

Jeffrey W. Patton Chief Executive Officer

> www.iskzoo.org (269) 553-8000

Administrative Services: 610 South Burdick Street Kalamazoo, MI 49007

24-HOUR CRISIS HOTLINE or NON-EMERGENCY CLINICAL SERVICES: (269) 373-6000

April 28, 2025

Name: Location: INTEGRATED Services of Kalamazoo Board of Directors

610 South Burdick St/Kalamazoo, MI., /2nd Fl - ISK Boardroom #220

Commencement Time:

4:00PM

Financial Statement and Single Audit Act Compliance/YEAR ENDING September 30, 2024, - MOTION Jason Kelly/CPA/BDO

- CALL TO ORDER ~ CITY & COUNTY DECLARATION I.
- II. **AGENDA**
- **CITIZEN TIME** III.
- RECIPIENT RIGHTS IV.
 - a. Recipient Rights Monthly Report
 - b. Recipient Rights Advisory Committee Reappointment MOTION
- PROGRAM SERVICE REPORT V.
 - a. Teresa Moser, ISK, Clinical Director of Emergency Services & Access
 - b. Beth Ann Meints, Administrator of Clinical Services CCBHC Report VERBAL
- CONSENT CALENDAR VERBAL MOTION VI.
 - a. Minutes March 24, 2025
 - b. Board Committee Principles 11.05 (Policy)
 - c. Chairperson's Role 11.04 (Policy)
 - d. Treatment of Persons Served Substantiated Complaints (Report)
 - e. Customer Services (Report)
- MONITORING REPORTS VII.
 - a. Reserves Management VI.05 (Policy & Report)
 - b. Compliance & Risk: Board Training (Report)
 - c. Compliance & Risk: Status (Report)
- FINANCIAL REPORTS VIII.
 - a. Financial Condition Report
 - b. Utilization Report
 - c. Investment Report
 - d. March 2025 Disbursement MOTION
- IX. CHIEF EXECUTIVE OFFICER VERBAL REPORT
 - a. CEO Report
- **CITIZEN TIME** X.
- **BOARD MEMBER TIME** XI.
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates Michael Seals
 - b. Appointment of Nominating Committee for Board Officers Karen Longanecker
- XII. ADJOURNMENT



Financial Statement and Single Audit Act Compliance/YEAR

ENDING September 30, 2024, ~ MOTION

Jason Kelly/CPA/BDO

The Audit will be distributed and reviewed at the Monday, April 28, 2025, Integrated Services of Kalamazoo Board of Directors Meeting.

Thank you!

Office of Recipient Rights
Report to the Mental Health Board
On Complaints/Allegations
Closed in: March 2025

Office of Recipient Rights Report to the Mental Health Board Complaints/Allegations Closed in March 2025

	March 2025	FY 24-25	March 2024	FY 23-24
Total # of Complaints Closed	32	201	30	187
Total # of Allegations Closed	47	329	52	289
Total # of Allegations Substantiated	13	99	20	92

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 2025	A STORY OF THE STORY OF T	March 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	1	1	3	2
Dignity/Respect of Consumer	9	2	10	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	8	2	7	1
Abuse I	0	0	0	0
Abuse II	0	0	5	4
Abuse III	5	2	3	1
Neglect I	0	0	0	0
Neglect II	0	0	1	1
Neglect III	6	4	11	8
	29	11	39	18

APPEALS	March 2025	FY 24-25	March 2024	FY 23-24
Uphold Investigative Findings & Plan of Action	0	1	0	2
Return Investigation to ORR;	0	1	0	0
Reopen or Reinvestigate				
Uphold Investigative Findings but Recommend	0	1	0	0
Respondent Take Additional or Different Action				
to Remedy the Violation				
Request an External Investigation	0	0	0	0
by the State ORR				

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)

<u>Neglect Class I</u> means a <u>serious injury</u> 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.

<u>Neglect Class II</u> means a <u>non-serious injury occurred</u> 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

<u>Neglect Class III</u> means a recipient was put at <u>risk of physical harm or sexual abuse</u> 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 2025

Re: March 2025 Abuse/Neglect Violations

March

Abuse Violations

- There were two substantiated Abuse III violations in March 2025.
 - The remedial actions for these violations were Employee left agency
 (1), Employment Termination (1), and Training (1).

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

Neglect Violations

- There were four substantiated Neglect III violations in March 2025. One of the violations was a Neglect III, Failure to Report violations.
 - The remedial actions for these violations were Employee left agency
 (2), Written Reprimand (5), and Training (2). There were 3 staff involved in 1 violation.

The 4 violations occurred at the same agency, but at 3 different program sites. One program site had 2 violations one of which was the Failure to Report violation.



Integrated Services of Kalamazoo MOTION

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Recipient Rights Advisory Committee

Meeting Date:

April 28, 2025

Approval Date: April 28, 2025

Prepared by:

Lisa Smith

Recommended Motion:

Appointment:								
"I MOVE TO RE-APPOINT THE FOLLOWING INDIVIDUALS TO THE								
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC): KAREN								
LONGANECKER, DIANE BORNEMAN, BECKY LOPEZ, AND ELIZABETH								
SCHLOTT FOR A TWO-YEAR TERM (BEGINNING JUNE 1, 2025-JUNE 1, 2027)."								
Summary of Request								

Budget:		
Staff:	LS	

Date of Board

Consideration: APRIL 28, 2025

Program Service Report

Teresa Moser, ISK, Clinical Director of Emergency Services & Access Emergency Services and Same Day Access

Emergency Services and Same Day Access is part of our Urgent Care and Access Center (UCAC) Department at Integrated Services of Kalamazoo, providing assessment and crisis intervention for adults, youth, and families. We consist of clinicians, both Master's level and Bachelor's level, patient navigators who have lived experience in the mental health treatment world and a community health worker. All of our teams are cross trained (or in the process of cross training) to be able to assist each other's teams when needed however each team has its designated duties and responsibilities.

- Same Day Access Services: Our Same Day Access (SDA) Team consists of Master's level clinicians who provide a full bio-psycho-social assessment at our UCAC in order to determine an individual's appropriate level of care and referral to ongoing services. Individuals are encouraged to walk in to the UCAC M-F 8am-8pm and Saturdays 9am-2pm however appointments are available upon request. Our Same Day Access team's assessment is treated as a therapeutic intervention with the goal for the individual to not only leave the UCAC with their next scheduled appointment for ongoing services, but also with some relief following speaking with the clinician.
- Emergency Mental Health (EMH): Our Same Day Access clinicians are also trained to provide emergency mental health treatment for individuals experiencing a mental health crisis. By having our Same Day Access Clinicians provide a dual role of both assessor for ongoing services and crisis intervention specialist for mental health crisis, we ensure that there is no wrong door or path when individuals walk in to our UCAC. Emergency Mental Health Clinicians provide crisis intervention, safety planning and screening for psychiatric hospitalization at the UCAC 24/7. They also provide 24/7 pre-admission screening at the local hospitals for individuals who have Medicaid only or no insurance. Full time staff provide this coverage from 8pm on Sunday until 8am on Saturday. Weekends and holiday coverage is provided by a pool of contingent on-call staff.
- Mobile Crisis Response (MCR): Our Mobile Crisis Response program is currently in the process of expanding with the intention of providing 24/7 coverage beginning May 12th. Mobile Crisis Response provides community-based crisis interventions to adults, youth, and families. This team consists of clinicians (both Master's level and bachelors level) and patient navigators who respond to anywhere in the Kalamazoo County community to provide crisis intervention and safety planning services. This includes people's homes, shelters, professional offices parking lots and street corners. We are called by individuals themselves, community professionals and police to assist in crisis situations. When responding in the community, we have both a clinician and patient navigator respond, as both can provide different yet effective outcomes related to training and lived experience.
- Intensive Crisis Stabilization (ICS): Our Intensive Crisis Stabilization program is a hospital diversion program which provides intensive and assertive outreach and crisis intervention to adults, youth and families who are at risk of psychiatric hospitalization. Primary clinicians and emergency services programs can refer individuals to the ICS team if the individual meets criteria for psychiatric admission but is able to be treated outpatient with active outreach in the community. ICS works with individuals for approximately 30 days, often seeing them daily to

start and slowly tapering as the 30 days progress. Our goal is often to reduce the symptoms that led to their need for psychiatric intervention and teach and encourage the use of various coping skills. We work to ensure that individuals are connected with appropriate ongoing services by the end of their time working with ICS. ICS clinicians consist of Master's level and BSW clinicians as well as Family Support Partners who accompany us to appropriate contacts. ICS sees individuals between 8am and 8pm 365 days a year and is available 24/7 for phone coaching calls.



