



Community • Independence • Empowerment

Jeffrey W. Patton
Chief Executive Officer

www.iskzoo.org

Administrative Services

610 South Burdick Street
Kalamazoo, MI 49007
Phone: (269) 553-8000

Access Center

615 East Crosstown Parkway
Kalamazoo, MI 49001
Phone: (269) 373-6000
(888) 373-6200

Michigan Relay Center: 711

Integrated Health & Psychiatric Services

615 East Crosstown Parkway
Kalamazoo, MI 49001
Phone (Adults): (269) 553-7037
Phone (Youth): (269) 553-7078

Office of Recipient Rights

610 South Burdick Street
Kalamazoo, MI 49007
Phone: (269) 364-6920

Outpatient Services

2030 Portage Street
Kalamazoo, MI 49001
Phone: (269) 553-7132

Services for Adults with Mental Illness

2030 Portage Street
Kalamazoo, MI 49001
Phone: (269) 553-8000
(888) 373-6200

Services for Adults with Developmental Disabilities

418 West Kalamazoo Ave.
Kalamazoo, MI 49007
Phone: (269) 553-8060
Michigan Relay Center: 711

Services for Youth and Families

418 West Kalamazoo Ave.
Kalamazoo, MI 49007
Phone: (269) 553-7120

Substance Use Disorder Services

Phone: (800) 781-0353

Training

418 West Kalamazoo Ave.
Kalamazoo, MI 49007
Phone: (269) 364-6952

AGENDA

INTEGRATED Services of Kalamazoo Board of Directors HAS SCHEDULED ITS MEETING FOR MONDAY, April 24, 2023, BEGINNING @ 4:00PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).

Jason Kelly/CPA/Assurance Senior Manager/BDO

Financial Statement and Single Audit Act Compliance/Year Ending September 30, 2022/**MOTION**

- I. CALL TO ORDER - CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICES REPORT
 - a. Program Services Report - *Beth Ann Meints*, ISK, Administrator of Clinical Services – Adult Outpatient Program
- VI. CONSENT CALENDAR/VERBAL MOTION
 - a. MINUTES (*March 27, 2023*)
 - b. Board Committee Principles (Policy)
 - c. Treatment of Persons Served w/Substantiated Complaints (Report)
 - d. Customer Services (Report)
- VII. MONITORING REPORTS
 - a. Compliance & Risk: **BOARD TRAINING**
 - b. Compliance & Risk: **STATUS REPORT**
- VIII. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. 2023 CDAR Average Interest By Account Type
 - e. *March 2023* Disbursements/**MOTION**
- IX. CHIEF EXECUTIVE OFFICER REPORT/VERBAL
 - a. CEO Report
- X. CITIZEN TIME
- XI. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/*Erik Krogh*
- XII. ADJOURNMENT



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Integrated Services of Kalamazoo

MOTION

Subject:	FY 2022 Financial Statements & Single Audit Act Compliance	Approval Date:
Meeting Date:	April 24, 2023	<u>April 24, 2023</u>
Prepared by:	Amy Rottman, CFO	

Recommended Motion:

“I move to accept and file the FY 2022 Financial Statements and Single Audit Act Compliance Report.”

Summary of Request:

- ✦ The independent audit of fiscal year 2022 was completed by BDO.
- ✦ The independent audit report is unmodified, or “clean”.
- ✦ There are no reported material weaknesses in internal controls.
- ✦ No findings related to the financial statements which are required to be reported.
- ✦ No findings or questioned costs for federal awards which are required to be reported.
- ✦ Net position changed from \$25.4 million in FY 2021 to \$46.3 million in 2022.

- Budget: N/A
- Staff: Amy Rottman
- Date of Board Consideration: April 24, 2023

IV.a.

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: March 2023

Office of Recipient Rights Report to the Mental Health Board
Complaints/Allegations Closed in March 2023

	March 2023	FY 22-23	March 2022	FY 21-22
Total # of Complaints Closed	31	205	42	209
Total # of Allegations Closed	40	351	70	354
Total # of Allegations Substantiated	16	119	23	111

The data below represents the total number of closed allegations and 4substantiations for the following categories:
Consumer Safety, Dignity/Respect of Consumer, Treatment Issues, and Abuse/Neglect.

ALLEGATIONS	March 2023		March 2022	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	6	1	3	0
Dignity/Respect of Consumer	6	1	16	4
Treatment Issues/Suitable Services (Including Person Centered Planning)	6	2	20	6
Abuse I	0	0	0	0
Abuse II	1	1	3	1
Abuse III	2	1	6	3
Neglect I	0	0	0	0
Neglect II	1	0	1	1
Neglect III	11	10	6	5
	33	16	55	20

APPEALS	March 2023	FY 22-23	March 2022	FY 21-22
Uphold Investigative Findings & Plan of Action	0	0	0	0
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

April 2023

Re: March 2023 Abuse/Neglect Violations

March

Abuse Violations

- There was one substantiated Abuse II violation in March 2023.
 - The remedial action for this violation is Employment Termination (1).
- There was one substantiated Abuse III violation in March 2023.

The remedial action for this violation were Employment Termination (1), Training (1).

Neglect Violations

- There were ten substantiated Neglect III violations in March 2023. There were two Neglect III, Failure to Report violations.
 - The remedial actions for these violations were Employment Termination (6), Training (8), Demotion (1), Suspension (1), and Written Reprimand (3). There were 2 staff involved in 1 violation.

The 10 violations occurred at 5 different agencies. One agency had 5 violations including the 2 Failure to Report violations. The 5 violations occurred at 4 program sites. Another agency had 2 violations.



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April 2023 Program Services Report

Adult Outpatient Program

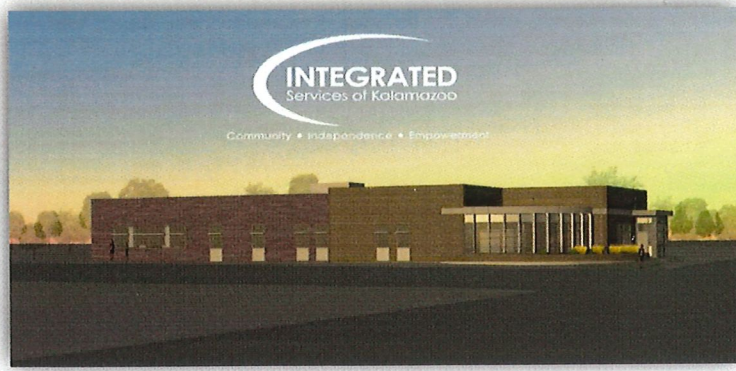
April 24, 2023

Adult Outpatient Therapy: The adult outpatient program is currently serving 710 individuals. This program provides mental health and substance use disorder therapy to adults. Therapists in the program emphasize the use of evidence-based practices (EBP's) including cognitive behavioral therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT) informed skills, Seeking Safety and Motivational Interviewing. The team has been participating in a twice weekly EBP consultation meetings. In these meetings staff use validated EBP fidelity scales to self-rate their adherence to EBP's and provide case presentations. Staff also provide mini presentations on topics related to EBP's. The team is also focusing on staff wellness and burnout prevention.

SAMM Integrated Dual Disorder Treatment (IDDT): The SAMM team is currently serving 101 individuals. SAMM provides mental health and substance use disorder treatment to adults with cooccurring disorders. SAMM utilizes the evidence based IDDT model. SAMM imbeds several additional EBP's in the program including motivational interviewing and comprehensive DBT. The team also has a grant to provide contingency management incentives which is also an EBP. The team underwent their MiFast Review in Spring of 2022 and received a score indicating they have good fidelity to the IDDT evidence-based practice. Recently, the team began a partnership with Kalamazoo County Treatment courts to provide treatment to individuals adjudicated in that program who meet criteria for the IDDT model.

Dialectical Behavior Therapy (DBT): The DBT team is currently serving 80 adults and transition age youth, and clinicians on this team also serve individuals in outpatient therapy. DBT is the gold standard EBP for individuals with high emotion dysregulation, suicidal ideation and self-injurious behavior. The DBT team also provides prolonged exposure (PE) which is an EBP for post traumatic stress disorder. The DBT team is certified nationally by the Linehan Board and is currently under review for recertification. Several members of the team are in the process of completing competency training in the use of DBT with adolescents. This involves structured consultation calls with other teams around the state to support fidelity to DBT with the youth population.

Navigate Coordinated Specialty Care of Early Psychosis: Navigate is currently serving 39 adults and transition age youth. Navigate is an interdisciplinary team-based model for serving individuals 15-30 who have experienced a recent onset of a psychotic disorder. Navigate is a newer EBP that is still undergoing research evaluation. The team at ISK is part of an ongoing national NIMH multi-site research study that is evaluating several enhancements to the program. Team members participate in monthly consultation meetings with other teams around the state to gain support for implementation of this EBP to fidelity. As part of the Navigate grant, clinicians are also undergoing training and consultation with CBT for psychosis, which is an evidence-based therapy for individuals with psychotic disorders.



