86,989		86,989	
Total Budgeted Capitated Expense	**76,970,040**	**202,465,332**	**33,821,358**	**60,822,157**	**27,122,209**	**401,201,096**	**8.21%**
Budgeted Surplus (Deficit)	**4,601,646**	**(2,388,689)**	**(146,481)**	**(5,525,671)**	**504,762**	**(2,954,434)**	
Medicaid Surplus (Deficit)	6,102,956	9,781,581	(3,623,652)	(2,480,993)	(1,137,375)	8,642,517	
Autism Surplus (Deficit)	3,873,959	(6,038,162)	4,094,053	(1,554,474)	1,300,134	1,675,511	
Subtotal Medicaid & Autism Surplus (Deficit)	9,976,916	3,743,419	470,401	(4,035,468)	162,760	10,318,027	
Healthy Michigan Surplus (Deficit)	(5,375,270)	(6,132,108)	(616,882)	(1,427,707)	342,002	(13,209,965)	
Total Medicaid & Healthy Michigan Surplus (Deficit)	**4,601,646**	**(2,388,689)**	**(146,481)**	**(5,463,175)**	**504,762**	**(2,891,938)**	
MCO Admin							
Medicaid	11.24%	7.33%	13.39%	4.01%	7.41%	8.20%	
Autism	11.24%	7.19%	13.39%	3.26%	7.41%	7.28%	
Healthy Michigan	13.00%	8.16%	20.86%	3.19%	7.41%	9.54%	
Total MCO Admin	11.53%	7.41%	14.13%	3.77%	7.41%	8.21%	

- **FY2027 Risk Management Strategy (RMS) Plan –** The FY2027 Risk Management Strategy (RMS) Plan, due to MDHHS on December 3, 2026, is included as an attachment. This is based on projected revenues for FY27 and FY27 CMHSP Spending plans. The region is projecting an overall **deficit** of **$2.9 million.**

LAKESHORE REGIONAL ENTITY

BOARD ACTION REQUEST
Subject: October 2026 Disbursements
Meeting Date: November 18, 2026

RECOMMENDED MOTION:

To approve the October 2026 disbursements of $35,844,904.99 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	$2,819,287.66
Healthwest	$6,762,306.86
Network 180	$16,721,953.39
Ottawa County CMH	$4,610,682.21
West Michigan CMH	$2,236,916.94
SUD Prevention Expenses	$157,353.61
Michigan IPA Tax - Quarterly	$1,228,041.90
SUD Public Act 2 (PA2)	$727,259.31
Administrative Expenses	$581,103.11
Total:	**$35,844,904.99**

