INTEGRATED
Services of Kalamazoo

Community • Independence • Empowerment

PLEASE READ: IMPORTANT MESSAGE

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org

Administrative Services
2030 Portage Street
Kalamazoo, MI 49001
(269) 553-8000

Access Center
615 East Crosstown Pkwy
Kalamazoo, MI 49001
(269) 373-6000
(888) 373-6200
MI Relay Center: 711

Integrated Health & Psychiatric Services
615 East Crosstown Pkwy
Kalamazoo, MI 49001
Adults: (269) 553-7037
Youth: (269) 553-7078

Office of Recipient Rights
2030 Portage Street
Kalamazoo, MI 49001
(269) 364-6920

Services for Adults with Mental Illness
2030 Portage Street
Kalamazoo, MI 49001
(269) 553-8000
(888) 373-6200

Services for Adults with Intellectual and Developmental Disabilities
418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-8060
MI Relay Center: 711

Services for Youth and Families
418 West Kalamazoo Ave
Kalamazoo, MI 49007
(269) 553-7120

Substance Use Disorder Services
(800) 781-0353

Training
2030 Portage Street
Kalamazoo, MI 49001
(269) 364-6952

PUBLIC NOTICE OF
INTEGRATED Services of Kalamazoo

The ISK Board Meeting will be held on, Monday, March 22, 2021 @ 4:00PM-6:30PM.

Due to the state of emergency by the Michigan Department of Labor and Economic Opportunity/Michigan Occupational Safety and Health Administration and pursuant to provisions of the Michigan Open Meetings Act, Integrated Services of Kalamazoo will remotely conduct its monthly board meeting. We will be utilizing (Microsoft TEAMS) as the carrier to conduct this meeting. This mechanism meets the requirements of the Open Meetings Act.

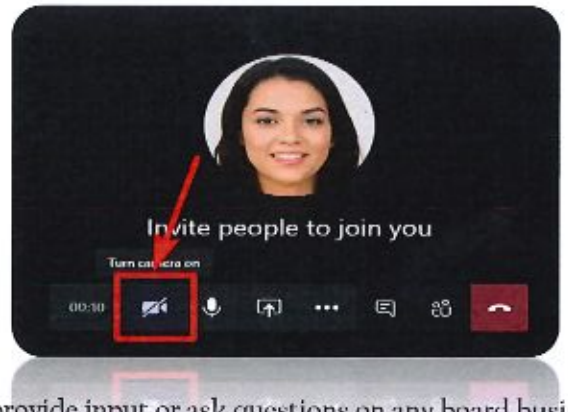
All interested persons may join the remote meeting through the following procedures:

Join Microsoft Teams Meeting

+1 616-272-5624 United States - Conference ID: 137 567 389#

Once you have joined the meeting, please disable your camera.

See example.



ISK welcomes and encourages persons to provide input or ask questions on any board business. To communicate with the ISK Board Members or if you have specific needs to participate in the meetings held by the Board. Please contact **Demeta J. Wallace** at least three (3) business days prior to the scheduled meeting date at Dwallace@iskzoo.org or 269-364-6901.

The ISK Board packet is posted monthly on our website @ www.iskzoo.org.

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AGENDA

INTEGRATED Services of Kalamazoo BOARD HAS SCHEDULED ITS MEETING FOR MONDAY, *March 22, 2021* BEGINNING @ 4:00PM via *Microsoft* TEAMS.

I. CALL TO ORDER - CITY & COUNTY DECLARATION
II. AGENDA
III. MINUTES (*January 25, 2021*) & NOTES (*February 22, 2021*)
IV. CITIZEN TIME

V. RECIPIENT RIGHTS
  a. Recipient Rights Monthly Report

VI. CONSENT CALENDAR (ROLL CALL VOTE)
Monitoring Reports:
MARCH:
  a. Board Compensation
  b. Board Members Code of Conduct
  c. Depreciation
  d. Conflict of Interest
  e. Utilization Management (UM)Plan
  f. Quality Management Policy
  g. Board Travel

VII. PROGRAM SERVICES UPDATES/ VERBAL
  a. Program Services Report – Beth Ann Meints

VIII. FINANCIAL REPORTS
  a. Financial Condition Report
  b. Utilization Report
  c. *January & February Disbursements* (MOTION)
  d. Budget Amendment #1 (MOTION)
  e. 418 addition budget and spending approval (MOTION)
  f. Consumers Energy Purchase Option – 454 N. Westnedge (MOTION)

IX. ACTION ITEMS NEW & REVISITED
  a. FSAC - Family Support Advisory Council Appointment (MOTION)
  b. Investment Policy
  c. Collaboration Policy

X. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
  a. CEO Report

XI. CITIZEN TIME

XII. BOARD MEMBER TIME
  a. SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh

XIII. ADJOURNMENT

INTEGRATED Services of Kalamazoo

Community • Independence • Empowerment

RE FOCUS CONNECT COVER

A community recovery initiative in partnership with INTEGRATED

III.

INTEGRATED Services of Kalamazoo (*ISK*) *January 25, 2021*

ISK Board Member	Board Members PRESENT	Declaration of Location City/County	Board Members ABSENT
Erik Krogh, *CHAIR*	X	Kalamazoo/Kalamazoo	
Sharon Spears, *VICE CHAIR*	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany			X
Jasmin Chrzan			X
Ituha Cloud			X
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Karen Longanecker	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Jenna Verne		Kalamazoo/Kalamazoo	X

ISK - KCMHSAS Staff Present:

Jeff Patton, *CEO*
Jane Konyndyk
Pat Davis
Roann Bonney
Heather Garcia
Sheila Hibbs
Heidi Oberlin
Alecia Pollard
Michael Schlack, *CORPORATE COUNSEL*
Demeta Wallace

ISK - KCMHSAS Staff Absent:

Lisa Brannan
Kathy Lentz
Beth Ann Meints
Pat Weighman

Providers:

Mike Kenny
Board Member
NAMI of Kalamazoo

Fi Spalvieri
Executive Director
Community Living Options

Guests:

Michael Seals
Kalamazoo County Board of Commissioner
Emeritus

John LaFramboise
Assurance Director
BDO Auditors

Call to Order:
Chair Krogh welcomed all in attendance to the January 25, 2021 INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at 4:00PM.

Agenda:
Board members reviewed the agenda for changes. Board members are recommending no changes to the agenda.

Minutes:
Vice Chair Spears, "I MOVE TO ACCEPT THE MINUTES FROM November 23, 2020."
Supported by Member Raphelson.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

John LaFramboise, Assurance Director, BDO Auditors:
Financial Statement and Single Audit Act Compliance/Year Ending September 30, 2019.
Results of Our Audit
"Accounting Practices, Policies and Estimates
The following summarizes the more significant required communications related to our audit concerning the Authority's accounting practices, policies and estimates:

The Authority's significant accounting practices and policies are those included in Note 1 to the financial statements. These accounting practices and policies are appropriate, comply with generally accepted accounting principles and industry practice were consistently applied and are adequately described within Note 1 to the financial statements.

The Authority adopted GASB Statement No. 88, Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements during the year ended September 30, 2019. The adoption of this new standard had no significant impact on the Authority's financial statements.

There were no other changes in significant accounting policies and practices during the year ended September 30, 2019.

Significant estimates are those that require management's most difficult, subjective, or complex judgments, often as a result of the need to make estimates about the effects of matters that are inherently uncertain. The Authority's significant accounting estimates, including a description of management's processes and significant assumptions used in development of the estimates, are disclosed in Note 1 of the financial statements.

Significant accounting estimates include: Net Pension/Other Post-Employment Benefits Liabilities.

Management did not make any significant changes to the processes or significant assumptions used to develop the significant accounting estimates in 2019.

Corrected and Uncorrected Misstatements

There were no corrected misstatements, other than those that were clearly trivial, related to accounts and/or disclosures that we brought to the attention of management.

There were no uncorrected misstatements, other than those that were clearly trivial, related to accounts and/or disclosures that we presented to management.

Quality of the Government's Financial Reporting

A discussion was held regarding the quality of the Authority's financial reporting, which included the following:

- Qualitative aspects of significant accounting policies and practices
- Our conclusions regarding significant accounting estimates
- Financial statement presentation
- New accounting pronouncements

To see the entire audit, please use the following link: Kzoo Comm MHSAS 2019 fst 930 FINAL; Kzoo Comm MHSAS 2019 Audit Wrap 930 FINAL.

Member Raphelson, "I MOVE TO APPROVE THE ISK FINANCIAL STATEMENTS AND SINGLE AUDIT ACT COMPLIANCE YEAR ENDED SEPTEMBER 30, 2019. Supported by Member Guenther.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

The ISK Board & Jeff highly commended, Pat Davis, Heather Garcia, and the ISK Finance Department, for their excellent and thorough work during the fiscal year's audit process. It is a vast undertaking with a lot of intensity. Great job everyone!

Citizen Time:
Mike Kenny
During the COVID-19 pandemic, NAMI of Kalamazoo has seen an increase in calls for mental health assistance. Many of the callers are pursuing services for their adult children between the ages of 20-30 years old. Their major complaints were that they had a difficult time maneuvering the ISK website to locate the appropriate telephone numbers to call for help. I would like to propose that a glossary of telephone numbers for services be added to the website in a location on the site that is easily identifiable and accessible.

Jeff thanked Mike for his recommendations and assured him that his idea would be considered for implementation.

Recipient Rights:
Recipient Rights Monthly Report:
Roann Bonney, ORR Director, ISK, presented the complaints/allegations closed in November and December 2020.

NOVEMBER:
Abuse Violations:

- There was one substantiated Abuse II violation in November 2020.
  - The remedial actions for this violation were Training (1), Suspension (1) and Written Reprimand (2). There was 1 staff involved in this one complaint.
- There was one substantiated Abuse III violation in November 2020.
  - The remedial action for this violation was Employment Termination (1).

Neglect Violations:

- There were four substantiated Neglect III violations in November 2020.
  - The remedial actions for these violations were Training (6), and Written Reprimand (6). Two of these were a Neglect III, Failure to Report violation. There were 3 staff involved in one Neglect III, Failure to Report violation.

  The 4 violations occurred at 2 different agencies. The 3 violations occurring at the same agency occurred at 2 different program sites. The 2 violations occurring at the same program site included one Neglect, Failure to Report.

DECEMBER:
Abuse Violations:

- There was one substantiated Abuse II violation in December 2020.
  - The remedial actions for this violation were Training (1) and Written Reprimand (1).

◊ There were two substantiated Abuse III violations in December 2020.

- The remedial actions for these violations were Training (3) and Written Reprimand (3). There were 2 staff involved in one violation.

The 2 violations occurred at the same agency but at 2 different program sites.

Neglect Violations:

◊ There was one substantiated Neglect I violation in December 2020.

- The remedial actions for these violations were Training (4), and Written Reprimand (4). This was a Neglect I, Failure to Report violation.

◊ There were two substantiated Neglect II violations in December 2020.

- The remedial actions for these violations were Training (5), and Written Reprimand (1). One of these was a Neglect II, Failure to Report violation. There were 3 staff involved in the Neglect III, Failure to Report violation.

The 2 violations occurred at the same agency and different program sites.

◊ There were five substantiated Neglect III violations in December 2020.

- The remedial actions for these violations were Employment Termination (1), Training (4), and Written Reprimand (9). Two of these were Neglect III, Failure to Report violations. There were 5 staff involved in the Neglect III, Failure to Report violations.

The 5 violations occurred at 2 different agencies. The 4 violations occurring at the same agency occurred at 2 different program sites. Within those 2 sites each site had a Neglect and a Neglect, Failure to Report.

All the ORR case information is forwarded to the ISK Population Directors monthly for any tracking/trending of the RR information in their areas of authority * (Agencies can include ISK).

Recipient Rights Annual Report:

Roann Bonney, ORR Director, ISK, presented the ORR Annual Report from October 1, 2019-September 30, 2020.

This report is a summary of the data by type or category regarding the rights of recipients receiving services from ISK including the number of complaints, investigations substantiated and the remedial actions. It also highlights the training provided to staff and contract providers.

To review the entire Recipient Rights Annual Report, please contact the Office of Recipient Rights @ 269-364-6920.

Consent Calendar:
Chair Krogh, "Are there any materials that the ISK Board would like to have removed from the Consent Calendar before we proceed with the ROLL CALL vote?" No materials were requested to be removed.

Monitoring Reports:
JANUARY:

- MISSION/VISION/VALUE STATEMENT Policy
- Bylaws and Rules of Procedures Policy
- Annual Leave Reserve Policy & Report
- Annual Board Planning Cycle/Schedule 2021 Policy
- Quality Management Improvement Plans Report
- Strategic Plan Report

Member Raphelson, "I MOVE APPROVAL OF THE ISK QUALITY IMPROVEMENT PROGRAM PLAN FOR FISCAL YEAR 2020/2021." Supported by Member Longanecker.

ROLL CALL:

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

Program Services Updates:
Jane Konyndyk, ISK, Deputy Director, Program Services, presented the January Program Services report.

For your information, ALL SERVICES begin at our ACCESS CENTER and they can be reached @ 269-373-600 or 1-888-373-6200.

ISK facilities are open and providing services. We have had close to 200 staff persons who have received either their first or second vaccination. We remain hopeful that this number will increase. We too have staff persons who have some apprehension about receiving the injection, which we completely understand. Therefore, we are asking staff who have been vaccinated, to openly share their experience and any helpful information that they are comfortable with sharing to increase interest in receiving the vaccination.

The Kalamazoo County Health & Human services has been doing an excellent job with their clinics at the Kalamazoo County Expo Center.

That concludes my report.

Financial Condition Report:
Pat Davis, ISK, Deputy Director, Administrative Services, presented the Financial Condition report for the period ending December 31, 2020.

SWMBH:
Revenues:
Revenues for the three-month (3) period are projected to be $17,436,536 compared to budgeted revenues of $19,008,264. Consequently, revenues are in an un-favorable position by approximately $1,571,728.

Expenditures:
Expenditures for the three-month (3) period are $17,436,536 compared to budgeted expenditures of $19,008264. Consequently, expenditures are in a favorable position by approximately $1,571,728.

ISK:
Revenues:
Revenues for the three-month (3) period are $3,622,912 compared to budgeted revenues of $3,868,611. Consequently, revenues are in an un-favorable position by approximately $245,699.

Expenditures:
Expenditures for the three-month (3) period are $3,426,647 compared to budgeted expenditures of $3,862,379. Consequently, expenditures are in a favorable position by approximately $435,732.

Utilization Reports:
Pat Davis, ISK, Deputy Director, Administrative Services, presented the December 31, 2020 Utilization Report.

- Youth Community Inpatient Services is unfavorable by $53,224
- MI Adult Community Inpatient Services is at (338) days and unfavorable at $320,301
- Community Living Supports, Personal Care, and Crisis Residential is favorable at $523,554

Investment Report:
Pat Davis, ISK, Deputy Director, Administrative Services, presented the December 31, 2020 Investment Report. PNC Bank has 80.47% cash, U.S. Federal Government (via PNC) 15.25% and DCAR's & DC (via Independent Bank) 4.28%. Investments remain consistent.

November & December Disbursements (MOTION):
Member Guenther, "Based on the Board Finance meeting review, I move that ISK approve the November 2020 and December 2020 vendor disbursements of $5,030,289.52 and $4,871,642.36." Supported by Vice Chair Spears.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

ACTION ITEMS (ROLL CALL):

KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
INTEGRATED SERVICES OF KALAMAZOO
Integrated Services of Kalamazoo Board
RESOLUTION
January 25, 2021

"ISK Resolution Declaring Racism A Public Health Crisis"

WHEREAS Integrated Services of Kalamazoo's Mission, Vision and Values statements reflect our belief that every person served by our organization is an individual and has value, and that every human being has value; and

WHEREAS Integrated Services of Kalamazoo recognizes that as an organization it has not fully lived up to the aspirations of its Mission, Vision and Values statements, and that racism, racial disparities and discrimination are still present within our organization; and

WHEREAS Integrated Services of Kalamazoo is also aware that throughout our Nation's history there has been conflict and controversy regarding the treatment and inherent value of certain individuals and that conflict and controversy continues today; and

WHEREAS Integrated Services of Kalamazoo is committed to ending racism, racial disparities, and discrimination in Kalamazoo County's public community mental health system and throughout our society; and

WHEREAS Integrated Services of Kalamazoo recognizes that there are many individuals and organizations who have similar goals of promoting the equal treatment of every person.