24 HOURS
Behavioral Health Clinic

COMING SOON

INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting
March 27, 2023 VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>	X	Kalamazoo/Kalamazoo	
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Patrick Dolly	X	Kalamazoo/Kalamazoo	
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears	X	Kalamazoo/Kalamazoo	
Erik Krogh	X	Kalamazoo/Kalamazoo	
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Montez Morales, <i>COMMISSIONER</i>	X	Kalamazoo/Kalamazoo	

ISK - KCMHSAS Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
 Amy Rottman
 Charlotte Bowser
 Wanda Brown
 Sheila Hibbs
 Beth Ann Meints
 Dianne Shaffer
 Lisa Smith
 Ed Sova
 Alecia Pollard
 Demeta Wallace

ISK - KCMHSAS Staff Absent:

Roann Bonney

Providers:

Dr. Shenetta Coleman CEO Residential Opportunities, Inc.	Fi Spalvieri Executive Director Community Living Options
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Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on Monday, March 27, 2023. It began @ 4:01pm and was presided over by Chairwoman, *Karen Longanecker*.



610 S. Burdick Street
Kalamazoo, MI,
49007-5221

AgendaMOTION

Member Krogh moved to approve the agenda for the meeting. Supported by Member Raphelson and carried without dissent.

Citizen Time No citizens came forth.

Welcome to the ISK Board of Directors, Ms. Ramona Lumpkin

Chairwoman, Karen Longanecker, stated, “*Congratulations* and welcome aboard! We are delighted that you have joined the ISK Board of Directors.”

Recipient Rights Monthly Reports

Lisa Smith, ISK, Senior ORR Officer, presented the complaints/allegations closed in February 2023.

Abuse Violations

- There was one substantiated Abuse II violation in February 2023.
 - The remedial action for this violation was Employment Termination (1).

Neglect Violations

- There were six substantiated Neglect III violations in February 2023. Two were Failure to Report.
 - The remedial action for these violations were Employment Termination (1), Contract Action (1), Written Reprimand (3), Training (4).

2 of the 6 violations occurred at the same agency and program sites. Another 2 violations occurred at another agency and same program sites. Each of these 2 agencies had a Failure to Report.

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

Reappointment to the Recipient Rights Advisory Committee/MOTION:

Member Spears, “I MOVE TO RE-APPOINT THE FOLLOWING INDIVIDUALS TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): DIANE BORNEMAN, KAREN LONGANECKER, BECKY LOPEZ, BETSY SCHLOTT FOR A TWO-YEAR TERM (BEGINNING JUNE 1, 2023-JUNE 1, 2025).” Supported by Member Guenther.

MOTION PASSED.

Program Services Report/VERBAL

The Program Services Report will be presented at the April 24, 2023, ISK Board of Directors meeting.

Consent CalendarMOTION

Chair Longanecker, “Are there any materials that the ISK Board would like to have removed from the Consent Calendar before we proceed with the verbal motion?” No materials were requested to be removed.

- a. Minutes
- b. Board Compensation (Policy)
- c. Board Members’ Code of Conduct (Policy)
- d. Depreciation (Policy)
- e. Conflict of Interest (Policy)

Member Guenther, “I MOVE TO ACCEPT THE CONSENT CALENDAR MONITORING REPORTS BOTH “AS-IS” OR WITH PROPOSED RECOMMENDED CHANGES.” Supported by Member Spears. MOTION PASSED.

Monitoring Report

Sheila Hibbs, ISK, Administrator of System Performance and Programs, presented the FY23 Utilization Management Plan for Individuals Enrolled in Medicaid, Healthy Michigan Plan, SUD Community Grant, Flint 1115 Waiver, Certified Community Behavioral Health Clinic, Autism Benefit, SED, Child or Habilitation Supports Waiver to the board.

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, SUD Community Grant, and Certified Community Behavioral Health Clinic 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, Certified Community Behavioral Health Clinic, 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.

Authority and Structure

Program Oversight

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

Committee

Integrated Services of Kalamazoo has an established Clinical Operations committee to review and provide input and coordination regarding utilization management policy, medical necessity criteria, clinical practice, review of service utilization, population health trends, and outlier management. The Clinical Operations committee shall serve in a support and advisory capacity to the UM Program and annually evaluate the efficiency and effectiveness of the UM Program and offer feedback related to necessary modifications. Ad hoc members will be included in the committee meetings based on need and agenda focus.

Membership

The Clinical Operations committee will consist of cross collaborative leadership representation from Integrated Services of Kalamazoo including the Administrator of Operations, Administrator of Clinical Services, Manager of Utilization Management, and Population Senior Executives. Ongoing consultation and ad hoc representation from the ISK Chief Executive Officer, Medical Director, Customer Services, Utilization Review, Finance, IT, and Provider Network staff are available to the committee. Clinical Operations committee 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. The Clinical Operations committee typically meets on a weekly basis with dedicated time to UM plan activity review occurs at least quarterly.

Roles of the Committee

The Clinical Operations committee is charged with the following:

1. Ensure adherence to consistent application of assessment tools, level of care guidelines and medical necessity criteria. Provide recommendations for and implementation of Clinical Protocols and Clinical Practice Guidelines.
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 Administrator of Operations 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 at the local care management level 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 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.
7. Identify practice-based evidenced measures (i.e. clinical outcome metrics) that demonstrate the overall effectiveness and impact of clinical services being rendered.
8. 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.
9. Assure adherence to related data and report specifications through cross collaboration with applicable ISK teams and committees.

To review this report in its entirety, or obtain a copy, please contact, Sheila Hibbs, by e-mail @ shibbs@iskzoo.org.

Financial Reports/Financial Condition Reports February 28, 2023

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Reports for February 28, 2023.

INTEGRATED SERVICES OF KALAMAZOO
Statement of Net Position

February 28, 2023

	February 2022 (unaudited)	February 2023
Assets		
Current assets		
Cash and investments	\$ 37,610,523	\$ 30,456,944
Accounts receivable	7,523,063	3,559,192
Due from other governments	31,031	20,154
Prepaid items	859,928	1,366,564
Total current assets	46,024,545	35,402,854
Non-current assets		
Capital assets, net of accumulated depreciation	9,262,451	11,519,414
Net pension asset, net of deferred outflows	5,722,229	5,722,229
Total non-current assets	14,984,680	17,241,643
Total assets	61,009,225	52,644,497
Liabilities		
Current liabilities		
Accounts payable	\$ 9,635,522	\$ 10,936,230
Due to other governments	5,954,569	2,111,949
Due to providers	309,291	38,626
Accrued payroll and payroll taxes	1,540,643	1,649,425
Unearned revenue	192,351	163,513
Total current liabilities	17,632,376	14,899,743
Non-current liabilities		
Long-term debt	4,413,705	-
Total liabilities	22,046,081	14,899,743
Net position		
Designated	15,242,325	13,747,779
Undesignated	5,323,673	18,360,519
Investment in fixed assets	4,841,804	4,858,748
Previous year close	-	-
Net gain (loss) for period	13,555,342	777,708
Net position	\$ 38,963,144	\$ 37,744,754

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through February 28, 2023

Percent of Year is 41.67%

	Original 2023 BUDGET	YTD Totals 2/28/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 29,309,317	\$ 33,275,290	46.83%
Healthy Michigan Capitation	10,155,033	5,406,750	4,748,283	53.24%
Autism Captiation	5,722,701	2,339,122	3,383,579	40.87%
Settlement	(11,458,363)	(2,119,315)	(9,339,048)	0.00%
State General Fund:				
Formula Fundings	3,900,517	1,625,215	2,275,302	41.67%
CCBHC Demonstration	33,381,000	3,136,827	30,244,173	0.00%
CCBHC Accrual	-	1,169,017	(1,169,017)	0.00%
County Allocation	1,550,400	646,000	904,400	41.67%
Client Fees	429,500	119,734	309,766	27.88%
SUD Block Grant	-	46,649	(46,649)	0.00%
Other grant revenue	7,133,667	3,929,702	3,203,966	55.09%
Other earned contracts	1,130,318	729,097	401,221	64.50%
COFR	-	-	-	0.00%
Interest	1,000	648	352	0.00%
Local revenue	10,000	1,100	8,900	0.00%
Total operating revenue	\$ 114,540,380	\$ 46,339,863	\$ 68,200,517	40.46%
Operating expenses				
Salaries and wages	24,113,672	9,399,856	\$ 14,713,816	38.98%
Employee benefits	8,670,498	2,505,666	6,164,832	28.90%
Staff development	223,625	79,877	143,748	35.72%
Payments to providers	68,968,243	28,943,318	40,024,925	41.97%
Administrative contracts	7,789,466	3,720,214	4,069,252	47.76%
IT software and equipment	765,010	257,387	507,623	33.64%
Client transportation	29,260	7,462	21,798	25.50%
Staff travel	310,912	90,532	220,380	29.12%
Office expenses	420,923	171,621	249,302	40.77%
Insurance expense	97,505	10,570	86,935	10.84%
Depreciation expense	560,142	211,961	348,181	37.84%
Utilities	306,573	138,058	168,515	45.03%
Facilities	124,379	25,632	98,747	20.61%
Total operating expenses	\$ 112,380,208	\$ 45,562,155	\$ 66,818,053	40.54%
Change in net position	2,160,172	777,708	\$ 1,382,464	
Beginning net position	36,967,046	36,967,046		
Ending net position	\$ 39,127,218	\$ 37,744,754		

