



Jeffrey W. Patton
Chief Executive Officer

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(269) 553-8000

Administrative Services:
610 South Burdick Street
Kalamazoo, MI 49007

Community • Independence • Empowerment

AGENDA

INTEGRATED Services of Kalamazoo Board of Directors HAS SCHEDULED ITS MEETING FOR MONDAY, November 24, 2025, BEGINNING @ 4:30PM via *Microsoft TEAMS* or in-person at 610 S. Burdick Street/Kalamazoo, MI., (2nd Floor/Board Conference Room).

- CLOSED SESSION/MOTION/ROLL CALL – Jeff Patton, CEO/Annual Performance Evaluation @ 3:30PM
- I. CALL TO ORDER – CITY & COUNTY DECLARATION
- II. AGENDA
- III. CITIZEN TIME
- IV. RECIPIENT RIGHTS
 - a. Recipient Rights Monthly Report
- V. PROGRAM SERVICE REPORT
 - a. Dusty Jepkema, Program Supervisor, Care Coordination & Community Health Workers & Cheryl Nebedum, Community Engagement & Provider Network Manager/JETT - Justice. Equity. Trauma. Team.
 - b. Beth Ann Meints, Administrator of Clinical Services/CCBHC
- VI. CONSENT CALENDAR/VERBAL MOTION
 - a. Minutes October 27, 2025
 - b. Communication and Counsel to The Board (V.06) (Policy)
 - c. Governing Style(II.02) (Policy)
 - d. Emergency Executive Succession(V.05)(Policy)
 - e. Corporate Compliance and Risk Management(V.II) (Policy)
- VII. MONITORING REPORTS
 - a. Compliance & Risk – FY Annual Plan & Status (Report)
- VIII. ACTION ITEM/ VERBAL MOTION
 - a. Endowment Fund (VI.03) (Policy & Report)
- IX. FINANCIAL REPORTS
 - a. Financial Condition Report
 - b. Utilization Report
 - c. OCTOBER 2025 Disbursement/MOTION
- X. CHIEF EXECUTIVE OFFICER VERBAL REPORT
 - a. CEO Report
- XI. CITIZEN TIME
- XII. BOARD MEMBER TIME
 - a. SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals
 - b. Decision to hold or cancel the December Board meeting/ VERBAL MOTION
- XIII. ADJOURNMENT

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



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Integrated Services of Kalamazoo

MOTION

Subject:	CLOSED SESSION - Chief Executive Officer Evaluation	
Meeting Date:	November 24, 2025	Approval Date:
Prepared by:	Karen Longanecker	<u>November 24, 2025</u>

RECOMMENDED MOTION:

"I MOVE THAT THE ISK BOARD OF DIRECTORS GO INTO CLOSED SESSION PURSUANT TO Section 8(1)(a) OF THE OPEN MEETINGS ACT TO CONDUCT THE CHIEF EXECUTIVE OFFICER'S EVALUATION."

SUMMARY OF REQUEST:

<u>ROLL-CALL:</u>	<u>Yes</u>	<u>No</u>
Karen Longanecker	_____	_____
Michael Seals	_____	_____
Sharon Spears	_____	_____
Nkenge Bergan	_____	_____
Patrick Dolly	_____	_____
Catherine Huynh	_____	_____
Patricia Guenther	_____	_____
Ramona Lumpkin	_____	_____
Melissa Woosley	_____	_____
Michael Raphelson	_____	_____
Abigail Wheeler	_____	_____
<u>MOTION PASSED:</u>	_____	_____

Budget: _____
Staff: _____

Date of Board
Consideration: November 24, 2025

IV.a.

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

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

	October 2024	FY 24-25	October 2024	FY 24-25
Total # of Complaints Closed	49	49	30	30
Total # of Allegations Closed	71	71	58	58
Total # of Allegations Substantiated	20	20	17	17

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

ALLEGATIONS	October 2025		October 2024	
Category	TOTAL	SUBSTANTIATED	TOTAL	SUBSTANTIATED
Consumer Safety	7	1	1	0
Dignity/Respect of Consumer	17	3	10	2
Treatment Issues/Suitable Services (Including Person Centered Planning)	14	3	13	2
Abuse I	2	0	2	1
Abuse II	5	2	7	1
Abuse III	2	0	8	3
Neglect I	0	0	0	0
Neglect II	2	0	0	0
Neglect III	7	7	2	4
	56	16	43	13

APPEALS	October 2025	FY 25-6	October 2024	FY 24-25
Uphold Investigative Findings & Plan of Action	1	1	0	0
Return Investigation to ORR; Reopen or Reinvestigate	0	0	0	0
Uphold Investigative Findings but Recommend Respondent Take Additional or Different Action to Remedy the Violation	0	0	0	0
Request an External Investigation by the State ORR	0	0	0	0

ABUSE AND NEGLECT DEFINITIONS – SUMMARIZED

Abuse Class I means serious injury to the recipient by staff. Also, sexual contact between a staff and a recipient.

Abuse Class II means non-serious injury or exploitation to the recipient by staff and includes using unreasonable force, even if no injury results.

Abuse Class III means communication by staff to a recipient that is threatening or degrading. (such as; putting down, making fun of, insulting)

Neglect Class I means a serious injury occurred because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse I or neglect I of a recipient.

Neglect Class II means a non-serious injury occurred to a recipient because a staff person DID NOT do something he or she should have done (an omission). It also includes failure to report apparent or suspected abuse II or neglect II of a recipient

Neglect Class III means a recipient was put at risk of physical harm or sexual abuse because a staff person DID NOT do something he or she should have done per rule or guideline. It also includes failure to report apparent or suspected abuse III or neglect III of a recipient.

ORR ADDENDUM TO MH BOARD REPORT

November 2025

Re: October 2025 Abuse/Neglect Violations

October

Abuse Violations

- There were two substantiated Abuse II violations in October 2025.
 - The remedial actions for this violation were Employment Termination (2), and Training (2).

Neglect Violations

- There were seven substantiated Neglect III violations in October 2025. One of the seven was Neglect III, Failure to Report.
 - The remedial actions for these violations were Written Counseling (2), Written Reprimand (3), Policy Revision/Development (1), Training (2), and Pending (2).

The 7 violations occurred at 4 different agencies. All 7 violations occurred at different program sites.



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INTEGRATED Services of Kalamazoo
(ISK) Board of Director's Meeting
INTEGRATED Services of Kalamazoo
610 South Burdick Street
Kalamazoo MI 49007

October 27, 2025

VI.a.