Now Therefore Be It Resolved as Follows:

Integrated Services of Kalamazoo will continue to strive to identify and address inequalities within our programs, system of care and procedures and will tirelessly work to end racism, racial disparities, and discrimination within our agency; and

Integrated Services of Kalamazoo joins the Kalamazoo County Board of Commissioners in declaring racism a public health crisis; and

Integrated Services of Kalamazoo joins the American Public Health Association, the American Medical Association, the American Academy of Pediatrics, and American College of Emergency Physicians, who have declared institutional racism an urgent public health issue that must be eradicated; and

Integrated Services of Kalamazoo recognizes and supports the declarations in the State of Michigan Executive Directive No. 2020-09, released by Governor Gretchen Whitmer on August 5, 2020 and which identifies racism as a public health crisis. That Directive states in part:

- "Racism is a social system with multiple dimensions, including individual racism and systemic racism. Both institutional and systemic racism harm individuals and communities and deplete the strength of a whole society through the waste of human resources."
- "Racism has existed in America for over 400 years. Even today, through inequitable outcomes in the criminal justice system, achievement gaps in education, disproportionate results in health and infant mortality, and job and housing discrimination, racism remains a presence in American society while subjecting Black, Indigenous, and other people of color to hardships and disadvantages in every aspect of life."
- "People of color in Michigan are more likely to live in neighborhoods with restricted access to healthy food choices and essential resources, excessive high-priced gas stations and liquor stores and older housing stock leading to a variety of other health issues, including reduced life expectancy, higher rates of infant and maternal mortality, high rates of asthma, higher rates of lead poisoning, and higher vulnerabilities to public pandemics, including COVID-19."
- "The eradication of racism and discrimination requires proactive efforts to achieve racial justice: the creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunity, treatment, and outcomes for all people regardless of race."

; and
Integrated Services of Kalamazoo recognizes and explicitly states that Black lives matter, as an acknowledgement that all lives in America do not matter unless we address the unequal treatment and unequal opportunities faced by Black Americans and other Americans of color
; and
Integrated Services of Kalamazoo believes it is an important goal to end racism in the United States and supports the efforts of individuals and organizations who are willing to speak out for the goal of equal treatment for all.

Resolved by board motion on the 25th day of January 2021.

Xx:_____, Jeffrey W. Patton/ISK Chief Executive Officer

Xx:_____, Erik Krogh/ISK Board Chair

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

Chief Executive Officer Report:

During our last Board meeting in November, I mentioned the work we have done internally to talk with staff about the Black Lives Matter movement and importance for taking an affirmative position to end racism. As party of this effort, I have written a position paper titled *Black Lives Matter* and the broader meaning behind the Black Lives Matter movement, as well as our desire to join the Kalamazoo County Government, the State of Michigan, and many other organizations in declaring racism a public health crisis.

The United States of America as a nation, and Americans individually, clearly have much work to do to build a country free from inequality. And there is much to do in that regard within our public mental health system. Stating that *Black Lives Matter*, whether anyone agrees with the actions of the Black Lives Matter organization, is merely an acknowledgement that all lives in America do not matter unless we address the unequal treatment and unequal opportunities faced by Black Americans. Integrated Services of Kalamazoo pledges to continue to identify and address inequalities within our programs, system of care and procedures, and we support individuals and organizations who are willing to speak out for the goal of equal treatment for all.

The following documents will be forwarded to the newly developed ISK TIROC Committee (**Trauma Informed Resilience Oriented Equity Community**), so they can begin their work of addressing racial disparities within ISK:

- Black Lives Matter Position Statement
- Proposed Draft Board Resolution
- United States Supreme Court Historical Rulings on Race in America
- Race and the ISK Service Population prepared by Amy Galick, ISK Senior Data Analyst.

Good News, we received a full payment of $3 million from the Stryker Johnston Foundation to construct an 8,700 sq. ft. addition to the 418 West Kalamazoo Avenue Building. We will be bringing in an architect and construction manager as quickly as possible to help us develop a detailed plan and timeframe for beginning and completing construction.

- We believe this construction project will result in annual savings of $227,612.

- We are realizing part of these savings by ending our $107,213 annual mortgage payment for the Alcott 2030 Portage Street building. We fully own this building.
- We also plan to consolidate all administrative staff back to this location after construction of the new addition. This will end an annual lease payment to the County that amounts to $120,399.
- Program staff will then be located at two buildings that we own and those include the Integrated Health Services Clinic located at 615 Crosstown Parkway and 418 West Kalamazoo Avenue.

We also submitted a grant to the Irving S, Gilmore Foundation for $750,000. This grant, if approved in March, will supplement other costs for building improvements and infrastructure need for the existing 418 West Kalamazoo Avenues Building, increased parking, and demolition of the ACME building.

Community Mental Health Association of Michigan (CMHAM) Analysis of Proposal by Michigan's Prepaid Inpatient Health Plans/Regional Entities for the Provision of Complex Care Management

The proposal describes the development of a complex care management program for persons with serious mental illness and chronic health care needs many of whom are dually eligible for Medicare and Medicaid.

Although there is a care management gap that exists for persons dually enrolled in Medicare/Medicaid in that the Medicare benefit is not managed by any Medicaid Health Plans in Michigan, this proposal outlines an approach that is duplicative of and competitive with several initiatives currently in place and expanding in communities across the state. Complex care management is a key component of:

- The Certified Community Behavioral Health Centers (CCBHC) initiative – with eighteen (18) current CCBHC grantees and Michigan's recognition, by SAMHSA, as one of the nation's CCBHC demonstration states.

- The state's Behavioral Health Homes (BHH) and Opioid Health Homes (OHH)—both with proven track records at the initial set of sites and rate of growth over the past several years and planned for the current fiscal year, with the expansion in the number of BHH and OHH slated for the current fiscal year.

- The proposal does not identify a role for CMHSPs, which are part of a regional Entity/PIHP regions, in this effort. Without describing roles for CMHSPs, the proposal implies that the Regional Entities/PIHPs will hire staff to carry out the complex care management work.

- If this proposal moves forward, it must clearly outline the roles of the state's CMHSPs in carrying out the core complex care management work already being carried out by CMHSPs and their provider network, and with increased intensity in the existing and growing number of CCBHC, BHH, and OHH communities.

- As of last week, during the SWMBH Operations Committee meeting, Brad Casemore indicated that he was no longer pursuing this proposal.

That concludes my report.

Citizen Time:
No citizens came forth.

Board Member Time:
Special Recognition for Michael A. Seals/Erik Krogh & Jeff Patton:

Michael,

You have been a tremendous asset to the ISK Board. Your contributions to this board will be felt by many in the years to come. Your dedication and passion for our persons served and this community shows in the work that you have done and will continue to do. We appreciate the work performed on the Kalamazoo County Board of Commissioners as well.

Best regards,
Jeff & Erik

Michael Seals:
Thank you to Jeff, Erik, and the ISK Board members. What an honor it has been to serve with such wonderful individuals. We have achieved many major accomplishments, i.e., mental health providers in the Kalamazoo County Jail to provide mental health services to the inmates. We have also placed providers in police patrol vehicles to help when there is an issue in the field. I have been a proud member of this board.

Appointment of Chair for the June Board Election Committee:
Chair Krogh, "I MOVE TO APPOINT MEMBER KAREN LONGANECKER, AS THE CHAIR OF THE JUNE BOARD ELECTION COMMITTEE." Supported by Vice Chair Spears.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

Sharon Spears:
Michael you have been a great colleague & friend. I anticipate that you will be returning to the ISK Board soon. I am going to miss you!

Michael Raphelson:
Commissioner Michael Seals, thank you for being a great role model of service & leadership. Improvements are being made in the COVID-19 fight. However, please keep in our hearts and minds those Direct Care Workers who continue to provide care and services to our vulnerable populations.

Pat Guenther:
Can the resolution, "ISK Resolution Declaring Racism A Public Health Crisis" be placed on our ISK website and Facebook page? Yes, Jeff will have it placed on the ISK website and Facebook page, as soon as possible.

Karen Longanecker:
The ISK staff continues to produce excellent work and I thank you for bringing this resolution to our attention and securing our approval for this declaration. The Direct Care Wage is always at the forefront of my mind because my son's staff arrangement is funded by that wage. I have some recommended changes that I would like to submit for improvements on the ISK website. Jeff instructed Karen to send him an e-mail with her proposed recommendations.

Nkenge Bergan:
Michael, thank you for your leadership and the guidance that you provided to me when I became an ISK board member. I am a little jealous that ISK staff are receiving their vaccinations. I have teachers constantly approaching me about when those in education will be next. We are listed in section 1B on the vaccination schedule, however, those in positions that require face-to-face interactions will be first in line. Until then, I encourage my staff to remain diligent and follow all the CDC COVID-19 recommendations. There will be several upcoming Townhall Meetings with our stakeholders to discuss in-person learning for the 3rd trimester which begins on March 15, 2021. These meetings will be hosted by our Superintendent, Dr. Rita Raichoudhuri. If you are interested in attending, please contact the KPS Administration office for dates and times.

Lastly, KPS has created a new Equity Taskforce to review our equity challenges and determine approaches to implement positive change. The resolution adopted today from ISK helps to solidify for those persons whom we serve that all lives do matter. I remain hopeful that other organizations will take the same path forward to dismantle racism and provide equity/equality for all. The deadline has passed to apply to be a member of the taskforce, however, we will accept any constructive input from the community and our stakeholders during this process.

Patrick Dolly:
Michael, thank you for your service to this board and the community. Also, thank you to Jeff and the ISK staff for your awareness of the issues that are impacting the persons that we serve and our community. The acknowledgement that racism does impact health is relevant and significant!

ADJOURNMENT:
Vice Chair Spears, "I MOVE TO ADJOURN THE ISK BOARD MEETING." Supported by Member Longanecker.

ROLL CALL

NAME	YEAS	NAYS
Erik Krogh, *CHAIR*	X	
Sharon Spears, *VICE CHAIR*	X	
Nkenge Bergan	X	
Patrick Dolly	X	
Pat Guenther	X	
Karen Longanecker	X	
Michael Raphelson	X	

MOTION PASSED.

Meeting was adjourned at 6:00PM.

Demeta J. Wallace
Assistant to the Chief Executive Officer (*Jeff Patton*),
Board Liaison and Facility Site Specialist (*301*)
INTEGRATED Services of Kalamazoo

INTEGRATED Services of Kalamazoo

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III.

NOTES

INTEGRATED Services of Kalamazoo (*ISK*) *February 22, 2021*

ISK Board Member	Board Members PRESENT	Declaration of Location City/County	Board Members ABSENT
Erik Krogh, *CHAIR*			X
Sharon Spears, *VICE CHAIR*	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany			X
Jasmin Chrzan			X
Ituha Cloud			X
Patrick Dolly			X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Karen Longanecker	X	Kalamazoo/Kalamazoo	
Veronica McKissack	X	Kalamazoo/Kalamazoo	X
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Jenna Verne		Kalamazoo/Kalamazoo	X

ISK - KCMHSAS Staff Present:

Jeff Patton, *CEO*
Jane Konyndyk
Roann Bonney
Heather Garcia
Sheila Hibbs
Heidi Oberlin
Alecia Pollard
Michael Schlack, *CORPORATE COUNSEL*
Demeta Wallace

ISK - KCMHSAS Staff Absent:

Lisa Brannan
Pat Davis
Kathy Lentz
Beth Ann Meints
Pat Weighman

Call to Order:

Vice Chair Spears welcomed all in attendance to the *February 22, 2021* INTEGRATED Services of Kalamazoo Board meeting. The Board meeting was called to order at 4:00PM.

Moment of Silence:

Vice Chair Spears expressed tremendous grief for our community and nation over the tragedy that 500,000 Americans have died from COVID-19. We would like to take a moment of silence for reflection and respect for those who have passed and their loved ones.

Absence of a Quorum:
Integrated Services of Kalamazoo Board followed the Michigan Mental Health Code and the Michigan Open Meetings Act by requiring that the ISK February Board meeting (*Monday, February 22, 2021*) be held, guidelines were compiled with and the meeting convened.

The ability to transact ISK Board business was null and void due to the absence of a quorum.

All materials requiring ISK Board Action and Approval will be added to the Monday, March 22, 2021, ISK Board agenda.

Meeting ended at 5:30PM.

Demeta J. Wallace
Assistant to the Chief Executive Officer (*Jeff Patton*),
Board Liaison and Facility Site Specialist (*301*)
INTEGRATED Services of Kalamazoo

V.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: February 2021

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in February 2020

	February 2021	FY 20-21	February 2020	FY 19-20
Total # of Complaints Closed	**33**	**153**	**46**	**227**
Total # of Allegations Closed	**53**	**257**	**66**	**347**
Total # of Allegations Substantiated	**18**	**66**	**17**	**79**

The data below represents the total number of closed allegations and substantiations for the following categories: **Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.**

ALLEGATIONS	**February 2021**		**February 2020**	
Category	**TOTAL**	**SUBSTANTIATED**	**TOTAL**	**SUBSTANTIATED**
Consumer Safety	2	0	2	0
Dignity/Respect of Consumer	13	6	6	0
Treatment Issues/Suitable Services (Including Person Centered Planning)	8	2	17	3
Abuse I	0	0	0	0
Abuse II	3	1	4	1
Abuse III	4	1	4	2
Neglect I	0	0	0	0
Neglect II	3	2	1	1
Neglect III	5	3	6	4
	38	**15**	**40**	**11**

APPEALS	**February 2021**	**FY 20-21**	**February 2020**	**FY 19-20**
Uphold Investigative Findings & Plan of Action	0	2	0	1
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

Abuse Class I means serious injury to the recipient by staff. Also, sexual contact between a staff and a recipient.
Abuse Class II means non-serious injury or exploitation to the recipient by staff and includes using unreasonable force, even if no injury results.
Abuse Class III means communication by staff to a recipient that is threatening or degrading. (such as; putting down, making fun of, insulting)
Neglect Class I means a serious injury occurred because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse I or neglect I of a recipient.
Neglect Class II means a non-serious injury occurred to a recipient because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse II or neglect II of a recipient
Neglect Class III means a recipient was put at risk of physical harm or sexual abuse because a staff person DID NOT do something he or she should have done per rule or guideline. It also includes failure to report apparent or suspected abuse III or neglect III of a recipient.

ORR ADDENDUM TO MH BOARD REPORT
March 2021

Re: February 2021 Abuse/Neglect Violations

February

Abuse Violations

- There was one substantiated Abuse II violation in February 2021.
  - The remedial action for this violation was Employment Termination (1).
- There was one substantiated Abuse III violation in February 2021.
  - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There were two substantiated Neglect II violations in February 2021.
  - The remedial actions for these violations were Training (2), & Written Reprimand (2).

    The two violations occurred at different agencies. There was one Failure to Report.
- There were three substantiated Neglect III violations in February 2021.
  - The remedial actions for these violations were Training (3), & Written Reprimand (3).

    The 3 violations occurred at 2 different agencies. The 2 violations occurring at the same agency occurred at different program sites. There was one Failure to Report.

All of the ORR case information is forwarded to the ISK Population Directors on a monthly basis for any tracking/trending of the RR information in their areas of authority. *(Agencies can include ISK).

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.07

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	**BOARD COMPENSATION**	SUPERSEDES:	03/24/2014
		REVISED:	03/22/2021

PURPOSE/EXPLANATION

To establish parameters for compensation of Board members according to the Resolution adopted by the Kalamazoo County Board of Commissioners on November 4, 1997.

DEFINITIONS

Authority Board
The Integrated Services of Kalamazoo Board.

Meetings
A regular or special meeting of the Authority Board or a regular or special meeting of the Authority Board functioning as a committee of the whole, but only if a quorum of the Board or committee is present.

Per diem
Per day.

POLICY

I. Board members will be compensated for attending regular or special meetings subject to the following conditions:

A. If an Authority Board member desires to submit a per diem request, he/she shall submit a signed voucher detailing the meetings attended to the Finance Director within ninety (90) days of the meeting which is the subject of the per diem request.
   1. Vouchers received after ninety (90) days shall not be paid.
   2. All per diem vouchers must be approved by the Board Chair or designee prior to payment.
   3. Compensation shall be paid for both in person and virtual attendance.

B. The maximum compensation that Authority Board members may receive shall be $25.00 per day and $850.00 per year.

C. The compensation that is authorized by the Resolution of the County Board of Commissioners does not apply to a County Commissioner who is also an Authority Board member.

II. This policy shall remain in full force and effect until modified or terminated by an appropriate Resolution of the County Board.

EXHIBIT/REFERENCE

A. Kalamazoo County Board of Commissioners "Resolution to Establish Compensation for Kalamazoo County Community Mental Health and Substance Abuse Services Authority Board Members", November 4, 1997.

CHIEF EXECUTIVE OFFICER **APPROVED**

Jeff Patton
Chief Executive Officer

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.09

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 4
SUBJECT:	**BOARD MEMBERS' CODE OF CONDUCT**	SUPERSEDES:	03/28/2011
		REVISED:	03/25/2019

PURPOSE/EXPLANATION

The purpose of the Board Members' Code of Conduct policy is to promote the highest standards of conduct by members of the ISK Board to maintain and enhance public confidence in the integrity, independence, impartiality and effectiveness of the ISK Board.