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through February 28, 2023

Percent of Year is 41.67%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		Variance
	Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	
Operating revenue											
Medical:											
Traditional Capitation	\$ 26,078,378	\$ 29,309,317	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,649	\$ 26,078,378	\$ 29,355,966	\$ 3,277,588
Healthy Michigan Capitation	-	-	4,231,264	5,406,750	-	-	-	-	4,231,264	5,406,750	1,175,487
Autism Capitation	-	-	-	-	2,384,459	2,339,122	-	-	2,384,459	2,339,122	(45,337)
CCBHC Base Payment	-	(4,968,955)	-	(1,096,100)	-	-	-	-	-	(6,065,055)	(6,065,055)
Settlement Estimate	(2,711,722)	2,848,631	(2,268,351)	(2,582,175)	205,755	(2,339,122)	-	(46,649)	(4,774,318)	(2,119,315)	2,655,003
Client Fees	177,500	119,734	-	-	-	-	-	-	177,500	119,734	(57,766)
Total operating revenue	\$ 23,544,156	\$ 27,308,727	\$ 1,962,913	\$ 1,728,475	\$ 2,590,214	\$ 0	\$ -	\$ (0)	\$ 28,097,283	\$ 29,037,203	\$ 939,920
Operating expenses											
Internal services	\$ 1,290,820	\$ 1,507,880	\$ 72,027	\$ 145,340	\$ -	\$ -	\$ -	\$ -	\$ 1,362,847	\$ 1,653,219	290,373
External services	21,005,879	24,281,911	1,786,883	1,486,996	2,452,975	-	-	-	25,245,738	25,768,908	523,170
Delegated managed care	1,247,457	1,518,936	104,003	96,139	137,239	-	-	-	1,488,699	1,615,075	126,377
Total operating expenses	\$ 23,544,156	\$ 27,308,727	\$ 1,962,913	\$ 1,728,476	\$ 2,590,214	\$ -	\$ -	\$ -	\$ 28,097,283	\$ 29,037,203	\$ 939,920
Change in net position	-	0	-	(0)	-	0	-	(0)	\$ -	0	-

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2022 through February 28, 2023
 Percent of Year is 41.67%

	State General Fund		CCBHC		Other Funding Sources		Totals		Variance
	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	YTD Budget	YTD Totals 2/28/23	
Operating revenue									
General Fund	\$ 1,625,215	\$ 1,625,215	\$ -	\$ -	\$ -	\$ -	\$ 1,625,215	\$ 1,625,215	\$ (0)
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	13,908,750	10,370,899	-	-	13,908,750	10,370,899	(3,537,851)
Other Federal and State Grants	-	-	-	-	2,972,361	3,929,702	2,972,361	3,929,702	957,340
Earned Revenue	-	-	-	-	470,966	729,097	470,966	729,097	258,131
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	417	648	417	648	232
County Allocation	-	-	-	-	646,000	646,000	646,000	646,000	-
Local Revenue	-	-	-	-	4,167	1,100	4,167	1,100	(3,067)
Transfer from GF	-	-	-	-	942,408	943,227	942,408	943,227	819
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 1,625,215	\$ 1,625,215	\$ 13,908,750	\$ 10,370,899	\$ 5,036,318	\$ 6,249,773	\$ 20,570,284	\$ 18,245,887	\$ (2,324,396)
Operating expenses									
Internal Programs	\$ -	\$ 262,831	\$ 9,540,714	\$ 6,983,183	\$ -	\$ 145,972	\$ 9,540,714	\$ 7,391,986	\$ (2,148,728)
External Programs	494,590	244,984	2,754,077	2,256,133	212,140	343,173	3,460,807	2,844,290	(616,517)
Other Federal and State Grants	-	-	-	-	3,541,734	4,788,581	3,541,734	4,788,581	1,246,847
HUD Grants	-	-	-	-	680,906	363,479	680,906	363,479	(317,427)
Managed Care Administration	27,671	29,909	687,870	544,166	16,305	21,348	731,845	595,423	(136,422)
Homeless Shelter	-	-	-	-	181,979	183,705	181,979	183,705	1,726
Transfer from GF	942,408	943,227	-	-	-	-	942,408	943,227	819
Local match expense	-	-	-	-	531,240	335,500	531,240	335,500	(195,740)
Non-DCH Activity Expenditures	-	-	-	-	58,579	21,989	58,579	21,989	(36,590)
Total operating expenses	\$ 1,464,669	\$ 1,480,951	\$ 12,982,660	\$ 9,783,482	\$ 5,222,882	\$ 6,203,747	\$ 19,670,211	\$ 17,468,179	(2,202,032)
Change in net position	160,546	144,265	926,090	587,417	(186,563)	46,026	\$ 900,073	777,708	(122,364)

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

INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2022 through February 28, 2023
 Percent of Year is 41.67%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 3,136,827	\$ -	\$ -	\$ 3,136,827
CCBHC Base Payment Reclass	4,968,955	1,096,100	-	6,065,055
Remaining CCBHC revenue due	223,674	945,343	-	1,169,017
Total CCBHC Revenue (PPS-1 of \$271.00 x encounters)	\$ 8,329,456	\$ 2,041,443	\$ -	\$ 10,370,899
Operating expenses				
Internal services	\$ 5,628,390	\$ 1,379,446	\$ 519,513	\$ 7,527,349
DCO Contracts	1,686,968	413,454	155,711	2,256,133
Total operating expenses	\$ 7,315,358	\$ 1,792,900	\$ 675,224	\$ 9,783,482
Operating change in net position	1,014,098	248,543	(675,224)	587,417
Reclassification to cover Non-Medicaid	(675,224)	-	675,224	-
Total change in net position	338,875	248,543	-	587,417

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

Utilization Reports

Charlotte Bowser, ISK, Accounting Manager, presented the Utilization Report for the period ending February 28, 2023.

- Youth Community Inpatient Services is at (50) days and is unfavorable at \$39,267
- MI Adult Community Inpatient Services is at (880) days and is unfavorable at \$965,836
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$265,669

February Disbursements/MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I MOVE THAT ISK APPROVE THE FEBRUARY 2023 VENDOR DISBURSEMENTS OF \$10,191,178.13."

Supported by Member Guenther.

MOTION PASSED.

Chief Executive Officer Report

The 24-Hour Behavioral Health Urgent Care and Access Center construction project is progressing according to the schedule. We have tentative plans on how and when we will conduct tours of this new facility. It is our endeavor to prepare for a soft opening on July 10, 2023.

According to the latest News report, we will be having a new neighbor across from our 24-Hour clinic. It appears that a private donor has funded the total cost of the project to build a new arena downtown Kalamazoo. These are exciting times!

The Irving S. Gilmore Foundation for Grant 2021-070, Property Enhancements has approved my request to extend the term to December 31, 2024, instead of December 31, 2023. The final report for the project will be sent before the due date.

As a result of the MI KIDS NOW LAWSUIT, the statewide settlement will increase access to the CCBHC with increased funding rates and our System of Care Grant positions ISK for proficient implementation of the lawsuit settlement requirements.

Southwest Michigan Behavioral Health Board Retreat will be held at Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001 on May 12, 2023, from 9:00AM to 3:00PM.

My term on the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services' National Advisory Council ended March 11, 2023. It was a great opportunity and a pleasure to serve.

That concludes my report.

Citizen Time:

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Erik Krogh:

There are no current updates to report because the meeting was cancelled.

Meeting ended at 5:25PM.

Demeta J. Wallace
Administrative Coordinator
 INTEGRATED Services of Kalamazoo

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.05

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
SUBJECT:	BOARD COMMITTEE PRINCIPLES	SUPERSEDES:	04/25/2011
		REVISED:	04/23/2018

PURPOSE/EXPLANATION

To define the principles of established Board committees and applies only to committees that are formed by Board action, whether or not the committees include non-Board members, but does not apply to committees formed under the authority of the Chief Executive Officer (CEO).

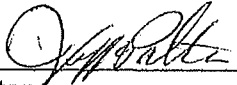
POLICY

Board committees, when used, will be assigned so as to reinforce the wholeness of the Board's job so as never to interfere with delegation from Board to CEO. Committees may be used sparingly and ordinarily in an *ad hoc* capacity.

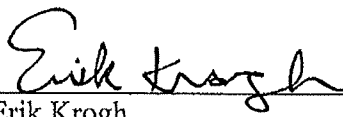
- A. Board action is required to establish a committee of the Board. The Board will state the purposes for which the committee is formed and the tasks the committee is expected to complete. Membership will be appointed by the Board and may include persons who are not Board members. Unless otherwise stated by the Board, a committee ceases to exist as soon as its purpose and/or task(s) are complete.
- B. Board committees will assist the Board by preparing policy alternatives and implications for Board deliberation. Board committees will normally not have direct dealings with current staff operations.
- C. Board committees may not speak or act for the Board, except when formally given such authority for specific and time-limited purposes. Exceptions and authority will be carefully stated in order not to conflict with authority delegated to the CEO.
- D. The Board recognizes that a Board member may also be a member of a committee that was not established by the Board however such committees will not be considered to be a Board committee.
- E. The Board Finance and Compliance Committee has been established by the Board to be a standing committee that ordinarily meets monthly.