<u>ISK Board Member</u>	<u>Board Members PRESENT</u>	<u>Declaration of Location City/County</u>	<u>Board Members ABSENT</u>
Karen Longanecker, <i>CHAIR</i>	X	Kalamazoo/Kalamazoo	
Michael Seals, <i>VICE CHAIR</i>			X
Nkenge Bergan	X	Kalamazoo/Kalamazoo	
Catherine Huynh	X	Kalamazoo/Kalamazoo	
Patrick Dolly			X
Pat Guenther	X	Kalamazoo/Kalamazoo	
Ramona Lumpkin			X
Michael Raphelson	X	Kalamazoo/Kalamazoo	
Sharon Spears			X
Melissa Woosley	X	Kalamazoo/Kalamazoo	
Abigail Wheeler, <i>COMMISSIONER</i>			X

ISK - Staff Present:

Jeff Patton, *CHIEF EXECUTIVE OFFICER*
Alecia Pollard
Willa Burns
Sheila Hibbs
Wanda Brown
Amy Rottman
Michael Schlack, *CORPORATE COUNSEL*
Dianne Shaffer
Lisa Smith
Ed Sova
Chantel Graham
Lauren Cooper
Dusty Jepkema
Jon Klok

ISK - Staff Absent:

Demeta Wallace, *BOARD LIAISON*
Kathy Lentz
Beth Ann Meints
Charlotte Bowser

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 Monday, October 27, 2025. It began @ 4:00PM and was presided over by Chair, *Karen Longanecker*.

Agenda

MOTION

Chair Longanecker skipped the motion to start. There was no quorum. She asked Board Members to identify themselves and the county they represent. Later in the meeting the group met the quorum and therefore proceeded to vote on the board business.

Citizen Time No citizens came forth.

Recipient Rights

Lisa Smith, ISK, Director of ORR, presented the complaints/allegations closed in September 2025. This also reflects the year-to-date data for the fiscal year. Complaints were up by about 60 from last year. The substantiated numbers remained about the same.

Abuse Violations

- There were two substantiated Abuse II violations in September 2025.
 - The remedial actions for these violations were Employment Termination (1), and Training (2). There were two staff involved in one citation.
- There were five substantiated Abuse III violations in September 2025.
 - The remedial actions for these violations were Employment Termination (4), Training (2), Policy Revision/Development (1), and Pending (1).

The 5 violations occurred at different agencies.

Neglect Violations

- There were three substantiated Neglect II violations in September 2025. One was a Failure to Report.
 - The remedial actions for these violations were Employment Termination (1), Written Counseling (1), and Training (1). There were three staff involved in one citation.

The 3 violations occurred at different agencies.

- There were five substantiated Neglect III violations in September 2025. One was a Failure to Report.
 - The remedial actions for these violations were Employee Termination (1), Employee left agency but substantiated (1), Written Reprimand (4), and Training (4). There were two staff involved in one citation.

The 5 violations occurred at 3 different agencies. Two agencies had 2 violations. Both agencies had the violations occur at different program sites.

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

Lauren Cooper, Clinical Director of Youth and Family Community Services, Dusty Jepkema, Program Supervisor - CHW/CC and Jon Klok, Manager of Programs presented the Program Services report for September.

Community Health Workers (CHW)

Dusty and Jon introduced themselves and explained the Community Health Workers program. Since 2019, the program has grown from 6 CHWs to 20. CHWs assist in connecting people with services in agencies across the county. They act as the links to solutions to social driver of health needs such as housing, clothing, food or transportation. We do not offer these services at ISK, but we need a way to connect individuals to these services within the community. Essentially the CHW are experts to connecting to services within our county. They will go through the process with you so you know how to navigate through it should you need the benefits in the future should they need it.

The CHW program is open to anyone in Kalamazoo County. We even have CHWs at the County Jail. You do not need to receive ISK services to take advantage of the CHW benefits. This program allows ISK to provide a lower level of case management that is not as mental health focused as typical case management, in order to help provide community services and be the go between for those in need.

CHWs can assist in finding therapists for folks who enter the Behavioral Health Urgent Care looking for help making those connections. Also, they can get help signing up for DHS benefits like Medicaid and SNAP and keep track of the redetermination process. Jon continued talking about the CHW services provided through the other ISK programs like Jail Services and the Housing Program.

Dusty spoke about all the community events we collab on to let fellow community members know about the services we provide. He went on to talk about the remote locations you can find ISK CHWs within the community, usually for a couple hours per week at each location, like Out Front Kalamazoo, Helping Hands Kalamazoo and Recovery Institute. He also talked about the community partnerships our team has like the Douglass, Ministry With Community and Cradle Kalamazoo. Since there are CHWs employed all over Kalamazoo, Bronson, Family Health Center and Gryphon Place for example, Jon is working on building a CWH Collective to share resources and knowledge, making sure all CHWs in the community are on the same page.

That concludes my report.

Consent CalendarMOTION

Chair Longanecker, “Is there anything that is on the Consent Calendar that anyone wants pulled out?” No materials were requested to be removed.

- a. Minutes September 22, 2025
- b. Board Purpose and Business Description (II.0I)(Policy)
- c. Guidelines for Board Member Appointments (I.03)(Policy)
- d. Treatment of Persons Served (V.0I) – Substantiated Complaints (Policy & Report)
- e. Customer Services (Report)
- f. Customer Advisory Council Annual (Report)
- g. Family Support Advisory Council Annual (Report)

Member Guenther, “I MOVE TO ACCEPT THE CONSENT AGENDA [CALENDAR] AS PRESENTED.” Supported by Member Bergan. MOTION PASSED.

Monitoring Reports

There were no Monitoring Reports to review this month.

Financial Reports/Financial Condition Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Financial Condition Reports for September 30, 2025. She reminded everyone that these figures are preliminary and that September is our year-end. She announced that we will be going through these results very closely to prepare for the audit.

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

Utilization Reports

Amy Rottman, ISK, Chief Financial Officer, presented the Utilization Report for the period ending September 30, 2025.

- Autism Services is at (187) clients and is unfavorable at \$1,295,571.
- Youth Community Inpatient Services is at (74) days and is favorable at \$122,102.
- MI Adult Community Inpatient Services is at (617) days and is favorable at \$477,927.
- Community Living Supports, Personal Care, and Crisis Residential is unfavorable at \$268,898.

March DisbursementsMOTION

Member Guenther, “BASED ON THE BOARD FINANCE MEETING REVIEW, I move that ISK approve the September 2025 vendor disbursements of \$11,064,960.46.” Supported by Chair Longanecker.

MOTION PASSED.

ACTION ITEMS - NEW or REVISITEDMOTION

There were no Action Items, New or Revisited, for this meeting.

Chief Executive Officer Report

Jeff asked [Michael Schlack](#), ISK Corporate Counsel, to give the board an update on the court case regarding the decision about the MDHHS Procurement.

