

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
December 31, 2024

Monthly Finance
Report

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

December 31, 2024

	December 2023 (unaudited)	December 2024
Assets		
Current assets		
Cash and investments	\$ 32,488,479	\$ 22,705,022
Accounts receivable	5,274,887	3,688,155
Due from other governments	1,099,200	15,825,580
Prepaid items	1,870,737	1,256,672
Total current assets	<u>40,733,303</u>	<u>43,475,428</u>
Non-current assets		
Capital assets, net of accumulated depreciation	13,640,169	13,500,768
Net pension asset, net of deferred outflows	7,339,625	7,214,053
Total non-current assets	<u>20,979,794</u>	<u>20,714,821</u>
Total assets	<u>\$ 61,713,097</u>	<u>\$ 64,190,249</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 9,845,806	\$ 12,502,129
Due to other governments	1,071,551	62,257
Due to providers	1,070,343	470,733
Accrued payroll and payroll taxes	1,858,309	2,060,086
Unearned revenue	34,922	195,405
Total current liabilities	<u>13,880,931</u>	<u>15,290,610</u>
Net position		
Designated	9,171,891	9,171,891
Undesignated	26,446,779	26,341,483
Investment in fixed assets	13,470,147	13,500,768
Previous year close	-	-
Net gain (loss) for period	(1,256,651)	(114,503)
Net position	<u>\$ 47,832,166</u>	<u>\$ 48,899,639</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through December 31, 2024

Percent of Year is 25.00%

	Original 2025 Budget	YTD Totals 12/31/24	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 71,759,922	17,959,148	\$ 53,800,774	25.03%
Healthy Michigan Capitation	13,011,361	1,214,247	11,797,114	9.33%
Settlement	6,448,857	2,360,195	4,088,662	36.60%
State General Fund:				
Formula Fundings	3,900,516	975,129	2,925,387	25.00%
CCBHC Demonstration	35,053,525	8,858,643	26,194,881	25.27%
CCBHC Accrual	-	229,053	(229,053)	0.00%
County Allocation	1,550,400	387,600	1,162,800	25.00%
Client Fees	620,500	208,503	411,997	33.60%
SUD Block Grant	-	27,989	(27,989)	0.00%
Other grant revenue	8,558,938	1,383,433	7,175,505	16.16%
Other earned contracts	3,974,361	686,689	3,287,671	17.28%
COFR	-	-	-	0.00%
Interest	181,000	44,105	136,895	24.37%
Local revenue	610,000	1,050	608,950	0.17%
Total operating revenue	\$ 145,669,379	\$ 34,335,784	\$ 111,333,595	23.57%
Operating expenses				
Salaries and wages	\$ 32,677,928	\$ 7,119,059	25,558,869	21.79%
Employee benefits	11,547,844	2,179,456	9,368,388	18.87%
Staff development	301,171	24,713	276,458	8.21%
Payments to providers	88,887,199	22,358,554	66,528,645	25.15%
Administrative contracts	10,183,932	2,006,224	8,177,708	19.70%
IT software and equipment	929,664	208,099	721,565	22.38%
Client transportation	50,280	4,644	45,636	9.24%
Staff travel	389,638	65,840	323,798	16.90%
Office expenses	647,972	118,637	529,335	18.31%
Insurance expense	158,746	68,445	90,302	43.12%
Depreciation expense	535,265	136,971	398,294	25.59%
Utilities	358,571	74,281	284,290	20.72%
Facilities	59,117	9,089	50,028	15.37%
Local match	305,108	76,277	228,831	25.00%
Total operating expenses	\$ 147,032,435	\$ 34,450,288	\$ 112,582,147	23.43%
Change in net position	(1,363,056)	(114,503)	\$ (1,248,552)	
Beginning net position	49,014,142	49,014,142		
Ending net position	\$ 47,651,087	\$ 48,899,639		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2024 through December 31, 2024
 Percent of Year Is 25.00%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	\$ 17,939,981	\$ 21,403,664	\$ -	\$ -	\$ -	\$ 27,989	\$ 17,939,981	\$ 21,431,653	\$ 3,491,673
Healthy Michigan Capitation	-	-	3,252,840	2,185,556	-	-	3,252,840	2,185,556	(1,067,285)
Autism Capitation	-	-	-	-	-	-	-	-	-
CCBHC Base Payment	-	(3,444,516)	-	(971,309)	-	-	-	(4,415,824)	(4,415,824)
Settlement Estimate	3,442,032	2,504,810	(1,829,818)	(116,626)	-	(27,989)	1,612,214	2,360,195	747,980
Client Fees	-	918	-	51	-	-	-	969	969
Total operating revenue	\$ 21,382,013	\$ 20,464,876	\$ 1,423,022	\$ 1,097,672	\$ -	\$ -	\$ 22,805,035	\$ 21,562,548	\$ (1,242,487)
Operating expenses									
Internal services	\$ 586,813	\$ 555,272	\$ 29,341	\$ 5,053	\$ -	\$ -	\$ 616,154	\$ 560,325	(55,829)
External services	19,071,435	18,546,930	1,279,987	1,019,529	-	-	20,351,422	19,566,459	(784,963)
Delegated managed care	1,723,764	1,362,675	113,695	73,090	-	-	1,837,459	1,435,764	(401,695)
Total operating expenses	\$ 21,382,013	\$ 20,464,877	\$ 1,423,022	\$ 1,097,672	\$ -	\$ -	\$ 22,805,035	\$ 21,562,549	\$ (1,242,486)
Change in net position	-	(0)	-	(0)	-	-	-	-	-