CHIEF EXECUTIVE OFFICER

APPROVED



Jeff Patton
Chief Executive Officer



Erik Krogh
Board Chair



Community • Independence • Empowerment

TREATMENT OF PERSONS SERVED

April 2023

FY23 Data October 1, 2022-March 31, 2023

**Integrated Services of Kalamazoo
Treatment of Persons Served Report
April 2023**

EXECUTIVE LIMITATION POLICY:

“With respect to interactions with persons served, or individuals applying to receive services, the Chief Executive Officer shall not cause or allow conditions, procedures, or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.”

ACCORDINGLY, THE CHIEF EXECUTIVE OFFICER MAY NOT:

- A. Use application forms or procedures that elicit information for which there is no clear necessity.**

Response:

Forms (paper and electronic) are based on the Michigan Department of Health and Human Services requirements and accreditation standards. Each element of the clinical record has been cross referenced with external requirements/standards to help ensure that Integrated Services of Kalamazoo (ISK) expectations are set on necessity.

Integrated Services of Kalamazoo (ISK) is compliant with this requirement.

- B. Use methods of collecting, reviewing, or storing information on persons served that fails to protect against improper access to the information elicited.**

Response:

All information of persons served is managed by provider contract, business associate agreements, and policy boundaries; these include recipient rights, compliance, and quality management policies. Information on persons served is safeguarded and limited only to those with a need to access the information. ISK has processes in place to monitor appropriate access to protected health information of persons served in the electronic health record. ISK also holds a Breach Notification policy that outlines expectations and processes to follow in the occurrence of a potential or actual breach.

ISK is compliant with this requirement.

- C. Maintain facilities that fail to provide a reasonable level of privacy, both audio and visual.**

Response:

All business conducted with persons served is done in private areas or in places determined by the individual. If complaints occur in this area, the

Office of Recipient Rights and/or the Privacy Officer will investigate and recommend corrective action(s) as needed.

ISK is compliant with this requirement.

D. Fail to provide procedural safeguards for the transmission of information.

Response:

Recipient Rights, Compliance, and Information Management policies are in place in order to protect the confidentiality of persons served. All clinicians working out in the community have been supplied with computers that have safeguards against security breaches. ISK Compliance and Information Management takes steps to ensure the HIPAA compliant platforms are utilized for telehealth appointments. Other devices that have access to confidential information of persons served are encrypted for security and protection. ISK also holds a Breach Notification policy that outlines expectations and processes to follow in the occurrence of a potential or actual breach. ISK enforces two-factor authentication to safeguard against outside threats and access into the ISK system. ISK staff receive training and ongoing reminders related to external threats, including phishing attempts, and protection of protected health information of persons served.

ISK is compliant with this requirement.

E. Fail to inform persons served of their options, choices and conditions.

Response:

Intake admission procedures, recipient rights policies and person-centered planning, all work toward informing the individual of their options and choices.

ISK is compliant with this requirement.

F. Fail to establish with persons served, a clear contract of what may be expected and what may not be expected from the services offered.

Response:

When starting services, individuals are given the Customer Services Handbook, which provides extensive information on services and expectations. Individuals are provided information on services, the person-centered planning process, and program expectations. The signature of each person served is obtained on relevant documents to help ensure that all required information is clearly and adequately provided to each individual.

ISK is compliant with this requirement.

- G. Fail to provide persons served with grievance processes which they understand and feel free to use without fear of direct or indirect, intended or unintended retaliation or retribution when they believe that they have not been accorded a reasonable interpretation of their rights under this policy.**

Response

Each person served of mental health services is informed of their rights under the Michigan Mental Health Code, as well as their right to access the grievance and appeal process. The Office of Recipient Rights notifies the recipient/complainant of their right to appeal the findings of each Recipient Rights investigation. ISK policy and the Mental Health Code include provisions that forbid retaliation/harassment in conjunction with rights activity.

ISK is compliant with these requirements.

- H. Fail to provide a state-certified recipient rights system.**

Response

The Michigan Department of Health and Human Services Office of Recipient Rights found ISK to be in full compliance with recipient rights systems standards in December 2021. ISK is certified through the fall of 2024.

ISK is compliant with this requirement.

- I. Fail to acknowledge that competent persons served, or their surrogates have the right to decline any and all forms of medical intervention, including lifesaving or life-prolonging treatment...**

Response

General information about Advance Directives is included in the Customer Handbook, which is given to each individual at the time of starting ISK funded services. Advance Directives information is again offered to person served, as appropriate, whenever an individual plan of service is completed.

ISK is compliant with these requirements.

- J. Fail to administer a Person-centered Process for persons receiving mental health services**

- K. Fail to include families in the planning and delivery of services.**

Response

ISK operates under the Person/family-centered Planning Process Policy for all mental health. The ISK Quality Monitoring Review process continually reviews a sampling of plans to ensure that plans are follow the applicable policies and guidelines.

ISK is compliant with these requirements.

OFFICE OF RECIPIENT RIGHTS

SUBSTANTIATED COMPLAINTS - DATA

October 1, 2022-March 31, 2023

TOTAL FOR ALL CATEGORIES: 74

CATEGORY:	#	CATEGORY	#
<u>Abuse/Neglect</u>		<u>Personal Property</u>	
Abuse I	0	Possession and Use	2
Abuse II	1	Limitations	0
Abuse III	5		
Neglect I	0		
Neglect II	5		
Neglect III	33		
Sexual Abuse	0		
<u>Admission/Discharge</u>		<u>Photographs, Fingerprints,</u>	
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization			
<u>Communications/Visits</u>		<u>Rights Protection System</u>	
Access to Phone	0	Access to Rights System	0
Visitation	0	Comp. Investigation Process	0
Uncensored mail	0	Failure to Report	0
		Retaliation/Harassment	0
<u>Confidentiality</u>		<u>Suitable Services</u>	
Disclosure of Confidential Info.	8	MH Services Suited to Condition	8
Withholding of Information	0	Informed Consent	0
		Services of MH Professional	0
<u>Family Rights</u>	1	<u>Treatment Environment</u>	
		Safe, Sanitary/Humane	
		Treatment Environment	1
		Dignity/Respect	8
		Nutrition	0
<u>Financial</u>		<u>Treatment Planning</u>	
Safeguarding money	0	Person-Centered Planning	1
		Timely Development of Plan	
		Treatment Planning: Other	
<u>Freedom of Movement</u>	0	<u>Labor and Compensation</u>	0
<u>Civil Rights</u>	1		

All substantiated complaints result in remedial action, per the Michigan Mental Health Code.

Integrated Services of Kalamazoo (ISK) VI.d.
Customer Services Report to the Board for Fiscal Year 2022-2023

Covering Activities October 1, 2022 through March 31, 2023

ISK committee/project participation:

Committee/Project
Quality Improvement Committee
Direct-Op Service: Quality Monitoring Reviews
Policy Development/Review
Management Team
JETT Committee (ad-hoc). Trauma Sub-Committee

SWMBH committee/project participation:

Committee/Project
Customer Services
Coordination of Customer Notices for MI Health Link
Quality Improvement Committee (ad hoc)
Annual Customer Survey project liaison
Preparation for ISK's SWMBH Delegation Review

Customer Services Duties/assignments:

Follow-up and confirmation that the Quality Improvement Plan that ISK submitted to CARF International after our April 2022 Accreditation Review is completed. Final steps are in process to ensure our accredited programs are set with what CARF calls "Program Descriptions". We are working to ensure that all required information is available administratively as well as within client-facing platforms.
Root Cause Analyses for Sentinel Events: So far within this fiscal year, ISK has identified 7 events as Sentinel. Per internal, SWMBH, and MDHHS protocols, Utilization Management review of each case is conducted, and Root Cause Analysis of each case is completed to identify any improvement opportunities ISK can undertake to reduce the likelihood of similar incident from occurring in future. After each RCA team meets, the ISK Oversight Committee (mostly senior management members) reviews a summary of each case for management support of the improvement plans.
ISK Endowment Fund. See attached report for summary of spending patterns for the current fiscal year as well as the most recent two years.
Trauma-Informed Care Team from JETT: Continue to be trainer for administrative staff for "Trauma Step 2 for Administrative Staff" classes. CS Manager participated in 2 sessions so far this FY.
Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. For this fiscal year to date, CS Manager has co-taught in 4 Adult MHFA classes along with 1 Youth MHFA class and 1 class aimed at supporting Older Adults; and co-taught 1 safeTALK class.
Supporting Customer Grievances and Appeals: During this fiscal year, we have modified the Job Duties of the Program Specialist who works for Customer Services, Recipients Rights and Quality Management. We have appointed this role to be the primary "triage" of Customer Services calls. Since 10/1/22 ISK has been in the PCE/KARE medical record system. This has improved our abilities to track activity details. Additionally, ISK is now utilizing the "Notice of Adverse Benefit Determination" that is within PCE/KARE and has access to all of the same data and reports as the rest of the PCE user-group. We anticipate we will be able to continue to expand data we can provide as well as successfully meet state and federal standards for customer messaging. <i>ISK FY 22-23 YTD Grievance and Appeal data summary is an attachment to this report.</i>

State-wide meetings/committees:

Committee	Activity
Customer Services	<ul style="list-style-type: none"> • Continued to participate in participate in meetings and peer collaboration. • Advocate for enhancements to the new ISK medical record system – PCE through state-wide work group. • Into the remainder of 2023, participate in planning for the September Walk-A-Mile Rally

Questions about this report can be sent to Teresa Lewis, LBSW at 553-7000 or tlewis@iskzoo.org.