The Court of Claims just issued its opinions and orders. It is a partial win and a partial loss for us. Our attorneys provided the following breakdown:

1. State's summary disposition motion: the Court determined that MDHHS has the legal authority to shift to a competitive procurement system and reduce the number of regions. The Court also held that there is an issue of fact on whether the RFP violates Michigan law. Because there is an issue of fact, the case is not decided in full yet (and neither side has an appeal as of right). The Court seemed most concerned about:
 - a. The RFP assigning PIHPs functions that belong to the CMHSPs under MCL 330.1206(1); and
 - b. Medicaid funds are essential to CMHSPs carrying out their responsibilities, and the RFP does not require a PIHP to provide funds to the CMHs to carry out their responsibilities.
2. Preliminary injunction order: as the Court indicated at the hearing, the Court denied the preliminary injunction motion because the Court feels declaratory relief is more appropriate when dealing with executive agencies. That said, the Court made two important statements:
 - a. "although the Court has not yet granted plaintiffs any declaratory relief, the possibility of such an outcome is significant"
 - b. "If circumstances develop after the issuance of this opinion and order denying injunctive relief that cause the Court to revisit the necessity of a preliminary injunction, the Court will reconvene the hearing addressing plaintiffs' motion."

What does this all mean? This case is not final and will proceed and focus on how the MDHHS Procurement of PIHPs violates Michigan law, and the Court has indicated two ways in which the RFP may violate Michigan law. We recognize that the Court missed the Regional Entity / PIHP distinction and will evaluate the best way to handle that. It is probable that more hearings will be held to address issues that appear to not be resolved. I will keep you posted on further developments.

Jeff talked about the question Member Spears brought up about the new region proportions and how the funds will be distributed, so he handed out the following chart to illustrate:

Michigan Department of Health and Human Services (MDHHS)
State of Michigan Procurements of Prepaid Inpatient Health Plans (PIHPs)

PIHP Regions	County Population	Percent	Medicaid Enrollment	Percent
Region 1 (Upper Peninsula and Northern Michigan)	830,787	8%	117,413	7%
Region 2 (Central Michigan)	5,333,051	53%	843,843	48%
Region 3 (Metropolitan Area)	3,881,684	39%	786,792	45%
Total	10,045,522	100%	1,748,048	100%

Jeff mentioned that Michael was doing better and was at home now. He was going to try to attend tonight's meeting virtually.

That concludes my report.

Citizen Time

No citizens came forth.

SWMBH (Southwest Michigan Behavioral Health) Updates/Michael Seals

There was nothing additional to add to this report outside of what was already discussed.

That concludes my report.

Member Woosley

Member Woosley gave an update on housing. She reported the numbers of people currently occupying the shelters: The Veterans Shelter has 10, The Family Shelter has 29, The Oakland House has 11, HERS has 2.

She also said how much she enjoys being on the appeals committee.

Jeff thanked her for her report.

Member Bergan

Member Bergan announced that KVCC is weeks away from opening their KV Circle Center, their food market that students can utilize with their student IDs. Part of the KV Circle Center program is to act as a resource hub to seek support from local community agencies like ISK and Family Health Center on campus. The logistics haven't completely ironed out yet, but the goal is to have agencies spend a few hours a week helping students save travel time for the resources they provide. Nkenge shared that they are intentionally calling it a market as opposed to a pantry to keep people from focusing on the deficit mindset of a pantry. We all need help sometimes. Not only are the numbers of students

increasing but so are the services being offered to the students. Everyone expressed their excitement for the positive moves forward.

Chair Longanecker shared that she proposed to Jeff that we change the meeting time of the board meetings from 4pm – 6pm to 4:30pm – 6:30pm. Everyone approved this change so November's meeting will start at 4:30pm. Karen will let Demeta know about this change.

The updated Governance Manuals were distributed and signed for by the board members present at tonight's meeting.

Member Huynh shared that her 2nd business opens Saturday. It's a day spa that focuses on affordability. She invited everyone to come to the soft opening at 5pm.

Meeting adjourned by voice vote @ 5:22PM.

Alecia M. Pollard

Program Specialist

Integrated Services of Kalamazoo Board of Directors



BOARD POLICY V.06

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: COMMUNICATION AND COUNSEL TO THE BOARD	SUPERSEDES: 01/24/2012 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To establish limitations of means regarding the Chief Executive Officer's (CEO) communication and counsel to the Board.

POLICY

- I. With respect to providing information and counsel to the Board, the CEO may not permit the Board to be uninformed. Accordingly, they may not:
 - A. Neglect to submit monitoring data required by the Board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies being monitored.
 - B. Let the Board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any Board policy has previously been established.
 - C. Fail to advise the Board if, in the CEO's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of Board behavior which is detrimental to the work relationship between the Board and the CEO.
 - D. Fail to use a process that utilizes as many internal and external points of view, issues and options as needed for fully informed Board choices.
 - E. Present information in unnecessarily complex or lengthy form.
 - F. Fail to provide a mechanism for official Board, officer or committee communications.
 - G. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.

H. Fail to report in a timely manner any actual or anticipated non-compliance with any policy of the Board.

II. This policy will be monitored through internal mechanisms on an annual basis.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

BOARD POLICY II.02

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 2
SUBJECT: GOVERNING STYLE	SUPERSEDES: 01/23/2012 REVISED: 10/29/2018

PURPOSE/EXPLANATION

To establish the Board's governing style.

POLICY

The Board will govern with an emphasis on outward vision as well as an awareness of internal operations, encouragement of diversity in viewpoints, strategic leadership more than administrative detail, clear distinction of Board and Chief Executive roles, collective rather than individual decisions, future rather than past or present, and pro-activity rather than reactivity.

The Board will:

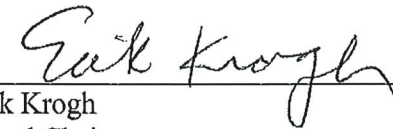
- A. Cultivate a sense of group responsibility. The Board, not the staff, will be responsible for governance. The Board will be an initiator of policy, not merely a reactor to staff initiatives. The Board will use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgements for the Board's values.
- B. Direct, control, and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major focus will be to establish policy that is aimed at having a positive long-term impact on the community.
- C. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policy-making principles, respect of roles, and ensuring the continuity of governance capability. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement. The Board will allow no officer, individual or committee of the Board to hinder or be an excuse for not fulfilling its commitments.

CHIEF EXECUTIVE OFFICER



Jeff Patton
Chief Executive Officer

APPROVED



Erik Krogh
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.05

AREA:	Governance		
SECTION:	Executive Limitations	PAGE:	1 of 1
SUBJECT:	EMERGENCY EXECUTIVE SUCCESSION	SUPERSEDES:	11/27/2023
		REVISED:	01/22/2024

PURPOSE/EXPLANATION

To establish limitations of means regarding emergency executive succession.

POLICY

- I. In order to protect the Board from sudden loss of Chief Executive Officer (CEO) services, the CEO may not have fewer than two other executives familiar with board and CEO issues and processes.
- II. The order of succession in an emergency is as follows:
 - A. Chief Executive Officer
 - B. Administrator of Clinical Services
 - C. Administrator of Operations
 - D. Chief Medical Officer
- III. This policy will be monitored through internal mechanisms on an annual basis.