92.92% 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:** ***11/10/2026***

LAKESHORE REGIONAL ENTITY

Statement of Activities - Actual vs. Budget
Fiscal Year 2025/2026
9/30/2026

	Year Ending 9/30/2026	9/30/2026		
	FY26 Budget *Amendment 4*	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	301,737,309	301,737,309	300,989,439	(747,870)
DHS Incentive	552,788	552,788	445,303	(107,485)
Autism Revenue	67,856,179	67,856,179	70,683,713	2,827,533
Healthy Michigan	37,061,741	37,061,741	38,553,940	1,492,199
Performance Bonus Incentive	2,648,663	2,648,663	-	(2,648,663)
CCBHC Quality Bonus Incentive	1,339,073	1,339,073	1,339,073	-
Hospital Rate Adjuster (HRA)	23,383,692	23,383,692	17,842,782	(5,540,910)
Member Local Contribution to State Medicaid	1,007,548	1,007,548	1,007,548	-
Health Homes (BHH/SUDHH)	27,700	27,700	38,278	10,578
MDHHS Grants	10,998,618	10,998,618	6,704,952	(4,293,666)
PA 2 Liquor Tax	5,366,318	5,366,318	2,812,564	(2,553,754)
Interest Earnings	400,000	400,000	391,021	(8,979)
Use of ISF/Savings	16,476,076	16,476,076	-	(16,476,076)
Miscellaneous Revenue	5,500	5,500	-	(5,500)
Total Operating Revenues	**468,861,206**	**468,861,206**	**440,810,354**	**(28,050,852)**
Expenditures				
Salaries and Fringes	7,301,679	7,301,679	5,153,330	(2,148,349)
Office and Supplies Expense	317,116	317,116	201,944	(115,172)
Contractual and Consulting Expenses	1,062,354	1,062,354	663,400	(398,954)
Managed Care Information System (PCE) *	345,200	345,200	295,200	(50,000)
Legal Expense *	229,000	229,000	123,538	(105,463)
Utilities/Conferences/Mileage/Misc Exps	143,359	143,359	(41,307)	(184,667)
Grants - MDHHS & Non-MDHHS	585,041	585,041	587,356	2,315
Hospital Rate Adjuster / Taxes	28,295,860	28,295,860	20,290,883	(8,004,977)
Prevention Expenses - Grant & PA2	3,242,547	3,242,547	2,786,264	(456,283)
SUD Treatment Expenses - Grants	716,319	716,319	385,202	(331,117)
Member Payments - Medicaid/HMP	413,794,160	413,794,160	393,194,353	(20,599,807)
Member Payments - PA2 Treatment	4,027,118	4,027,118	2,828,491	(1,198,627)
Member Payments - Grants	7,793,905	7,793,905	6,404,868	(1,389,037)
Local Contribution to State Medicaid	1,007,548	1,007,548	1,007,548	(0)
Total Expenditures	**468,861,206**	**468,861,206**	**439,074,657**	**(29,786,549)**
Total Change in Net Assets	**(0)**	**(0)**	**1,735,697**	**1,735,697**

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

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LAKESHORE REGIONAL ENTITY

Statement of Activities
Budget to Actual Variance Report

For the Period ending September 30, 2026

As of Date: 9/30/26

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. Final two payments will be received after 9/30.
Autism Revenue	Revenue is increasing based on latest projections.
Healthy Michigan	Revenue is increasing based on latest projections.
Performance Bonus Incentive	FY26 Revenue will be received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	HRA is typically paid quarterly. First quarter HRA payment was delayed, pending CMS rate approval. First payment received in April and Q4 payment not received until after 9/30.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
MDHHS Grants	SUD grant payments are received quarterly. First payment received in February. Last payment will likely be received in December.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Quarter 1 was withheld for the state's debt service requirements.
Interest Revenue	N/A - Closely aligned with the current budget projections.
Use of ISF/Savings	Revenue will likely be applied to CMHSP Member deficits at year end, as needed, per the Board approved FY26 Revised Risk Management Strategy Plan.
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 after year accruals are complete. Anticipate being under budget.
Office and Supplies	Additional expenditures may be received prior to year end billing and close out. Anticipate being under budget.
Contractual/Consulting	Additional expenditures may be received prior to year end billing and close out. Anticipate being under budget.
Managed Care Info Sys	Anticipate being under budget. Projects were completed within the scope and cost of our regular service.
Legal Expense	Some billings are delayed and additional expenses in this category may occur later in the fiscal year per contract reconciliation/true-up.
Utilities/Conf/Mileage/Misc	This line item includes LRE's indirect offsets for grant administration.
Grants - MDHHS & Non-MDHHS	N/A - Closely aligned with the current budget projections.
HRA/Taxes	IPA & HRA taxes are paid quarterly. Fourth quarter HRA payment is expected in November.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly. Final payment will likely occure in December.
Member Med/HMP Payments	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.
Member Grant Payments	Most of these payments are billed to 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.

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Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2026
September 2026 Reporting Month
Reporting Date: 11/09/26

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue (plus 1st & 3rd Party Collections)	79,821,105	198,240,732	33,362,220	54,721,068	27,068,603	6,584,219	399,797,946
Total Capitated Expense	74,920,381	208,850,836	32,249,199	65,332,304	22,954,308	6,584,219	410,891,247
Actual Surplus (Deficit)	4,900,724	(10,610,104)	1,113,021	(10,611,236)	4,114,295	-	(11,093,301)
% Variance	6.14%	-5.35%	3.34%	-19.39%	15.20%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Seeing continued productivity increased due to process improvements.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	WM is expecting excess funding. Please refer to spend plan below.	Less than threshold for explanation.	
LRE Note: Actual revenue is understated/ (overstated) by the amount listed due to MDHHS paying FY25 rates for waivers instead of FY26 rates. MDHHS intends to recoup and repay at the correct rates at a later date.	279,296	(1,700,049)	(365,432)	(66,403)	314,353	-	(1,538,234)
Actual Surplus (Deficit)	**5,180,020**	**(12,310,153)**	**747,589**	**(10,677,639)**	**4,428,648**	**-**	**(12,631,535)**