INTEGRATED Services of Kalamazoo (ISK) Board of Director's Meeting INTEGRATED Services of Kalamazoo

INTEGRATED Services of Kalamazoo 610 South Burdick Street Kalamazoo MI 49007

March 24, 2025

VI.a.

ISK Board Member	Board	Declaration of Location	Board
	Members	City/County	Members
	PRESENT		ABSENT
Karen Longanecker, CHAIR	X	Kalamazoo/Kalamazoo	
Michael Seals, VICE CHAIR	X	Kalamazoo/Kalamazoo	
Nkenge Bergan			X
Sarah Carmany	X	Kalamazoo/Kalamazoo	
Patrick Dolly			X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin	X	Kalamazoo/Kalamazoo	9
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears			X
Melissa Woosley			X
John Taylor, COMMISSIONER			X

ISK - Staff Present:

Jeff Patton, CHIEF EXECUTIVE OFFICER

Sheila Hibbs

Beth Ann Meints

Charlotte Bowser

Wanda Brown

Lisa Baptiste

Lauren Cooper

Amy Rottman

Dianne Shaffer

Lisa Smith

Ed Sova

Alecia Pollard

Demeta Wallace, BOARD LIAISON

ISK - Staff Absent:

Michael Schlack, CORPORATE COUNSEL Chantel Graham

Providers/Guests:

Fi Spalvieri

Chief Executive

Officer

CLO

Dianne Marquess

Chief Executive

Officer

Family & Children

Services

Call to Order

The Board of Directors (Integrated Services of Kalamazoo) held their meeting on <u>Monday, March 24, 2025</u>. It began @ <u>4:02PM</u> and was presided over by Chair, *Karen Longanecker*.

Agenda

MOTION

Member Guenther,

"I move to approve the agenda for the meeting." Supported by Member Raphelson and carried without dissent.

MOTION PASSED.

Citizen Time No citizens came forth.

Recipient Rights

<u>Lisa Smith</u>, ISK, Director of ORR, presented the complaints/allegations closed in <u>February 2025</u>. Abuse Violations

- There was one substantiated Abuse II violation in February 2025.
 - The remedial action for this violation is Employee left agency (1).

Neglect Violations

- There was one substantiated Neglect I Failure to report violation in February 2025.
 - The remedial action for this violation was Written Reprimand (3).

Three staff members were involved.

- There was one substantiated Neglect II Failure to report violation in February 2025.
 - The remedial action for this violation was Written Reprimand (1).
- There were eleven substantiated Neglect III violations in February 2025. One of the eleven was a Failure to Report.
 - The remedial action for these violations were Written Reprimand (11), Suspension (1), Training (6), and Pending (2).

7 of the 11 violations occurred at the same agency and 2 of those 7 occurred at the same program site. One of the violations occurring at the same program site was a Failure to Report. In one of the 7 violations, 3 staff were involved.

Of the 4 other violations 2 occurred at the same agency and same program site. The other 2 occurred at 2 different agencies.

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

Program Services Report

<u>Lauren Cooper</u>, ISK, Director, Services for Youth & Families and <u>Lisa Baptiste</u>, ISK, School Based Supervisor, presented the Youth Community Services report.



ISK School-Based clinicians work with local school staff and families to help identify youth with behavioral, emotional, or substance use challenges, and/or developmental disabilities. They assist families in connecting to needed services and provide consultation for planning with the student and family. Examples include linking to community referrals, conducting brief assessments/interventions, and helping to develop individualized in-school support plans.

Program Information

ISK and the School-Based Prevention team have been partnering with public school districts in Kalamazoo County for over 20 years. School-Based staff are presently supporting ten different school districts, encompassing a total of seventy buildings.

Districts Served

Kalamazoo Public Schools

Portage Public Schools

Gull Lake Community Schools

Galesburg-Augusta Community Schools

Schoolcraft Community Schools

Comstock Schools

Parchment Schools

Climax-Scotts Community Schools

Vicksburg Community Schools

Valley Center (KRESA)

Meet The Team

Lauren Cooper - Director

Lisa Baptiste - Supervisor

Morgan Roesler

Senita Reynolds

Meghan Kennedy

MiKayla Davis - Intern

Groups being facilitated in schools by the School-Based team

Executive Functioning- 250 6th grade students at Gull Lake Middle School

Self-Esteem (two groups)- 8-11 students in Portage Middle Schools

Emotion Regulation- 5-8 students in a classroom at Valley Center

Friendship Group (two groups)- 2-4 students at Parchment North Elementary

Caseloads

The School-Based team has a total of 280 assigned cases, with School-Based being primary on 193.

Staff	Total Assigned Cases	Primary Cases
Lisa Baptiste	119	85
Meghan Kennedy	58	37
Morgan Roesler	79	63
Senita Reynolds	6	5
MiKayla Davis	6	5

What our staff enjoys most about the school-based program and/or team:

Senita: I enjoy the camaraderie among the team members, our open communication, and the willingness to support each other and others.

Meghan: I enjoy that we are constantly adapting, changing, and no day is the same. We are truly a bridge between ISK services and the frontline of the schools. Youth and their families often rely on the schools to offer a multitude of supports... so it is essential to come together as a community to help with as much prevention services as we can.

Morgan: My favorite thing about the program is we get to go directly into the schools and assist staff and kids.

What prevention means to our team:

Senita: To me, prevention means the ability and willingness to promote knowledge and growth for the betterment of our families and community.

Meghan: Prevention means meeting the community where they are at. There is no one definition of prevention as it is looks different at each one of our buildings. Prevention means we think outside the box, if we don't have a solution, we work hard to find one. Prevention means acknowledging the gaps in services and trying to fill those to the best of our ability.

Morgan: To me prevention means meeting with and supporting the families that need guidance to take the first step towards their mental health challenges.

In 2024 Lauren and Lisa focused on collaboration and gathering input from districts. Lauren and Lisa met with Superintendents and other identified leaders to discuss our services, needs from each district, and continued ways to strengthen partnership. Lauren and Lisa were able to meet with all districts except Climax Scotts and Schoolcraft. We will continue to highlight on focus on the remaining districts in Spring 2025.

That concludes my report.

CCBHC Report

Beth Ann Meints, ISK, Administrator of Clinical Services, presented the February CCBHC Report.

The Michigan Department of Health and Human Services (MDHHS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration Team has released the draft of version **2.1** of the CCBHC Demonstration Handbook. Comments are due back to the MDHHS-CCBHC@michigan.gov by April 4, 2025.

The MDHHS CCBHC Demonstration Team will hold two separate meetings to discuss alternative methods for paying the PPSI payment. One meeting will be with the state CCBHC sites, and the other will be with the PIHPs that have CCBHC sites. MDHHS is seeking feedback on an alternative payment model where they would pay the PPSI payment directly to the CCBHC sites, bypassing the PIHPs. MDHHS plans to use the last two years of the demonstration (FY26 and FY27) to implement this methodology, allowing time for monitoring and resolving any conflicts.

That concludes my report.

Consent Calendar

MOTION

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 February 24, 2025
- b. Board Compensation II.07 (Policy)
- c. Board Members' Code of Conduct 11.09 (Policy)
- d. Depreciation VI.04 (Report)
- e. Conflict of Interest II.11 (Policy)

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

Monitoring Reports

Board Compensation 11.07

Initially, the ISK Board of Directors, thought recommended editorial changes to the NEW per-diem rate had not been updated. However, it was updated, and they had the correct version of the policy to approve it in the Consent Calendar motion.

MOTION PASSED.

Utilization Reports

Utilization Management Plan FY24/25

Sheila Hibbs, ISK, Administrator of Operations, presented the Utilization Management Plan FY24/25.

Purpose of the ISK Utilization Management Plan

- Maximize the quality of care provided to individuals while effectively providing services, managing resources, and ensuring uniformity of benefit for:
 - Medicaid
 - Healthy Michigan Plan
 - Flint 1115 Waiver
 - Autism Benefit
 - **Habilitation Supports**
 - SED and Child Waivers
 - SUD Community Grant
 - Certified Community Behavioral Health Clinic

ISK 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.

- Identify, define and specify the amount, duration, and scope of each service that must be furnished in an amount, duration, and scope for the same services furnished to persons served.
- 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.
- 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.
- Standardized application of Intensity of Service/Severity of Illness criteria and functional assessment tools for all services and across the provider network.

To review the Utilization Management Plan FY24/25, please use the following link: https://iskzoo.org/about-us/board/

Financial Reports/Financial Condition Reports

<u>Amy Rottman</u>, ISK, Chief Financial Officer, presented the Financial Condition Reports for <u>February 28, 2025</u>.

To review the financial reports, please use the following link: https://iskzoo.org/about-us/board/

Utilization Reports

<u>Charlotte Bowser</u>, ISK, Director of Finance, presented the Utilization Report for the period ending <u>February 28, 2025</u>.