CHIEF EXECUTIVE OFFICER


Jeff Patton

Chief Executive Officer

APPROVED


Karen Longanecker
Board Chair

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY V.11

AREA: Governance	
SECTION: Board Governance Process	PAGE: 1 of 4
SUBJECT: CORPORATE COMPLIANCE AND RISK MANAGEMENT	SUPERSEDES: 10/29/2019 REVISED: 11/27/2023

PURPOSE/EXPLANATION

Integrated Services of Kalamazoo (ISK) is committed to identifying and complying with local, state and federal laws and regulations as they apply to health care delivery managed by ISK. The purpose of this policy is to authorize the establishment of a comprehensive Corporate Compliance Program, including an annual Risk Assessment and a Compliance Plan, designed to minimize risks associated with operational activities and service delivery.

DEFINITIONS**Corporate Compliance**

The mechanisms, including the written Compliance Program and Policies, training efforts, resources and activities that are collectively intended to prevent and detect unethical and/or illegal business practices and violations of law.

Corporate Compliance Program

The specific compliance principles, components and activities of ISK and its provider network. These include activities ISK performs both for itself as a healthcare management entity and as a service provider as well as for its provider network.

Risk Assessment

The US Sentencing Guidelines of 2021, section §8B2.1. - Effective Compliance and Ethics Program, identifies elements of an "effective compliance program" and includes promotion of ethics and a commitment to compliance with ongoing risk assessment as part of the program. Annual Risk Assessment information will include input from ISK leadership. The objectives of the annual ISK Risk Assessment are as follows:

1. Enhance ISK's compliance and ethics program to meet internal and external requirements and "best practices".
2. Identify and prioritize risks/gaps and monitor/review performance against requirements.
3. Meet US Sentencing Guidelines for "risk assessment" and adhere to other requirements
4. Inform the Annual Corporate Compliance Plan.

Corporate Compliance Plan

The Annual Corporate Compliance Plan include goals and objectives based on current themes gleaned from the Annual Risk Assessment. It is presented to the Board each year for approval with progress reported at least every six months.

Seven Elements of an Effective Compliance Program

In accordance with the US Sentencing Guidelines of 2021 and the Office of Inspector General (OIG), ISK shall be in compliance with seven elements of an effective compliance programs, which have become the benchmark of corporate compliance. The seven elements are as follows:

1. Implementing written policies, procedures, and standards of conduct
2. Governance & Oversight: Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards and disciplinary action through consistent, well-publicized guidelines
7. Responding promptly to detected offenses and undertaking corrective action

POLICY

- I. ISK is dedicated to the delivery of behavioral health services in an environment characterized by strict conformance with the highest standards of accountability for administrative, business, clinical, financial and marketing management.
- II. The leadership of ISK shall be fully:
 - A. Aware of and committed to the need to prevent and detect fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and to the strict adherence of all federal and state laws, rules and regulations through the development and implementation of a formal Corporate Compliance Program that addresses all required elements promulgated by the Michigan Department of Health and Human Services/Office of Inspector General (MDHHS/OIG) for an effective Compliance Program.
 - B. Committed to the development and implementation of comprehensive policies, procedures and other corporate compliance measures to provide regular monitoring and conformance with all legal and regulatory requirements.
- III. All persons who provide services within, or are formally affiliated with ISK (e.g., officers/board members, employees, consultants, volunteers, students, internal contractors, agents, etc.) must sign an attestation agreeing to conduct themselves in a manner that promotes the ISK Mission/Vision and Code of Ethics. All are expected to abide by the ISK Compliance Program and immediately report suspected compliance issues to the ISK Compliance Officer.

- IV. With respect to the delivery of services to those affected with mental illness, emotional disturbance, co-occurring substance use disorder and developmental disabilities, the Chief Executive Officer shall not cause or allow conditions which are not in strict conformance with laws and regulations governing administrative, business, clinical, financial and marketing practices. The Chief Executive Officer shall not fail to create and implement a comprehensive Corporate Compliance Program and a Risk Management Plan that includes ongoing risk assessment activities.
- V. Accordingly, they shall not fail to:
- A. Reduce the agency's likelihood of exposure to identified risks.
 - B. Comply with the mandated federal and state regulations
 - C. Prevent and detect fraud, abuse, fiscal mismanagement and misappropriation of funds (corporate compliance program).
 - D. Respond to events that could pose a risk to the ISK.
- VI. The ISK Board of Directors shall delegate, by formal resolution or policy, the overall responsibility for ISK Compliance Program to its Chief Executive Officer (CEO). The CEO shall ensure the retainment of a Compliance Officer (CO) capable of managing the functions of the Compliance Office as contained in this policy guideline and other ISK operating policies.
- VII. The ISK Board of Directors shall be notified in writing prior to any change in the Compliance Officer's role, capacity or employment status.
- VIII. Implementation and effectiveness of the corporate compliance and risk management strategies shall be monitored internally at a minimum, quarterly by the Compliance Committee. Additionally, necessary recommendations for actions shall be made to the Chief Executive Officer and/or the Board Members.

REFERENCES

- Federal Laws
 - a. Deficit Reduction Act, United States Code, Vol. 42, Sec. 1396a (a)(68) (Section 6032 of the Deficit Reduction Act of 2005)
 - b. False Claims Act, United States Code, Vol. 31, Secs. 3729-3733
 - c. Program Fraud and Civil Remedies Act, United States Code, Vol. 31, Secs. 3801-3812 (Program Fraud Civil Remedies Act of 1986)
 - d. Anti-Kickback Statute
 - e. United States Organizational Sentencing Guidelines (1991)
 - f. Stark Laws I (1989) and Stark Laws II (1993)
 - g. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- h. Balance Budget Act of 1997 (BBA)
 - i. Social Security Act, specifically 1903(m)(95)(i)
 - j. Affordable Care Act (Public Law 111-148; 111-152 of 2010)
 - k. Whistleblowers Protection Act of 1980
 - l. HITECH Act of 2009
 - m. 42 CFR, Parts 400 and 438 (Balanced Budget Act)
 - n. 45 CFR Part 164 (Health Information Portability and Accountability Act)
- Michigan Laws
 - a. Medicaid False Claims Act, Michigan Compiled Laws, Annotated Sections 400.601-613
 - b. HIPAA Privacy Rule Preemption Analysis Matrix for the Michigan Medical Records Access Act, Public Act 47 of 2004 (revised 11/04)
 - c. Michigan Mental Health Code, PA 258, as amended
 - d. Michigan Public Health Code, PA 368, as amended
- Michigan Department of Health and Human Services (MDHHS)
 - a. MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract – Section 6.9 Regulatory Management
 - b. MSA-Medicaid Provider Manual
 - c. MDHHS: Application for Participation, Section 4.0
- PIHP
 - a. Southwest Michigan Behavioral Health Compliance Program
 - b. Southwest Michigan Behavioral Health Policy
 - i. 10.2 (Compliance Policy Development)
 - ii. 10.3 (Code of Conduct Distribution and Training)
 - iii. 10.4 (Compliance Oversight Committee)
 - iv. 10.5 (Compliance Education and Training)
 - v. 10.6 (Compliance Reporting and Responsibilities)
 - vi. 10.7 (Compliance Auditing and Monitoring)
 - vii. 10.8 (Compliance Reviews and Investigations for Reporting)
 - viii. 10.9 (Compliance Enforcement and Discipline)
 - ix. 10.11 (Fraud and Abuse)