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position
 October 1, 2024 through December 31, 2024
 Percent of Year is 25.00%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	YTD Budget	YTD Totals 12/31/24	Variance
Operating revenue									
General Fund	\$ 975,129	\$ 975,129	\$ -	\$ -	\$ -	\$ -	\$ 975,129	\$ 975,129	\$ -
Projected GF Carryforward	-	-	-	-	-	-	-	-	-
CCBHC Demonstration	-	-	8,712,598	9,458,787	-	-	8,712,598	9,458,787	746,189
Other Federal and State Grants	-	-	-	-	2,139,734	1,219,161	2,139,734	1,219,161	(920,574)
Earned Revenue	-	-	-	-	993,590	568,885	993,590	568,885	(424,705)
COFR Revenue	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	45,250	44,105	45,250	44,105	(1,145)
County Allocation	-	-	-	-	387,600	387,600	387,600	387,600	-
Local Revenue	-	160	-	-	103,137	1,607	103,137	1,767	(101,370)
Transfer from GF	-	-	-	251,230	-	-	-	251,230	251,230
Settlement Revenue (Expense)	-	-	-	-	-	-	-	-	-
Total operating revenue	\$ 975,129	\$ 975,289	\$ 8,712,598	\$ 9,710,017	\$ 3,669,312	\$ 2,221,358	\$ 13,357,039	\$ 12,906,664	\$ (450,374)
Operating expenses									
Internal Programs	\$ 223,723	\$ 177,947	\$ 8,574,811	\$ 9,483,188	-	\$ -	\$ 8,798,533	\$ 9,661,135	\$ 862,602
External Programs	586,813	498,786	-	-	150,000	79,917	736,813	578,702	(158,111)
Other Federal and State Grants	-	-	-	-	3,606,658	1,840,497	3,606,658	1,840,497	(1,766,161)
HUD Grants	-	-	-	-	348,420	443,640	348,420	443,640	95,219
Managed Care Administration	62,349	47,326	-	-	1,815	-	64,164	47,326	(16,838)
Homeless Shelter	-	-	-	-	117,363	104,619	117,363	104,619	(12,744)
Transfer from GF	102,244	251,230	-	-	-	-	102,244	251,230	148,986
Local match expense	-	-	-	-	76,277	76,277	76,277	76,277	-
Non-DCH Activity Expenditures	-	-	-	-	20,328	17,741	20,328	17,741	(2,587)
Total operating expenses	\$ 975,129	\$ 975,289	\$ 8,574,811	\$ 9,483,188	\$ 4,320,862	\$ 2,562,691	\$ 13,870,801	\$ 13,021,167	(849,634)
Change in net position	0	0	137,788	226,829	(651,550)	(341,333)	\$ (513,762)	(114,503)	399,259