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of:							
June							
Total Projected Medicaid/HMP Revenue (plus CMHSP Projected 1st & 3rd Party Collections)	79,183,455	193,783,955	32,540,981	53,798,244	27,122,208	13,922,556	400,351,401
	(0)	(0)	(0)	0	-	-	
Total Capitated Expense Projections	76,190,218	208,850,836	32,249,199	65,698,767	24,015,648	13,922,556	420,927,224
	-	-	(0)	-	-		
Projected Surplus (Deficit)	2,993,237	(15,066,881)	291,782	(11,900,522)	3,106,560	-	(20,575,823)
% Variance	3.78%	-7.78%	0.90%	-22.12%	11.45%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Less than threshold for explanation.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	Updated WM spending plan utilizating the FY26 Budget Amendment	Less than threshold for explanation.	

PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/12/2025	3/11/2026	11/10/2025	6/10/2026	8/7/2026		
Medicaid/HMP Revenue			DRAFT ONLY - NOT ACCEPTED AS FINAL				
Total Budgeted Medicaid/HMP Revenue	79,430,870	192,305,302	32,595,722	53,601,952	27,043,915	13,922,556	398,900,317
Total Budgeted Capitated Expense	79,162,747	207,292,460	32,595,722	60,735,168	24,015,648	13,922,556	417,724,301
						-	
Budgeted Surplus (Deficit)	268,123	(14,987,158)	-	(7,133,216)	3,028,267	-	(18,823,984)
% Variance	0.34%	-7.79%	0.00%	-13.31%	11.20%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Less than threshold for explanation.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	Updated WM spending plan utilizating the FY26 Budget Amendment	Less than threshold for explanation.	

Variance between Projected and Proposed Spending Plan	2,725,115	(79,723)	291,782	(4,767,307)	78,293	-	(1,751,839)
% Variance	3.43%	-0.04%	0.90%	-8.89%	0.29%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	CMHOC identified and corrected omitted SUD Medicaid expenses in its FY26 FSRs which increased the projected expenses.	Less than threshold for explanation.	Less than threshold for explanation.	

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Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit) Detail
(Excluding CCBHC)
September 2026 Reporting Month
Reporting Date: 11/09/2026

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	219,026	(7,377,043)	(3,677,904)	(10,801,804)	2,063,507	(19,574,217)
Autism	4,960,994	(4,933,110)	4,425,492	124,165	2,365,141	6,942,682
Total Distributed Medicaid/HMP Revenue	5,180,020	(12,310,153)	747,589	(10,677,639)	4,428,648	(12,631,535)

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(1,250,433)	(8,506,139)	(3,870,674)	(11,543,514)	1,256,719	(23,914,042)
Autism	4,243,670	(6,560,742)	4,162,457	(357,008)	1,849,841	3,338,219
Total Distributed Medicaid/HMP Revenue	2,993,237	(15,066,881)	291,782	(11,900,522)	3,106,560	(20,575,823)