POLICY

A. ISK Board Members are required to comply with this Code of Conduct, as well as the same ethical standards set forth in 15.342 of Michigan Act 196 of 1973 (and as amended), and Chapter 330 of the Michigan Mental Health Code § 330.1224 for public officers and board members.

B. The ISK Board adheres to the Carver Model of Policy Governance and its members are expected to incorporate all Ten Principles into their approach. Principles 1-3 define an organization's ownership, the board's responsibility to it, and the board's authority. Principles 4-7 specify that the board defines in writing policies identifying the benefits that should come about from the organization, how the board should conduct itself, and how staff behavior is to be proscribed. Principles 8-10 deal with the board's delegation and monitoring. In general, if a board applies ALL the principles of Policy Governance in its process and decision-making, then the board is likely practicing the model. If a board applies fewer than all the principles, it weakens or destroys the model's effectiveness as a system (The Carver Model of Policy Governance: John & Miriam Carver's guidebook #1).

C. ISK Board members must be committed to ethical and businesslike conduct in alignment with ISK' Vision, Mission and Guiding Values.

D. In accordance with ISK Board Policy II.11 (Conflict of Interest), board members must represent unconflicted duty of care and duty of loyalty to the interests of ISK. This accountability supersedes any conflicting loyalty such as to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any Board member acting as a person or family member to a person receiving ISK services. Members must adhere to policy II.11 (Conflict

of Interest) and complete the annual disclosure packet according to the policy.

a. *Duty of Care*
Every Board Member shall act in a reasonable and informed manner and perform his or her duties for ISK in good faith and with a degree of care that an ordinarily prudent person would exercise under similar circumstances.

b. *Duty of Loyalty*
Every Board Member owes a duty of loyalty to act always in the best interests of ISK and not in the interest of the Board member or any other Entity or Person. No board member may personally take advantage of a business opportunity that is offered to ISK unless the Board of Directors determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

E. When an individual becomes a Board member, he/she must not disclose identifiable information (with or without names) about persons receiving services from ISK, regardless of where this information was obtained from, without informed consent of an authorized party. Board members must comply with all applicable Confidentiality Regulations of the Michigan Mental Health Code, HIPAA and 42 CFR Part 2.

a. All information about persons receiving mental health services through ISK is confidential whether it is written, verbal or observed and must not be disclosed without written informed consent.

b. Confidential information about recipients of ISK services must not be disclosed by a Board member, even if the information is already known to the listener.

c. Confidential information about a recipient of ISK services must not be disclosed by a Board member, even if it was disseminated by the media, and both the listener and the Board member read/heard the media account.

F. Board members will likewise exercise decorum, dignity and respect with speaking about or to employees of ISK, Provider Agencies, persons from MDHHS, other PIHPs, CMHSPs, and other constituents. While persons who are not recipients of services are not lawfully protected by HIPAA, 42 CFR Part 2 or MMHC; ISK Board members will demonstrate a conservative approach when choosing to share business or personal information to or about partners of ISK.

G. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies.

a. Members' interaction with the Chief Executive Officer or with staff, must recognize the lack of authority vested in individuals except when explicitly Board-authorized.

b. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any Board member to speak for the Board.

c. Members will not make or publish false or malicious statements about an employee, ISK, or its services or products.
d. Members will not engage in misconduct that renders a member's presence in ISK to be detrimental to employees, ISK operations or to others.

H. Members are expected to vote according to the true merits of each motion, based on facts presented and applicable policy/procedure and law. Members must approach decision making with a mind that is open to persuasion by convincing evidence and argument. Members are expected to vote in the genuine best interest of ISK and the persons served by ISK without undue influence from partisan interest, public opinion, fear of criticism, or the prospect of disapproval from any person, institution or community.

I. If a Board member has a concern with another member regarding this Code of Conduct, the issue should be directed in the following manner:
a. If the concern involves a member other than one of the Board Officers, the issue should be directed to the Board Officer.
b. If the concern involves a Board Officer, the issue should be directed to the other Board Officer.
c. If the concern involves both Board Officers, the Board member should select two other members and direct the issue to them for review of the concern.

J. If all attempts at an internal resolution of the concern has failed, then either the Board Officer(s) under H.a. or H.b. or the members selected under H.c of this policy. shall refer the matter to the Kalamazoo County Board of Commissioners' Chairperson for resolution under Section 1224 of the Mental Health Code.

REFERENCES

- STANDARDS OF CONDUCT FOR PUBLIC OFFICERS AND EMPLOYEES: 15.342 of Michigan Act 196 of 1973 (and as amended): Public officer or employee; prohibited conduct
- Michigan Compiled Laws, Chapter 330. Mental Health Code § 330.1224 and as amended
- ISK Board policy I.01 (Mission/Vision/Value Statement)
- The Carver Model of Policy Governance: John & Miriam Carver's guidebook #1.
- HIPAA, 42 CFR Part 2
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)

- 1978 PA 566, MCL 15.181 to 15.185 (incompatible public offices)
- 18 USC 208 (Federal Conflict of Interest Statute)
- IRS Conflict of Interest Guidelines, Policies and Pronouncements for Charitable Tax-Exempt Nonprofit Entities

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.04

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 1
SUBJECT:	DEPRECIATION	SUPERSEDES:	03/24/2014
		REVISED:	03/23/2015

PURPOSE/EXPLANATION

To establish policy and procedures to calculate and record depreciation for all depreciable capital assets.

DEFINITIONS

Capital Equipment
A single non-disposable item costing more than $5,000 and having a useful life greater than two years.

Depreciation
Accounting process of allocating the cost of tangible assets to expense in a systematic and rational manner to those periods expected to benefit from the use of the asset.

Depreciation Method
A systematic and rational approach to cost allocation over the estimated useful life of the asset.

Useful Life
Period of time an asset is in service.

POLICY

It is the policy of Integrated Services of Kalamazoo (ISK) that all capital assets will be depreciated using the "Estimated Useful Lives of Depreciable Hospital Assets (most current published version)". Assets will be depreciated using straight-line half year convention methodology to determine depreciation expense.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.11

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1of 7
SUBJECT:	**CONFLICT OF INTEREST**	SUPERSEDES:	03/28/2016
		REVISED:	02/26/2018

PURPOSE/EXPLANATION

The purpose of the Conflict of Interest policy is to:

1. Protect ISK' interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a board member,
2. Clarify the duties and obligations of Board members in the context of potential conflicts of interest and to provide board members with a method for disclosing and resolving potential conflicts of interest,
3. Supplement, but not replace, any applicable state laws governing conflicts of interest applicable to public institutions, along with nonprofit and charitable corporations.

DEFINITIONS

A. Conflict of Interest

A conflict of interest arises when a board member participates or proposes to participate in a transaction, arrangement, proceeding or other matter for ISK, in which the board member, the board member's family member or an organization in which the board member is serving as an officer, director, trustee or employee has a financial interest. Board members should avoid both the appearance of and an actual Conflict of Interest.

B. Duty of Care

Every Board Member shall act in a reasonable and informed manner and perform his or her duties for ISK in good faith and with a degree of care that an ordinarily prudent person would exercise under similar circumstances.

C. Duty of Loyalty

Every Board Member owes a duty of loyalty to act at all times in the best interests of ISK and not in the interest of the Board member or any other Entity or Person. No board member or family member as defined in this policy may personally take advantage of a business opportunity that is offered to ISK unless the Board of Directors determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

D. Compensation

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature. This includes but is not limited to business, political or personal enterprises, personal fundraising, and gifts, monies or gratuities with more than a nominal value. A voting member of the Board of Directors who receives compensation, directly or indirectly, from ISK is precluded from voting on matters pertaining to such compensation arrangement.

E. Family Member

Family shall be defined to include spouse, parent, sibling (whole or half-blood), a spouse's parents, children (natural or adopted), grandchildren, great grandchildren, step family members, any person sharing the same living quarters in an intimate, personal relationship and spouses of siblings, children, grandchildren, great grandchildren, and all step family members. Relationships that create a potential conflict of interest or appearance of conflict of interest must be reported on the Conflict of Interest Disclosure Form and Acknowledgment (Exhibit A).

F. Financial Interest

A Board member has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a family member:

1. An actual or potential ownership, control or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which ISK currently has a transaction, arrangement, proceeding or other matter.
2. An actual or potential ownership, control or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which the ISK Board is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

POLICY

I. Each ISK Board member shall act in a reasonable and informed manner and perform his or her duties for ISK in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances. In this regard, each Board member has a duty to disclose the existence of a Financial Interest or other actual or potential conflict of interest and all related material facts annually to the Board using the attached form (see Exhibit A).

II. ISK will provide a means for a Board member to identify and report to the Board any direct or indirect Financial Interest and/or actual or potential conflict of interest. Based on that information, to permit the Board to review such Financial Interests and conflict of

interest, ISK will provide a process for the Board to follow when managing financial interests and other actual or potential conflicts of interest, all in accordance with applicable law.

PROCEDURE

I. DUTY TO DISCLOSE

A. Each board member shall complete and sign the annual Conflict of Interest Disclosure Form indicating that he/she agrees to abide by the terms of the Conflict of Interest policy and has disclosed the material facts of any actual, apparent or potential conflict of interest in the manner provided in this policy (see Exhibit A).

B. Each board member has a continuing obligation to disclose (in the manner provided in this policy) the existence and nature of any actual, apparent or potential conflict of interest he/she may have. Such disclosure shall be made promptly any time an actual, apparent or potential conflict of interest arises.

C. Conflict of Interest Disclosure Forms (Exhibit A) will be collected upon appointment of new board members and annually thereafter. Forms will be returned to the ISK Compliance Officer for review and further action as necessary, according to this policy, and kept on file. Any actual, potential or appearance of Conflict identified by the ISK Compliance Officer will be presented to the Board for further consideration.

II. ADDRESSING CONFLICTS OF INTEREST INVOLVING BOARD MEMBERS

A. When considering a conflict of interest, the Board will consider a number of factors. In making a determination as to whether a Financial Interest is substantial enough to be likely to affect the integrity of the Board member's services to the entity, the Board shall consider, as applicable:

1. Input from ISK Corporate Counsel and ISK Corporate Compliance Officer.
2. The type of interest that is creating the potential conflict (e.g., stock, bonds, real estate, cash payment, job offer or enhancement of a spouse's employment).
3. The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Board member, the Board member's relationship to that person.
4. The dollar value of the disqualifying Financial Interest, if known and quantifiable (e.g., amount of cash payment, salary of job to be gained or lost, change in value of securities).
5. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its perceived value to the

individual.

6. The nature and importance of the Board member's role in the matter, including the level of discretion which the Board member may exercise in the matter.
7. The sensitivity of the matter.
8. The need for the Board member's services.
9. Adjustments which may be made in the Board member's services as they relate to the potential conflict.

B. The minutes of the Board and all committees with Board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have a possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present and the Board/Committee's or Chief Executive Officer's decision as to whether a conflict of interest in fact existed.
2. The names of persons who were present for discussions and votes relating to the contract, transaction or arrangement, the context of the discussion, including any alternatives to the proposed contract, transaction or arrangement, and a record of any votes taken in connection therewith.

C. When a potential conflict arises, the Board will take the following steps:

1. The person who has information about an actual or potential conflict will present the issue to the full Board.
2. If a majority of the ISK Board is involved in the actual or potential conflict, the matter will be submitted to the Kalamazoo County Board of Commissioners for review and decision.
3. As necessary, the Board may request additional information from the involved Board Member, to be obtained no later than the next scheduled board meeting for vote.
4. As necessary, the Board may request verbal input from legal counsel and the ISK Corporate Compliance Officer, to be obtained no later than the next scheduled board meeting for vote.
5. Once all input has been obtained and presented, the Board will vote to determine whether an actual or potential conflict exists, according to this policy. The Involved Board Member(s) shall not participate in any vote on the matter.
    a. If it is decided by majority vote of quorum that an actual or potential conflict does not in any way exist, the decision will be well-documented with supporting documentation, presented to the full board and considered resolved.
    b. If it is decided by majority vote of quorum that a potential or actual conflict exists, the decision will be well-documented with supporting documentation, presented to the full board, and the involved Board Member will decide at that time to do one of two

things:

i. propose an action in writing to cure the potential or actual conflict (see Step F), or

ii. request that the board appoint a committee to review the potential or actual conflict and make recommendations. (see Step G)

D. If the board member chooses to propose an action to cure the potential conflict in writing he or she will present it to the full board for vote. The Board will vote to determine whether the proposed action is sufficient as written, according to this policy and relevant law. The Involved Board Member(s) shall not participate in any vote on the matter. If it is decided by majority vote of quorum that the proposed action fully cures the potential or actual conflict as written, the proposed action will be well-documented, enacted with supporting documentation and the issue will be considered resolved. If it is decided by majority vote of quorum that the proposed action does not fully cure the potential or actual conflict, the board will appoint a committee to evaluate the potential or actual conflict and make written recommendations for final vote.

E. If a committee is requested or required according to this policy, it will assemble before the next scheduled board meeting. The committee will consist of the ISK CEO, Board Chair, at least one other Board Member, ISK Corporate Counsel and the ISK Corporate Compliance Officer (provided that all parties are disinterested). If a committee member is unavailable to meet, she or he will produce a written opinion on the matter. The committee will form a written recommendation with supporting documentation. Upon completion of committee process, the committee will present its findings to the full board for final vote at the next scheduled board meeting (see Step H).

F. The Board will vote to determine whether the committee's recommendation is sufficient as written, according to this policy and relevant law. The Involved Board Member(s) will shall not participate in any vote on the matter. If it is decided by majority vote of quorum that the committee's recommendation is sufficient as written, the recommendation will be enacted with supporting documentation and the issue will be considered resolved.

G. If it is decided by majority vote of quorum that the committee's recommendation is insufficient as written, the Board shall consider the following:

1. Whether ISK can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest and thus avoid unnecessary risk to the organization.

2. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the disinterested members of the Board shall consider granting a waiver and shall act with full knowledge and acceptance of all potential

risks.

H. Michigan law specifically provides support for granting a waiver of a Conflict of Interest arising under the following Conflict of Interest exception scenarios:
   1. A Community Mental Health Services Program (CMHSP) Board member may be a party to a contract with a CMHSP or administer or financially benefit from that contract, if the contract is between the CMHSP and the Regional Entity;
   2. A CMHSP Board member may also be a member of the Regional Entity Board, even if the Regional Entity has a contract with the CMHSP;
   3. A CMHSP Board may approve a contract with the Regional Entity, if a CMHSP Board member is also an employee or independent contractor of the Regional Entity; and
   4. CMHSP public officers (e.g., Board members, officers, executives and employees) may also be Board members, officers, executives and employees of the Regional Entity, even if the Regional Entity contracts with the CMHSP, subject to any prohibition imposed by the Michigan Department of Community Health in that regard.

I. A conflict of interest waiver may be granted if the Board determines that it is not able, with reasonable efforts, to obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Board member, or that the actual or potential conflict is not so substantial as to be likely to affect the integrity of the services which the entity may expect from the Board Member. The Board may vote to waive the potential or actual conflict of interest and proceed with the proposed transaction, arrangement, proceeding or other matter and/or the Board member's participation in the matter. A Conflict of Interest Waiver shall be made in writing and signed by the Chairperson of the Board (or Vice Chair if the conflict involves the Chairperson) on the Conflict of Interest Waiver form (Exhibit C). The Conflict of Interest Waiver may restrict the Board member's participation in the matter, to the extent deemed necessary by the Board or the Conflict of Interest waiver may cover all matters the Board member may undertake as part of his/her official duties with the Board, without specifically enumerating such duties. All Conflict of Interest Waivers shall be issued prior to the Board member's participation in any transaction, arrangement, proceeding or other matter on behalf of ISK.

REFERENCES

- Mental Health Code, 1974 PA 258, MCL 300.1001 to 300.2106
- 1978 PA 566, MCL 15.181 to 15.185 (incompatible public offices)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)

- 45 CFR Part 74 (Federal Procurement Regulations)
- 45 CFR Part 92 (Federal Procurement Regulations)
- 42 USC 1396a (Federal Medicaid Statute)
- Michigan Medicaid State Plan
- 18 USC 208 (Federal Conflict of Interest Statute)
- IRS Conflict of Interest Guidelines, Policies and Pronouncements for Charitable Tax-Exempt Nonprofit Entities

EXHIBITS

A. Board Member Disclosure Statement

B. Resolution of the Board

C. Conflict of Interest Waiver

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

INTEGRATED
Services of Kalamazoo

Community • Independence • Empowerment

INTEGRATED SERVICES OF KALAMAZOO

Utilization Management Plan for Individuals Enrolled in Medicaid, Healthy Michigan Plan, SUD Community Grant, Flint 1115 Waiver, Autism Benefit, SED, Child or Habilitation Supports Waivers

FY 21

Table of Contents

Introduction

Integrated Services of Kalamazoo (ISK) is a Community Mental Health Services Program providing specialty behavioral health services and performing delegated benefits management function for the individuals receiving services under the Medicaid Managed Specialty Supports and Services Demonstration 1115 Waiver, 1915 (c) (i) Program(s), the Healthy Michigan Program, the Flint 1115 Waiver and Substance Use Disorder Community Grant Programs for behavioral health specialty and substance use disorder services for residents of Kalamazoo County.