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, 2024 through December 31, 2024
 Percent of Year is 25.00%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
Prepayment	\$ 2,940,399	\$ 1,502,420	\$ -	\$ 4,442,819
CCBHC SAMSHA Grant	-	-	164,273	164,273
CCBHC QBP	-	-	-	-
CCBHC Base Payment Reclass	3,444,516	971,309	-	4,415,824
Remaining CCBHC revenue due	602,720	(373,668)	-	229,053
Client fees	91,517	14,166	101,135	206,818
Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)	\$ 7,079,153	\$ 2,114,228	\$ 265,407	\$ 9,458,787
Operating expenses				
Internal services	\$ 4,739,951	\$ 1,649,055	\$ 1,030,379	\$ 7,419,385
DCO Contracts	1,355,116	404,713	303,974	2,063,803
Total operating expenses	\$ 6,095,067	\$ 2,053,767	\$ 1,334,354	\$ 9,483,188
Operating change in net position	984,086	60,460	(1,068,947)	(24,401)
Reclassification to cover Non-Medicaid	-	-	251,230	251,230
Total change in net position	\$ 984,086	\$ 60,460	\$ (817,717)	\$ 226,829

CCBHC Cost per daily visit

	2023	FY 2024	12/31/24
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 9,483,188
Daily Visits	99,802	110,326	29,337
Cost per daily visit	277.42	288.04	323.25

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AUTISM SERVICES

Report Period: October 1st, 2024 through December 31st, 2024

UTILIZATION COMPARISONS FY 24/25									
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Clients Served Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
	Clients Served	Dollars	Clients Served	Dollars	Clients Served	Dollars			
OCTOBER	167	\$789,944	180	\$879,750	180	\$957,661	0	(\$77,910)	(\$77,910)
NOVEMBER	167	\$785,423	180	\$879,750	180	\$801,494	0	\$78,257	\$78,257
DECEMBER	172	\$882,947	180	\$879,750	181	\$913,727	(1)	(\$33,977)	(\$33,977)
JANUARY	183	\$793,167	180	\$879,750					
FEBRUARY	182	\$832,410	180	\$879,750					
MARCH	182	\$802,870	180	\$879,750					
APRIL	182	\$964,823	180	\$879,750					
MAY	182	\$973,468	180	\$879,750					
JUNE	181	\$919,481	180	\$879,750					
JULY	180	\$1,020,346	180	\$879,750					
AUGUST	180	\$987,283	180	\$879,750					
SEPTEMBER	179	\$943,423	180	\$879,750					
TOTALS	2,137	\$10,695,585	2,160	\$10,557,005	541	\$2,672,882	(1)	(\$33,630)	
MONTHLY AVERAGES	178		180		180				
GROSS ANNUAL COST		\$10,695,585		\$10,557,005		\$2,672,882		(\$33,630)	

Favorable/(Unfavorable): Total **(\$33,630)**

YOUTH COMMUNITY INPATIENT SERVICES
Report Period: October 1st, 2023 through December 31st, 2024

UTILIZATION COMPARISONS FY 24/25									
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
	Days	Dollars	Days	Dollars	Days	Dollars			
OCTOBER	92	\$85,808	85	\$81,845	51	\$50,402	34	\$31,443	\$31,443
NOVEMBER	78	\$72,462	85	\$81,845	109	\$106,722	(24)	(\$24,877)	(\$24,877)
DECEMBER	139	\$129,020	85	\$81,845	35	\$34,329	50	\$47,516	\$47,516
JANUARY	73	\$67,966	85	\$81,845					
FEBRUARY	101	\$93,755	85	\$81,845					
MARCH	16	\$14,400	85	\$81,845					
APRIL	170	\$157,466	85	\$81,845					
MAY	50	\$46,450	85	\$81,845					
JUNE	69	\$64,101	85	\$81,845					
JULY	143	\$132,763	85	\$81,845					
AUGUST	76	\$70,558	85	\$81,845					
SEPTEMBER	120	\$111,452	85	\$81,845					
TOTALS	1,126	\$1,046,199	1,020	\$982,142	195	\$191,453	60	\$54,082	
MONTHLY AVERAGES	94		85		65				
GROSS ANNUAL COST		\$1,046,199		\$982,142		\$191,453		\$54,082	