- Autism Services is at (179) clients and is unfavorable at \$307,529.
- Youth Community Inpatient Services is at (81) days and is favorable at \$121,771.
- MI Adult Community Inpatient Services is at (465) days and is favorable at \$160,058.
- Community Living Supports, Personal Care, and Crisis Residential is favorable at \$139,422.

February Disbursements

MOTION

Member Guenther, "BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the February 2025 vendor disbursements of \$12,282,936.96." Supported by Vice Chair Seals. MOTION PASSED.

Chief Executive Officer Report

It was thought that SWMBH has a balance of \$2 million in their Internal Reserves Fund. However, it was recently clarified that the correct balance is only \$90K.

The CCBHC Caucus is proposing changes to the CCBHC handbook that support the concept of direct payments to the CCBHC instead of the PIHPs. However, they recognize there is much work to be done to make this a reality via the current system.

The MDHHS is moving to a competitive procurement process for the state's Pre-Paid Inpatient Health Plan (PIHP) contracts.

This initiative is based upon the potential to increase consumer choice and access to services while preserving the CMHSPs many Medicaid beneficiaries go to for behavioral health care services, currently.

We are currently aware that 5 of the CMHSPs in region #4 are experiencing deficits or will be soon.

"Effective November 1, 2024, the contracted PIHPs (or their subcontracted CMHSPs) will pay for Behavioral Health Treatment (BHT)-Applied Behavioral Analysis (ABA) adaptive behavior treatment by behavior technician services (current procedure terminology [CPT] code 97153), at a rate of not less than \$16.50 per unit or \$66.00 per hour. By April 30, 2025, provider contracts must reflect this rate, retroactive to November 1, 2024. The hourly dollar amount represents an agency rate and does not represent an hourly rate for individual service providers.

To fund this requirement, MDHHS enacted a PIHP rate increase starting with the February capitation payments. MDHHS also reversed and repaid the November, December, and January capitation payments on March 6, 2025, in alignment with this change. MDHHS' ongoing monitoring of Medicaid rates includes this new requirement.

The July Medicaid Provider Manual (MPM) update is expected to include the required ABA 97153 rate change.

The rate increase is to be implemented separate from the already implemented Direct Care Worker (DCW) wage increase."

At our next meeting on April 28, 2025, the Financial Statement and Single Audit Act Compliance/YEAR ENDING September 30, 2024, will be presented by the BDO Auditors.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

This report is in full support of the information just shared by Jeff Patton, who also attended the SWMBH meeting.

That concludes my report.

Meeting adjourned by voice vote @ 5:19PM.

Demeta J. Wallace Administrative Coordinator & Board Liaison Integrated Services of Kalamazoo Board of Directors



1 47

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.

SUBJECT:

II.05 Board Committee Principles

Page: 2 of 2

CHIEF EXECUTIVE OFFICER

APPROVED

Chief Executive Officer

Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY II.04

AREA:	Governance		
SECTION:	Board Governance Process	PAGE:	1 of 2
		SUPERSEDES:	03/28/2011
SUBJECT: Chairperson's Role		REVISED:	07/24/2023

PURPOSE/EXPLANATION

To define the role of the Board Chairperson.

POLICY

- A. The Chairperson assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. The Chairperson is the only Board member authorized to speak for the Board (beyond reporting Board decisions) other than in specifically authorized instances.
- B. The responsibility of the Chairperson is to ensure that the Board's behavior consistently follows its own rules and those legitimately imposed upon it from outside the organization.
 - 1. Meeting discussion content will only be those issues which, according to Board policy, clearly belong to the Board to decide, not the Chief Executive Officer (CEO).
 - 2. Deliberation will be fair, open and thorough, but also efficient, timely, orderly and kept to the point.

The authority of the Chairperson consists in making decisions that fall within the topics covered by Board policies on Governance Process and Board/CEO Relationship, except where the Board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.

The Chairperson:

- 1. Is empowered to chair Board meetings with all the commonly accepted power of that position (i.e., ruling, recognizing).
- 2. Has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the CEO.
- 3. May represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to them.
- 4. May delegate this authority but remains accountable for its use.

- Will ensure, in coordination with ISK's Board Liaison and the Kalamazoo 5. County Administrator's Office, the recruitment of Board members to fill openings. Will serve as liaison between the Board and the CEO.
- Will ensure the completion of the annual performance review of the CEO. 6.

CHIEF EXECUTIVE OFFICER

APPROVED

Jeff Patton

Chief Executive Officer

Karen Longanecker
Board Chair



TREATMENT OF PERSONS SERVED

April 2025

FY25 Data October 1, 2024 – March 31, 2025

Integrated Services of Kalamazoo Treatment of Persons Served Report April 2025

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.

<u>Response:</u>

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.

<u>Response:</u>

All information of persons served is managed by provider contract, business associate agreements, and policy boundaries; these include recipient rights, compliance, information technology, 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.

<u>Response:</u>

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 personcentered 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 January 2025. ISK is certified through 2027.

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.

<u>Response</u>

ISK operates under the Person/family-centered Planning Process Policy for all mental health. The ISK Quality Monitoring Review process and internal ISK Quarterly Record Reviews 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, 2024-March 31, 2025

TOTAL FOR ALL CATEGORIES: 99

CATEGORY:	# ,	CATEGORY	#
Abuse/Neglect		Personal Property	
Abuse I	1	Possession and Use	2
Abuse II	3	Limitations	1
Abuse III	10		
Neglect I	2		
Neglect II	3		
Neglect III	36		
Sexual Abuse	1		
Admission/Discharge		Photographs, Fingerprints,	0
Second Opinion/denial of	0	Audiotapes, One-Way Glass	0
Hospitalization		Prior Consent	0
Communications/Visits		Rights Protection System	
Access to Phone	0	Access to Rights System	0
Visitation	0	Comp. Investigation Process	1
Uncensored mail	0	Failure to Report	0
		Retaliation/harassment	0
Confidentiality	1	Suitable Services	
Disclosure of Confidential Info.	5	MH Services Suited to Condition	13
Withholding of Information	0	Informed Consent	0
Privileged Communication	1	Services of MH Professional	0
Correction of Record	0		
Family Rights		Treatment Environment	
	4	Safe Environment/Sanitary/Humane	
		Environment	4
		Dignity/Respect	11
		Assessment of Needs	0
Financial		Treatment Planning	
Safeguarding money	0	Person-Centered Planning	1
Ability to use or spend as	0	Timely Development of Plan	0
desired		Treatment Planning: Other	0
Labor and Compensation	0		
Easy Access to Money in	0		
Account			
Freedom of Movement	0	Civil Rights	
Seclusion	0	Religion Practice	0
Restrictions/Limitations	0	Discrimination	0
Restraint	0		
Least Restrictive Setting	0		

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

Integrated Services of Kalamazoo (ISK) Customer Services department - Report to the Board for Fiscal Year 2024-2025

Activity Summary: October 1, 2024, through March 31, 2025

Customer Services Duties/Assignments:

CARF Accreditation Preparation: Preparation activities for our next accreditation survey are underway. We have established a TEAMS site for managers and supervisors of our administrative departments and services to upload "show proof" documentation. CS Manager has been meeting with the departments/services to ensure that we are addressing standards and identifying our proof and good work. Our Survey is currently anticipated for August-September 2025.

Root Cause Analyses for Sentinel Events: For this fiscal year to date, we have reviewed 6 unfortunate sentinel events. We have lost 2 individuals to homicide, 1 to suicide, 1 to effects of alcohol/other drugs, 1 passed after being hit by a vehicle, and 1 passed as result of winter weather exposure.

ISK Endowment Fund: For the 2024-2025 we have made available 13 awards and \$90,000.00 via full-year grants. Additionally, we have awarded funding for 3 contingent awards for at total of just over another \$1000. Suicide Prevention Planning Team: CS Manager continues membership on the planning committee. For this fiscal year to date, CS Manager has co-facilitated 3 safeTALK classes for this year.

Supporting Customer Grievances and Appeals: Please see the attached data reports. Grievances and Appeals are tracked in year to date/cumulative summary reports. Customer Service Office Interventions are reported quarter specific based on volume.

Qualitative/Quarterly Record Review: CS Manager and Health Information & Risk Oversight Manager are continuing to guide this process into this fiscal year. FY 2023-2024 was the first under new process. Our team includes 1 Utilization Management Specialist, 1 Compliance Program Coordinator and Program Specialist co-supervised by the managers. Data and recommendations are discussed at conclusion of each review cycle with supervisors and managers. Overall agency data and trends are shared with the Quality Improvement Council.