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Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	Significant Change Explanations
HW	3,210,521	*3,210,521*	1,880,517	*(1,330,003)*	4,135,097	*2,254,579*	5,539,968	*1,404,871*	6,451,883	*911,915*	8,423,981	*1,972,098*	8,468,495	*44,514*	8,003,745	*(464,749)*	7,995,931	*(7,814)*	5,323,018	*(2,672,913)*	5,180,020	*(142,998)*	
N180	(2,499,914)	*(2,499,914)*	(3,522,325)	*(1,022,411)*	(3,796,208)	*(273,882)*	(3,743,865)	*52,342*	(3,807,003)	*(63,138)*	(4,630,644)	*(823,641)*	(7,368,473)	*(2,737,829)*	(8,252,223)	*(883,751)*	(10,366,505)	*(2,114,282)*	(11,499,797)	*(1,133,291)*	(12,310,153)	*(810,357)*	
OnPoint	369,888	*369,888*	400,276	*30,387*	561,154	*160,878*	793,592	*232,438*	802,046	*8,454*	1,066,231	*264,185*	1,382,625	*316,394*	1,484,872	*102,247*	1,311,060	*(173,812)*	1,422,233	*111,173*	747,589	*(674,645)*	
Ottawa	1,725,566	*1,725,566*	1,650,528	*(75,038)*	477,495	*(1,173,033)*	(125,262)	*(602,757)*	(1,075,092)	*(949,830)*	(2,576,399)	*(1,501,307)*	(1,295,497)	*1,280,902*	(1,308,025)	*(12,528)*	(4,438,942)	*(3,130,918)*	(5,583,107)	*(1,144,165)*	(10,677,639)	*(5,094,532)*	Have asked OTT to provide additional clarification for this increase.
WM	1,307,093	*1,307,093*	1,276,611	*(30,481)*	1,452,997	*176,386*	1,896,932	*443,935*	2,059,410	*162,478*	2,209,112	*149,702*	2,809,172	*600,060*	3,203,843	*394,671*	3,590,310	*386,467*	3,730,396	*140,087*	4,428,648	*698,252*	
Total	**4,113,153**	***4,113,153***	**1,685,607**	***(2,427,546)***	**2,830,536**	***1,144,929***	**4,361,365**	***1,530,830***	**4,431,244**	***69,879***	**4,492,282**	***61,038***	**3,996,322**	***(495,960)***	**3,132,212**	***(864,110)***	**(1,908,147)**	***(5,040,359)***	**(6,607,256)**	***(4,699,109)***	**(12,631,535)**	***(6,024,279)***	

Projection	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	Significant Change Explanations
HW	3,869,714	*3,869,714*	(4,266,494)	*(8,136,208)*	(105,768)	*4,160,726*	1,767,867	*1,873,635*	2,657,114	*889,247*	2,640,934	*(16,180)*	2,124,816	*(516,119)*	2,387,915	*263,099*	3,185,254	*797,340*	3,429,396	*244,142*	2,993,237	*(436,159)*	
N180	(2,078,970)	*(2,078,970)*	(2,759,095)	*(680,125)*	(14,987,158)	*(12,228,064)*	(13,284,733)	*1,702,425*	(13,284,733)	*(0)*	(13,284,733)	*-*	(14,046,782)	*(762,049)*	(13,904,093)	*142,689*	(13,904,093)	*-*	(13,904,093)	*-*	(15,066,881)	*(1,162,788)*	
OnPoint	-	*-*	(107,520)	*(107,520)*	(107,520)	*0*	(238,361)	*(130,842)*	54,737	*293,098*	54,737	*(0)*	54,737	*-*	36,789	*(17,947)*	36,789	*-*	449,096	*412,306*	291,782	*(157,313)*	
Ottawa	(3,469,038)	*(3,469,038)*	(3,580,703)	*(111,665)*	(4,276,735)	*(696,032)*	(4,811,845)	*(535,110)*	(4,811,845)	*(0)*	(7,197,836)	*(2,385,990)*	(7,197,836)	*-*	(6,936,923)	*260,912*	(9,116,868)	*(2,179,944)*	(8,864,514)	*252,354*	(11,900,522)	*(3,036,008)*	Have asked OTT to provide additional clarification for this increase.
WM	-	*-*	50,080	*50,080*	50,080	*0*	90,996	*40,916*	90,996	*-*	90,996	*-*	90,996	*-*	3,106,560	*3,015,564*	3,106,560	*-*	3,106,560	*-*	3,106,560	*-*	
Total	**(1,678,294)**	***(1,678,294)***	**(10,663,732)**	***(8,985,438)***	**(19,427,101)**	***(8,763,370)***	**(16,476,077)**	***2,951,025***	**(15,293,732)**	***1,182,345***	**(17,695,902)**	***(2,402,170)***	**(18,974,069)**	***(1,278,167)***	**(15,309,752)**	***3,664,317***	**(16,692,356)**	***(1,382,605)***	**(15,783,554)**	***908,802***	**(20,575,823)**	***(4,792,269)***	