Favorable/(Unfavorable): Total 54,082

COMMUNITY INPATIENT SERVICES

Report Period: October 1st, 2024 through December 31st, 2024

UTILIZATION COMPARISONS FY 24/25											
MONTH	FY 23/24 Actual		FY 24/25 Budget		FY 24/25 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)		
	Days	Dollars	Days	Dollars	Days	Dollars					
OCTOBER	33	\$35,799	608	\$705,361	703	\$772,742	(95)	(\$67,381)	(\$67,381)		
NOVEMBER	352	\$373,018	608	\$705,361	606	\$666,148	2	\$39,213	\$39,213		
DECEMBER	601	\$633,797	608	\$705,361	657	\$720,408	(49)	(\$15,047)	(\$15,047)		
JANUARY	583	\$615,285	608	\$705,361							
FEBRUARY	681	\$718,593	608	\$705,361							
MARCH	815	\$860,902	608	\$705,361							
APRIL	616	\$649,551	608	\$705,361							
MAY	612	\$644,976	608	\$705,361							
JUNE	645	\$680,946	608	\$705,361							
JULY	709	\$746,405	608	\$705,361							
AUGUST	596	\$626,317	608	\$705,361							
SEPTEMBER	654	\$687,522	608	\$705,361							
TOTALS	6,896	\$7,273,111	7,848	\$8,464,327	1,966	\$2,159,298	(142)	(\$43,215)			
MONTHLY AVERAGES	575		608		655						
GROSS ANNUAL COST		\$7,273,111		8,464,327		\$2,159,298		(\$43,215)			

Favorable/(Unfavorable):

Total **(43,215)**

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

Report Period: October 1st, 2024 through December 31st, 2024

SERVICE	FY 24/25 Budget			FY 24/25 Actual		
	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Favorable / (Unfavorable)
PC/CLS	Dec	\$297	367	33,918	\$10,043,056	(\$21,453)
CRISIS RES.	Dec	\$598	18	288	\$249,025	\$76,673
CLS (SIP)	Dec	NA	291		\$3,613,909	(\$52,661)
Annual Cost						\$2,559

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.

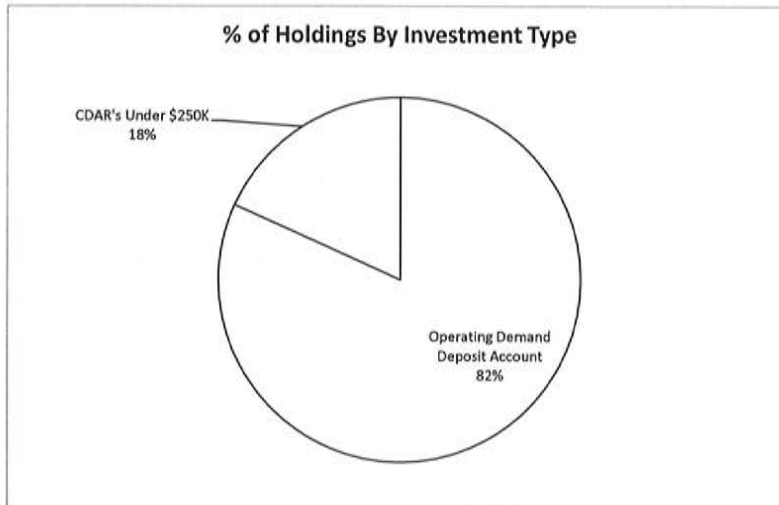
Supported Independent Program (SIP)-more independent setting where Personal Care and Community Living Supports occur.