CHIEF EXECUTIVE OFFICER
Jeff Patton
Chief Executive Officer**APPROVED**
Karen Longanecker
Board Chair



Community • Independence • Empowerment

Corporate Compliance Program

FY26

Ashley Esterline, LMSW, CHC

ISK Director of Network Compliance/Corporate Compliance Officer

EXECUTIVE SUMMARY

The Annual Corporate Compliance Plan provides the Board of Directors, Network Providers and other stakeholders with a comprehensive overview of the effectiveness of the ISK Compliance Program. This report highlights FY25 program performance, outlines key areas of compliance risks, and identifies strategic priorities for FY26. The Compliance Program supports organizational integrity by ensuring adherence to federal and state regulations, mitigating compliance risks, and promoting ethical and accountable practices across the Provider Network.

PROGRAM PURPOSE

The ISK Compliance Program is designed to establish and maintain safeguards that ensure ISK and its Provider Network operate in full compliance with regulatory requirements, including those related to fraud, waste, and abuse. The program advances a culture of compliance and upholds the standards necessary for responsible stewardship of public healthcare dollars.

The primary purposes of the Corporate Compliance Program are to:

- **Prevent** noncompliance with applicable laws, regulations, and organizational policies, whether accidental or intentional;
- **Detect** instances of noncompliance through monitoring, auditing, reporting mechanisms, and proactive oversight;
- **Enforce** appropriate disciplinary actions for individuals or entities involved in noncompliance, including sanctions or disbarment when warranted; and
- **Prevent recurrence** of noncompliance through corrective action plans, education, training, and continuous quality improvement.

The scope of the Compliance Program extends to all activities supported by federal healthcare funding. All Board Members, Officers, employees, Providers, contractors, subcontractors and/or agents operating within the Provider Network are required – as part of their employment or contractual relationship – to adhere to ISK compliance standards and participate in compliance activities.

PROGRAM DESIGN

The ISK Compliance Program is structured in alignment with technical guidance from the Michigan Department of Health and Human Services (MDHHS), the Office of Inspector General (OIG), and the Department of Justice (DOJ). Core program oversight and strategic direction are centralized within the ISK Compliance Committee.

Key personnel and structural components of the Compliance Program are as follows:

- **Director of Network Compliance/Corporate Compliance Officer (CCO)**
The Director of Network Compliance/Corporate Compliance Officer (CCO) operates under the authority of the ISK Board of Directors and maintains unobstructed access to the Chief Executive Officer (CEO). The CCO is responsible for the design and implementation of the Compliance Program, the completion of inquiries and investigations, oversight of financial remediation, and the development and delivery of compliance-related trainings for staff and network stakeholders.
- **Manager of Health Information and Risk Oversight**
The Manager of Health Information and Risk Oversight supports the CCO in carrying out activities related to the Corporate Compliance Program and the annual Corporate Compliance

Plan. The Manager of Health Information and Risk Oversight oversees the operations of ISK Medical Records, conducts inquiries and investigations in collaboration with the CCO, and provides leadership within the ISK Risk Management Program.

- **Compliance and Quality Improvement Coordinator**

The Compliance and Quality Improvement Coordinator assists the CCO by implementing components of the Compliance Program and the annual Compliance Plan. The Compliance and Quality Improvement Coordinator completes inquiries and investigations alongside the Manager of Health Information and Risk Oversight, supports the Risk Management Program, and contributes to the development, monitoring, and evaluation of the annual Risk Management Plan.

- **Compliance Committee**

The Compliance Committee includes representatives from all major agency departments such as Finance, Clinical Services, Quality, Information Technology, the Office of Recipient Rights, and Administration. The Committee provides oversight for compliance-related activities, promotes ethical conduct, and reinforces a culture of accountability and compliance across ISK and within the Provider Network.

- **Annual Plan**

The Annual Compliance Plan—reviewed and approved by the ISK Board of Directors—identifies key areas of focus, risks, goals, and program improvement activities for the fiscal year. The Plan ensures ISK's ongoing adherence to legal and ethical requirements issued by MDHHS, Southwest Michigan Behavioral Health (SWMBH), the OIG, and the DOJ.

- **Semi-Annual Plan**

The Semi-Annual Plan provides an evaluation of program effectiveness for the first six months of the fiscal year. It includes a summary of inquiries and investigations, progress toward goals, risk monitoring activities, and updates on compliance program development and improvement initiatives.

PROGRAM ELEMENTS

To maintain an effective and responsive Compliance Program, ISK engages in seven core functions on a continuous basis. These functions align with the requirements identified in the U.S. Sentencing Guidelines as essential components of an effective compliance and ethics program.

- **Assessment of Risk and Establishing Audit Priorities**

The CCO ensures that ISK and its Provider Network engage in compliant and ethical practices that minimize the risk of fraud, waste, and abuse. Ongoing risk assessments inform audit priorities and direct monitoring activities to the areas of highest vulnerability.

- **Monitoring, Audits, and Investigations**

The CCO, with support from the Compliance Committee, monitors the results of both internal and external audits to identify emerging or persistent risk areas. This multidisciplinary group uses internal tools and data analytics to evaluate program effectiveness, detect questionable conduct, and recommend appropriate follow-up actions.

- **Policy and Procedure Review, Revision, and Development**

Policies and procedures undergo regular assessment to ensure ongoing alignment with regulatory requirements and operational needs. High-risk areas are reviewed and revised by

the CCO, with input from the Compliance Committee and other subject-matter experts. Robust policies, procedures, and protocols are essential for identifying, detecting, and preventing fraud, waste, and abuse both internally and across the Provider Network.

- **Prevention Activities: Training and Effective Communication**

The Compliance and Quality Improvement Coordinator delivers initial orientation and ongoing training to staff and Providers, ensuring employees understand the requirements and expectations of the Corporate Compliance Program. Effective communication practices reinforce compliance standards and support a shared understanding of ethical responsibilities.

- **Detection Activities**

ISK's detection framework includes two key components:

1. **Auditing and monitoring** activities of both direct-operated services and the Provider Network; and
2. **Confidential reporting mechanisms** that allow employees, Providers, and agents to report suspected fraud, waste, or abuse.