Community • Independence • Empowerment

Endowment Fund
~ Report to the Board of Directors ~
April 2023

Fiscal Year 2020-2021 Spending Activities Summary Report

Number of Full Year Applications: 10

Total Awards: 10

Dollars Awarded: \$33,900.00

Summary of projects to be funded: helping with costs associated with setting up independent housing, education and employment opportunities, healthcare costs not otherwise available/affordable to customer(s), funding for materials for support groups supervised by ISK/provider sites, and/or community events and individual celebrations.

Number of Emergency requests received: 20

Number of approved emergency requests: 15

Dollars Awarded YTD: \$6,767.00

Summary of emergency funding purposes: rental payments (twice); property tax payments; pharmacy bills not covered by insurance; and therapy services for a non-ISK specialty provider not able to be covered by insurance.

The 5 un-funded needs: 4 individuals were able to utilize annual E Fund Awards as available via their primary ISK service department/agency (requesting ancillary provider unaware of available dollars) and the other individual ended up finding last minute help from another community resource.

Fiscal Year 2021-2022. Spending Activities Summary Report

Number of Full Year Applications: 6

Total Awards: 6

Dollars Awarded: \$23,500

Summary of projects to be funded: helping with costs associated with setting up independent housing, education and employment opportunities, healthcare costs not otherwise available/affordable to customer(s), funding for materials for support groups supervised by ISK/provider sites, and/or community events and individual celebrations.

Number of Emergency requests: 15

Number of approved emergency requests: 14

Dollars Awarded YTD: \$10,224

Summary of emergency funding purposes: costs this year were for expenses such as: appropriate apparel and footwear for work; necessary legal identification; unanticipated increases in tax bills; unanticipated home/damage repairs, replacement of stolen home goods; legal fees.



Community • Independence • Empowerment

Endowment Fund
~ Report to the Board of Directors ~
April 2023

Fiscal Year 2022-2023. Initial Award Activity Report

Number of Full Year Applications: 9

Total Awards: 0

Dollars Awarded: \$38,000.00

Summary of projects to be funded: helping with costs associated with setting up independent housing, education and employment opportunities, healthcare costs not otherwise available/affordable to customer(s), funding for materials for support groups supervised by ISK/provider sites, and/or community events and individual celebrations.

Number of Emergency requests to date: 3

Number of approved emergency requests: 3

Dollars Awarded YTD: \$0

Summary of emergency funding purposes: Requests thus far include assistance to repay back rent that is due and other housing expenses that could not be covered by other community resources.

In Fiscal Year 21-22, ISK processed many emergency funding applications. This was due in a large part to one of our typically Endowment Fund-involved organizations, InterAct of Michigan, no longer providing on-going services. The customer needs did not necessarily change in that year, however there were not fund dollars "at the ready" to address those needs like had been in past years.

In Fiscal Year 22-23, we have been diverting requests for emergency funding to established Full-Year Awards to take advantage of dollars already available for distribution. Within the past week, one of our Full Year award participating agency has informed us they have utilized their Award and they have started making emergency requests and the committee is reviewing these.

Southwest Michigan Behavioral Health
Customer Grievance and Appeal Data
FY 2022-23
Kalamazoo Medicaid

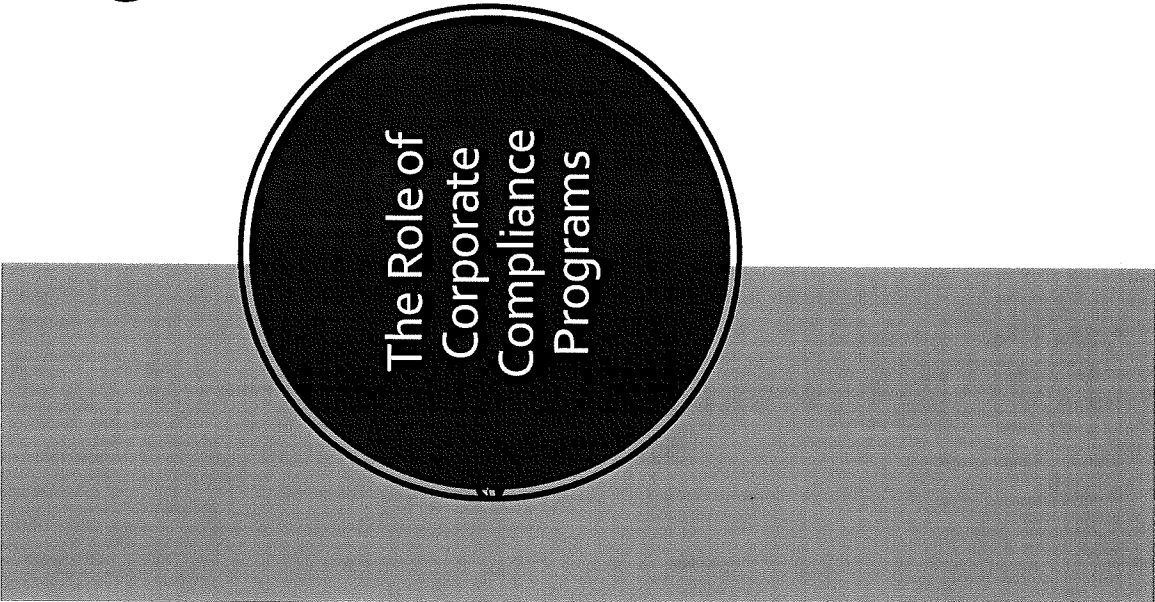
Activity	Outcome	Q1	Q2	Q3	Q4	Total Events:
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					0
	Decision Upheld/Affirmed	1				1
	Decision Overturned	3				3
	Settled/Resolved					0
Access 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Hospital 2nd Opinions	Withdrawn					0
	Decision Upheld/Affirmed					0
	Decision Overturned					0
	Settled/Resolved					0
Administrative Medicaid (Fair) Hearing	Withdrawn					0
	Decision Affirmed					0
	Decision Overturned					0
	No Show					0
	Settled/Resolved					0
Grievances	Withdrawn					0
	Information only					0
	Settled/Resolved	4	7			11
	Recipient Rights Referral					0
TOTAL events:		8	7	0	0	15

Integrated Services of Kalamazoo

Board Member
Corporate Compliance
Role/Function Annual Training

Ashley Esterline, LMSW, CHC
ISK Corporate Compliance Officer

VII.a. & b.



The Role of
Corporate
Compliance
Programs

Corporate Compliance and Its Role

- ❑ February 1998: Office of Inspector General (OIG) – which protects the integrity of the Department of Health and Human Services (DHHS) against fraud, waste, and abuse developed voluntary Compliance Program Guidance (CPG) to assist health care plans and providers.
- ❑ 2005: Congress passed the Deficit Reduction Act of 2005 establishing a Medicaid Integrity Program (MIP). This established a plan to combat Provider fraud, waste, and abuse in the Medicaid Program. Corporate Compliance now becomes mandatory.



Deficit
Reduction
Act of 2005

The Deficit Reduction Act of 2005

- The Deficit Reduction Act requires entities making/receiving annual Medicaid payments of \$5 million or more to create/provide written policies applicable to all employees, contractors, and agents information about:
 - False Claims Act – laws that pertain to civil/criminal penalties for making false claims/statements
 - Whistleblower Protections – rights of employees to be protected as Whistleblowers when they report suspected violations of such laws
 - How the organization will develop methods to detect and prevent fraud, waste, and abuse

Board Oversight Responsibilities

- Duty of Care – Exercise reasonable care when making decisions as a steward of the organization
- Duty of Loyalty – Act faithfully in the best interest of the organization, never for self-benefit or personal gain
- Duty of Obedience – Serve in a manner that is faithful to and consistent with the organization’s mission




Board
Oversight
Responsibilities



Board
Oversight
Responsibilities

Board Oversight Responsibilities


- ❑ Compliance Program Oversight – Assure the organization carries out management responsibilities, complies with applicable law(s), and ensures an effective Compliance Program
- ❑ Designation of Corporate Compliance Officer
 - ❑ Delegated day-to-day operational responsibility for the development and implementation of the Compliance Program
 - ❑ Direct access/accountability to the Board
 - ❑ Schedule for reporting included on Board Calendar to include Compliance activities, investigations, and findings



ISK
Compliance
Program

ISK Compliance Program

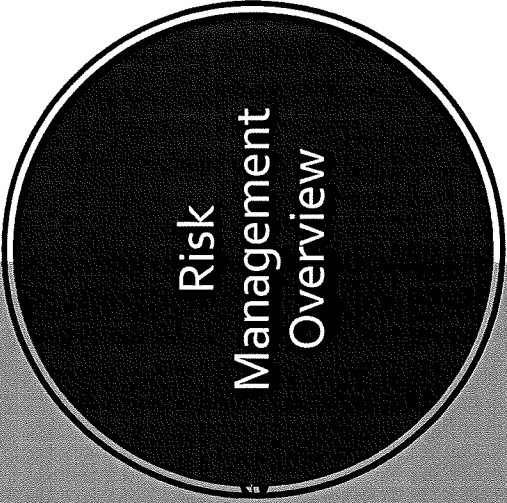
- Protected Health Information (PHI) Integrity Team
 - Compliance Officer, Administrator of Operations, Compliance & Quality Improvement Coordinator, HIPAA Privacy Officer, HIPAA Security Officer, Director of Recipient Rights, Medical Records Manager, Quality Review Team, and Manager of Human Resources
 - Meets monthly to review breaches and areas for improvement related to privacy, security and agency compliance standards
- Compliance Committee**
 - Comprised of ISK Senior Leadership and all major departments within the organization
 - Responsible for oversight of Compliance Program activities
 - Meets bi-monthly
 - Corporate Counsel
 - Available as needed