Proposed Spending Plan/Budget	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	Significant Change Explanations
HW	268,123	*268,123*	268,123	-	268,123	*(0)*	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	
N180	(2,078,970)	*(2,078,970)*	(2,078,970)	-	(14,987,158)	*(12,908,189)*	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	
OnPoint	-	*-*	-	-	-	*-*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ottawa	-	*-*	-	-	-	*-*	-	-	-	-	(7,133,216)	*(7,133,216)*	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	
WM	-	*-*	-	-	-	*-*	-	-	-	-	-	-	-	-	3,028,267	*3,028,267*	3,028,267	-	3,028,267	-	3,028,267	-	
Total	**(1,810,847)**	***(1,810,847)***	**(1,810,847)**	**-**	**(14,719,036)**	***(12,908,189)***	**(14,719,036)**	**-**	**(14,719,036)**	**-**	**(21,852,251)**	***(7,133,216)***	**(21,852,251)**	**-**	**(18,823,984)**	***3,028,267***	**(18,823,984)**	**-**	**(18,823,984)**	**-**	**(18,823,984)**	**-**	

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

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2026
September 2026 Reporting Month (September Rate Amendment)
Reporting Date: 11/09/26

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue (plus 1st & 3rd Party Collections)	79,821,105	198,240,732	33,362,220	54,721,068	27,068,603	6,584,219	399,797,946
Total Capitated Expense	74,920,381	208,850,836	32,249,199	65,332,304	22,954,308	6,584,219	410,891,247
Actual Surplus (Deficit)	4,900,724	(10,610,104)	1,113,021	(10,611,236)	4,114,295	-	(11,093,301)
% Variance	6.14%	-5.35%	3.34%	-19.39%	15.20%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Seeing continued productivity increased due to process improvements.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	WM is expecting excess funding. Please refer to spend plan below.	Less than threshold for explanation.	
LRE Note: Actual revenue is understated/(overstated) by the amount listed due to MDHHS paying FY25 rates for waivers instead of FY26 rates. MDHHS intends to recoup and repay at the correct rates at a later date.	279,296	(1,700,049)	(365,432)	(66,403)	314,353	-	(1,538,234)
Actual Surplus (Deficit)	**5,180,020**	**(12,310,153)**	**747,589**	**(10,677,639)**	**4,428,648**	**-**	**(12,631,535)**

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: ***September with FY26 Rate Amendment***							
Total Projected Medicaid/HMP Revenue (plus CMHSP Projected 1st & 3rd Party Collections)	82,489,753	200,276,457	33,519,198	56,068,028	28,493,652	13,922,556	414,769,646
	-	0	0	0	-	-	
Total Capitated Expense Projections	76,190,218	208,850,836	32,249,199	65,698,767	24,015,648	13,922,556	420,927,224
	-	-	(0)	-	-		
Projected Surplus (Deficit)	6,299,536	(8,574,379)	1,269,999	(9,630,739)	4,478,004	-	(6,157,579)
% Variance	7.64%	-4.28%	3.79%	-17.18%	15.72%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Less than threshold for explanation.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	Updated WM spending plan utilizating the FY26 Budget Amendment	Less than threshold for explanation.	

PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/12/2025	3/11/2026	11/10/2025	6/10/2026	8/7/2026		
Medicaid/HMP Revenue			DRAFT ONLY - NOT ACCEPTED AS FINAL				
Total Budgeted Medicaid/HMP Revenue	79,430,870	192,305,302	32,595,722	53,601,952	27,043,915	13,922,556	398,900,317
Total Budgeted Capitated Expense	79,162,747	207,292,460	32,595,722	60,735,168	24,015,648	13,922,556	417,724,301
						-	
Budgeted Surplus (Deficit)	268,123	(14,987,158)	-	(7,133,216)	3,028,267	-	(18,823,984)
% Variance	0.34%	-7.79%	0.00%	-13.31%	11.20%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	Less than threshold for explanation.	1. Autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. 2. The CSU uses an eligible Medicaid rate per MDHHS guidance; however, Network180 cannot determine the amount of funds in the capitation nor if it is adequate to fully fund the service. 3. Utilization remains high and consistent with FY25, driven by inpatient, autism, and CLS/Personal Care in a residential setting.	Less than threshold for explanation.	Unfunded health and safety expenses associated Individuals who require extensive health and safety supports primarily IDD Adults. An increase in inpatient hospitalization for individuals on the Healthy Michigan Plan being served by Medicaid Health Plans. Continued expenditures resulting from emergency rate increases implemented last fiscal year to sustain residential provider operations to prevent residential closures. Please note that the vast majority of the increase in utilization and expenditures noted above are for non-CCBHC eligible services.	Updated WM spending plan utilizating the FY26 Budget Amendment	Less than threshold for explanation.	