Customer Satisfaction: During fiscal year 2023-2024, ISK started a new committee tasked with reviewing and revising processes for obtaining customer feedback and satisfaction data. Improvements thus far include revision of the survey utilized at discharge/closure to ISK services. We have created 3 ways that data can be provided by individuals – web-site access/QR code, telephone survey, and pen/paper version of survey. All data is collected and tracked by our vendor, Pulse for Good. Other projects include SWMBH annual survey data review and review of our Environmental Scan survey available in all lobbies.

SWMBH-wide Meetings/Committees and Activities

- Customer Services Committee
- Quality Improvement Committee
- Quarterly reporting of Grievance/Appeal and Authorization Denial data
- Annual coordination of customer survey process and delegation review materials for scope of responsibility.

State-wide Meetings/Committees and Activities

- Continued participation in meetings and peer collaboration.
- Advocating for enhancements to the PCE electronic health record system through state-wide work group.
- Participate in planning team targeting 2025 all-state customer services focused training. Scheduled to be one of the presenters on May 7, 2025.

Integrated Services of Kalamazoo Appeals

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Report Criteria: Date Range: 10/01/2024 - 03/31/2025

Local: Yes

Resolved: Yes

Appeal Date	Provider	Status	Medicaid	Reason For Appeal	Local Outcome	Letter of Decision Sent Date
2/24/2025	Integrated Services of Kalamazoo	Closed	No	Service Termination	Approved	02/26/2025
1/21/2025	CLS Determination	Closed	Yes	Service Denial	Approved	01/31/2025
12/18/2024	Case Management - Youth	Closed	Yes	Service Termination	Approved	01/17/2025
11/4/2024	Battle Buddies Home Healthcare LLC	Closed	Yes	Service Denial	Denied	11/26/2024
10/4/2024	Edge Water Music Therapy	Closed	Yes	Service Denial	Approved	10/14/2024
10/2/2024	Spec Res Determination	Closed	No	Service Denial	Denied	10/21/2024

Integrated Services of Kalamazoo

Grievance Inquiries

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Report Criteria:

Date Range: 10/01/2024 - 03/31/2025 Grievance: Yes

Inquiry Date Pr	rovider	Medicaid Grievance	Inquiry Category	Outcome / Assistance Provided	Date Closed
11/2/2024 SF	R Case Management	No	Provider Choice	Resolved with customer service	12/20/2024
10/29/2024 H	omebased - Youth	Yes	Service concerns / availability	Provider change	11/18/2024
10/11/2024 A	CT 5	No	Service environment	Resolved with customer service	11/19/2024

Integrated Services of Kalamazoo

Grievance Inquiries

Generated 04/02/2025 11:54:41 AM Eastern Standard Time

Report Criteria:

Date Range: 01/01/2025 - 03/31/2025

Customer Service: Yes

Inquiry Date	M Inquiry Category	Outcome / Assistance Provided	Date Closed
3/31/2025	Services / Supports		
3/31/2025	Services / Supports		
3/28/2025	Services / Supports		
3/27/2025	Services / Supports		
3/25/2025	Services / Supports		
3/24/2025	Services / Supports	Assistance with making an appointment	4/2/2025
3/24/2025	Services / Supports	forwarded message to IHSC	3/24/2025
3/21/2025	Services / Supports		
3/18/2025	Services / Supports		
3/18/2025	Services / Supports		
3/17/2025	Services / Supports		
3/14/2025	Services / Supports		
3/13/2025	Services / Supports	Assistance with phone calls	3/21/2025
3/13/2025	Services / Supports		
3/12/2025	Community Resources	Materials/Information Provided	3/13/2025
3/12/2025	Services / Supports	Assistance with phone calls	3/17/2025
3/10/2025	Services / Supports	Assistance with making appointments	3/21/2025
3/4/2025	Services / Supports	Assistance with phone calls	3/17/2025
3/4/2025	Services / Supports	Assistance with making appointments	3/27/2025
3/4/2025	Services / Supports	Assistance with phone calls	3/6/2025
3/3/2025		answering questions about ATO process	
3/3/2025	Services / Supports	Assistance with phone calls	3/6/2025
2/28/2025	Services / Supports	Listen/Support	3/4/2025
2/20/2025	Policies/Procedures/Pr	a Listen/Support. Directed to ReConnect	3/6/2025
2/19/2025	Services / Supports	Relayed reques for additional services	3/17/2025
2/17/2025	Services / Supports	Relayed message to primary clinician	2/18/2025
2/14/2025	Policies/Procedures	Assistance with phone calls	2/21/2025
2/14/2025	Services / Supports	coordinating new CM provider	
2/12/2025	Services / Supports	Assistance with phone calls	2/21/2025
2/11/2025	communication	Assistance with phone calls	2/21/2025
2/11/2025	comunication	connected to primary	2/21/2025
2/11/2025	Services / Supports	Assistance with phone calls	2/20/2025
2/10/2025	Services / Supports	Assistance with making appointments	2/20/2025
2/5/2025	Community Resources	assistance with connection to provider(s)	2/6/2025
2/5/2025	Services / Supports	Assistance with making appointments	2/17/2025
2/5/2025	Services / Supports	Assistance with phone calls	2/21/2025
2/5/2025	Services / Supports	Assistance with making appointments	2/7/2025
2/4/2025	Services / Supports	Assistance with making appointments	2/7/2025
2/3/2025	Services / Supports	Assistance with making appointments	2/24/2025

2/3/2025	Services / Supports	Assistance with making appointments	2/7/2025
1/31/2025	Services / Supports	Answer questions about residential srvs	
1/27/2025	Services / Supports	Referred to clinical team	2/7/2025
1/24/2025	Case Consultation	assisted with request for new prescriber	
1/21/2025	Policies/Procedures/Pr	ra Listen/Support; Materials/Info Provided	3/14/2025
1/17/2025	Services / Supports	Assistance with phone calls	2/6/2025
1/14/2025	Services / Supports	Answered questions about scheduling	2/7/2025
1/10/2025	Services / Supports	Assistance with phone calls	2/7/2025
1/9/2025	Services / Supports	Individual connected with primary	2/7/2025
1/2/2025	Services / Supports	Assistance with making appointments	1/3/2025

INTEGRATED SERVICES OF KALAMAZOO VII.a.

BOARD POLICY VI.05

AREA:	Governance			
SECTION:	System Governance		PAGE:	1 of 32
SUBJECT:	Reserves Fund BalanceNet P	Position	SUPERSEDES:	07/27/2015 04/25/2016
	MANAGEMENT		REVISED:	04/25/2016 04/16/214/2 1/2025

PURPOSE/EXPLANATION

To establish policies regarding an appropriate level of <u>Kalamazoo County Community Mental Health aA</u>uthority <u>d/b/a Integrated Servicses of Kalamazoo (ISK) Fund BalanceNet Position.reserves.</u>

DEFINITIONS

Southwest Michigan Behavioral Health (SWMBH) Financial Risk

A major portion of the a<u>A</u>nnual operating <u>revenue and expenses for Medicaid and Healthy Michigan capitation</u> are <u>under the financial management and financial risk of SWMBH.</u>

ISK cost settles its expenditures so revenue and expense match exactly, having no impact on Net Position of ISK. By example, Medicaid funding falls under the SWMBH financial risk.

ISK Financial Risk

The balance of the annual operating revenue and expenses for State General Fund, the Certified Community Behavioral Health Clinic, grants and earned contracts, and local funding from Kalamazoo County—is under the financial management and financial risk of ISK. The annual State General Fund revenue falls under ISK financial risk. This management and risk is completely borne by ISK, and if necessary, Operational surpluses in theses areas result in increases in Net Position and operational deficits would require the use of Unrestricted Net Assets Position.

Cash Flow/Liquidity

Cash flow is the net amount of ISK incoming cash receipts and outgoing cash payments over a period of time. Unrestricted Net Assets provide may provide Liquidity when cash flow is negative.

Unrestricted Net Assets Undesignated Fund Balance Unrestricted Net Assets

Excess funds available for spending during a fiscal year and/or to be available for future fiscal year expenditures.

VI.05 reserves management rev 4.21.2025 VI.05 Reserves Net SUBJECT:

Position Management.doc

Page:

2 of 3

Annual Operating Expenses

The projected and budgeted annual expenditure total approved by the Board.

Unrestricted Net Assets Fund Balance Net Assets % for Operations

A percent computed by dividing the sum of unrestricted net assets fund balance net assets by the total operating expenses.