These various funding source/programs possess different definitions, criteria and benefits. The Medicaid Managed Specialty Supports and Services program is available to both youth and adults and is funded under Medicaid which is a Federal and state entitlement program that provides physical and behavioral health benefits to low income individuals who have no insurance. Criteria for Medicaid varies based among other indicators including disability type, physical health status, age, and income. Healthy Michigan Plan provides comprehensive health care coverage for a category of eligibility for individuals who are 19-64 years of age; have income at or below 133% of the federal poverty level; do not qualify for or are not enrolled in Medicare; do not qualify for or are not enrolled in other Medicaid programs; are not pregnant at the time of application; and are residents of the State of Michigan. The Flint 1115 Waiver is a program available under Medicaid. Eligibility for coverage includes children up to the age of 21 who are or were being served by Flint's water system between April 2014 and a future date when the water system is deemed safe. Pregnant women and their children also will be made eligible. Substance Use Disorder Community Block Grant is a Federal program that provides substance use disorder benefits to low income individuals who have no insurance. The General Fund program provides a limited set of mental health benefits to low income individuals who have no insurance.

Purpose

The purpose of the Utilization Management (UM) Program is to maximize the quality of care provided to individuals while effectively providing services under and managing the Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED, and Child Waivers and SUD Community Grant resources of the Plan while ensuring uniformity of benefit. Integrated Services of Kalamazoo is responsible for monitoring the provision of delegated UM managed care administrative functions related to the delivery of behavioral health and substance use disorder services to members enrolled in Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waivers. Integrated Services of Kalamazoo is responsible to ensure adherence to Utilization Management related statutory, regulatory, and contractual obligations associated with the Southwest Michigan Behavioral Health (SWMBH) and Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Services contracts, Medicaid Provider Manual, mental health and public health codes/rules and applicable provisions of the Medicaid Managed Care Regulations, the Affordable Care Act and 42 CFR.

Essentially, the utilization management program consists of functions that exist solely to ensure that the right person receives the right service at the right time for the right cost with the right outcome while promoting recovery, resiliency, integrated and self-directed care. The most important aspects of the utilization management plan are to effectively monitor population health and manage scarce resources for those persons who are deemed eligible while supporting the concepts of financial alignment and uniformity of benefit. Ensuring that these identified tasks occur is contingent upon

uniformity of benefit, commonality and standardized application of Intensity of Service/Severity of Illness criteria and functional assessment tools for all services and across the provider network, authorization and linkage, utilization review, sound level of care and care management practices, implementation of evidenced based clinical practices, promotion of recovery, self-determination, involvement of peers, cross collaboration, outcome monitoring and discharge/transition/referral follow-up.

Values

Integrated Services of Kalamazoo intends to operate a high-quality utilization management system for public behavioral health and substance use services which is responsive to community, family and individual needs. The entry process must be clear, readily available and well known to all constituents. To be effective, information, assessment, referral and linkage capacity must be readily and seamlessly available. Level of care and care management decisions must be based on medical necessity and on evidenced based, wellness, recovery and best practice. ISK is committed to ensuring use of evidence-based services with individuals served, driving outcomes/results/value for taxpayer dollar and maximization of equity across beneficiaries. As a steward of managing taxpayer dollars, Integrated Services of Kalamazoo is committed to the identification, development and use of innovative and less costly supportive services (e.g., Assistive Technology, Certified Peer Supports and Recovery Coaches, etc.) while meeting the service needs of individuals in the region. Integrated Services of Kalamazoo recognizes that access to physical and behavioral health services is critical to successful recovery and outcomes at both the individual and service management levels. Maximizing access to integrated service depends upon appropriate utilization throughout all aspects of the screening/assessment, level of care and care management decision making processes and care coordination and through oversight, fidelity and outcomes monitoring.

Authority and Structure

Program Oversight

The Integrated Services of Kalamazoo Utilization Management Program shall operate under the oversight of the Integrated Services of Kalamazoo Deputy Director of Program Services and Medical Director. Additionally, the Integrated Services of Kalamazoo Utilization Management Committee shall serve in a critical role involving deliberation, consultation and proof of performance realms. The Integrated Services of Kalamazoo Deputy Director of Program Services and Medical Director are overall accountable for management of the CMHP's Utilization Management Program. Jointly with the Medical Director, the Deputy Director of Program Services and Director of Quality Management provide clinical and operational oversight and direction to the UM program and staff and ensures that Integrated Services of Kalamazoo has qualified staff accountable to the organization for decisions affecting customers.

Committee

Integrated Services of Kalamazoo has an established Utilization Management Committee (UMC) to review and provide input and coordination regarding utilization management policy, medical necessity criteria, and clinical practice, review service use, population health, outlier and satisfaction data and annually evaluate the efficiency and effectiveness of the UM Program and offer feedback related to necessary modifications. The UMC shall serve in a support and advisory capacity to the UM Program. The Utilization Management Committee meetings will generally occur at the same time as the Population Directors meeting. As stated below, ad hoc members will be included in the committee meetings based on need and agenda focus.

Membership

The UMC will consist of cross collaborative leadership representation from Integrated Services of Kalamazoo including the Deputy Director of Program Services, Deputy Director of Administrative Services, Director of Quality Management, Manager of ISK Access Center, and Population Senior Executives. Ongoing consultation and ad hoc representation from the Integrated Services of Kalamazoo Chief Executive Officer, Medical Director, Customer Services, Utilization Review, Finance, IT, and Provider Network staff is available to the committee. UMC clinical representatives are experienced administrative and clinical professionals with ad hoc specialty representation for Child and Adolescents with Serious Emotional Disturbance, Adults and Children with Intellectual/Developmental Disabilities, Adults with Serious and Persistent Mental Illness, and Adults and Children with Substance Use Disorders.

Roles of the Committee

The UMC is charged with the following:

1. Ensure adherence to consistent and application of assessment tools, level of care guidelines and medical necessity criteria at the Local Care Management Level, recommendation for and implementation of Clinical Protocols and Clinical Practice Guidelines, and development of recommendations for UM level of care guidelines for all Integrated Services of Kalamazoo business lines.
2. Review and provide input on the UM Program on an annual basis assuring adherence to and synchronization with contractual and accreditation requirements, with final approval by the Deputy Director of Program Services and Medical Director.
3. Provide input regarding the utilization management program including level of care and service utilization guidelines that may be provided without authorization, level of care and typical service utilization guidelines that receive auto approval or that exceed identified thresholds and are reviewed at the local care management level and review and monitor outlier levels of care and typical service utilization data.
4. Ensure that services rendered are delivered by qualified staff or contracted practitioner providers. Ensure that timely and focused utilization review (UR) is provided for delegated Utilization Management functions.
5. Develop, review and act upon service utilization and outcomes data and/or reports for purposes of demonstrating consistent Uniform Benefit (including reports of under and over utilization, length of stay, etc.).
6. Review and provide input regarding appropriate care delivery to members who present with high risk, catastrophic, high volume, complex or chronic conditions.
7. Review service use and population health data that may affect policy and procedure including, but not limited to Appeal/Fair Hearing determinations, Recipient Right decisions, clinical best practices and service utilization and cost data.
8. Identify practice-based evidenced measures (i.e. clinical outcome metrics) that demonstrate the overall effectiveness and impact of clinical services being rendered.
9. Identify gaps and make recommendations for necessary clinical training to ensure delivery of quality clinical service through the use evidenced based practices that adhere to fidelity measures.
10. Assure adherence to related data and report specification's through cross collaboration with applicable teams including the PIHP Regional UM, Quality Management and Customer Services Committees.

Standards and Philosophy

Integrated Services of Kalamazoo is responsible for monitoring the provision of services to individuals enrolled in Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waivers and SUD Community Grant and those receiving services under General Funds. Integrated Services of Kalamazoo ensures adherence to statutory, regulatory, and contractual obligations. Furthermore, the utilization management program is designed to be consistent with and supportive of assuring achievement of Integrated Services of Kalamazoo mission, vision and values.

The UM program document and subsequent policies provide a description of processes, procedures and criteria necessary to ensure cost-effectiveness, achieving the best customer outcome for the resources spent. As a CMHSP with delegated managed care UM functions, Integrated Services of Kalamazoo' duty is to assure the **uniformity** of:

1. Benefit
2. Adequate timely access
3. Application of functional assessment tools, evidenced based practices and medical necessity criteria
4. UM decision-making including application of eligibility criteria and level of care guidelines

Management information system(s) adequate to support the UM Program is central. Integrated Services of Kalamazoo currently utilizes a variety of reporting systems including reports available through SWMBH and Integrated Services of Kalamazoo Streamline Smartcare reports to manage UM data needs. The functionalities and maintenance of such systems include, but are not limited to:

1. Utilization of electronic health information systems and incorporation/integration of behavioral health and physical health data
2. Real-time access to aggregate and case level information which is complete, accurate, timely
3. Reporting services which are automated and routine, inclusive of rule-based alerts
4. Reporting formats which are readily available, graphically presented, easy to understand and present actionable information aligned to Ends and dashboard performance and clinical outcome goals
5. Utilization of a managed care information system that meets meaningful use standards
6. Collection of uniform behavioral health and physical health data elements and utilization of functional assessment tools that provide input into severity of illness and a means to provide the data to ISK to manage over/under utilization and employ risk stratification models both in an effort to manage and impact population health.

Access to Integrated Services of Kalamazoo Behavioral Health Services

A beneficiary may access the system through any of the following avenues:

1. Requesting services directly from Integrated Services of Kalamazoo during business and after hours toll-free access/crisis line.
2. Face-to-Face evaluation by Integrated Services of Kalamazoo
3. Crisis behavioral health services through the Integrated Services of Kalamazoo, inpatient hospitals, mobile crisis teams, and urgent care centers
4. Requesting substance use disorder services and depending on the level of medically necessary care and customer choice, subsequently collaborates with SWMBH and other providers for screening, service provision and/or service determination

Access Standards

1. The percent of all children and adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. (Standard = 95%)

2. The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days, 10 business days, of a non-emergency request for services. (Baseline to be collected in FY20)
3. The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. (Standard = 95%)
4. The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. (Standard = 95%)
4b. The percent of discharges from a substance abuse detox unit who are seen for follow-up care within seven days. (Standard = 95%)
5. Achieve a call abandonment rate of 5% or less.
6. Average call answer time 30 seconds or less.

Level of Intensity of Service Determination

Level of Intensity	Definition	Regulatory Decision Response Time
Emergent - Psychiatric	The presence of danger to self/others; or an event(s) that changes the ability to meet support/personal care needs including a recent and rapid deterioration in judgment	Within 3 hours; Prior authorization not necessary for the screening event. Disposition required for an inpatient admission within 3 hours of request
Urgent – Psychiatric	At risk of experiencing an emergent situation if support/service is not given	Within 72 hours of request; prior authorization required; If services is denied/ appealed and deemed urgent, Expedited Appeal required within 72 hours of denial
Routine	At risk of experiencing an urgent or emergent situation if support/service is not given	Within 14 days; Prior authorization required
Retrospective	Accessing appropriateness of medical necessity on a case-by- case or aggregate basis after services were provided	Within 30 calendar days of request
Post-stabilization	Covered specialty services that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition	Within 1 hour of request

Coordination and Continuity of Care

Integrated Services of Kalamazoo is committed to ensuring each individual served receives services designed to meet each individual special health need as identified through a functional assessment tool

and a Biopsychosocial Assessment. The screening and assessment process contains mechanisms to identify needs and integrate care that can be addressed with specialty behavioral health and substance use disorder treatment services as well as integrated physical health needs and needs that may be accessed in the community including, but not limited to, employment, housing, financial assistance, etc. The assessment is completed or housed in a uniform managed care information system with collection of common data elements which also contains a functional assessment tool that generates population-specific level of care guidelines. To assure consistency, the tools utilized are the same version across the Integrated Services of Kalamazoo internal and provider network and include the Level of Care Utilization System (LOCUS) for Adults with Mental Illness or Co-Occurring Disorder, PECFAS (Preschool and Early Childhood Functional Assessment Scale) and CAFAS (Child and Adolescent Functional Assessment Scale) for Youth with Serious Emotional Disturbance, SIS (Supports Intensity Scale) for adult customers with Intellectual/Developmental Disabilities, ASAM-PPC (American Society for Addiction Medicine-Patient Placement Criteria) for persons with a Substance Use Disorder. Components of the assessments generate a needs list which is used to guide the treatment planning process. Functional assessments are completed by appropriate clinical professionals and according to identified timeframes/ standards or whenever there is a perceived or necessary change in level of care. Treatment plans are developed through a person-centered planning process with the individual served participation and with consultation from any specialists providing care to the individual.

Integrated Services of Kalamazoo ensures adherence to statutory, regulatory, and contractual obligations through four primary Utilization Management Functions.

1. Access and Eligibility: To ensure timely access to services, Integrated Services of Kalamazoo provides and monitors a local access, triage, screening, and referral. Integrated Services of Kalamazoo ensures that the Access Standards are met including standards set through the Michigan Mission Based Performance Indicator System (MMBPIS).
2. Clinical Protocols: To ensure Uniform Benefit for Customers, consistent functional assessment tools, medical necessity, level of care and clinical protocols/practices have been identified and implemented for service determination and service provision.
3. Service Authorization/Determination: Service Authorization procedures will be efficient and responsive to customers while ensuring sound benefits management principles consistent with health plan business industry standards. The service determination/authorization process is intended to maximize access and efficiency on the service delivery level, while ensuring consistency in meeting federal and state contractual requirements. Service authorization utilizes level of care principles in which intensity of service is consistent with severity of illness.
4. Utilization Management: Through outlier management and level of care service utilization guidelines for behavioral health and outlier management, level of care service utilization guidelines and central care management processes for substance use disorders, an oversight and monitoring process is utilized to ensure utilization management standards are met, such as appropriate level of care determination and medically necessary service provision and standard application of Uniformity of Benefit.

The Integrated Services of Kalamazoo Utilization Management plan is designed to maximize timely local access to services for customers while providing an outlier management process to reduce over and underutilization (financial risk). The Utilization Management Plan endorses two core functions.

1. Outlier Management of identified high cost, high risk service outliers or those with need under-utilizing services.
2. The Outlier Management process provides real-time service authorization determination and applicable appeal determination for identified service outliers. The policies and procedures meet accreditation standards for the Integrated Services of Kalamazoo for behavioral health

services (Specialty Behavioral Health Medicaid and SUD Medicaid and Community Grant and General Fund). Service authorization determinations are delivered real-time via a managed care information system or a telephonic review process (prospective, concurrent, and retrospective reviews). Outlier Management and level of care guideline methodology is based upon service utilization across the SWMBH region including Integrated Services of Kalamazoo. The model is flexible and consistent based upon utilization and funding methodology.

The Utilization Review process will use scheduled review of outlier management reports. The reports and UR tool speaks to ensuring intensity of service matching level of care with services and typical service utilization as well as any additional external audit findings (SWMBH, etc.). Should any performance area be below the established benchmark standard, the Utilization Review process will require that an action plan be developed to address any performance deficits.

The outlier management process and subsequent reports to manage it, including over and under-utilization and uniformity of benefit, are based on accurate and timely assessment data and scores and service determination transactions are housed in the ISK Electronic Health Record, implementation of level of care guidelines and development of necessary reports for review.

Review Activities

Utilization Management

Based on an annual review by SWMBH cross collaborative departments utilizing clinical and data model audits, an annual Utilization Management Program is developed and UM oversight and monitoring activities are conducted across the region and provider network to assure the appropriate delivery of services. Participant CMHSP's are delegated most utilization management functions for mental health under their Memorandum of Understanding and some CMHSP's are delegated UM functions for a limited scope of SUD services. SWMBH provides, through a central care management process, UM functions for all services delivered by SUD providers and all acute/high intensity SUD services inclusive of Detox, Residential and MAT/Methadone. Based upon the UM Program review, annual audits and report findings, modifications are made systemically through the UM annual work plan/goals and policy/procedure. Specific changes may be addressed through corrective action plans with the applicable CMHSP's, providers or SWMBH departments.