Variance between Projected and Proposed Spending Plan	6,031,413	6,412,779	1,269,999	(2,497,523)	1,449,737	-	12,666,406
% Variance	7.59%	3.33%	3.90%	-4.66%	5.36%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%) *(Variance Explanation provided by CMHSP)*	FY26 Rate Amendment	Less than threshold for explanation.	Less than threshold for explanation.	CMHOC identified and corrected omitted SUD Medicaid expenses in its FY26 FSRs which increased the projected expenses.	FY26 Rate Amendment	Less than threshold for explanation.	

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Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit) Detail (September Rate Amendment)
(Excluding CCBHC)
September 2026 Reporting Month
Reporting Date: 11/09/2026

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	219,026	(7,377,043)	(3,677,904)	(10,801,804)	2,063,507	(19,574,217)
Autism	4,960,994	(4,933,110)	4,425,492	124,165	2,365,141	6,942,682
Total Distributed Medicaid/HMP Revenue	5,180,020	(12,310,153)	747,589	(10,677,639)	4,428,648	(12,631,535)

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	1,510,705	(3,721,152)	(3,173,616)	(9,804,784)	2,462,409	(12,726,438)
Autism	4,788,831	(4,853,227)	4,443,615	174,045	2,015,595	6,568,859
Total Distributed Medicaid/HMP Revenue	6,299,536	(8,574,379)	1,269,999	(9,630,739)	4,478,004	(6,157,579)

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Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit) (September Rate Amendment)

Actual	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	Significant Change Explanations
HW	3,210,521	*3,210,521*	1,880,517	*(1,330,003)*	4,135,097	*2,254,579*	5,539,968	*1,404,871*	6,451,883	*911,915*	8,423,981	*1,972,098*	8,468,495	*44,514*	8,003,745	*(464,749)*	7,995,931	*(7,814)*	5,323,018	*(2,672,913)*	5,180,020	*(142,998)*	
N180	(2,499,914)	*(2,499,914)*	(3,522,325)	*(1,022,411)*	(3,796,208)	*(273,882)*	(3,743,865)	*52,342*	(3,807,003)	*(63,138)*	(4,630,644)	*(823,641)*	(7,368,473)	*(2,737,829)*	(8,252,223)	*(883,751)*	(10,366,505)	*(2,114,282)*	(11,499,797)	*(1,133,291)*	(12,310,153)	*(810,357)*	
OnPoint	369,888	*369,888*	400,276	*30,387*	561,154	*160,878*	793,592	*232,438*	802,046	*8,454*	1,066,231	*264,185*	1,382,625	*316,394*	1,484,872	*102,247*	1,311,060	*(173,812)*	1,422,233	*111,173*	747,589	*(674,645)*	
Ottawa	1,725,566	*1,725,566*	1,650,528	*(75,038)*	477,495	*(1,173,033)*	(125,262)	*(602,757)*	(1,075,092)	*(949,830)*	(2,576,399)	*(1,501,307)*	(1,295,497)	*1,280,902*	(1,308,025)	*(12,528)*	(4,438,942)	*(3,130,918)*	(5,583,107)	*(1,144,165)*	(10,677,639)	*(5,094,532)*	Have asked OTT to provide additional clarification for this increase.
WM	1,307,093	*1,307,093*	1,276,611	*(30,481)*	1,452,997	*176,386*	1,896,932	*443,935*	2,059,410	*162,478*	2,209,112	*149,702*	2,809,172	*600,060*	3,203,843	*394,671*	3,590,310	*386,467*	3,730,396	*140,087*	4,428,648	*698,252*	
Total	**4,113,153**	***4,113,153***	**1,685,607**	***(2,427,546)***	**2,830,536**	***1,144,929***	**4,361,365**	***1,530,830***	**4,431,244**	***69,879***	**4,492,282**	***61,038***	**3,996,322**	***(495,960)***	**3,132,212**	***(864,110)***	**(1,908,147)**	***(5,040,359)***	**(6,607,256)**	***(4,699,109)***	**(12,631,535)**	***(6,024,279)***	