SUBJECT: VI.05 reserves management rev 4.21,2025 VI.05 Reserves Net Position Management.doc

POLICY

- In order to ensure appropriate risk management funding, provide liquidity, and to ensure smooth continuity of operations, the authority <u>ISK</u> shall maintain a minimum unrestricted net assets <u>Fund Balance</u> <u>Net Position</u> % for operations as follows:
 - A. 5% of the portion_of ISK annual operating expenses that are under SWMBH Financial Risk
 - B. 20% of the portion of ISK annual operating expenses that are under ISK Financial Risk
- II. An Annual Finance Report to the Board shall include a report of the current Fund Balance Net Position Percent.
- III. At the discretion of the Board, <u>U</u>unrestricted net assets<u>Fund Balance</u> Net <u>Position</u> can be dedicated towards <u>projects that either the SWMBH Financial Risk and/or the ISK Financial Risk components of the operating budget that would result in <u>an unrestricted net assetsfund balance</u> % below these prescribed percentages.</u>

Jeff Patton Chief Executive Officer

CHIEF EXECUTIVE OFFICER

Erik Krogh Patricia Guenther Karen Longanecker
Board Chair

BOARD CHAIR

3 of 3

Page:

VII.b. & c.

Integrated Services of Kalamazoo

Board Member Corporate Compliance Training

Ashley Esterline, LMSW, CHC
ISK Director of Network Compliance
Corporate Compliance Officer

1

Corporate Compliance – What is it?



☑ In 1998 the Office of Inspector General (OIG) developed <u>voluntary</u> Compliance Program Guidance (CPG) to assist Health Care Providers in combating fraud, waste, and abuse.

In 2005 Congress established a Medicaid Integrity Program (MIP). This required all Medicaid-funded providers to have a Corporate Compliance program.

• The Deficit Reduction Act requires entities to create/provide written policies applicable to all employees, contractors, and agents regarding:

- 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

2

Board Oversight Responsibilities

Board Oversight Responsibilities

- □ *Duty of Care* Making informed decisions using good judgement.
- ☐ Duty of Loyalty Act in the best interest of ISK, never for self-benefit or personal gain.
- □ Duty of Obedience Serve in a manner that is faithful to and consistent with ISK's Mission, Vision and Values.

3

Board Oversight Responsibilities

Board Oversight Responsibilities

- ☐ Compliance Program Oversight
 - Assures ISK complies with applicable law(s), and guarantees the Compliance Program is effective by managing oversight of the Corporate Compliance Officer
- ☐ Review Updates from Corporate Compliance Officer
 - Bi-annual Board Attendance
 - Quarterly Board Finance and Compliance Meetings
- Promote Transparency and Accountability

4



ISK Compliance Activities

- Annual Quality Management Reviews
- Annual and quarterly SWMBH Audits
- Quality Record Reviews
- MDHHS Audits
- Targeted Quality and Compliance Reviews

5

Risk Management Overview

ISK Compliance Risk Management

Federally Funded Health Care Program Ownership and Control Disclosure Forms

 Corporate Compliance Officer collects/reviews Disclosures to ensure no federal funds are used to pay for items or services furnished by an individual/organization who is debarred, suspended, or otherwise excluded from participation in any Federal Health Care Program.

- **Exclusion Screenings**
 - Occurs on a recurring monthly basis to mitigate unforeseen exclusions that may arise.
- 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.

6



Board Compliance Reports

- Bi-annual Reports and Risk Assessment Updates
 - Number, type, and outcome of investigations
 - · Update on on-going compliance audits
 - Update on annual Compliance goals/risks
- ② Quarterly Review with Board Finance and Compliance Committee
 - Report on Compliance Goals, investigations, risks and outcomes

7

Corporate Compliance Contract

ISK Compliance Hotline (you may report anonymously): 1-866-939-4823 or

Direct Line: 269-364-6986

Ashley Esterline, <u>aesterline@iskzoo.org</u>
Director of Network Compliance
Corporate Compliance Officer

ISK Corporate Compliance Email compliance@iskzoo.org

母 By mail or in person: Integrated Services of Kalamazoo Attn: Corporate Compliance 610 S. Burdick St. Kalamazoo, MI 49007

8

Integrated Services of Kalamazoo Corporate Compliance / Risk Management FY25 Q2 Report

Program Name:	ë	COMPLIANCE & RISK MANAGEMENT	AGEMENT	
				January Uly
Person Completing Report:	eting Report:	Ashley Esterline, LMSW, CHC	Ashley Esterline, LMSW, CHC – Corporate Compliance Officer	
Overview:	Contained in this	Status Report is a summary of	f the Compliance Program's goals ar	Contained in this Status Report is a summary of the Compliance Program's goals and activities for FY25 as of March 31, 2025.
Goals & Outcomes		<u>Goal:</u>		
per work	1. ISK will s	ISK will sustain strong direct run and	1. Compliance Department worked	worked closely with ISK's Specialty Services
plan	Provider	Provider Network programming with	Department to review an	Department to review and supply a comprehensive corrective action plan to
	nscal res	nscal responsibility and sustainability to ensure direct run programs and	Department of Health an	Southwest Michigan behavioral meanin (Switzbri) required by the friends. Department of Health and Human Services (MDHHS) regarding Home and
	Provider	Provider Network are providing high	Community Based Service	Community Based Services (HCBS) delivery. Updates to programmatic service
	quality ca complian	quality care and consistently meeting compliance standards.	delivery, documentation a operated and Provider	delivery, documentation and provider oversight were implemented. Direct operated and Provider Network primary programs attended trainings to
			prepare for upcoming changes.	ges.
	2. ISK will	remain involved in		
	oversight,	oversight, monitoring, and implementation of changes to	2. Compliance Department st with MDHHS related to u	Compliance Department stayed (and continues to stay) in close communication with MDHHS related to updated code chart changes. Compliance Department
	rules/reg	as directed by Sta	continues to work closel	continues to work closely with internal teams, Provider Network, MDHHS
	and Fede	and Federal Mandates.	representatives, and ISK Admini	representatives, and ISK Administration to ensure thorough understanding of
	[[::: A31 C	ISV will monitor and identify high.	updates to pointy aily proc	
		risk areas related to fraud, waste, and	3. Compliance Department	Compliance Department began to analyze data in partnership with subject
	abuse an	abuse and work toward successfully		matter experts related to Applied Behavior Analysis (ABA) services and
	mitigatin	mitigating such occurrences.	supports. Compliance Der	supports. Compliance Department started to devise an auditing and monitoring
			plan to mine data relate	plan to mine data related to ABA Family Training and quesuonable claims
	4. ISK will	ISK will strengthen policies and	submissions by Provider I	submissions by Provider Network. During Qz Comphance Department Degan to analyze data and review documentation completed by Provider Network.
	procedur actual H	procedures to mingate potential and actual HIPAA breaches caused by	Compliance Department e	Compliance Department explored inappropriate billing practices by a Provider
	impermi	(D)	for both enhanced staffing	for both enhanced staffing services in a Specialized Residential facility and for
	Protected	Protected Health Information (PHI).	Community Living Suppor	Community Living Supports rendered in a Supported Independent Living (SIL)
			environment.	
			4. ISK IT and Privacy Depa	
			Policies and procedure	Policies and procedures were updated to mitigate trending potential
			Dreaches/Violations and	Dreacnes/Violations and locused on addressing updates/requirements to die
			security Kule. Expanded Filvacy daming to talge required to sign updated Confidentiality Agreement.	ted departments.

Integrated Services of Kalamazoo Corporate Compliance/Risk Management FY25 Q2 Recoupment/Reallocation Data Report

		i	Quality Improvement/Training/	Recoupment/Reallocation	Federal or State Reporting
Summary	Source FY 25	5250 Barrier	Risk Education O1 Investigations Completed	(If Appropriate)	kequirea:
Provider submitted claims for services that were not rendered (false claims)	Provider Network	Medium	Corrective Action Plan (CAP) received from Provider outlining effective means to mitigate future behaviors. CAP accepted. Recoupment completed	Yes – Recoupment Total: \$4,561.96	No
		FY 25 2	FY 25 2 Investigations In-Process		
Provider submitted claims for enhanced staffing services without appropriate documentation to support the rendered service.	ISK Compliance	Medium	Corrective Action Plan (CAP) received from Provider outlining effective means to mitigate future behaviors. CAP accepted. Recoupment in process.	Yes – Recoupment in Process Total: \$4,771.14	No
Provider submitted claims for Community Living Supports (CLS) that appeared to be up-coded.	ISK Specialized Residential Team	High	ISK Compliance currently investigating claims. Provider education on code/modifier reporting and appropriateness of documentation being explored.	Yes – Recoupment in Process Total: TBD	ТВD