Provider Network practitioners and participant CMHSP clinical staff review and provide input regarding policy, procedure, clinical protocols, evidence-based practices, regional service delivery needs and workforce training. Each CMHSP is required to have their own utilization management/review process. The Medical Director and a Physician specializing in Addictionology meets weekly with SWMBH UM staff to review challenging cases, monitor for trends in service, and provide oversight of application of medical necessity criteria. Case consultation with the Medical Director who holds an unrestricted license is available 24 hours a day. SWMBH provides review of over and underutilization of services and all delegated UM functions. Inter-rater reliability testing is conducted annually for any SWMBH clinical staff making medical necessity determinations through the centralized care management or outlier management processes.

Determination of Medical Necessity

Treatment under the customer's behavioral health care benefit plan is based upon a person-centered process and meets medical necessity criteria/standards before being authorized and/or provided. Medical necessity criteria for Healthy Michigan Plan and Medicaid for mental health, intellectual/developmental disabilities, and substance abuse supports and services and provider

qualifications are found in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual. SWMBH utilizes the MCG medical necessity criteria for Inpatient. Levels of Care, service utilization expectations, changes (if any) in MDHHS Medicaid criteria or professional qualifications requirements, and utilization management standards are reviewed annually by the RUM Committee with final approval by the SWMBH Medical Director.

Services selected based upon medical necessity criteria are:

1. Delivered in a timely manner, with an immediate response in emergencies in a location that is accessible to the customer;
2. Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner;
3. Provided in the least restrictive appropriate setting; (inpatient and residential treatment shall be used only when less restrictive levels of treatment have been unsuccessful or cannot be safely provided);
4. Delivered consistent with national standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, as defined by standard clinical references, generally accepted practitioner practice or empirical practitioner experience;
5. Provided in a sufficient amount, duration and scope to reasonably achieve their purpose – in other words, are adequate and essential; and
6. Provided with consideration for and attention to integration of physical and behavioral health needs.

Process Used to Review and Approve the Provision of Medical Services

1. Review decisions are made by qualified medical professionals. Appropriately trained behavioral health practitioners with sufficient clinical experience and authorized by the PIHP or its delegates shall make all approval and denial determinations for requested services based on medical necessity criteria in a timely fashion.
2. Efforts are made to obtain all necessary information, including pertinent clinical information, and consulting with treating physician as appropriate
3. The reasons for decisions and the criteria on which decisions are made are clearly documented and available to the customer and provider.
4. Well-publicized and readily available appeals mechanisms for both providers and members exist. Notification of a denial includes a description of how to file an appeal and on which criteria the denial is based.
5. Decisions and appeals are made in a timely manner as required by the exigencies of the situation.
6. There are mechanisms to evaluate the effects of the program using data on customer satisfaction, provider satisfaction or other appropriate measures.
7. Utilization management functions that are delegated to a CMHSP may not be sub-delegated without prior approval and pre-delegation assessment by SWMBH.

Use of Incentives

The use of incentives related to service determination approvals, denials or promotion of underutilization is prohibited. Service determinations are based only on medical necessity criteria and benefits coverage information. This information is provided to members, staff and providers via policy and other informational documentation such as the member handbook and the SWMBH website.

Intensity of Service and Severity of Illness (Levels of Care)

The expectation for service provision is that intensity of service will be aligned with severity of illness. For each population served (adults with mental illness, youth with emotional disturbances, persons with intellectual and developmental disabilities, and persons with substance use disorders), SWMBH utilizes a standardized functional assessment to identify level of need at initiation of services and at established intervals throughout service provision. SWMBH and its participant CMHs have established regional Levels of Care that correspond to needs identified through the functional assessment process, which are based on severity of illness and intensity of need. Levels of Care and Core Service Menus are in place for adults with mental illness, youth with emotional disturbances, adults with intellectual and developmental disabilities, and persons with substance use disorders. The levels and service menus that were developed in 2016 are being used for those population areas until the updates are complete.

Each Level of Care contains a Core Service Menu with suggested service types as well as expected annual amounts of services, corresponding to needs commonly presenting at each level. Services that fall within the Core Service Menu for a given Level of Care are services for which medical necessity has been established via the functional assessment, and do not require additional UM review. Services requested that fall outside of the Core Service Menu for an individual's Level of Care may be authorized if medical necessity is established through a utilization review. These requests are referred to as Exceptions.

Most services designated as Exceptions are authorized through Local Care Management via a delegation to the CMHSPs. CMHSPs are delegated Healthy Michigan Plan and Medicaid authorization/UM functions for behavioral health community-based supports and services. For those CMHSPs which are delegated authorization/UM functions for substance use services, CMHSPs authorize and provide medically necessary services according to the SWMBH Levels of Care for SUD. For authorization of any Exception, a utilization management professional will review the request to determine if medical necessity has been established for the service, including the amount, scope, and duration of the service being requested. Exception approvals always clearly document medical necessity, and how the intensity of the service is indicated by the individual's level of need.

Levels of Care for Mental Health Specialty Services

Levels of Care for each of the SWMBH population areas are described below. Core Service Menus with recommended authorization thresholds for all levels of care (except for children with intellectual and developmental disabilities) have been developed, and are attached to SWMBH Regional Policy 4.10 Levels of Care.

PIHP Service Eligibility

Not all Medicaid-eligible persons with mental illness or emotional disturbances are eligible for PIHP services. For adults with mental illness and youth with emotional disturbance, thresholds for meeting eligibility for PIHP services are denoted below Level of Care descriptions that follow. Behavioral health services for persons with mild to moderate mental illness or emotional disturbances are provided through Medicaid health plans. All Medicaid behavioral health services for persons with substance use disorders and intellectual and developmental disabilities are provided through the PIHP.

Crisis Services

Crisis services are considered a benefit for any SWMBH customer or anyone who is physically in a county of the SWMBH region who is in need of urgent intervention. Crisis services are not considered a Level of Care and do not require prior authorization. Appropriately trained and qualified CMHSP behavioral

health practitioners with sufficient clinical experience who meet the qualifications for a preadmission unit pursuant to Michigan Mental Health Code 330.1409 Sec 409 provide prescreening services and authorization of 1-3 days of psychiatric inpatient or crisis residential, and any appropriate diversion and/or second opinion services.

Levels of Care for Adults (18 years or older) with Serious Mental Illness or Co-occurring MI and Substance Use Disorders. Level of Care Utilization System (LOCUS) The LOCUS is utilized to identify level of care needs for the purpose of assessment and treatment referral and service provision.

Level Vi- Intensive High Need/Acute (Medically Managed Residential)
Customers receiving services at this level of care are adults with a LOCUS score typically of 28 or higher including a score of 4 on dimension I and who present as a persistent danger to self or others. Treatment is typically provided in an inpatient setting and is aimed at ensuring safety and minimizing danger to self and others and alleviating the acute psychiatric crisis.

Level V – Intense Need/Acute (Medically Monitored Residential)
Customers receiving services at this level of care are adults with a LOCUS score typically of 23-27 including a score of 4 on dimension II or III and who present as danger to self or others. Treatment is typically provided in a community based free standing residential setting such as Crisis Residential and is aimed at providing reasonable protection of personal safety and property and minimizing danger to self and others.

Level IV – High Need (Medically Monitored Non- Residential Services)
Customers receiving services at this level of care are adults with a LOCUS score typically of 20-22 including a score of 4 on dimension IV or V and who present with a significant impairment of functioning in most areas, moderate to significant risk of harm to self or others, with significant supported needed to function independently in the community. May be engaging in high risk behaviors and be involved in the criminal justice system. Treatment typically is provided in the community and include services such as Assertive Community Treatment and Partial Hospitalization

Level III – Moderate Need (High Intensity Community Based Services)
Customers receiving services at this level of care are adults with a LOCUS score typically of 17-19 including a sum score of 5 or less on dimension IV A & B and who present with intensive support and treatment needs however demonstrate low to moderate risk of harm to self or others, require minimal support to reside independently in the community. Occasional risk activities. Needs regular assistance with linking/coordinating and developing skills and self-advocacy. Treatment is typically provided in the community and include such services as targeted case management and supports coordination

Level II – Low Need (Low Intensity Community Based Need)
Customers receiving services at this level of care are adults with a LOCUS score typically of 14-16 who present with ongoing treatment needs however have a low impairment of functioning in most areas, low to minimal risk of harm to self or others, able to reside independently in the community. Minimal assistance with linking/coordinating actively utilizing self-improvement and treatment skills acquired. Treatment is provided in the community and is typically clinic based.

Level I – Minimal Need (Recovery Maintenance and health Management)
Customers receiving services at this level of care are adults with a LOCUS score typically of 10-13 with minimal impairment of functioning, minimal to no risk of harm to self or others, reside independently in the community. Minimal encouragement with linking/coordinating actively utilizing self-improvement and treatment skills acquired. May use PSR assistance with maintaining recovery. Treatment is provided in the community and is typically clinic based.

Level 0 -- Basic Services

Basic services are those services that should be available to all members of a community. They are services designed to prevent illness or to limit morbidity. They often have a special focus on children, and are provided primarily in community settings but also in primary care settings. There is clinical capability for emergency care, evaluations, brief interventions, and outreach to various portions of the population. This would include outreach to special populations, victim debriefing, high-risk screening, educational programs, mutual support networks, and day care programs. There are a variety of services available to provide support, address crisis situations and offer prevention services.

Thresholds for PIHP Service Eligibility for Adults with Mental Illness (subject to confirmation from biopsychosocial assessment):

Eligible for PIHP Medicaid Services (Severe need):

- LOCUS Recommended Disposition Level of 3, 4, 5, or 6, or
- LOCUS Recommended Disposition Level of 2 with need for specialty behavioral supports and services as evidenced by meeting Michigan Mental Health code definition for SMI

Not Eligible for PIHP Medicaid Services (Mild/Moderate need):

- LOCUS Recommended Disposition Level 0 or 1, or
- LOCUS Recommended Disposition Level of 2 but does not meet Michigan Mental Health code definition for SMI.

Levels of Care for Children (ages 4 – 18) with Serious Emotional Disturbance (SED) or Co-occurring SED and Substance Use Disorders. The Child and Adolescent Functional Assessment Scale (CAFAS) is utilized for ages 7-18, and the Pre-school and Early Childhood Functional Assessment Scale (CAFAS) is utilized for ages 4-6, to identify level of care needs for the purpose of assessment and treatment referral and service provision.

Level IV -- Intense Need

Customers in this level of care are children with a CAFAS or PECFAS score of 160 or higher who require total assistance and present with inability to function in most areas, persistent danger to self and others, at significant risk of institutionalization or placement out of the home, involved in numerous provider systems (criminal justice, mental health, department of human services, school). High risk difficulties in school/day care setting or substance use dominates life or is out of control.

Level III – High Need

Customers in this level of care are children with a CAFAS or PECFAS score of 120-150 with inability to function in most areas, persistent danger to self and others, at moderate to significant risk of institutionalization or placement out of the home, likely involved in numerous provider systems (criminal justice, mental health, department of human services, school). Significant difficulties in school/day care setting. Treatment needs likely beyond home based services.

Level II – Moderate Need

Customers in this level of care are children with a CAFAS or PECFAS score of 80-110 with moderate to significant inability to function in many areas, instability in living environment, multiple service needs, family requires regular support, crisis intervention services needed. Likely at risk for out of home placement, displays disruptive behavior.

Level I – Low Need
Customers in this level of care are children with a CAFAS or PECFAS score of 50-70 with minimal inability to function in some areas, overall stable living environment, service needs focus on building resiliency and other protective factors in child/family, crisis intervention not needed or infrequently need.

Level 0 – Minimal Need
Customers in this level of care are children with a CAFAS or PECFAS score of 40 and below with minimal inability to function in some areas, overall stable living environment, service needs focus on building resiliency and other protective factors in child/family, crisis intervention services not needed or needed infrequently. Children ages Infant-7 are typically placed in the Level I category for utilization management purposes with needed services authorized based upon medical necessity.

Thresholds for PIHP Service Eligibility for Youth with Emotional Disturbance, ages 7-17 (subject to confirmation from biopsychosocial assessment):

Eligible for PIHP Medicaid Services (Severe need):
- CAFAS total score of 50 or greater (using the eight subscale scores), or
- Two 20s on any of the first eight subscales of the CAFAS, or
- One 30 on any subscale of the CAFAS, except for substance abuse only.

Not Eligible for PIHP Medicaid Services (Mild/Moderate need):
- CAFAS total score of less than 50 (using the eight subscale scores), and
- No more than one 20 on any of the first eight subscales of the CAFAS, and
- No 30 on any subscale of the CAFAS, except for substance abuse only.

Levels of Care for Adults (ages 18 and older) Intellectual and Developmental Disabilities. The Supports Intensity Scale (SIS) is utilized to identify level of support needs for adults with intellectual and developmental disabilities. The SIS ABE score (the composite score of SIS Part A: Home Living Activities; Part B: Community Living Activities; and Part E: Health and Safety Activities), and the Medical and Behavioral Needs scales, are used to determine recommended level of care.

Level VI- Acute (Any functional support needs, extraordinary medical and/or behavioral support needs). ABE - Any Score. Medical 10+ OR Behavior 10+
Customers receiving services at this level of care are adults (18 years or older) and demonstrate extraordinary behavioral and/or medical needs typically provided in an acute care setting or a nursing home. May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have extensive medical/health needs, requiring monitoring and/or oversight multiple times during the day. Nursing services typically required to develop and train on health care protocols, if applicable.

Level V – Intense Need (Any functional support needs, high medical and/or behavioral support needs). ABE - Any Score. Medical 7-9 OR Behavior 7-9
Customers receiving services at this level of care are adults (18 years or older) and typically demonstrate significant medical needs and/or extensive behavioral needs and require total assistance on a daily basis with 1:1 or higher level of staffing. May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have extensive medical/health needs, requiring

daily (or more) monitoring and/or oversight and hands on assistance. Nursing services may be required to develop and train on health care protocols, if applicable.

Level IV – High Need (Any functional support needs, moderate medical and/or behavioral support needs). ABE - Any Score. Medical 4-6 OR Behavior 4-6

Customers receiving services at this level of care are adults (18 years or older) and typically demonstrate substantial behavioral needs and/moderate physical healthcare needs due to medical conditions. Safety risks exist to self or others, potentially with need for environmental accommodations. May have harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. May have medical/health needs requiring weekly (or more) monitoring and/or oversight and assistance.

Level III – Moderate Need (High functional support needs, low medical and behavioral support needs). ABE Score 28+, and Medical Score 0-3, and Behavior 0-3

Customers receiving services at this level of care are adults (18 years or older) and typically require frequent prompts/reminders, coaching, and/or training to engage or complete activities (less than daily/more than weekly) or physical support, or some hands-on physical support/guidance. Moderate behavioral issues may be present with or without the need for a Behavior Plan. May experience physical health issues that require increased supports.

Safety risks may be present that need to be addressed or monitored; includes safety to self and safety in the community.

Level II – Low Need (Moderate functional support needs, low medical and behavioral support needs. ABE Score 22-27, and Medical Score 0-3, and Behavior 0-3

Customers receiving services at this level of care are adults (18 years or older) and typically require occasional verbal prompts/reminders, coaching, and/or training to engage or complete activities (weekly or less) and monitoring of support needs with changes as situation dictates. May require a behavior support plan to ensure consistency and proactive approaches.

Level I – Minimal Need (Low functional support needs, low medical and behavioral support needs). ABE Score 0-23, and Medical Score 0-3, and Behavior Score 0-3

Customers receiving services at this level of care are adults (18 years or older) and typically require minimal prompts to engage or complete activities, monitoring of support needs with changes as situation dictates. Support may be needed for community inclusion. May require a behavior support plan to ensure consistency and proactive approaches.

Levels of Care for Children Developmental Disabilities (infants through age 17) (Functional Assessment Tool TBD)

Level V – Intense Need

Customers receiving services at this level of care are children and typically require total assistance on a daily basis including enriched staffing (24 hours per day, 2:1, or 1:1 staffing during awake hours).

Level IV – High Need

Customers receiving services at this level of care are children who typically require daily reminders to engage or complete activities and personal support which may include enhanced staffing (24 hours per day, 1:2 or 1:1 staffing while awake) has an active Behavior Management Plan and or specialty professional staff (OT, PT, etc.).

Level III – Moderate Need

Customers receiving services at this level of care are children who typically require frequent prompts/reminders to engage or complete activities (less than daily/more than weekly) or physical support. Moderate behavioral issues may be present with or without the need for a Behavior Plan.

Level II – Low Need

Customers receiving services at this level of care are children who typically require occasional prompts/reminders to engage or complete activities (weekly or less) to insure maintenance of skills or physical support. Mild/moderate behavioral issues without the need for a Behavior Management Plan.

Level I – Minimal Need

Customers receiving services at this level of care are children who typically require minimal prompts to engage or complete activities, monitoring of support needs with changes as situation dictates. Support may be needed for community inclusion.