All staff are expected to report concerns, as failure to do so is inconsistent with agency expectations and ethical standards. Reports are handled confidentially to the extent permitted by law. Reporters are protected from retaliation, and all allegations receive a fair and objective investigation by the CCO. The Department of Network Compliance maintains open communication channels through a Compliance Hotline, anonymous reporting options, and direct access to the CCO.

- **Investigation, Disciplinary Action, and Disclosure Activities**

When preliminary review suggests reasonable cause to suspect noncompliance, the Department of Network Compliance initiates investigative activities. If an investigation confirms noncompliance, appropriate corrective measures are implemented. When necessary, disciplinary actions and required disclosures to oversight bodies are completed in accordance with policy, contractual requirements, and applicable regulations.

- **Assessment and Evaluation**

An annual assessment and evaluation of the Compliance Program determines whether all required program elements have been effectively implemented. This evaluation also measures progress toward established goals and identifies opportunities for improvement in future Compliance Plans.

ANNUAL REPORT SUMMARY

The following sections of the Annual Compliance Report provide detailed analysis of FY25 monitoring and audit activity, investigation outcomes, and areas of identified compliance risk. The report also outlines the Compliance Plan focus areas, goals, and strategic priorities for FY26.

Included with this report are the following attachments:

- **FY25 Corporate Compliance & Risk Management Year End Summary Report**
- **FY26 Compliance Plan with Goals and Objectives**

FY25 Corporate Compliance & Risk Management

Year-End Summary Report

Executive Overview

Fiscal Year 2025 was marked by significant regulatory changes, enhanced compliance oversight, and strategic initiatives to strengthen organizational integrity. The Compliance Department successfully navigated evolving State and Federal mandates, implemented corrective actions, and alongside the Privacy and IT Departments, reinforced cybersecurity measures to protect sensitive data. Collaboration across departments and with the Provider Network, ISK Compliance activities ensured alignment with Medicaid, Waiver, and Certified Community Behavioral Health Clinic (CCBHC) requirements.

Major Achievements

Regulatory Compliance & Policy Updates

- Implemented finalized policy revisions, particularly for Waiver programs and CCBHC oversight under the direct-payment model.
- Responded to multiple MDHHS draft policy updates and prepared for PIHP competitive procurement changes.

Provider Network Oversight

- Developed corrective action plans for HCBS delivery following MDHHS audit findings.
- Conducted investigations into billing irregularities in Supported Independent Living (SIL) and Home-Based Services.
- Initiated comprehensive review of self-determined arrangements, resulting in provider education, family retraining, and departmental restructuring.

Applied Behavior Analysis (ABA) Monitoring

- Designed auditing protocols for ABA Family Training and questionable claims.
- Collaborated with Providers to establish standardized Parent Training protocols.

Risk Mitigation & Compliance Initiatives

Fraud, Waste, and Abuse

- Identified high-risk billing practices; implemented targeted audits and corrective measures.

HIPAA & Privacy

- Expanded Privacy training and updated Confidentiality Agreements for all staff.
- Strengthened policies addressing impermissible PHI use and disclosure.
- Implemented and secured new Business Associates Agreements (BAAs) for all contracted Providers.

IT & Cybersecurity Enhancements

- Continued monthly phishing campaigns and staff education.
- Implemented Microsoft Intune to restrict personal device use for work purposes.
- Enforced new password policies, removed stale accounts, and expanded privileged identity management.
- Maintained daily monitoring for potential data breaches and cybersecurity threats.

Regulatory Landscape & Strategic Planning

- Actively engaged in State-level discussions on PIHP procurement and CCBHC transitions.
- Established internal workgroups to ensure readiness for upcoming structural and payment model changes.

FY25 Year End Recoupment and Reallocation Report

Summary	Source	Risk	Quality Improvement/Training/Education	Recoupment/Reallocation (if applicable)	Federal or State Reporting Required?
FY25 Investigations Completed					
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 Completed Total: \$4,561.96	No
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 completed.	Yes – Recoupment Completed Total: \$4,771.14	No
Provider billed for unauthorized services.	ISK Y&F Department	Medium	Provider education on documentation standards, authorization guidelines and appropriateness of service delivery was conducted. CAP accepted. Recoupment completed.	Yes – Recoupment Completed Total: \$1,504	No
Provider submitted claims for Community Living Supports (CLS) that were up-coded.	ISK Specialized Residential Team	High	Corrective Action Plan (CAP) received from Provider outlining effective means to mitigate future behaviors. CAP accepted. Recoupment in process.	Yes – Recoupment in Process Total: \$307,713.17	No

FY26 Compliance Plan with Goals and Objectives

GOAL	OBJECTIVES / ACTION STEPS / MEASURES
<p>ISK will ensure the long-term sustainability and regulatory compliance of both direct-operated services and the Provider Network by strengthening oversight, promoting adherence to policies and regulations, and supporting the delivery of high-quality, cost-effective care.</p>	<ol style="list-style-type: none"> 1. Conduct compliance and fiscal monitoring of direct-operated programs and the Provider Network to identify adherence to policies, regulatory requirements, and contractual obligations. Implement corrective actions within 30 days when deficiencies are identified. 2. Provide annual and as-needed targeted compliance training to all direct-operated Program Directors/Senior Executives and contracted Providers, focusing on regulatory updates, documentation standards, and practices that support long-term viability. 3. Achieve a 90% or higher compliance rate across direct-operated programs and the Provider Network in critical risk areas (e.g., medical necessity, documentation accuracy, billing integrity) as measured through annual audits, with follow-up monitoring completed for all areas falling below threshold.
<p>ISK will provide oversight, monitoring, and implementation support for State and Federal regulatory changes and policies to ensure ongoing compliance and operational readiness.</p>	<ol style="list-style-type: none"> 1. Monitor and implement all applicable State and Federal regulatory changes, including updates to MDHHS codes/modifiers and policies, ensuring direct-operated programs and the Provider Network remain fully compliant. 2. Support direct-operated programs, the Provider Network - including Designated Collaborating Organizations (DCOs) - in adapting to CCBHC operational changes, potential PIHP changes, and Mental Health Framework implementation through guidance, training, and technical assistance. 3. Conduct quarterly audits, reviews, and risk assessments to evaluate adherence to regulatory requirements, policy updates, and operational changes. Implement corrective action plans where gaps are identified.
<p>ISK will monitor and identify high-risk areas related to fraud, waste, and abuse, and implement strategies to mitigate such occurrences.</p>	<ol style="list-style-type: none"> 1. Provide ongoing training and guidance to direct-operated staff and the Provider Network to ensure adherence to established best practices in service delivery, documentation, and compliance standards. 2. Monitor the timeliness and accuracy of staff documentation across programs, addressing gaps promptly to reduce risk and ensure compliance with regulatory and contractual requirements. 3. Track and remediate MDHHS audit findings by implementing corrective action plans, monitoring progress, and verifying that all required changes are completed and sustained.