Period Ended March 31, 2025 Monthly Finance Report

Statement of Net Position

March 31, 2025

	arch 2024 inaudited)	N	1arch 2025
Assets			
Current assets			
Cash and investments	\$ 28,353,287	\$	18,783,779
Accounts receivable	3,302,064		5,085,859
Due from other governments	3,534,559		17,010,259
Prepaid items	 1,980,692		1,403,717
Total current assets	 37,170,602		42,283,613
Non-current assets			
Capital assets, net of accumulated depreciation	13,230,004		14,882,979
Net pension asset, net of deferred outflows	7,214,053		8,442,339
Total non-current assets	 20,444,057		23,325,318
Total assets	\$ 57,614,659	\$	65,608,931
Liabilities			
Current liabilities			
Accounts payable	\$ 8,358,581	\$	12,033,238
Due to other governments	1,282,753		156,389
Due to providers	829,707		381,930
Accrued payroll and payroll taxes	950,949		3,117,833
Unearned revenue	 84,399		132,102
Total current liabilities	 11,506,389		15,821,492
Net position			
Designated	9,171,891		8,654,636
Undesignated	25,729,038		24,523,412
Investment in fixed assets	13,470,145		13,277,168
Previous year close	-		-
Net gain (loss) for period	 (2,262,804)		3,332,223
Net position	\$ 46,108,270	\$	49,787,439

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through March 31, 2025 Percent of Year is 50.00%

	Original	YTD Totals	Remaining	Percent of
	2025 Budget	3/31/25	Budget	Budget - YTD
On analina management				
Operating revenue Medicaid:				
	\$ 71,759,922	25 050 020	ć 25.000.002	FO 110/
Traditional Capitation		35,958,939	\$ 35,800,983	50.11%
Healthy Michigan Capitation Settlement	13,011,361	2,341,147	10,670,214	17.99%
	6,448,857	6,712,853	(263,996)	104.09%
State General Fund:	2 000 516	1 050 250	1 050 350	F0 000/
Formula Fundings	3,900,516	1,950,258	1,950,258	50.00%
CCBHC Demonstration	35,053,525	18,273,775	16,779,749	52.13%
CCBHC Accrual	4 550 400	646,841	(646,841)	0.00%
County Allocation	1,550,400	775,200	775,200	50.00%
Client Fees	620,500	491,783	128,717	79.26%
Other grant revenue	8,558,938	3,889,474	4,669,464	45.44%
Other earned contracts	3,974,361	1,060,251	2,914,110	26.68%
Interest	181,000	78,059	102,941	43.13%
Local revenue	610,000	473,659	136,341	77.65%
Total operating revenue	\$ 145,669,379	\$ 72,652,239	\$ 73,017,140	49.87%
Total operating revenue	ÿ 143,003,373	7 72,032,233	7 73,017,140	43.8770
Operating expenses				
Salaries and wages	\$ 32,439,500	\$ 14,178,995	18,260,505	43.71%
Employee benefits	11,472,088	4,445,902	7,026,186	38.75%
Staff development	301,171	75,778	225,393	25.16%
Payments to providers	88,887,199	44,149,781	44,737,418	49.67%
Administrative contracts	10,183,932	4,906,967	5,276,965	48.18%
IT software and equipment	926,784	438,811	487,973	47.35%
Client transportation	50,280	13,322	36,958	26.50%
Staff travel	389,228	153,120	236,108	39.34%
Office expenses	646,434	253,234	393,200	39.17%
Insurance expense	158,746	77,011	81,735	48.51%
Depreciation expense	535,265	272,690	262,575	50.94%
Utilities	358,571	179,690	178,881	50.11%
Facilities	49,039	22,163	26,876	45.19%
Local match	305,108	152,554	152,554	50.00%
Total operating expenses	\$ 146,703,345	\$ 69,320,017	\$ 77,383,328	47.25%
Change in net position	(1,033,966)	3,332,223	\$ (4,366,188)	
3	,,	, ,	. , , , ,	
Beginning net position	46,455,216	46,455,216		
Ending net position	\$ 45,421,250	\$ 49,787,439		
Ziranig fiet position	7 15,721,250	Ţ 13,707,433		

Statement of Revenue, Expenses and Change in Net Position October 1, 2024 through March 31, 2025

Percent of Year is 50.00%																
	Specialt	y Ser	vices		Healthy	Mich	nigan		SUD Blo	ck G	rant				Totals	
	Budget		YTD Totals 3/31/25		YTD Budget	•	YTD Totals 3/31/25		YTD Budget		/TD Totals 3/31/25		YTD Budget		YTD Totals 3/31/25	Variance
Operating revenue																
Medicaid:																
Traditional Capitation	\$ 35,879,961	\$	43,123,396	\$	-	\$	19	\$	9.7	\$	55,979	\$	35,879,961	\$	43,179,375	\$ 7,299,414
Healthy Michigan Capitation	-				6,505,681		4,416,975		-		-		6,505,681		4,416,975	(2,088,706)
Autism Capitation	-		-		-				-		-		-		-	
CCBHC Base Payment	-		(7,164,457)		-		(2,075,828)		-		-		-		(9,240,285)	(9,240,285)
Settlement Estimate	6,884,064		6,366,749		(3,659,636)		346,104		-		(55,979)		3,224,428		6,656,874	3,432,446
Client Fees	 	_	3,850	_			52	_		_	-	_		_	3,902	 3,902
Total operating revenue	\$ 42,764,025	\$	42,329,538	\$	2,846,045	\$	2,687,303	\$		\$		\$	45,610,070	\$	45,016,841	\$ (593,229)
Operating expenses																
Internal services	\$ 1,173,627	\$	975,828	\$	58,681	\$	9,701	\$	-	\$	-	\$	1,232,308	\$	985,529	(246,779)
External services	38,142,870		36,215,923		2,559,973		2,351,428		*		-		40,702,843		38,567,351	(2,135,492)
Delegated managed care	 3,447,529		5,137,788	_	227,390		326,174	_			-		3,674,919		5,463,961	1,789,043
Total operating expenses	\$ 42,764,025	\$	42,329,538	\$	2,846,045	\$	2,687,303	\$	-	\$		\$	45,610,070	\$	45,016,841	\$ (593,229)
Change in net position	-		(0)		-		(0)		-		-		-		-	

Statement of Revenue, Expenses and Change in Net Position October 1, 2024 through March 31, 2025 Percent of Year is 50.00%

		State Gen	eral	Fund		CCE	знс			Other Fund	ing S	Sources				Totals		
		YTD Budget		YTD Totals 3/31/25		YTD Budget		YTD Totals 3/31/25		YTD Budget		YTD Totals 3/31/25		YTD Budget		YTD Totals 3/31/25		Variance
Operating revenue																		
General Fund	\$	1,950,258	\$	1,950,258	\$	-	\$	-	\$	-	\$	-	\$	1,950,258	\$	1,950,258	\$	-
Projected GF Carryforward		-		-		-		-		-		-		-		-		-
CCBHC Demonstration				-		17,425,196		19,734,353		-		-		17,425,196		19,734,353		2,309,156
Other Federal and State Grants		-		-		-		-		4,279,469		3,560,929		4,279,469		3,560,929		(718,540)
Earned Revenue		-		-		-		-		1,987,180		831,337		1,987,180		831,337		(1,155,844)
COFR Revenue		81		-		-		-		-		-		-		-		-
Interest		- 1		-		-		-		90,500		78,059		90,500		78,059		(12,441)
County Allocation		-		-		-				775,200		775,200		775,200		775,200		-
Local Revenue				2,690		-		:-:		206,274		473,659		206,274		476,348		270,074
Transfer from GF		-		-		-		279,019		-		-				279,019		279,019
Settlement Revenue (Expense)	_		_	-	_	-	_	-	_	-	_		_				_	<u> </u>
Total operating revenue	\$	1,950,258	\$	1,952,948	\$	17,425,196	\$	20,013,372	\$	7,338,623	\$	5,719,183	\$	26,714,078	\$	27,685,503	\$	971,425
Operating expenses																		
Internal Programs	\$	447,445	\$	376,517	\$	17,149,621	\$	16,915,261		-	\$	1,458	\$	17,597,066	\$	17,293,235	\$	(303,831)
External Programs		1,173,627		1,098,593		-		-		300,000		255,636		1,473,627		1,354,229		(119,398)
Other Federal and State Grants		-		-		-		-		7,213,316		4,036,780		7,213,316		4,036,780		(3,176,536)
HUD Grants		-				-		-		696,841		816,670		696,841		816,670		119,829
Managed Care Administration		124,698		198,819		-		-		3,631		-		128,328		198,819		70,490
Homeless Shelter		-		-		-		-		234,725		183,930		234,725		183,930		(50,795)
Transfer from GF		204,488		279,019		-		-		-		-		204,488		279,019		74,531
Local match expense		-		-		-		-		152,554		152,554		152,554		152,554		-
Non-DCH Activity Expenditures	_	-	_	-	_	-	_	-	_	40,657		38,044	_	40,657	_	38,044	_	(2,613)
Total operating expenses	\$	1,950,258	\$	1,952,947	\$	17,149,621	\$	16,915,261	\$	8,641,724	\$	5,485,072	\$	27,741,602	\$	24,353,280		(3,388,323)
Change in net position		0		0		275,575		3,098,111		(1,303,100)		234,112	\$	(1,027,525)		3,332,223		4,359,748