Levels of Care for Substance Use Treatment Services for Adults and Adolescents. The American Society of Addiction Medicine - Patient Placement Criteria (ASAM) are utilized to identify level of care needs for the purpose of assessment and treatment referral and service provision.

Level 0.5 – Early Intervention

Services include assessment and education for those who are at risk, but do not currently meet the diagnostic criteria for a substance-related disorder. Customers who are determined to have this level of need are typically referred to available community resources including support groups and prevention activities. Customer is screened for co-occurring mental health issues and referred to appropriate levels of care to meet identified needs. Per definition, early intervention as a specifically focused treatment program, including stage-based intervention for individuals with substance use disorders as identified through a screening or assessment process, and individuals who may not meet the threshold of abuse or dependence.

Level 1.0 – Outpatient Services

Community-based substance use outpatient treatment of less than 9 hours per week for adults and less than 6 hours per week for youth. Treatment is directed at recovery, motivational enhancement therapy and strategies to reduce or eliminate substance use and improve ability to cope with situations without substance use.

Level 2.1 – Intensive Outpatient

Community-based substance use outpatient treatment of greater than 9 hours per week for adults and greater than 6 hours per week for youth. Treatment is directed to treat multidimensional instability. This level of care may be authorized as a step-down from a higher level of care or in situations in which a higher level of care would otherwise be warranted, but is not an appropriate option (either due to inability to participate in a residential treatment program or motivational issues).

Level 2.5 – Partial Hospitalization

Partial Hospitalization treatment is a structured treatment similar to the treatment available in a residential setting, however is directed toward customers who require greater than 20 hours per week of treatment for multidimensional stability, but not requiring 24 hour care.

Level 3.1 – Clinically-Managed Low-Intensity Residential

Clinically-managed low-intensity residential treatment includes a 24-hour setting with available trained staff and at minimum 5 hours of clinical treatment services per week.

Level 3.3 – Clinically-Managed Medium-Intensity Residential

Clinically-managed medium-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger.

Level 3.5 – Clinically Managed High Intensity Residential

Clinically-managed high-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger and prepare for outpatient step-down. Member must be able to tolerate and use full active milieu available.

Level 3.7 – Medically-Monitored Intensive Inpatient
Medically-Monitored Intensive Inpatient – Nursing care with physician availability 24-hours per day for significant problems that arise in Dimensions 1, 2, or 3. Counselor is available 16 hours per day.
Level 4 – Medically-Managed Intensive Inpatient
Medically-Managed Intensive Inpatient – Nursing care and daily physician care 24-hours per day for severe, unstable problems that arise in Dimensions 1, 2, or 3. Counselor is available to engage the member in treatment.
Level I-D – Detoxification
Detoxification – Nursing care with services provided by a licensed hospital 24-hours per day only to address medical or psychiatric needs.
Level OMT – Opioid Maintenance Therapy

Opioid medication and counseling available daily or several times per week to maintain multidimensional stability for those with opioid dependence. Opioid maintenance therapy is considered to be an appropriate and effective treatment for opiate addiction for some customers, particularly customers who have completed other treatment modalities without success and are motivated to actively engage in the treatment necessary in OMT.

Review Process
A Prospective Review involves evaluating the appropriateness of a service prior to the onset of the service. A Concurrent Review involves evaluating the appropriateness of a service throughout the course of service delivery. Retrospective Review involves evaluating the appropriateness of a service after the services have already been provided. Determinations are made within the previously identified timeframes.

UM staff obtain review information from any reasonably reliable source. The purpose of review is to obtain the most current, accurate, and complete clinical presentation of the customer's needs and whether the services requested are appropriate, sufficient, and cost-effective to achieve positive clinical outcomes. Only information necessary to make the authorization admission, services, length of stay, frequency and duration is requested.

Outlier Management
An integral part of Integrated Services of Kalamazoo utilization review and monitoring activities include outlier management methodologies. This process is a key strategy for identifying and correcting over and underutilization of services. This strategy provides the foundation for systemic performance improvement focus by Integrated Services of Kalamazoo versus intensive prior authorization and utilization controls. The design encompasses review of resource utilization of all customers served by Integrated Services of Kalamazoo. The intent of the outlier management approach is to identify issues of material under-utilization or over-utilization and explore and resolve it collaboratively with involved clinicians and provider(s).

1. Outlier Definition
   An "Outlier" is generally defined as significantly different from the norm. Integrated Services of Kalamazoo defines the following types of "outliers":
   - Customers who over or under-utilize services by a variety of variables including too much or too little service utilization at the individual level, by service type or by provider
   - Incongruent level of care to assessed need

2. Outlier Identification

Integrated Services of Kalamazoo utilizes a variety of tools for monitoring, analyzing and addressing outliers. ISK's Performance Indicator Reports (MDHHS required performance standards), service utilization data and reports in Streamline Smartcare and SWMBH Tableau, and Cost Analysis Reports are available for review and comparison of overall performance. The service use analysis reports are developed to allow detailed analysis of resource utilization at macro and micro levels. Additionally, at the regional level, outlier reviews are organized to focus extreme outliers in contrast to regionally normative patterns. Specific outlier reports are available and generated in the SWMBH Managed Care Information System and reviewed by the Regional Utilization Management Committee to provide adequate oversight of service utilization and potential issues of uniformity of benefit.

3. Outlier Management Procedures

A. As outliers are identified, analysis will occur at Integrated Services of Kalamazoo at team and UM committee level to determine whether the utilization is problematic and in need of intervention. Data identified for initial review will be at aggregate levels for identification of statistical outliers. Additional information will be accessed as needed to understand the utilization patterns and detail.

B. Identified outliers are evaluated to determine whether further review is needed to understand the utilization trend pattern. If further review is warranted, active communication between the Integrated Services of Kalamazoo staff/teams and the UM committee will ensue to ensure understanding of the utilization trends or patterns.

C. If the utilization trends or patterns are determined to require intervention at the provider or the individual level, collaborative corrective action plans are jointly discussed with Integrated Services of Kalamazoo leadership and will include defined timelines for completion. Corrective action plans may include:

1. Brief description of the finding(s) and supporting information;
2. Specific steps to be taken to correct the situation and a timetable for performance of specified corrective action steps;
3. A description of the monitoring to be performed to ensure that the steps are taken;
4. A description of the monitoring to be performed that will reflect the resolution of the situation.
5. Following initial review and efforts for resolution, the disposition can include either positive resolution or advance to next level of review with consultation with Leadership;
6. Following consultation, the Director of Quality Management, Deputy Director of Program Services and/or the Medical Director will review for disposition determination, recommendations, corrective action plans and processes undertaken to resolve the outlier event(s) and render final disposition.

D. The Medical Director and/or Deputy Director of Program Services will take into consideration the outlier severity in determining recommended remedies. The following options available at this level include:

1. Acceptance of recommendations.
2. Direction for additional action(s),

3. Clinical Peer Review -The Peer Review consists of review, consultation, and
4. recommendations for resolution.
5. Render final disposition.
6. Provide recommendations for action for remediation to the applicable Integrated Services of Kalamazoo Director

E. The spectrum of remedies available to the Integrated Services of Kalamazoo in relation to its internal operations and provider panels stems from the authority of the Integrated Services of Kalamazoo Board and occur according to Integrated Services of Kalamazoo policy. Subject to CEO's approval, possible remedies can include but are not limited to:
   1. Non-payment for case.
   2. Customer switch to a staff or new provider.
   3. Provider being put on pre-payment status.
   4. Pro-rated payback on class of cases.
   5. Contract Amendment (modification of performance expectations, compensation, or range of services purchased).
   6. Removal from provider panel.

Data Management

Data management and standardized functional assessment tools and subsequent reporting tools are an integral piece to utilization management and application of uniform benefit. Utilization mechanisms identify and correct under-utilization as well as over-utilization.

Management/monitoring of common data elements are critical to identify and correct overutilization and underutilization as well as identify opportunities for improvement, customer safety, call rates, Access standards and customer quality outcomes. A common Managed Care Information System with Functionality Assessment and Level of Care Tool scores drives Clinician/Local Care Manager/Central Care Manager review and action of type, amount, scope, duration of services. As such there is a need for constant capture and analyses of customer level and community level health measures and maximization of automated, data-driven approaches to UM and to address population health management.

The purpose of data management is to evaluate the data that is collected for completeness, accuracy, and timeliness and use that data to direct individual and community level care. As part of data management, Levels of Care for customers can be assigned. This work allows for people to be assigned categories of expected services and addresses a uniform benefit. It's a goal of UM to identify the levels of care and subsequent reports to manage utilization and uniform benefit.

Communication

UM Program Plan

The UM Program Plan developed as adjunct to the Quality Management Plan. The plan is reviewed by UMC and input sought from Integrated Services of Kalamazoo teams. Providers, customers and general stakeholders can access the UM plan through the Integrated Services of Kalamazoo portal and website.

Availability of Utilization Management Staff

Integrated Services of Kalamazoo UM staff are available by telephone (toll free) from 8:00 a.m. to 5:00 p.m. Monday through Friday of each normal business day. Utilization Review staff respond to email and telephonic communications within one business day during provider's normal business hours. UM staff identify themselves by name, and organization during correspondence. UM requirements and

procedures are made available upon request. When a denial determination occurs, Integrated Services of Kalamazoo provides the opportunity for the requesting customer or provider to discuss the determination with either the reviewer making the determination or, if not available within one business day, a different clinical peer reviewer.

After-hours emergency services are available to customers and providers through a phone service which provides emergency referral and information outside of normal business hours by licensed professional staff. Customers and providers have the ability to leave a message for UM staff through this service and also may fax information to Integrated Services of Kalamazoo after hours.

Peer Clinical Review

Utilization Management staff are available to discuss authorization decisions with the requesting customer, provider and attending physician (if applicable). The Utilization Management staff assist with obtaining relevant clinical information and documentation for review. When a decision is made to deny an authorization request, UM staff provides within one business day, upon request, the opportunity to discuss the determination with the UM Peer Reviewer who made the determination, or another Peer Clinical Reviewer if the original reviewer cannot be available within one business day. If this peer communication does not result in an authorization, the provider is given information regarding how to appeal the determination and any applicable timelines. Upon request, UM will provide specific clinical rationale on which the decision to deny the authorization was made.

Evaluation

The UM program is reviewed at least annually to determine if the Fiscal Year monitoring activity targets have been achieved and identify trends and areas for improvement. The UMC is responsible for implementing any improvement activities at Integrated Services of Kalamazoo and throughout the provider network. The purpose of the annual evaluation is to identify any best practices that could be incorporated into the UM plan as well as continue to improve on the care provided to Integrated Services of Kalamazoo customers. Additionally, Inter-rater reliability of application of medical necessity will be evaluated annually. Oversight and monitoring of medical necessity determinations and utilization management decisions will be conducted on an ongoing basis to validate consistent application and understanding of uniform benefit, clinical protocols and medical necessity criteria.

Definitions

Core Service Menu: The services which are available with defined Recommended Thresholds for an identified population at a given Level of Care.

Exception: Service(s) that fall above the Recommended Threshold or outside of the Core Service Menu for a given Level of Care.

Level of Care: Refers to the intensity of services (setting, frequency and mode) an individual will receive during a specific stage of treatment.

Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. (Medicaid Provider Manual)

Outlier: A pattern or trend of under- or over-utilization of services (as delivered or as authorized), compared to the typical pattern of service utilization. Over or under-utilization trends can be identified at a variety of comparative levels, including but not limited to the population, CMH, state, service type, or provider levels.

Person-Centered Planning: Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330.1700(g)

Serious Emotional Disturbance: As described in Section 330.1100c of the Michigan Mental Health Code, a serious emotional disturbance is a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the MDHHS, and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

1) A substance use disorder
2) A developmental disorder
3) A "V" code in the diagnostic and statistical manual of mental disorders

Serious Mental Illness: As described in Section 330.1100c of the Michigan Mental Health Code, a serious mental illness is a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the MDHHS and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbances, but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness.

Uniform Benefit/Uniformity of Benefit: Consistent application of and criteria for benefit eligibility, level of care determination and service provision regardless of various demographics including geographic location, **based upon the clinical and functional presentation of the person served, over time.**

Utilization Review: The process of monitoring, evaluating medical necessity, use, delivery, cost effectiveness, appropriateness, and the efficient use of health care services provided by health care professionals on a prospective, concurrent or retrospective basis. Utilization review activities include monitoring of individual consumer records, specific provider practices and system trends. to determine appropriate application of Guidelines and Criteria in the following areas: level of care determination, Application of Service Selection Criteria, Application of Best Practice Guidelines, Consumer outcomes, Over-Utilization/under Utilization, and Review of clinical or resource utilization Outliers.

Roles

Integrated Services of Kalamazoo role:

- Adhere to prescribed Assessment Tools use, frequency and reporting to SWMBH
- Adhere to SWMBH Level of Care Guidelines.
- Report and Perform Local Care Management per the SWMBH UM Plan, Delegation Agreement and Policy.
- Report Authorizations and Encounters to SWMBH as prescribed.
- Perform delegated UM/Care Management per UM Plan and Policy.
- Oversee and monitor delegated Local Care Management per UM Plan and Policy.
- Develop, review and act upon UM analytic management reports for Integrated Services of Kalamazoo.
- Regularly identify trends and material variations.

Shared Role (Director of Quality Management, ISK Access Center Manager and UM Committee): Regularly review UM analytic management reports. Identify trends and variations, including gaps in completeness, timeliness and accuracy of applicable Data. Annual statistical analysis of LOC Guidelines with modifications as necessary. Adjust business process and/or decision trees as necessary. Sample and discuss aggregate service type anomalies. Sample and discuss case outliers.

References/Additional Guiding Documents

SWMBH Level of Care Guidelines

SWMBH Regional Utilization Management Committee UM Program Plan and Work Plan/Goals

Plan Review and Approval

Deputy Director of Program Services: _____

Signature/date of review

Medical Director: _____

Signature/date of review

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.09

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 1
SUBJECT:	**QUALITY MANAGEMENT**	SUPERSEDES: REVISED:	02/24/2014 02/22/2016

PURPOSE/EXPLANATION

To establish limitations of means regarding the management of organizational quality.

POLICY

I. With respect to quality management, the Chief Executive Officer (CEO) may not deviate from accepted standards of practice, stifle improvement efforts, nor promote the dissemination of inaccurate or misleading information. Accordingly, he/she may not:

A. Promote practices that are inconsistent with applicable accreditation, state, and federal quality standards.

B. Fail to implement the PIHP Quality Assessment Performance Improvement Program as indicated through Southwest Michigan Behavioral Health (SWMBH) and the development and implementation of the ISK Quality Improvement Plan which meet both accreditation standards and the Michigan Department of Health and Human Services (MDHHS) requirements.

II. This policy will be monitored through internal mechanisms on a semi-annual basis. One report will focus on the review compliance with elements of this policy. The second will be a year-end summary of results of the ISK Quality Improvement Plan. A summary of the results of external quality reviews will be in the semi-annual reports.

CHIEF EXECUTIVE OFFICER:

Jeff Patton
Chief Executive Officer

BOARD CHAIR:

Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.14

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 3
SUBJECT:	BOARD TRAVEL	SUPERSEDES:	06/22/2009
		REVISED	02/24/2014

PURPOSE/EXPLANATION

To provide a uniform method for approval and payment of board member travel.

POLICY

It is the policy of the board to continually support the education of board members in the areas of board governance and evidenced based practices.

The board annually budgets an amount towards that end.

PROCEDURE

I. APPROVAL

A. Board members are encouraged to participate in the Community Mental Health Association of Michigan (MHA) conferences, which cover many topics related to board governance and evidenced-based practices.

Administrative staff will register board members and make hotel arrangements once notified by a board member that they wish to attend. The board member will follow all guidelines on reimbursement following the conference to receive reimbursement for any other travel related expenditures.

B. Board members may request funding assistance for other conferences or trainings. Below are the procedures a board member must follow to request funding assistance:

1. Provide written description of the relevance of the conference or training to the work of the board.
2. Completion of a ISK board member's Overnight/Out-of-State Travel Request form detailing the cost.
3. Funding assistance will be limited to $500 per conference, per board member, and only be available if funds are available in the board conference budget line.
4. The request will be submitted to the board chair. The board chair will consult with staff as to the relevance of the conference or training. If the board chair determines that the conference or training is relevant to the

member's service on the board, the chair will appoint two additional board members who are to review the request with the chair and determine whether to approve the request. The review and determination are to occur within a reasonable period of time. The two additional board members will be selected on a rotating basis in alphabetical order, excluding the member making the request.

5. Once approved, the board member will follow all guidelines on reimbursement following the conference to receive reimbursement.

II. REIMBURSEMENT

A. All requests for reimbursement must be accompanied with legible, detailed receipts for all items requested for reimbursement. A summary receipt is not sufficient and not subject to reimbursement by ISK. All vendors can provide a detailed receipt, however one may need to be requested from the vendor indicating the date, time, amount and detail where possible.