INTEGRATED SERVICES OF KALAMAZOO

BOARD POLICY VI.03 / ORGANIZATIONAL POLICY 08.10

AREA: <i>(Board)</i> Governance	
APPLICATION: <i>(Organizational)</i> ISK Staff & Contract Providers	
SECTION: <i>(Board)</i> System Governance <i>(Organizational)</i> Financial Management	PAGE: 1 of <u>54</u>
SUBJECT: ENDOWMENT FUND	SUPERSEDES: 08/23/2018 11/22/2021 REVISED: 8/1/2023 <u>7/30/25</u>

PURPOSE/EXPLANATION

The Integrated Services of Kalamazoo (ISK) Endowment Fund was established in response to the very real needs faced by people. The purpose of the fund is to coordinate grant opportunities for persons who receive services through ISK, when other means of increasing and/or sustaining independence have been exhausted. Fund dollars are not to be utilized for services and/or supports provided through the community mental health service system.

DEFINITIONS

Dollars Available to Grant

This amount is determined by the Kalamazoo Community Foundation (KCF) and is derived from endowment fund earnings and earmarked donations made to KCF on behalf of ISK.

Yearly Grant Allocation

Through a yearly award process these funds will be made available to Providers and ISK direct operated programs for persons who receive services through ISK. All expenditures must fall within the specific intent of the grant award. A maximum of **\$85,000**, excluding emergency grant awards, can be granted to any Provider or ISK direct operated program. Whenever grant funds are applied for and utilized, it is anticipated that the applicant/awarded provider/program will coordinate with other CMH programs to ensure that fund dollars are not inadvertently spent when other resources are also available. Each Fiscal year for ISK runs October 1 – September 30.

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Contingent Grant Award

Through an “as needed award process” contingent grants will be awarded for specific requests for an individual’s emergency needs that had been previously unknown and cannot be provided for through any other means. Contingent Grant Awards are limited to a maximum of \$800 per individual per each fiscal year. If the Grant is for more than 1 individual, the total for each individual still cannot exceed \$800 per fiscal year.

SUBJECT: Endowment Fund

Page: 2 of 5

Individual.

For this policy, Individual is the identifying term for a consumer/customer/person-served by ISK. To be considered for funding, any individual must have a Case # within the ISK Electronic Health Record (EHR) system linking to them.

POLICY

- A. Through the ISK Endowment Fund we are committed to combating the stigma of mental illness, developmental disabilities, and substance use disorders, and to prioritize our grant giving in key areas, which will assist persons served by ISK in taking positive steps toward independence and integration in the community.

Those areas of emphasis for grant giving will be, but not limited to:

1. Assistance with setting up and maintaining Independent Residence
2. Assistance with clothing, transportation, or other needs related to supporting vocational pursuits related to Competitive Employment
3. Assistance with crucial Health Care Needs necessary to make community living feasible and not otherwise funded by insurance benefits or other means
4. Assistance with costs related to supporting Educational Pursuits - including books, tuition/fees, equipment
5. Support for Community Events that promote education of mental health-related matters, and/or celebrate customer successes, and/or integration of customers in the community and are promoting the reduction of stigma

- B. Of the total dollars available to grant, 90% will be made available for expenditure during the ISK fiscal year through a Yearly Grant allocation award process. A maximum of \$85,000 can be awarded to any Provider or ISK direct operated program for the following purposes:

1. Independent Living Arrangements
2. Competitive Employment Assistance
3. Community Living / Health Care Needs
4. Educational Support
5. Community Events (not to exceed \$1000)

The Yearly Grant Allocation process will begin at approximately two months before the start of the fiscal year. The Fund applications due date is to allow for fund dollars to be available at beginning of the fiscal year for agencies/departments that receive an award.

Of the total dollars available to grant 10% will be made available for expenditure during the ISK fiscal year through a contingent/discretionary determination by the Endowment Fund Committee. Applications will be accepted throughout the fiscal year. Contingent The Endowment Committee will evaluate each request for Contingent Grant within 10 calendar days of receipt of the application.

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Award Limits: Grant awards cannot exceed \$800.00 per individual per fiscal year. Grant allocations for Community Events promoting integration are limited to \$1,000 per event.

- C. The Endowment Fund Committee will consist of seven members and will include at least one Board member (appointed by the Board chair), one individual served by ISK, the Customer Services Manager and service provider. Any member of the committee will abstain from any voting in which the program/department or organization they specifically represent within ISK has a funding application. Any necessary voting by the committee will be determined by a simple majority to consider an application approved or declined. The Customer Services Manager will notify the ISK CEO of appointments to the committee and the CEO will notify the Board of Directors.
- D. In selecting grant recipients from among the deserving applications, the Endowment Fund Committee will use the Board recommended characteristics for a successful grant proposal:
1. Shows evidence of potential impact of the grant on the life of the person served by ISK
 2. Shows evidence of how the grant would enable an individual to become more independent
 3. Shows evidence of how the grant would improve the quality of life
 4. Shows evidence of how the grant would improve community integrated living
- E. The ISK Board of Directors is committed to the wise allocation of its charitable resources. Accordingly, all grantees will be asked to complete a brief summary report of grant activities and outcome. This report will be completed in a format prescribed by ISK and due dates will be told to awardees with the letter explaining their award. Reporting is required for both Annual Award allocations and Contingent Awards. Each Program/Department/Agency who receives dollars from the ISK Endowment Fund will be provided with the tools to report spending. Unexpended funds will be allowed to carry over for one fiscal year. Any remaining unexpended funds after this period will be returned to ISK.
- F. The ISK Board of Directors will also establish an Oversight Committee for the specific purpose of making emergency grants from the principal funds in the Community Mental Health Endowment Fund held by the Kalamazoo Community Foundation.

The Oversight Committee will determine whether emergency circumstances exist

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to make grants from principal funds where allowed by the endowment stipulations.

Oversight Committee Composition

The Oversight Committee will consist of the ISK Board Chair, Board Finance & Compliance Committee Chair, Chief Executive Officer, Administrator of ~~System Performance—and—Programs~~Operations and—& Administrator ~~for—CCBHC Operations and Adult Behavioral Health Services—of Clinical Services.~~

- G. This policy will be monitored through internal mechanisms on an annual basis.

EXHIBITS

- A. Endowment Fund Application (Emergency)
B. Endowment Fund Application (Full-Year)

CHIEF EXECUTIVE OFFICER

Jeff Patton
Chief Executive Officer

BOARD CHAIR

Karen Longanecker
Board Chair



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Jeffrey W. Patton

Chief Executive Officer

www.iskzoo.org
(269) 553-8000

Administrative Services:

610 South Burdick Street
Kalamazoo, MI 49007

August 12, 2025

Greetings ISK Staff and Service Providers:

I am pleased to announce that ISK is opening the Endowment Fund for applications for project funding for fiscal year 2025-2026. These dollars are available via application made by an ISK network provider agency/organization or direct-operated department to assist customers with costs they have that are not associated with payment for ISK services/supports or covered through insurance benefits or other community resources.