CCBHC
October 1, 2024 through March 31, 2025
Percent of Year is 50.00%

		CCBHC Medicaid	ŀ	CCBHC Healthy MI	No	CCBHC on-Medicaid	CCBHC YTD Totals
Operating revenue							
Prepayment	\$	5,970,905	\$	3,062,586	\$	-	\$ 9,033,491
CCBHC SAMSHA Grant		-		-		328,545	328,545
CCBHC QBP		-		-		-	-
CCBHC Base Payment Reclass		7,164,457		2,075,828		-	9,240,285
Remaining CCBHC revenue due		1,322,556		(675,715)		-	646,841
Client fees		242,449		35,134		207,608	485,191
Total CCBHC Revenue (PPS-1 of \$367.50 x encounters)	\$	14,700,368	\$	4,497,833	\$	536,153	\$ 19,734,353
Operating expenses							
Internal services	\$	8,369,203	\$	2,929,425	\$	1,714,386	\$ 13,013,014
DCO Contracts		2,581,513		789,859		530,875	3,902,247
Total operating expenses	\$	10,950,716	\$	3,719,284	\$	2,245,261	\$ 16,915,261
Operating change in net position		3,749,651		778,549		(1,709,108)	2,819,092
Reclassification to cover Non-Medicaid	_					279,019	 279,019
Total change in net position	\$	3,749,651	\$	778,549	\$	(1,430,089)	\$ 3,098,111

CCBHC Cost per daily visit

	2023	FY 2024	3/31/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 16,915,261
Daily Visits	99,802	110,326	60,466
Cost per daily visit	277.42	288.04	279.75

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

AUTISM SERVICES
Report Period: October 1st, 2024 through March 31st, 2025

				ITU	LIZATIO	UTILIZATION COMPARISONS FY 24/25	S FY 24/25		
							Clients Served	Cost	Cost
	FY 2	FY 23/24 Actual	FY 24	FY 24/25 Budget	FY;	FY 24/25 Actual	Difference	Difference	YTD
							Favorable	Favorable	Favorable
MONTH	Clients Served	Dollars	Clients	Dollars	Clients	Dollars	(Unfavorable)	(Unfavorable)	(Unfavorable)
OCTOBER	167	\$789,944	180	\$879,750	188	\$957,661	(8)	(\$77,910)	(\$77,910)
NOVEMBER	167	\$785,423	180	\$879,750	175	\$908,707	5	(\$28,956)	(\$28,956)
DECEMBER	172	\$882,947	180	\$879,750	171	\$1,005,868	6	(\$126,118)	(\$126,118)
JANUARY	183	\$793,167	180	\$879,750	192	\$888,816	(12)	(990'6\$)	(\$9,066)
FEBRUARY	182	\$832,410	180	\$879,750	195	\$945,230	(15)	(\$65,479)	(\$65,479)
MARCH	182	\$802,870	180	\$879,750	184	\$705,645	(4)	\$174,105	\$174,105
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	1,105	\$5,411,927	(25)	(\$133,424)	***************************************
MONTHI Y AVERAGES	178		180		184			***************************************	
						***************************************	***************************************	***************************************	***************************************
GROSS ANNUAL COST		\$10,695,585		\$10,557,005		\$5,411,927		(\$133,424)	

Favorable/(Unfavorable):

otal (133,42

YOUTH COMMUNITY INPATIENT SERVICES Report Period: October 1st, 2023 through March 31st, 2025

MONTH Days Cost MONTH Days Dollars Days Dollars Estone					UTIL	<u>IZATION</u>	UTILIZATION COMPARISONS FY 24/25	ONS FY 24/25		
H Days Dollars Days Dollars Favorable Cunfavorable Cu		FY 23	3/24 Actual	FY 24/	25 Budget	FY 24,	/25 Actual	Days Difference	Cost Difference	Cost YTD
H Days Dollars Days Dollars Days Dollars Dollars (Unfavorable) (Unfavora								Favorable	Favorable	Favorable
BER \$81,845 111 \$96,759 (26) MBER 78 \$12,462 85 \$81,845 117 \$14,545 (26) MBER 73 \$12,462 85 \$81,845 52 \$51,318 33 IRY 73 \$12,002 85 \$81,845 77 \$14,406 85 \$81,845 77 \$14,792 (12) IRY 170 \$157,466 85 \$81,845 77 \$75,342 8 8 81,845 77 \$75,342 8 8 8 8 81,845 77 \$75,342 8 8 8 8 81,845 77 \$75,342 8 8 8 881,845 77 \$75,342 8 8 8 881,845 77 \$75,342 8 8 881,845 8 8 881,845 8 8 881,845 8 8 881,845 8 8 8 881,845 8 8 8 8	MONTH	Days	Dollars	Days	Dollars	Days	Dollars	(Unfavorable)	(Unfavorable)	(Unfavorable)
SER 92 \$85,808 85 \$81,845 111 \$96,759 C60 MBER 78 \$72,462 85 \$81,845 117 \$114,545 32 MBER 73 \$129,020 85 \$81,845 17 \$14,545 33 RY 73 \$67,966 85 \$81,845 100 \$97,792 (12) ARY 101 \$14,400 85 \$81,845 77 \$75,342 8 H 170 \$157,466 85 \$81,845 77 \$75,342 8 ST \$46,450 85 \$81,845 77 \$75,342 8 ST \$46,450 85 \$81,845 77 \$75,342 8 ST \$70,558 85 \$81,845 77 \$75,342 8 SS \$64,101 85 \$81,845 77 \$41,400 8 SS \$11,452 85 \$81,845 77 \$453,1005 744 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>***************************************</td> <td></td> <td></td>								***************************************		
MBER 78 \$72,462 85 \$81,845 117 \$114,545 33 MBER 139 \$129,020 85 \$81,845 52 \$51,318 33 RY 73 \$67,966 85 \$81,845 100 \$93,7792 (12) JARY 101 \$93,755 85 \$81,845 77 \$75,342 8 H 170 \$15,460 85 \$81,845 77 \$75,342 8 H 510 \$15,460 85 \$81,845 77 \$75,342 8 ST \$10 \$10,20 \$81,845 77 \$75,342 8 8 ST \$10,258 85 \$81,845 77 \$75,342 8 8 MBER \$11,126 \$11,1452 85 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845 8 \$81,845	OCTOBER	92	\$85,808	85	\$81,845	111	\$96,759	(26)	(\$14,914)	(\$14,914)
IRP 139 \$129,020 85 \$81,845 52 \$51,318 33 IRY 73 \$67,966 85 \$81,845 97 \$95,247 (12) JARY 101 \$93,755 85 \$81,845 100 \$97,792 (15) H 1 \$14,400 85 \$81,845 77 \$75,342 8 H 1 \$14,400 85 \$81,845 77 \$75,342 8 H 1 \$157,466 85 \$81,845 77 \$75,342 8 ST \$69 \$64,101 85 \$81,845 77 \$75,342 8 ST \$69 \$64,101 85 \$81,845 8 8 8 SANNUAL 1,126 \$1,046,199 1,020 \$982,142 554 \$531,005 8 SANNUAL \$1,126 \$1,046,199 \$1,020 \$982,142 \$531,005 8 8	NOVEMBER	78	\$72,462	85	\$81,845	117	\$114,545	(32)	(\$32,700)	(\$32,700
IRY 73 \$67,966 85 \$81,845 97 \$95,247 (12) JARY 101 \$93,755 85 \$81,845 100 \$97,792 (15) H 11 \$14,400 85 \$81,845 77 \$75,342 8 H 170 \$157,466 85 \$81,845 7 \$75,342 8 S \$46,450 85 \$81,845 9 9 9 9 ST 76 \$64,101 85 \$81,845 9 9 9 9 ST 76 \$70,558 85 \$81,845 9 9 9 9 IMBER 120 \$111,452 85 \$81,845 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	DECEMBER	139	\$129,020	85	\$81,845	52	\$51,318	33	\$30,527	\$30,527
JARY 101 \$93,755 85 \$81,845 77 \$75,342 615 H \$14,400 85 \$81,845 77 \$75,342 8 H \$14,400 85 \$81,845 77 \$75,342 8 F \$157,466 85 \$81,845 9 9 9 F \$132,763 85 \$81,845 9 9 9 ST \$70,558 85 \$81,845 9 9 9 HLY AVERAGES 94 1,020 \$982,142 554 \$531,005 9 HLY AVERAGES 94 85 982,142 554 \$531,005 9 SANNUAL COST \$1,046,199 \$982,142 \$6 \$531,005 9 9	JANUARY	73	\$67,966	85	\$81,845	26	\$95,247	(12)	(\$13,402)	(\$13,402)
H 16 \$14,400 85 \$81,845 77 \$75,342 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	FEBRUARY	101	\$93,755	85	\$81,845	100	\$97,792	(15)	(\$15,947)	(\$15,947
170 \$157,466 85 \$81,845 6 50 \$46,450 85 \$81,845 6 6 50 \$46,4101 85 \$81,845 6 6 ST \$70,558 85 \$81,845 6 6 ST \$70,558 85 \$81,845 6 6 SMBER 120 \$111,452 85 \$81,845 6 6 SANNUAL COST 1,126 \$1,046,199 1,020 \$982,142 554 \$531,005 6 644 SANNUAL COST \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 \$1,046,199 <td>MARCH</td> <td>16</td> <td>\$14,400</td> <td>85</td> <td>\$81,845</td> <td>77</td> <td>\$75,342</td> <td>8</td> <td>6,503</td> <td>6,503</td>	MARCH	16	\$14,400	85	\$81,845	77	\$75,342	8	6,503	6,503
50 \$46,450 85 \$81,845 86 \$81,845 86 \$81,845 86 \$81,845 86 86,4101 85 \$81,845 86 \$81,845 86 881,845 86 881,845 86 881,845 86 881,845 86 881,845 86 881,845 86 881,845 86 881,845 86 881,845 86 882,142 8531,005 882,142 8531,005 882,142 882,142 882,142 882,142 882,140 882,142 882,142 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 882,140 <td>APRIL</td> <td>170</td> <td>\$157,466</td> <td>85</td> <td>\$81,845</td> <td></td> <td></td> <td>***************************************</td> <td></td> <td></td>	APRIL	170	\$157,466	85	\$81,845			***************************************		
EMBER \$64,101 85 \$81,845 Proposition Proposition </td <td>MAY</td> <td>20</td> <td>\$46,450</td> <td>85</td> <td>\$81,845</td> <td></td> <td></td> <td></td> <td></td> <td></td>	MAY	20	\$46,450	85	\$81,845					
143 \$132,763 85 \$81,845 8 \$132,763 85 \$81,845 8 8 \$132,763 85 \$132,845 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 <t< td=""><td>JUNE</td><td>69</td><td>\$64,101</td><td>85</td><td>\$81,845</td><td></td><td></td><td>***************************************</td><td></td><td></td></t<>	JUNE	69	\$64,101	85	\$81,845			***************************************		
76 \$70,558 85 \$81,845 6 6 6 6 6 6 6 6 6 7 6 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 8 7 8 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	JULY	143	\$132,763	85	\$81,845					
120 \$111,452 85 \$81,845 8 \$111,85 \$111,452 8 \$111,852 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$111,452 \$1	AUGUST	92	\$70,558	85	\$81,845			***************************************		***************************************
1,126 \$1,046,199 1,020 \$982,142 554 \$531,005 (44) 94 85 92 (44) *** \$1,046,199 \$982,142 \$531,005 (44)	SEPTEMBER	120	\$111,452	85	\$81,845			***************************************		***************************************
1,126 \$1,046,199 1,020 \$982,142 554 \$531,005 (44) 94 85 92 (44) . \$1,046,199 \$982,142 \$531,005	***************************************									
94 85 92 92	TOTALS	1,126	\$1,046,199	1,020	\$982,142	554	\$531,005	(44)	(\$39,933)	
94 85 92 ************************************										***************************************
. \$1,046,199 \$982,142 \$531,005	MONTHLY AVERAGES	94		85		92		***************************************	***************************************	***************************************
\$1,046,199 \$982,142 \$531,005										
	GROSS ANNUAL COST		\$1,046,199		\$982,142		\$531,005	***************************************	(\$39,933)	***************************************