B. If receipts are not attached, no reimbursement will be made.

C. The mileage reimbursement rate shall be the Internal Revenue Service (IRS) standard deductible mileage allowance for the current year.

D. Mileage and business expense claims should be submitted to the Finance Department within 30 days of travel. A ISK Travel Voucher form must be completed specifying the purpose of the trip, point of origin, destination and the actual number of miles traveled (rounded to the nearest whole number).

III. MEALS

A. ISK utilizes a blended Meals and Incidental Expenses for all in State travel as computed from the applicable IRS Per Diem Rates. Any travel outside of Michigan shall be determined by utilizing the applicable IRS Per Diem Rate for the specific travel destination. Effective 10/01 of every year the maximum meals reimbursement rate shall be the recomputed based on the applicable IRS Per Diem Rates.

B. Meals may be reimbursed to board members when ISK business requires a board member to travel out-of-county. The approved rates of reimbursement for meals, including tips, are as follows:

Meal(s)	Travel Time Requirement	Maximum Allowed
Breakfast	Prior to 7:00 a.m. & extends beyond 9:00 a.m.	$10.00
Lunch	Prior to 12:00 p.m. & extends beyond 2:00 p.m.	$14.00
Dinner	Prior to 6:30 p.m. & extends beyond 7:00 p.m.	$32.00
Per Diem	Prior to 7:00 a.m. & extends beyond 7:00 p.m.	$56.00

Note: All Maximum's Include Tips and Other Incidental Expenses

EXHIBITS

A. Overnight/Out-of-State Travel Request

B. ISK Travel Voucher

CHIEF EXECUTIVE OFFICER **APPROVED**

Jeff Patton
Chief Executive Officer

Erik Krogh
Board Chair

ISK BOARD MEMBER TRAVEL REQUEST

Board Members' Name _____ Conference/Seminar _____

Destination _____ Conference Dates _____ to _____

Date of Departure _____ Date of Return _____

Reason for Early Departure/Late Return _____

REGISTRATION Attach agenda & registration form

Vendor _____

Address _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

TRANSPORTATION Attach transportation information

Vendor _____

Address _____

Type of Transportation ☐ Plane ☐ Car ☐ Other

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

CAR RENTAL Attach rental information

Vendor _____

Address _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

ACCOMMODATION Attach hotel rate information

Vendor _____

Address _____

Date of Stay _____ to _____

Confirmation Number _____

Type of Payment ☐ Credit ☐ Check ☐ Reimb

Amount _____

MEALS & MISC. Per Board travel policy

Meals _____ Misc. _____

Parking _____ **Total** $ -

ADVANCE REQUEST Attach mapquest ost.

Meals & Misc. _____ Mileage _____

Advance Pymt $ -

TOTAL EXPECTED COST $ -

_____

Board Chair Date

_____

Chief Operating Officer Date

_____

Financial Analyst Date

Account # _____

Integrated Services of Kalamazoo
2030 Portage St
Kalamazoo MI 49001
(269) 553-8000, Fax (269) 553-8012

INTEGRATED
Services of Kalamazoo
Community • Independence • Empowerment

Mileage Rate 0.56

Board Travel Voucher

Name ______________________ Dept ______________________ From __________ To __________
Address ______________________
____
Submission Date __________

Date	Description	Miles	Mileage	Breakfast	Lunch	Dinner	Parking	Other	TOTAL
			$ 0.560						$0.000
			$ 0.560						$0.000
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		0.00		$0.000	$0.000	$0.000	$0.000	$0,000	
								Sub Total	$0.00
								Subtract Advances	
						Reimbursement		TOTAL	$0.00

____
Board Member Signature

____
Board Chair Signature

Travel must be submitted within 60 days from the period being requested for reimbursement. Travel requests older than 60 days may not be subject to reimbursement without an additional explanation signed by their supervisor

Villa. Financial Condition Report

Integrated Services of Kalamazoo
BOARD FINANCIAL CONDITION REPORT
For the Five (5) Months Ended
February 28, 2021

FOREWORD

This report represents the five (5) month of operations for the period of October 1st through February 28th, 2021.

Each program's projected annual budget is reviewed as to anticipated revenues and expenditures. This monthly report provides the Board with indications of revenue and expenditure trends by program.

However, unknown and unexpected adjustments can occur at a later date which could materially affect the revenue and expenditures reflected in this report. When that occurs, the Board will be notified immediately via subsequent monthly financial reports.

A. GENERAL OBSERVATIONS – ISK FINANCIAL STATEMENTS

The following summary of financial issues is presented to provide ongoing pertinent budgetary information critical to evaluating the current overall financial condition of the organization and the financial activities by funding source.

Balance Sheet for period ending February 29, 2020 and February 28, 2021.

		FY 20/21	FY 19/20
Current Assets:			
	Cash and Investments	33,080,718	18,067,702
	Accrued Revenue/Receivables	4,088,959	3,364,368
	Due From State	3,414	35
	Advances and Prepaids	924,823	815,093
Noncurrent Assets:			
	Fixed Assets (net of depreciation)	9,182,412	9,394,232
	Net Pension Asset (net of deferred outflows)	4,937,092	6,531,305
Total Assets:		52,197,458	38,162,734

		FY 20/21	FY 19/20
Liabilities:			
	Accrued Payables	7,324,727	6,106,841
	Due to State	94,462	94,767
	Due to Providers	341,138	647,263
	Accrued Leave	1,377,366	1,163,747
	Due to Other	5,992,173	3,966,884
	Deferred Revenue	3,305,604	56,350
	Long Term Debt (Bonds/Mortgage)	4,616,816	4,699,928
Total Liabilities:		23,052,278	16,935,778
Fund Balance:			
	Designated	11,604,696	11,604,696
	Undesignated	4,816,055	4,816,055
	Investment in fixed assets	4,735,203	4,735,203
	FY 20 Fund Balance to Close	7,163,736	0
	Net gain(loss) for Period	825,490	72,000
Total Liabilities and Fund Balance:		52,197,458	38,162,734

1. BALANCE SHEET (WORKING CAPITAL COMPUTATION). The attached Balance Sheet reflects the overall financial condition of the organization as of February 28, 2021. As per Board policy, there is a significant value of current assets over current liabilities. Current assets total $38,077,954 and current liabilities total $18,435,461 for a positive working capital totaling $19,642,493 compared to $10,201,347 as of February 29, 2020.

2. BALANCE SHEET (NET ASSETS COMPUTATION). The attached Balance Sheet reflects positive net assets. Total assets are $52,197,456 and total liabilities are $23,052,278 for a positive net worth of $29,145,180 compared to $21,226,956 in February 29, 2020.

3. BOARD RELATED EXPENDITURES. The following represents the year to date for December budgeted and actual expenditures related to Board activities (Target 100%).

	Budget	Actual	Variance	%
Board Per Diem	$1,250	$450	$800	36.00%
Board Training	$4,583	$0	$4,583	0.00%
Totals	$5,833	$450	$5,383	7.71%

The next Finance Committee meeting is scheduled for April 23, 2021 (10:30 A.M.-12:00 noon) at Alcott, Conference Room 139. Please feel free to contact Jeff Patton at 364-6900 or Pat Davis at 553-8017 should you have any questions regarding this report.
Thank you.

B. SWMBH FINANCIAL RISK MANAGEMENT : MEDICAID REVENUES AND EXPENDITURES

	Fiscal Year 2021 Year To Date												FY 2021
	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals				
REVENUES:	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Variance	Notes	Budget
Specialty Services Medicaid Revenue	26,015,848	28,509,884	-	-	-	-	-	-	26,015,848	28,509,884	2,494,036	1A	62,439,036
MDHHS Fostercare Incentive	47,917	56,656	-	-	-	-	-	-	47,917	56,656	8,739		115,000
Fees	128,325	124,448	-	-	-	-	-	-	128,325	124,448	(3,877)		307,980
Healthy Michigan Revenue	-	-	4,271,758	4,235,778	-	-	-	-	4,271,758	4,235,778	(35,980)		10,252,219
Autism Revenue	-	-	-	-	2,579,588	2,760,293	-	-	2,579,588	2,760,293	80,705		6,431,011
SUD Block Grant	-	-	-	-	-	-	46,649	46,649	46,649	46,649	-		111,957
Settlement Revenue (Expense)	781,335	(3,191,188)	(1,882,354)	(1,917,628)	(294,194)	(734,141)	(40,920)	(46,868)	(1,436,133)	(5,889,006)	(4,452,873)	1B	(3,446,720)
Total Revenues:	26,973,425	25,499,819	2,389,404	2,317,950	2,285,394	2,026,152	5,729	781	31,753,952	29,844,702	(1,909,250)		76,209,483
EXPENDITURES:													
Youth Programs	2,960,779	2,504,975	-	-	2,209,580	1,870,956	-	-	5,170,359	4,375,931	794,428	2A	12,408,860
MIA Programs	9,216,238	9,254,350	1,869,749	1,926,683	-	-	5,412	791	10,090,399	10,221,824	(131,425)		24,216,958
IDDA Programs	12,862,665	11,921,044	100,754	53,739	-	-	-	-	12,963,719	11,974,783	988,936	2B	31,112,925
Integrated Health Clinic	869,949	818,315	196,777	151,959	-	-	318	-	1,067,043	970,274	96,769		2,560,905
Managed Care Administration, Access Center	1,978,503	1,943,880	176,110	177,546	175,814	155,196	-	-	2,330,527	2,276,402	54,125		5,593,254
Homeless Shelter	86,892	17,475	46,014	8,013	-	-	-	-	131,906	25,488	106,418	2C	316,573
Non-DCH Activity Expenditures	-	-	-	-	-	-	-	-	-	-	-		-
Total Expenses:	26,973,425	25,499,819	2,389,404	2,317,950	2,385,394	2,026,152	5,729	781	31,753,952	29,844,702	1,909,250		76,209,483
NET INCOME (DEFICIT)	0	0	0	-	0	-	0	-	0	-	0		-

Note on Variance Column: Positive Numbers = FAVORABLE; Negative Numbers = UNFAVORABLE

REVENUES: Revenues for the five month (5) period are projected to be $29,844,702 compared to budgeted revenues of $31,753,952. Consequently, revenues are in a un-favorable position by approximately $1,909,250. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND $100,000 from budgeted figures are explained below:

1A Medicaid revenue is in a favorable position due to actual amounts received.
1B Since SWMBH Risk expenses are favorable by $1,909,250 and SWMBH Risk revenues came in under budget by $3,879,756 this months SWMBH settlement would be increased by $5,829,006.

EXPENDITURES: Expenditures for the five month (5) period are $29,844,702 compared to budgeted expenditures of $31,753,952. Consequently, expenditures are in an favorable position by approximately $1,909,250. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND $100,000 from budgeted figures are explained below:

2A This variance is due to decreased spending in Homebased, Supports and Service coordination and Autism services.
2B IDDA programs is in a favorable position due to decreased use of Skill Building and Supported Independent Program services.
2C This variance is due to funding received for the Family Shelter.

C. ISK FINANCIAL RISK MANAGEMENT : UNRESTRICTED FUND BALANCE - REVENUES AND EXPENDITURES

	Fiscal Year20/21 Year to Date								FY 20/21
	State General Fund		Other Funding Sources		Totals				
REVENUES:	Budget	Actual	Budget	Actual	Budget	Actual	Variance	Notes	Budget
General Fund	1,563,578	1,563,575	-	-	1,563,578	1,563,575	(3)		3,752,587
Fees	75,417	55,199	-	-	75,417	55,199	(20,218)		181,000
Other Federal and State Grants	-	-	3,087,554	2,774,654	3,087,554	2,774,654	(312,900)	3A	7,410,129
HUD Revenue	-	-	409,476	405,625	409,476	405,625	(3,853)		982,748
Earned Revenue	-	-	573,437	744,237	573,437	744,237	170,800	3B	1,376,248
COFR Revenue	-	-	17,917	10,361	17,917	10,361	(7,556)		43,000
PASSAR/OBRA Programs	-	-	114,096	83,996	114,096	83,996	(30,100)	3C	273,830
Interest	-	-	6,667	2,780	6,667	2,780	(3,887)		16,000
County Allocation	-	-	646,000	646,000	646,000	646,000	-		1,550,400
Local Revenue	-	-	205,417	205,417	205,417	205,417	(0)		493,001
Donations	-	-	4,167	1,950	4,167	1,950	(2,217)		10,000
Restricted Interest	-	-	36,104	35,898	36,104	35,898	(206)		86,650
Total Revenues:	1,638,995	1,618,774	5,100,836	4,910,918	6,739,830	6,529,692	(210,138)		16,175,593
EXPENDITURES:									
Youth Programs	71,259	56,968	58,978	34,807	130,237	91,775	38,462	4A	312,568
MIA Programs	827,965	557,131	567,437	403,455	1,395,401	960,586	434,815	4B	3,348,963
IDDA Programs	72,836	33,112	89,464	94,476	162,320	127,588	34,732	4C	389,568
Integrated Health Clinic	305,296	184,997	57,636	56,340	362,931	241,337	121,594	4D	871,034
Managed Care Administration, Access Center	118,371	85,992	240,226	371,997	358,597	457,989	(99,392)	4E	860,633
Other Federal and State Grants	181,037	130,318	3,097,970	2,785,071	3,279,007	2,915,389	363,618	4F	7,859,617
HUD Grants	31,491	58,972	409,478	405,625	440,970	464,597	(23,627)	4G	1,058,327
Homeless Shelter	(513)	899	124,386	185,630	123,873	186,529	(62,657)	4H	297,294
Local Match Drawdown	-	-	257,412	257,412	257,412	257,412	(0)		617,788
Total Expenses:	1,607,741	1,108,389	4,903,006	4,594,813	6,510,747	5,703,202	807,545		15,625,792
NET INCOME (DEFICIT)	31,254	510,385	197,830	316,105	229,084	826,490	597,406		549,801

Note on Variance Column: Positive Numbers = FAVORABLE; Negative Numbers = UNFAVORABLE

REVENUES. Revenues for the five month (5) period are $6,529,692 compared to budgeted revenues of $6,739,830. Consequently, revenues are in an un-favorable position by approximately $210,138. The following represents favorable and un-favorable variances by revenue type. Variances exceeding 5% AND $20,000 from budgeted figures are addressed below.

3A This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, SAMHSA Suicide Prevention Grant, SAMHSA Sytem of Care Grant and SAMHSA Healthy Transistions Grant.

3B This variance is due to increase use of Family Shelter and Cares COVID funding.

3C This variance is due to actual amounts received.

EXPENDITURES Expenditures for the five month (5) period are $5,703,202 compared to budgeted expenditures of $6,510,747. Consequently, expenditures are in a favorable position by approximately $807,545. The following represents favorable and favorable variances by expenditure type. Variances exceeding 5% AND $20,000 from budgeted figures are explained below:

4A This variance is due to decreased spending in Homebased, Supports and Service coordination and State Inpatient.
4B This variance is due to a lower utilization of Personal Care and Community Living services, Assertive Community Treatment, Supports and Service
4C This variance is due to a decreased use of General Fund for Personal Care and Community Supports.
4D This variance is due to the lower utilization of non-capitated outpatient services.
4E This variance is due to expenses for COVID-19.
4F This variance is primarily due to underspending for the SAMHSA Supported Employment Grant, SAMHSA Suicide Prevention Grant, SAMHSA Sytem of Care Grant and SAMHSA Healthy Transistions Grant.
4G This variance is due to the timing difference for the HUD grants and their grant year, versus fiscal year.
4H This variance is due to increased utilization of Family Shelter.