ISK
Compliance
Activity

ISK Compliance Activities

- Annual ISK Provider Quality Management Reviews (QMR)**
 - A 7% sample of records inclusive of at least 5 claim lines are reviewed of all internal/external programs and providers
 - Review claims to ensure provider is appropriately licensed/certified to provide service under review, service(s) are authorized, IPOS supports the service billed, and appropriate amount is paid
 - Service documentation is reviewed to determine sufficiency/accuracy of service rendered
- Annual and quarterly SWMBH Audits**
- Internal Provider/Departmental Quality Management Reviews**
- Bi-Annual MDHHS Audits**
- Targeted Quality and Compliance Reviews**



Risk
Management
Overview

ISK Compliance Risk Management


- Federally Funded Health Care Program Ownership and Control Disclosure Forms**
 - Collects/reviews Disclosures to ensure no federal funds are used to pay for items or services furnished by an individual who is debarred, suspended or otherwise excluded from participation in any Federal Health Care Program.
- Exclusion Screenings**
 - Occurs on a recurring monthly basis and additionally as need
- Fraud, Waste, and Abuse education, reporting, and investigation**
- Annual Risk Assessment**
 - Ranks risks according to likelihood of occurrence and potential consequence. Updated and reviewed quarterly by Compliance Committee.



Board
Compliance
Reports

Board Compliance Reports

- Annual Corporate Compliance Education**
 - Refresher on Board's role
 - Highlight risks and how ISK addresses identified risks
- Bi-annual Reports**
 - Number, type, and outcome of investigations
 - Update on on-going compliance audits
 - Update on annual Compliance goals/risks
- Quarterly Review with Board Finance and Compliance Committee**
 - Report on Compliance Goals, investigations, and outcomes



Corporate
Compliance
Questions

Questions?

Integrated Services of Kalamazoo
Corporate Compliance / Risk Management
Q2 Report
FY23

Program Name:	COMPLIANCE & RISK MANAGEMENT	Report Period:	<input type="checkbox"/> October <input type="checkbox"/> January <input checked="" type="checkbox"/> April <input type="checkbox"/> July
Person Completing Report:	Ashley Esterline, LMSW, CHC – Corporate Compliance Officer		

Brief Report Overview:	Contained in this Status Report is a summary of the Compliance Program’s goals and activities for FY23 as of March 31, 2023.		
Current Committee goals and deliverables per work plan	<u>Project Goal/Task</u>	<u>Status:</u>	<ol style="list-style-type: none"> 1. ISK will sustain strong direct run and Provider Network programming with fiscal responsibility and sustainability to ensure direct run programs and Provider Network are providing high quality care and consistently meeting compliance standards. 2. ISK will remain involved in the oversight, monitoring, and implementation of changes to rules/regulations pursuant to the COVID Public Health Emergency (PHE). 3. ISK will monitor and identify high-risk areas (e.g., incorrect billing practices) pursuant to the establishment of the KARE electronic health record to successfully mitigate fraud, waste, and abuse. 4. ISK will strengthen policies and procedures to mitigate potential and
			<ol style="list-style-type: none"> 1. ISK Compliance/Contracts and Finance Departments continued ongoing discussions regrading potential changes to reporting and program designs related to the end of the Public Health Emergency (PHE). Onboarded additional providers including Community Living Supports services for youth following a Request for Proposal process. 2. Compliance/Contracts continues to oversee and communicate COVID telehealth allowances as outlined by the Michigan Department of Health and Human Services (MDHHS). Effective May 12, 2023, the Department of Health and Human Services is terminating the Public Health Emergency. Considerable research and communication continues with Senior Leadership, Provider Network, and MDHHS to ensure overall understanding and compliance with policy updates. Corporate Compliance worked closely with ISK IT Department to ensure allowances pursuant to COVID telehealth policies are updated to reflect change in policy/procedure following the end of the PHE. Ongoing communication is disseminated to internal programs and Provider Network as updates are made. 3. Q2 allowed for Compliance Department to investigate and mitigate incorrect billing practices. Ongoing oversight and review of billing discrepancies will continue throughout the fiscal year. System improvements were implemented and Provider trainings were conducted to ensure compliance with appropriate billing practices. Provider contracts were amended to reflect updated guidance with reporting requirements. 4. HIPAA Privacy and Security policies and procedures were updated to strengthen physical and technical safeguards. Started work with cyber security consultant to assess security practices, improvement plans, and controls. In

Integrated Services of Kalamazoo
Corporate Compliance / Risk Management
Q2 Report
FY23

	<p>actual HIPAA breaches caused by impermissible use or disclosure of Protected Health Information (PHI).</p>	<p>coordination with Human Resources, Privacy Officer strengthened Sanction and Discipline Monitoring policy and procedure for better accountability amongst staff. Implementation of policy to begin May 2023. Update to Notice of Privacy Practices to include Substance Use language. Notice of Privacy Practices was disseminated to all ISK individuals served with open authorizations. Tracking and monitoring of acknowledgment forms is ongoing. Ongoing oversight and implementation of multi-factor authentication continues along with updates to e-mail retention policies and procedures.</p>
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Integrated Services of Kalamazoo
Corporate Compliance / Risk Management
Q1/Q2 Recoupment/Reallocation Data Report FY23

Summary	Source	Risk	Quality Improvement/Training/ Education	Recoupment/Reallocation (If Appropriate)	Federal or State Reporting Required?
Investigations completed FY23 Q1/Q2					
Contracted Service Provider inaccurately reported indirect/non-billable services and received payment.	Quality Monitoring Review	High	The Quality Monitoring Review process identified inaccurate reporting of units based on indirect/non-billable service encounters. Corporate Compliance investigated all claims submitted during FY22. Provider was informed of inaccurate billing practices and coaching was implemented to prevent inaccuracies from recurring. Administrative Agreement with Provider was executed to allow Provider to render services on behalf of ISK.	\$52,148.98 – completed; reallocation of Local Dollars.	No
Direct Operated staff member submitted fraudulently completed travel vouchers.	ISK Finance and Human Resources	High	Corporate Compliance Officer investigated staff member's submitted travel vouchers from February-August 2022. Discovery of inaccurate reporting of time and mileage resulted in referral to the Michigan Office of Inspector General (OIG). Staff member resigned position at ISK. OIG completed investigation without identifying fraudulent activity. No action taken by OIG. Department Leads were debriefed on strategic methods to prevent future occurrences of similar activity. Quarterly, random travel voucher checks will occur in FY23 as outlined in FY23 Risk Assessment.	\$12,341.11	Yes
Contracted Service Provider billed for 1:1 enhanced staffing while 1:1 enhanced staffing was not occurring.	Office of Recipient Rights	High	The Office of Recipient Rights informed Corporate Compliance of inappropriate billing practices from Provider. Provider admitted to billing for services that did not occur. Case was referred to the Michigan OIG for further investigation related to Home Manager's involvement of potential fraudulent reporting of 1:1 services being rendered. OIG completed investigation without identifying	\$59,684 – completed; recouped from Provider	Yes

Integrated Services of Kalamazoo
Corporate Compliance / Risk Management
Q1/Q2 Recoupment/Reallocation Data Report FY23

Summary	Source	Risk	Quality Improvement/Training/ Education	Recoupment/Reallocation (If Appropriate)	Federal or State Reporting Required?
			fraudulent activity. No action taken by OIG. Provider was supplied with Corrective Action Plan that was returned and accepted by ISK Corporate Compliance on February 2, 2023.		
FY 23 Q2 Investigations In-Process					

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
March 31, 2023

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

March 31, 2023

	March 2022 (unaudited)	March 2023
Assets		
Current assets		
Cash and investments	\$ 36,625,205	\$ 28,056,156
Accounts receivable	6,977,153	1,506,888
Due from other governments	31,031	1,223,362
Prepaid items	784,739	945,041
Total current assets	<u>44,418,128</u>	<u>31,731,447</u>
Non-current assets		
Capital assets, net of accumulated depreciation	9,272,400	12,088,865
Net pension asset, net of deferred outflows	5,722,229	5,722,229
Total non-current assets	<u>14,994,629</u>	<u>17,811,094</u>
Total assets	<u>59,412,757</u>	<u>49,542,541</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 8,076,104	\$ 7,849,046
Due to other governments	7,505,745	1,612,213
Due to providers	59,005	35,288
Accrued payroll and payroll taxes	921,951	1,652,396
Unearned revenue	184,510	158,688
Total current liabilities	<u>16,747,315</u>	<u>11,307,631</u>
Non-current liabilities		
Long-term debt	4,413,446	-
Total liabilities	<u>21,160,761</u>	<u>11,307,631</u>
Net position		
Designated	15,242,325	13,747,779
Undesignated	5,323,673	18,360,519
Investment in fixed assets	4,841,804	4,858,748
Previous year close	-	-
Net gain (loss) for period	12,844,194	1,267,864
Net position	<u>\$ 38,251,996</u>	<u>\$ 38,234,910</u>