Quarterly Cash & Investments Report
Quarter Ending December 31st, 2024

Financial Institution	Type of Investment	Cost Basis	Maturity Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$18,379,602	NA	0.03%
	Payroll Account	\$3,719		
	Accrued Leave Reserve	\$122,120		
	Pretax Reimbursement Account	\$93,533		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$18,599,756		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,105,266		3.40%
Total CDAR's		\$4,105,266		
	Total Investments	\$4,105,266		
TOTAL CASH AND INVESTMENTS		\$22,705,022		

% of Holdings By Institution	
PNC - Cash	81.92%
CDAR's (via Independent Bank)	18.08%
	<u>100.00%</u>

% of Holdings By Investment Type	
Cash	81.92%
CDAR's	18.08%
	<u>100.00%</u>





Community • Independence • Empowerment

Integrated Services of Kalamazoo

MOTION

Subject:	<u>November & December 2024 Disbursements</u>	
Meeting Date:	January 27, 2025	Approval Date:
Prepared by:	Charlotte Bowser	January 27, 2025

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the November, 2024 vendor disbursements of \$10,126,460.03 and the December, 2024 vendor disbursements of \$11,355,323.39.”

Summary of Request:

As per the November 2024 Vendor Check Register Report dated 11/14/2024 that includes checks issued from 11/01/2024 to 11/30/2024 and the December 2024 Vendor Check Register Report dated 1/15/2025 that includes checks issued from 12/1/2024 to 12/31/2024.

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

Staff: C. Bowser, Finance Director
Budget: FY24/25

Date of Board
Consideration: January 27, 2025



Community • Independence • Empowerment

Integrated Services of Kalamazoo

MOTION

Subject:	Michael Seals - Board Conflict of Interest Waiver	
Meeting Date:	January 27, 2025	Approval Date:
Prepared by:	Jeff Patton	<u>January 27, 2025</u>

Summary of Request

At its November 2024 meeting the ISK board passed a motion appointing Michael Seals to serve on the SWMBH board; however, SWMBH also requires ISK to consider and waive potential conflicts of interest based on the attached disclosure form. In order for Michael to begin his service on the SWMBH board this motion also authorizes its immediate effect. Without that additional provision, Michael would need to wait until approval of ISK board minutes in February.

Michael Seals should abstain from consideration of this motion.

"I move to grant a waiver regarding any actual, potential or perceived conflict of interest for the appointment of Michael Seals as a member of the Southwest Michigan Behavioral Health board (Region 4). I further move that ISK determines that ISK is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than Michael Seals and that there is no conflict of interest disclosed on Michael Seals' conflict of interest policy disclosure statement which is substantially likely to affect the integrity of services which ISK may expect from Michael Seals.

To avoid a delay in Michael Seals' participation on the SWMBH board, I further move that this motion be given immediate effect by signature of ISK's board chair."

January 27, 2025

Xx _____
Karen Longanecker, ISK Board Chair

Budget: _____
Staff: _____

Date of Board
Consideration: January 27, 2025

EXHIBIT A

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH **2024/2025 FINANCIAL INTEREST DISCLOSURE STATEMENT**

Definitions

Covered Person. Covered Person means

- (a) Members of the Entity's Board;
- (b) Entity officers,
- (c) Members of committees of the Board with delegated authority from the Board, and
- (d) Entity employees, independent contractors or agents who are responsible for the expenditure of federal or state government funds in excess of \$100 on behalf of the Entity.

Conflict of Interest. A Conflict of Interest arises when a Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter for the Entity, in which the Covered Person, the Covered Person's Family Member, or an organization in which the Covered Person is serving as an officer, director, trustee or employee has a Financial Interest. Conflict of Interest.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half blood), father-in-law, mother-in-law, grandchildren, great grandchildren and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, as any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A Covered Person has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a Family Member:

- (a) an actual or potential ownership, control or investment interest in, or serves in a governance or management capacity for, an entity with which the Entity has a transaction, arrangement, proceeding or other matter;
- (b) an actual or potential compensation arrangement with any entity or individual with which the Entity has a transaction, arrangement, proceeding or other matter; or
- (c) an actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which the Entity is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

Individual's Relationship to You: Self
 Other, specify: _____

Description of Financial Interest:


Disclosure #3

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: Self
 Other, specify: _____

Description of Financial Interest:

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.



1/10/25
Date _____

SWMBH Board Member, Integrated Services of Kalamazoo
Title/Position with Entity

Please return this form, signed and dated, to the Entity's Chief Compliance Officer.