VIIIb. Utilization Report

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through February 28th, 2021

	UTILIZATION COMPARISONS FY 20/21									
	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual			Days Difference	Cost Difference	Cost YTD
MONTH	Days	Dollars	Days	Dollars	Days	Dollars		Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
OCTOBER	51	$41,091	23	$20,172	21	$20,427		2	($256)	($256)
NOVEMBER	0	$0	23	$20,172	92	$90,446		(69)	($70,275)	($70,531)
DECEMBER	21	$20,413	23	$20,172	27	$24,557		(4)	($4,386)	($74,917)
JANUARY	31	$28,707	23	$20,172	0	$0		23	$20,172	($54,745)
FEBRUARY	4	$3,892	23	$20,172	9	$8,714		14	$11,458	($43,287)
MARCH	8	$7,115	23	$20,172						
APRIL	8	$8,273	23	$20,172						
MAY	22	$20,782	23	$20,172						
JUNE	11	$7,864	23	$20,172						
JULY	73	$58,875	23	$20,172						
AUGUST	48	$40,586	23	$20,172						
SEPTEMBER	42	$40,145	23	$20,172						
TOTALS	319	$277,743	276	$242,058	149	$144,144		(34)	($43,287)	
MONTHLY AVERAGES	27		23		30					
GROSS ANNUAL COST		$277,743		$242,058		$144,144			($43,287)	

Favorable/(Unfavorable) by Funding Source:

Medicaid	(48,519)
General Fund	5,232
Total	(43,287)

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MI ADULT COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2020 through February 28th, 2021

	UTILIZATION COMPARISONS FY 20/21									
	FY 19/20 Actual		FY 20/21 Budget		FY 20/21 Actual			Days Difference	Cost Difference	Cost YTD
MONTH	Days	Dollars	Days	Dollars	Days	Dollars		Favorable (Unfavorable)	Favorable (Unfavorable)	Favorable (Unfavorable)
OCTOBER	303	$295,888	335	$322,175	394	$381,074		(59)	($58,899)	($58,899)
NOVEMBER	302	$285,629	335	$322,175	463	$443,157		(128)	($120,982)	($179,881)
DECEMBER	402	$381,479	335	$322,175	486	$463,495		(151)	($141,320)	($321,201)
JANUARY	395	$375,167	335	$322,175	536	$512,135		(201)	($189,960)	($511,161)
FEBRUARY	330	$314,114	335	$322,175	477	$456,379		(142)	($134,204)	($645,365)
MARCH	283	$267,812	335	$322,175						
APRIL	264	$251,282	335	$322,175						
MAY	298	$281,045	335	$322,175						
JUNE	370	$350,759	335	$322,175						
JULY	441	$415,893	335	$322,175						
AUGUST	480	$452,989	335	$322,175						
SEPTEMBER	474	$447,683	335	$322,175						
TOTALS	4,342	$4,119,740	4,015	$3,866,100	2,356	$2,256,240		(681)	($645,365)	
MONTHLY AVERAGES	362		335		471					
GROSS ANNUAL COST		$4,119,740		3,866,100		$2,256,240			($645,365)	

Favorable/(Unfavorable) by Funding Source:

Medicaid	(233,247)
General Fund	(127,137)
Healthy MI	(284,981)
Total	(645,365)

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Integrated Services of Kalamazoo
COMMUNITY LIVING SUPPORTS (S.R. & SIP), PERSONAL CARE & CRISIS RESIDENTIAL
ALL POPULATIONS
Report Period: October 1st, 2020 through February 28th, 2021

YOUTH POPULATION (SED/DD)

	ACTUAL YEAR TO DATE					
	Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	Favorable (Unfavorable) Budget
PC/CLS(S.R.)	Feb	$1,563	1	47	$73,449	($73,449)
CRISIS RES.	Feb	$638	3	14	$8,925	$30,122
CLS (SIP)	Feb	NA			$0	
TOTAL			4	61	82,374	($43,327)

MI ADULT POPULATION

	ACTUAL YEAR TO DATE					
	Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	Favorable (Unfavorable) Budget
PC/CLS(S.R.)	Feb	$199	158	21,607	$4,289,409	$189,445
CRISIS RES.	Feb	$524	32	594	$310,971	($52,809)
CLS (SIP)	Feb	NA	62		$139,066	$126,221
TOTAL			252	22,201	$4,739,446	$262,857

IDD ADULT POPULATION

	ACTUAL YEAR TO DATE					
	Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	Favorable (Unfavorable) Budget
PC/CLS(S.R.)	Feb	$215	206	31,017	$6,667,114	$85,507
CRISIS RES.	Feb	$524	1	6	$3,141	$1,452
CLS (SIP)	Feb	NA	164		$2,990,763	$314,139
TOTAL			371	31,023	$9,661,018	$401,098

Personal Care (P.C.)-hands on of daily personal activities such as laundry, feeding, bathing, etc.

Community Living Supports (CLS)-services to increase or maintain personal self -sufficiency with a goal of community inclusion, independence and productivity.

Specialized Residential (S.R.)-Licensed setting where Personal Care and Community Living Supports occur.

Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

TOTAL ALL POPULATIONS

	ACTUAL YEAR TO DATE					
	Month	Avg. Daily Rate	No. Served	Days of Service	ISK Cost	Favorable (Unfavorable) Budget
PC/CLS(S.R.)	Feb	$207	365	52,671	$11,029,972	$201,503
CRISIS RES.	Feb	$526	36	614	$323,037	($21,236)
CLS (SIP)	Feb	NA	226		$3,129,829	$440,360
TOTAL			627	53,285	$14,482,838	$620,627

Variance By Funding Source				
Medicaid	HMI	GF	Other	Total
$ (27,562)	$ 27,084	$ 201,981	$ -	$ 201,503
$ (65,974)	$ 38,691	$ 6,047	$ -	$ (21,236)
$ 424,737	$ 16,580	$ 9,810	$ (10,768)	$ 440,360
$ 331,201	$ 82,355	$ 217,838	$ (10,768)	$ 620,627

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INTEGRATED Services of Kalamazoo

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VIII.c.

Integrated Services of Kalamazoo

Prepared Motions

Subject:	January & February 2021 Disbursements	
Meeting Date:	March 22, 2021	Approval Date:
Prepared by:	Heather Garcia	March 22, 2021

Recommended Motion:

"Based on the Board Finance meeting review, I move that ISK approve the January 2021 vendor disbursements of $6,398,898.75." And...

"Based on the Board Finance meeting review, I move that ISK approve the February 2021 vendor disbursements of $5,883,924.71."

Summary of Request:

As per the January 2021 Vendor Check Register Report dated 02/01/2021 that includes checks issued from 01/01/2021 to 01/31/2021.

As per the February 2021 Vendor Check Register Report dated 03/10/2021 that includes checks issued from 02/01/2021 to 02/28/2021.

Vendor Disbursements listings for Board Member review located at:
https://portal.kcmhsas.net/Board

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

Staff: H. Garcia, Finance Director

Date of Board Consideration: March 22, 2021

INTEGRATED Services of Kalamazoo

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VIII.d.

Integrated Services of Kalamazoo

Prepared Motions

Subject:	Budget Amendment #1	
Meeting Date:	March 22, 2021	Approval Date:
Prepared by:	Heather Garcia	March 22, 2021

Recommended Motion:

"Beginning Budget - $91,482,570.00. I move to approve the increase to the FY20/21 budget by $352,705.00 for a total budget amount of $91,835,275.00."

Summary of Request:

Local Revenue - $154,000.00

Youth Suicide Prevention - $74,900.00

Parent Management Training Grant – ($14,500.00)

SAMHSA Healthy Transition Grant Carryover - $89,867.00

Lantern House Grant - $48,981.00

Day Shelter Grant - $25,275.00

Jail Services - $53,428.00

SWMBH OPIOID Grant - ($46,724.00)

SWMBH Project Assert - $24,528.00

Criminal Justice Grant – ($57,050.00)

Budget: FY2020/2021
Staff: H. Garcia

Date of Board Consideration: March 22, 2021

VIII.e.

Community • Independence • Empowerment

Integrated Services of Kalamazoo

Prepared Motions

Subject:	Approval of 418 W Kalamazoo Renovation Construction Project	
Meeting Date:	March 22, 2021	Approval Date:
Prepared by:	Jeff Patton	March 22, 2021

Recommended Motion:

"I move approval of the budget for the 418 W. Kalamazoo Renovation Construction Budget in the amount of $3,795,000 and authorize Integrated Services of Kalamazoo to execute all documents necessary to complete that renovation/construction."

Summary of Request

To accommodate existing and future growth, we applied and received funding approval from the Stryker Johnston Foundation to construct an 8,700 sq. ft. two story addition to our existing 28,000 sq. ft. 418 West Kalamazoo Avenue Building. The total estimated cost and funding approval from the Stryker Johnston Foundation for the two-story addition is $3,000,000.

The plan would be to (1) relocate 29 staff from the Alcott Building located at 2030 Portage Street, and 15 staff from 615 Crosstown Parkway (a total of 44 employees) to the 418 West Kalamazoo Avenue building after construction; and (2) 27.4 employees from the Kalamazoo County Administration Building located at 201 West Kalamazoo Avenue to the Alcott Building located at 2030 Portage Street. The latter relocation plan would consolidate all of ISK administration under one roof at one location and end the $120,399 annual lease payment to the County of Kalamazoo for administrative staff office space.

In addition to the construction cost request, we have identified anticipated costs which are not included in the funding request construction budget. Those are estimated to be an additional $795,000. We have requested $750,000 from the Irving Gilmore Foundation to cover these additional costs. It is our desire to also redirect $95,000 of our anticipated annual savings towards building and property enhancement costs that are not included in the estimated construction costs of the two-story addition. A copy of the projected Construction/Renovation project budget is attached.

Budget:_____
Staff:_____

Date of Board
Consideration: March 22, 2021

INTEGRATED Services of Kalamazoo

Community • Independence • Empowerment

VIII.f.

Integrated Services of Kalamazoo

Prepared Motions

Subject:	Sale of Property located at 454 North Westnedge Avenue	
Meeting Date:	March 22, 2021	Approval Date:
Prepared by:	Jeff Patton	March 22, 2021

Recommended Motion:

"I move final approval of the sale of real property located at 454 North Westnedge Avenue in the City of Kalamazoo (property tax role numbers 3906-15-300-001, 3906-15-305-002, 3906-15-300-003) in the amount of $50,000 and to authorize Integrated Services of Kalamazoo to execute all documents necessary to complete that purchase."

Summary of Request

Consumers Energy has executed an option to purchase this property for the amount stated in the Motion. ISK purchased the property in 2012 in order to make sure there was enough parking available near the 418 building for anticipated additional staff and consumers using that building. With the anticipated demolition of the Acme building, there will be additional parking available closer to 418 and ISK does not anticipate any productive use for this property.

The purchase price in 2012 was $45,000. Based on the current market for real property in Kalamazoo, ISK Administration believes the proposed sale price is reasonable.

Budget:_____

Staff:_____

Date of Board Consideration: March 22, 2021

INTEGRATED Services of Kalamazoo

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IX.a.

Integrated Services of Kalamazoo
Prepared Motions

Subject:	Family Support Advisory Council	
Meeting Date:	March 22, 2021	Approval Date:
Prepared by:	Patricia Weighman	March 22, 2021

Recommended Motion:

"I move to appoint the following individual to the FSAC Advisory Council:

- Jeff Poliak

Integrated Services of Kalamazoo Family Support Advisory Council is for Families with Youth who have a Serious Emotional Disturbance."

Summary of Request:

The ISK Family Support Advisory Council for Parents of Youth with Serious Emotional Disturbances and Substance Use Disorders advises the ISK Board on issues affecting families of youth with severe emotional disturbance and recommends changes that can help families more. FSAC works to improve the System of Care for youth with SED.

The FSAC Advisory Council welcomes parents of youth with severe emotional disturbance, behavioral challenges, or substance use disorders.

Budget:	FY20/21
Staff:	Patricia Weighman
Date of Board Consideration:	March 22, 2021

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.02

AREA:	Governance		
SECTION:	System Governance	PAGE:	1 of 5
SUBJECT:	INVESTMENT POLICY	SUPERSEDES:	02/25/2013
		REVISED:	02/24/2014

PURPOSE/EXPLANATION

It is the policy of ISK to invest public funds in a manner which will ensure the preservation of principal while providing the highest investment return with maximum security, meeting the daily cash flow requirements of the organization and conforming to all state statutes governing the investment of public funds.

POLICY

I. SCOPE

This policy applies to all financial assets of the organization held by ISK the Chief Executive Officer (CEO), Deputy Director of Administrative Services (DDAS) and Finance Director (FD). These funds are accounted for in the Independent Annual Audit Report.

II. OBJECTIVE

The primary objectives, in priority order, of the ISK CEO, DDAS and FD investment activities shall be:

A. *Safety*
Safety of principal is the foremost objective in the investment of ISK funds. Investments shall be undertaken in a manner that seeks to ensure the preservation of principal in the overall portfolio. To attain this objective diversification is required in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.

B. *Liquidity*
The investment portfolio shall remain sufficiently liquid to enable the CEO, DDAS and FD to meet all operating requirements that might be reasonably anticipated.

C. *Return on Investments*

The investment portfolio shall be designed with the objective of attaining a rate of return throughout budgetary and economic cycles, commensurate with the investment risk constraints and the cash flow characteristics of the portfolio.

D. *Risks*

Further objectives of this policy are to minimize credit and concentration risk, interest rate risk, and foreign currency risk.

1. *Credit Risk (Custodial Credit Risk and Concentration Credit Risk):* ISK will seek to minimize custodial credit risk, which is the risk of loss due to failure of the security issuer or backer, by limiting investments to the types listed in Section V. of this investment policy. ISK will seek to minimize the amount of Concentration Risk, which is the risk of loss attributed to the magnitude of our investment in a single issuer by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.
2. *Investment Rate Risk:* ISK will minimize Interest Rate Risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market rate, by structuring the investment portfolio so that securities mature to meet cash flow requirements for ongoing operations, and investing operating funds primarily in shorter term securities, liquid assets, money market funds, or similar investments pools and limiting the average maturity in an effort to meet cash flow requirements.
3. *Foreign Currency Risk:* ISK is not authorized and will not hold investments subject to this kind of risk.

III. DIVERSIFICATION

The CEO, DDAS and FD shall diversify the investments by security type and institution. With the exception of U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a Certificate of Deposit Account Registry Service (CDARS) account.

IV. DELEGATION OF AUTHORITY

Management responsibility for the Investment policy is hereby delegated to the CEO, DDAS and FD.

V. AUTHORIZED INVESTMENTS

The CEO, DDAS and FD is authorized to invest in the following types of securities authorized by Public Act 20 of 1943, as amended:

A. Bonds, securities, and other obligations of the United Sates or an agency or instrumentality of the United States.

B. Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a CDARS account.

C. Commercial paper rated at the time of purchase at the highest classification established by not less than 2 standard rating services and that matures not more than 270 days after the date of purchase.

D. Repurchase agreements consisting of instruments in subdivision V.A.

E. Banker's acceptances of United States banks.

F. Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than 1 standard rating service.

G. Obligations described in subdivision 6.1 through 6.6 if purchased through an interlocal agreement under the Urban Cooperation Act of 1967. 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.

H. Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.

I. Investment pools organized under the Local Government Investment Pool Act, 1985 PA 121, MCL 129.141 to 129.150.

VI. SAFEKEEPING AND CUSTODY

It shall be the responsibility of the CEO, DDAS and FD to determine which securities will be held by a third party custodian. Securities held in safekeeping by a third party custodian shall be evidenced by a safekeeping receipt.

VII. PRUDENCE

The standard of prudence to be used by the CEO, DDAS and FD shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investments shall be made with judgement and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

VIII. REPORTING

The CEO, DDAS and FD shall provide a timely quarterly report to the ISK Board that provides a clear picture of the status and types of investments of the current investment portfolio. This report shall be prepared in a manner that will allow the Board to ascertain whether investment activities during the reporting period have conformed to the investment policy.

IX. ORDER EXECUTION

Before executing an order to purchase or trade the funds of ISK, a financial intermediary, broker or dealer shall be provided with a copy of ISK Investment policy regarding the buying or selling of securities and acknowledge receipt and agree to comply with the terms contained therein by executing the form attached as Appendix #1.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

APPROVED

Erik Krogh
Board Chair

APPENDIX #1

I have read and fully understand Public Act 20 of 1943 as amended, and the investment policy of Kalamazoo Community Mental Health and Substance Abuse Services.

Any investment advice or recommendations on investments given by _____ (name) _____ representing (company) _____ to the Chief Executive Officer (CEO), Deputy Director of Administrative Services (DDAS) and Finance Director (FD) or his/her designee shall comply with the requirements of Public Act 20 of 1943 as amended, and the Investment Policy of ISK. Any existing investment not conforming to the statute or policy will be disclosed promptly to the CEO, DDAS and FD or his/her designee. Further, should a broker/dealer learn of a forthcoming downgrading of commercial paper that has been sold to ISK, I agree to notify the CEO, DDAS and FD or his/her designee as soon as possible to determine if there is a need to trade that investment.

By: _____

Printed Name: _____

Title: _____

Name of Financial Company: _____

Date: _____

Please send the original Appendix #1 to:

Integrated Services of Kalamazoo
Attention: Deputy Director of Administrative Services
2030 Portage St
Kalamazoo MI 49001

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.10

AREA:	Governance		
SECTION:	Executive Limitations	PAGE:	1 of 1
SUBJECT:	**COLLABORATION**	SUPERSEDES:	06/27/2011
		REVISED:	03/28/2016

PURPOSE/EXPLANATION

To establish limitations of means regarding the use of collaboration with stakeholders.

POLICY

I. The Chief Executive Officer (CEO) ~~may~~ will not fail to initiate opportunities and/or take advantage of benefits resulting from collaboration in the development and implementation of services and activities of the ISK programs.

II. This policy will be monitored through internal mechanisms and available external information on an annual basis.

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

BOARD CHAIR

Erik Krogh
Board Chair