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through March 31, 2023

Percent of Year is 50.00%

	Original 2023 BUDGET	YTD Totals 3/31/23	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 62,584,607	\$ 35,160,835	\$ 27,423,772	56.18%
Healthy Michigan Capitation	10,155,033	6,505,907	3,649,126	64.07%
Autism Captiation	5,722,701	2,801,787	2,920,914	48.96%
Settlement	(11,458,363)	1,494,364	(12,952,727)	0.00%
State General Fund:				
Formula Fundings	3,900,517	1,950,258	1,950,259	50.00%
CCBHC Demonstration	33,381,000	3,774,511	29,606,489	0.00%
CCBHC Accrual	-	(1,002,374)	1,002,374	0.00%
County Allocation	1,550,400	775,200	775,200	50.00%
Client Fees	429,500	158,389	271,111	36.88%
SUD Block Grant	-	55,979	(55,979)	0.00%
Other grant revenue	6,884,475	3,946,822	2,937,653	57.33%
Other earned contracts	1,379,510	1,694,055	(314,545)	122.80%
COFR	-	-	-	0.00%
Interest	1,000	795	205	0.00%
Local revenue	10,000	1,100	8,900	0.00%
Total operating revenue	\$ 114,540,380	\$ 57,317,627	\$ 57,222,753	50.04%
Operating expenses				
Salaries and wages	24,113,672	11,466,804	\$ 12,646,868	47.55%
Employee benefits	8,670,498	3,046,134	5,624,364	35.13%
Staff development	223,625	99,718	123,907	44.59%
Payments to providers	68,968,243	35,873,571	33,094,672	52.01%
Administrative contracts	7,789,466	4,447,373	3,342,093	57.09%
IT software and equipment	765,010	310,037	454,973	40.53%
Client transportation	29,260	14,690	14,570	50.21%
Staff travel	310,912	108,005	202,907	34.74%
Office expenses	420,923	173,509	247,414	41.22%
Insurance expense	97,505	60,914	36,591	62.47%
Depreciation expense	560,142	254,599	305,543	45.45%
Utilities	306,573	165,157	141,416	53.87%
Facilities	124,379	29,253	95,126	23.52%
Total operating expenses	\$ 112,380,208	\$ 56,049,763	\$ 56,330,445	49.88%
Change in net position	2,160,172	1,267,864	\$ 892,308	
Beginning net position	36,967,046	36,967,046		
Ending net position	\$ 39,127,218	\$ 38,234,910		

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through March 31, 2023

Percent of Year is 50.00%

	Specialty Services		Healthy Michigan		Autism		SUD Block Grant		Totals		
	YTD 3/31/23	Budget	YTD Budget	YTD 3/31/23	YTD Budget	YTD 3/31/23	YTD Budget	YTD 3/31/23	YTD Budget	YTD 3/31/23	Variance
Operating revenue											
Medicaid:											
Traditional Capitation	\$ 31,294,054	\$ -	\$ 5,077,517	\$ -	\$ -	\$ -	\$ -	\$ 55,979	\$ 31,294,054	\$ 35,216,814	\$ 3,922,760
Healthy Michigan Capitation	-	-	-	-	-	-	-	-	5,077,517	6,505,907	1,428,390
Autism Capitation	-	-	-	2,861,351	2,801,787	-	-	-	2,861,351	2,801,787	(59,564)
CCBHC Base Payment	(8,694,239)	-	-	(1,774,805)	-	-	-	-	-	(10,469,044)	(10,469,044)
Settlement Estimate	(3,254,066)	-	(2,722,022)	(2,593,727)	246,907	(2,801,787)	-	(55,979)	(5,729,181)	1,494,364	7,223,545
Client Fees	213,000	-	-	-	-	-	-	-	213,000	158,389	(54,611)
Total operating revenue	\$ 28,252,988	\$ 33,570,842	\$ 2,355,495	\$ 2,137,375	\$ 3,108,257	\$ (0)	\$ -	\$ (0)	\$ 33,716,740	\$ 35,708,216	\$ 1,991,477
Operating expenses											
Internal services	\$ 1,548,984	\$ 1,806,299	\$ 86,432	\$ 176,017	\$ -	\$ -	\$ -	\$ -	\$ 1,635,416	\$ 1,982,316	\$ 346,900
External services	25,207,055	29,917,011	2,144,260	1,844,432	2,943,570	-	-	-	30,294,885	31,761,443	1,466,558
Delegated managed care	1,496,949	1,847,532	124,803	116,926	164,687	-	-	-	1,786,439	1,964,457	178,019
Total operating expenses	\$ 28,252,988	\$ 33,570,842	\$ 2,355,495	\$ 2,137,375	\$ 3,108,257	\$ -	\$ -	\$ -	\$ 33,716,740	\$ 35,708,217	\$ 1,991,477
Change in net position	-	0	-	0	-	(0)	-	(0)	\$ -	\$ -	(0)

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through March 31, 2023

Percent of Year is 50.00%

	State General Fund		CCBHC		Other Funding Sources		Totals	
	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23	YTD Budget	YTD Totals 3/31/23
Operating revenue								
General Fund	\$ 1,950,259	\$ 1,950,258	\$ -	\$ -	\$ -	\$ -	\$ 1,950,259	\$ 1,950,258
Projected GF Carryforward	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	16,690,500	13,241,181	-	-	16,690,500	13,241,181
Other Federal and State Grants	-	-	-	-	3,442,238	3,946,822	3,442,238	3,946,822
Earned Revenue	-	-	-	-	689,755	1,694,055	689,755	1,694,055
COFR Revenue	-	-	-	-	-	-	-	-
Interest	-	-	-	-	500	795	500	795
County Allocation	-	-	-	-	775,200	775,200	775,200	775,200
Local Revenue	-	-	-	-	5,000	1,100	5,000	1,100
Transfer from GF	-	-	-	-	1,130,890	1,068,048	1,130,890	1,068,048
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-
Total operating revenue	\$ 1,950,259	\$ 1,950,258	\$ 16,690,500	\$ 13,241,181	\$ 6,043,582	\$ 7,486,020	\$ 24,684,341	\$ 22,677,459
Operating expenses								
Internal Programs	\$ -	\$ 366,739	\$ 11,448,857	\$ 8,630,114	\$ -	\$ 144,523	\$ 11,448,857	\$ 9,141,377
External Programs	593,508	303,872	3,304,892	3,000,098	254,568	446,518	4,152,968	3,750,488
Other Federal and State Grants	-	-	-	-	4,250,081	5,761,297	4,250,081	5,761,297
HUD Grants	-	-	-	-	817,087	363,479	817,087	363,479
Managed Care Administration	33,206	36,526	825,444	661,383	19,566	23,905	878,215	721,814
Homeless Shelter	-	-	-	-	218,375	215,993	218,375	215,993
Transfer from GF	1,130,890	1,068,048	-	-	-	-	1,130,890	1,068,048
Local match expense	-	-	-	-	637,488	360,947	637,488	360,947
Non-DCH Activity Expenditures	-	-	-	-	70,295	26,153	70,295	26,153
Total operating expenses	\$ 1,757,603	\$ 1,775,185	\$ 15,579,193	\$ 12,291,595	\$ 6,267,458	\$ 7,342,816	\$ 23,604,254	\$ 21,409,596
Change in net position	192,656	175,073	1,111,308	949,586	(223,876)	143,204	1,080,087	187,776

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INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2022 through March 31, 2023
 Percent of Year is 50.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 3,774,511	\$ -	\$ -	\$ 3,774,511
CCBHC Base Payment Reclass	8,694,239	1,774,805	-	10,469,044
Remaining CCBHC revenue due	(1,805,387)	655,069	147,944	(1,002,374)
Total CCBHC Revenue (PPS-1 of \$267.46 x encounters)	\$ 10,663,363	\$ 2,429,874	\$ 147,944	\$ 13,241,181
Operating expenses				
Internal services	\$ 7,068,978	\$ 1,610,817	\$ 611,703	\$ 9,291,497
DCO Contracts	2,282,477	520,111	197,510	3,000,098
Total operating expenses	\$ 9,351,454	\$ 2,130,928	\$ 809,213	\$ 12,291,595
Operating change in net position	1,311,908	298,946	(661,269)	949,586
Reclassification to cover Non-Medicaid	(661,269)	-	661,269	-
Total change in net position	650,639	298,946	-	949,586

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YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2022 through March 31st, 2023