Favorable/(Unfavorable):

tal (39,93

COMMUNITY INPATIENT SERVICES Report Period: October 1st, 2024 through March 31st, 2025

				UTIL	IZATIO!	UTILIZATION COMPARISONS FY 24/25	ONS FY	24/25		
	í		1		ì			Days	Cost	Cost
	F1 2	FY 23/24 Actual	FT 24	r 7 24/25 Buaget	F1 24	r 1 24/25 Actual	Fa	Favorable	Favorable	Favorable
	Days	Dollars	Days	Dollars	Days	Dollars	(Unf	(Unfavorable)	(Unfavorable)	(Unfavorable)
)		***************************************		
OCTOBER	33	\$35,799	809	\$705,361	687	\$755,692	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(62)	(\$50,331)	(\$50,331
NOVEMBER	352	\$373,018	809	\$705,361	644	\$707,353		(36)	(\$1,992)	(\$1,992)
DECEMBER	601	\$633,797	809	\$705,361	209	\$778,155		(101)	(\$72,794)	(\$72,794)
JANUARY	583	\$615,285	809	\$705,361	641	\$704,099		(33)	\$1,262	\$1,262
FEBRUARY	681	\$718,593	809	\$705,361	465	\$510,951		143	\$194,410	\$194,410
	815	\$860,902	809	\$705,361	637	\$699,069		(29)	6,291	6,291
	616	\$649,551	809	\$705,361						
	612	\$644,976	809	\$705,361						
	645	\$680,946	809	\$705,361						
	200	\$746,405	809	\$705,361						
	969	\$626,317	809	\$705,361						
SEPTEMBER	654	\$687,522	809	\$705,361						
***************************************							+			
***************************************	968'9	\$7,273,111	7,848	\$8,464,327	3,783	\$4,155,318		(135)	\$76,846	
MONTHLY AVERAGES	575		809		631	***************************************		***************************************		***************************************
						***************************************			***************************************	
GROSS ANNUAL COST		\$7,273,111		8,464,327		\$4,155,318			\$76,846	***************************************

Favorable/(Unfavorable):

tal 76,846

4/17/2025 4:40 PM

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

Report Period: October 1st, 2024 through March 31st, 2025

					FY 24/25 Budget	FY 24/25 Actual	Actual
SERVICE	Month	Avg. Daily Rate	No. Served	Days of Service	Dollars	Dollars	Favorable / (Unfavorable)
PC/CLS	Mar	\$301	385	67,693	\$20,086,112	\$20,366,006	(\$279,894)
CRISIS RES.	Mar	\$1,277	39	45	\$498,050	\$57,465	\$440,585
CLS (SIP)	Mar	NA	313		\$7,122,496	\$6,874,494	\$248,002
Annual Cost						***************************************	\$408,693

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

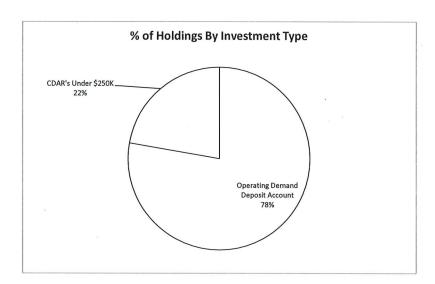
Community Living Supports (CLS)-services to increase or maintain personal self -sufficiency with a goal of community inclusion, independence and productivity.

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 31st, 2025

		Cost	Maturity	
Financial Institution	Type of Investment	Basis	Date	% Yield
CASH				
PNC	Operating Demand Deposit Account	\$14,451,918	NA	0.039
	Payroll Account	\$372		
	Accrued Leave Reserve	\$122,678		
	Pretax Reimbursement Account	\$69,856		
	Various Petty Cash Funds	\$780		
	Total Cash Accounts	\$14,645,605		
INVESTMENTS				
CDAR's (via Independent Bank)	CD's Issued Under FDIC Limit of \$250,000	\$4,138,615		3.409
Total CDAR's		\$4,138,615		
	Total Investments	\$4,138,615		*
TOTAL CASH AND INVESTMENTS		\$18,784,220		
% of Holdings By Institution		% of Holdings By Investment Type		
PNC - Cash	77.97%	Cash		77.979
CDAR's (via Independent Bank)	22.03%	CDAR's		22.03%
	100.00%			100.00%





Integrated Services of Kalamazoo MOTION

Subject:

March 2025 Disbursements

Meeting Date:

April 28, 2025

Approval Date:

Prepared by:

Charlotte Bowser

April 28, 2025

Recommended Motion:

"Based on the Board Finance meeting review, I move that ISK approve the March 2025 vendor disbursements of \$12,312,338.18."

Summary of Request:

As per the March 2025 Vendor Check Register Report dated 04/10/2025 that includes checks issued from 03/01/2025 to 03/31/2025.

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 28, 2025