Projection	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	
HW	3,869,714	*3,869,714*	(4,266,494)	*(8,136,208)*	(105,768)	*4,160,726*	1,767,867	*1,873,635*	2,657,114	*889,247*	2,640,934	*(16,180)*	2,124,816	*(516,119)*	2,387,915	*263,099*	3,185,254	*797,340*	3,429,396	*244,142*	6,299,536	*2,870,139*	Increased revenues from FY26 September Rate Amendment
N180	(2,078,970)	*(2,078,970)*	(2,759,095)	*(680,125)*	(14,987,158)	*(12,228,064)*	(13,284,733)	*1,702,425*	(13,284,733)	*(0)*	(13,284,733)	-	(14,046,782)	*(762,049)*	(13,904,093)	*142,689*	(13,904,093)	-	(13,904,093)	-	(8,574,379)	*5,329,714*	Increased revenues from FY26 September Rate Amendment
OnPoint	-	-	(107,520)	*(107,520)*	(107,520)	*0*	(238,361)	*(130,842)*	54,737	*293,098*	54,737	*(0)*	54,737	-	36,789	*(17,947)*	36,789	-	449,096	*412,306*	1,269,999	*820,904*	Increased revenues from FY26 September Rate Amendment
Ottawa	(3,469,038)	*(3,469,038)*	(3,580,703)	*(111,665)*	(4,276,735)	*(696,032)*	(4,811,845)	*(535,110)*	(4,811,845)	*(0)*	(7,197,836)	*(2,385,990)*	(7,197,836)	-	(6,936,923)	*260,912*	(9,116,868)	*(2,179,944)*	(8,864,514)	*252,354*	(9,630,739)	*(766,225)*	Have asked OTT to provide additional clarification for this increase.
WM	-	-	50,080	*50,080*	50,080	*0*	90,996	*40,916*	90,996	-	90,996	-	90,996	-	3,106,560	*3,015,564*	3,106,560	-	3,106,560	-	4,478,004	*1,371,444*	Increased revenues from FY26 September Rate Amendment
Total	**(1,678,294)**	***(1,678,294)***	**(10,663,732)**	***(8,985,438)***	**(19,427,101)**	***(8,763,370)***	**(16,476,077)**	***2,951,025***	**(15,293,732)**	***1,182,345***	**(17,695,902)**	***(2,402,170)***	**(18,974,069)**	***(1,278,167)***	**(15,309,752)**	***3,664,317***	**(16,692,356)**	***(1,382,605)***	**(15,783,554)**	***908,802***	**(6,157,579)**	***9,625,976***	

Proposed Spending Plan/Budget	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*	June	*Change*	July	*Change*	August	*Change*	September	*Change*	Significant Change Explanations
HW	268,123	*268,123*	268,123	-	268,123	*(0)*	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	268,123	-	
N180	(2,078,970)	*(2,078,970)*	(2,078,970)	-	(14,987,158)	*(12,908,189)*	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	(14,987,158)	-	
OnPoint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ottawa	-	-	-	-	-	-	-	-	-	-	(7,133,216)	*(7,133,216)*	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	(7,133,216)	-	
WM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,028,267	*3,028,267*	3,028,267	-	3,028,267	-	3,028,267	-	
Total	**(1,810,847)**	***(1,810,847)***	**(1,810,847)**	**-**	**(14,719,036)**	***(12,908,189)***	**(14,719,036)**	**-**	**(14,719,036)**	**-**	**(21,852,251)**	***(7,133,216)***	**(21,852,251)**	**-**	**(18,823,984)**	***3,028,267***	**(18,823,984)**	**-**	**(18,823,984)**	**-**	**(18,823,984)**	**-**	

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