UTILIZATION COMPARISONS FY 22/23										
MONTH	FY 21/22 Actual		FY 22/23 Budget		FY 22/23 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	55	\$54,195	42	\$42,878	69	\$72,791	(27)	(\$29,913)	(\$29,913)	
NOVEMBER	7	\$7,688	42	\$42,878	63	\$66,150	(21)	(\$23,272)	(\$23,272)	
DECEMBER	29	\$25,836	42	\$42,878	37	\$38,735	5	\$4,143	\$4,143	
JANUARY	37	\$34,540	42	\$42,878	53	\$55,661	(11)	(\$12,783)	(\$12,783)	
FEBRUARY	69	\$68,647	42	\$42,878	55	\$57,939	(13)	(\$15,061)	(\$15,061)	
MARCH	48	\$46,874	42	\$42,878	78	\$81,900	(36)	(39,022)	(39,022)	
APRIL	56	\$82,861	42	\$42,878						
MAY	54	\$46,668	42	\$42,878						
JUNE	74	\$67,193	42	\$42,878						
JULY	29	\$31,468	42	\$42,878						
AUGUST	26	\$27,842	42	\$42,878						
SEPTEMBER	19	\$22,420	42	\$42,878						
TOTALS	503	\$516,232	504	\$514,532	355	\$373,176	(103)	(\$115,908)		
MONTHLY AVERAGES	42		42		59					
GROSS ANNUAL COST		\$516,232		514,532		\$373,176		(\$115,908)		

Favorable/(Unfavorable): Total (115,908)

COMMUNITY INPATIENT SERVICES

Report Period: October 1st, 2022 through March 31st, 2023

UTILIZATION COMPARISONS FY 22/23										
MONTH	FY 21/22 Actual		FY 22/23 Budget		FY 22/23 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)	
	Days	Dollars	Days	Dollars	Days	Dollars				
OCTOBER	389	\$379,663	487	\$497,084	722	\$736,761	(235)	(\$239,677)	(\$239,677)	
NOVEMBER	455	\$443,250	487	\$497,084	614	\$639,402	(127)	(\$142,318)	(\$142,318)	
DECEMBER	535	\$517,204	487	\$497,084	704	\$733,206	(217)	(\$236,122)	(\$236,122)	
JANUARY	540	\$522,941	487	\$497,084	670	\$695,816	(183)	(\$198,732)	(\$198,732)	
FEBRUARY	475	\$463,341	487	\$497,084	718	\$748,508	(231)	(\$251,424)	(\$251,424)	
MARCH	563	\$547,137	487	\$497,084	576	\$599,984	(89)	(\$102,900)	(\$102,900)	
APRIL	497	\$512,447	487	\$497,084						
MAY	504	\$483,973	487	\$497,084						
JUNE	597	\$575,505	487	\$497,084						
JULY	587	\$574,198	487	\$497,084						
AUGUST	522	\$510,177	487	\$497,084						
SEPTEMBER	608	\$595,064	487	\$497,084						
TOTALS	6,272	\$6,124,902	5,840	\$5,965,003	4,004	\$4,153,677	(1,082)	(\$1,171,173)		
MONTHLY AVERAGES	523		487		667					
GROSS ANNUAL COST		\$6,124,902		5,965,003		\$4,153,677		(\$1,171,173)		

Favorable/(Unfavorable): Total (1,171,173)

**COMMUNITY LIVING SUPPORTS (CLS), PERSONAL CARE (PC) & CRISIS RESIDENTIAL
ALL POPULATIONS**

Report Period: October 1st, 2022 through March 31st, 2023

SERVICE	Avg.			FY 22/23 Budget		FY 22/23 Actual	
	Month	Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Oct	\$303	367	54,003	\$16,452,562	\$16,386,921	\$65,641
CRISIS RES.	Oct	\$544	23	464	\$469,460	\$252,351	\$217,109
CLS (SIP)	Oct	NA	274		\$5,927,305	\$6,173,165	(\$245,861)
Annual Cost							\$36,889

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.

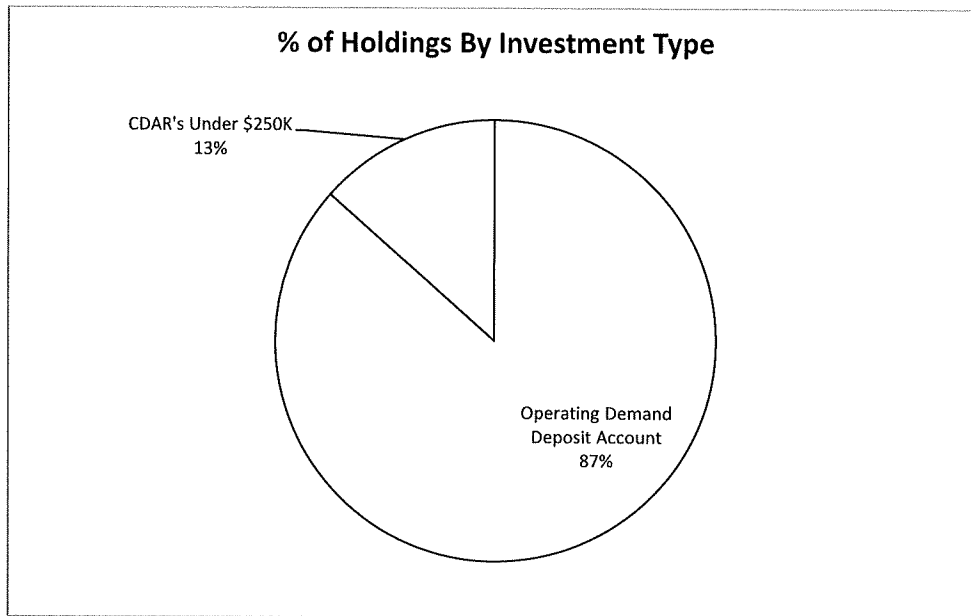
Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

**Quarterly Cash & Investments Report
Quarter Ending March 31, 2023**

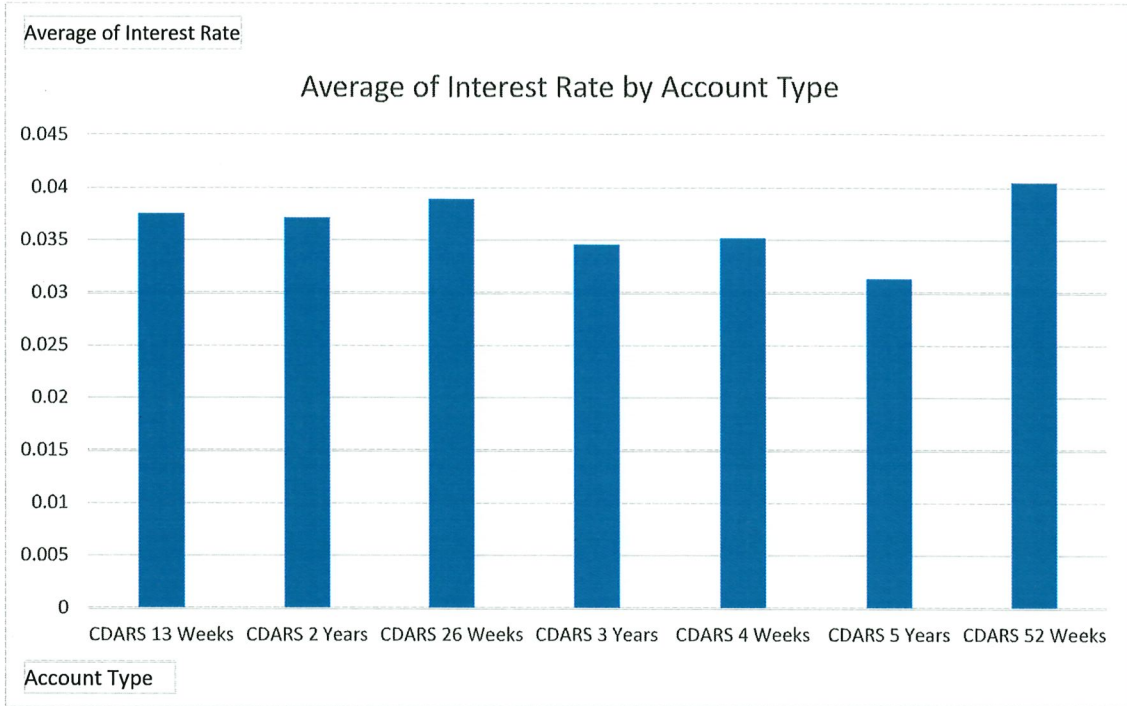
Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$24,122,269	NA	0.03%
	Payroll Account	\$5,000		
	Accrued Leave Reserve	\$118,026		
	Pretax Reimbursement Account	\$56,931		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$24,303,006		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$3,764,530		3.77%
	Total CDAR's	\$3,764,530		
	Total Investments	\$3,764,530		
TOTAL CASH AND INVESTMENTS		\$28,067,536		

% of Holdings By Institution	
PNC - Cash	86.59%
CDAR's (via Independent Bank)	13.41%
	<u>100.00%</u>

% of Holdings By Investment Type	
Cash	86.59%
CDAR's	13.41%
	<u>100.00%</u>



2023 CDAR AVERAGE INTEREST BY ACCOUNT TYPE





Community • Independence • Empowerment

Integrated Services of Kalamazoo

MOTION

Subject:	<u>March 2023</u> Disbursements	
Meeting Date:	April 24, 2023	Approval Date:
Prepared by:	Charlotte Bowser	<u>April 24, 2023</u>

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the March 2023 vendor disbursements of \$13,780,429.65.”

Summary of Request:

As per the March 2023 Vendor Check Register Report dated 4/12/2023 that includes checks issued from 3/01/2023 to 3/31/2023.

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

Staff: **C. Bowser, Finance Director**

Date of Board
Consideration: **April 24, 2023**