Full Fiscal-Year Awards:

If you are considering applying for any funding for the new 2025-2026 fiscal year, now is the time.

Important: The annual award per provider agency/ISK Department will return to \$5000. Over the past few years, we have had the ability to be generous with these dollars. As a result, our fund balance is diminishing. We need to make this change to ensure that we can continue to make funds available to as many individuals as possible. Thank you for understanding.

Please remember the focus of the Fund dollars is to assist customers with needs in categories such as: *Independent Residence, Competitive Employment, Healthcare Needs, and Educational/Vocational Support*. Agencies/Departments may spend their \$5000 in ways that will provide support to customers within these same titles/categories, and we are asking for indication of anticipated categories on the application.

Reminder: if your agency/department is planning to use any funding to support "Community Events", that spending continues to be capped at \$1000 of the \$5000 possible full year award.

Full 2025-2026 Year Applications are due by 5:00 pm on Friday August 29, 2025

Email address to send applications: communityrelations@iskzoo.org

****Past Year Award Reporting****

Please note, if your agency/department has had previous Endowment Fund awards:

- A. Any full year awards distributed within FY 24-25 that have an unspent balance - those dollars can be rolled over and used into FY 25-26. These awards are titled as 25_xx.
- B. Any unspent dollars from any award granted in FY 23-24 needs to be returned to ISK and will become part of the fund pool once again. These awards are titled as 24_xx.

Requests for dollars in the new fiscal year may not be released to you until ISK has received your reporting for the previous awards – including any outstanding reports of contingent award spending for fy 24-25. We need to account for previously awarded dollars before additional dollars can be distributed from the Fund. Agencies/departments that are overdue in reporting for past awards will receive separate communication about the information that is outstanding and when that information is "due" back to ISK.

As a reminder, the expenditure reports for full year awards from FY 24-25 are due on or before November 15, 2025.

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



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Chief Executive Officer

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Kalamazoo, MI 49007

Contingent Awards in FY 25-26:

Important: For this year, we are prioritizing applications that are supporting individuals who are at risk of losing their housing or who have significant healthcare needs that cannot be supported by other resources.

Reminder, before any Contingent awards will be made, we will be asking the applicant to confirm that their agency/ISK department has no other Endowment Funds dollars available to meet this same need. We cannot give out dollars if there are other Endowment Fund dollars already awarded/available to the same agency/department to meet this same need. Any Contingent Application received without indication of other resources approached, will be returned to sender before processing.

And please remember, it is difficult to process the application and make funds available in any shorter time than 10 business days from date the application is received.

All Awards:

All Full-Year and Contingent applications continue to have a place to identify the "Authorized Signature" to be included. Applications received without authorized signature, will be returned to sender before review and processing.

For any fund dollars that are awarded, instructions for reporting the use of the dollars will be sent with the award notification.

The total available to any individual served by ISK remains at \$800 per fiscal year from any award. We are keeping this as the maximum limit as we know costs have increased and to return to \$500 may not be enough for some individuals to meet their needs.

While the dollars can be used to assist with many needs, a couple of caveats remain unchanged: dollars are not to be given directly to the individual(s) served and dollars cannot be used toward expenses or payments that could potentially be returned to the customer. So that includes costs such as housing deposits. Dollars can be used for first month rent and other expenses related to securing housing but not for deposits.

For ISK Staff: Please continue to process applications through the identified Office Managers ONLY. Thank you to all who were part of the change in recent years – it has helped to reduce some confusion and duplicate processing of applications.

As we started in fy 23-24, for purpose of Endowment Fund Applications, ISK Departments are identified as: **MIA-A and MIA-B and MIA-C, IDDA, YOUTH, HOUSING.** Please make sure that all applications are funneled through the appropriate Office Manager. If your role/department at ISK is outside of one of these we have named here, please contact me before sending in your application.

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



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Chief Executive Officer

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Kalamazoo, MI 49007

If you have any questions about the Fund, please contact me.

A copy of the full fiscal year application was sent along with this memo. Additionally, a copy of the ISK policy regarding the Endowment was included for reference. You can find this information later within ISK Board Policy VI.03 Endowment Fund if you need it in the future. The Contingent Fund Application will also be available within the ISK policy manual on the portal. *If/when you need a copy of the contingent application, I can also help you to secure one. The previous versions of both applications are now obsolete and should not be used.*

Thank you all for your participation in past application cycles. The Endowment Fund has been a positive support for many of our customers to meet needs related to independent living, healthcare, employment, education, and to celebrate successes they have had.

Endowment Fund spending snapshot:

Fiscal Year	Number of Full year awards	Dollars in Full year Awards	Number of Contingent Awards	Dollars in Contingent Awards	Total Dollars Awarded for the year
22-23	6	\$38,000	15	\$10,390	\$48,390
23-24	12	\$72,240	17	\$14,540	\$86,780
24-25	13	\$90,000	11 ytd	\$4,619	\$94,618 ytd

Thank you.

Teresa Lewis, LBSW

ISK Customer Services Manager

610 S Burdick Street | Kalamazoo, MI 49007-5221

Office line: 269-364-6990

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

2025-2026 ISK Endowment Fund

Annual Award Application Summary

FINAL

Number	Agency/Department	Request \$\$	Approved
26_01	ISK MIA_B: WHI/ZS/CM -CTT and MBHIT/CHW/CC/OORP	5000.00	5000.00
26_02	ISK MIA_C: Sup Employ/PSY only/OPT/Navigate/ACT	5000.00	5000.00
26_03	Family & Children Services	5000.00	5000.00
26_04	ISK IDDA	5000.00	5000.00
26_05	Community Healing Center	5000.00	5000.00
26_06	Milestone Senior Services	5000.00	5000.00
26_07	ISK Youth and Families	5000.00	5000.00
26_08	ISK Justice Dept	5000.00	5000.00
26_09	MRC Community Employment	4000.00	3000.00
26_10	MRC Bridgeways	5000.00	5000.00
26_11	ISK Housing Resource Center	5000.00	5000.00
26_12	Community Living Options	5000.00	3000.00
	TOTAL	\$59,000.00	\$56,000.00



ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION
FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS

APPLICANT ORGANIZATION /ISK DEPARTMENT INFORMATION

Name of Organization / ISK Department: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Name of staff Applicant: _____

Email address: _____

Name of person **authorizing** this application: _____

Email address: _____

Financial Report(s) will be due within 60 calendar days of approval of this application and the due date will be indicated on the approval letter.

Name of the person who will be completing the Financial Report for this application: _____

Applicant? ☐ YES ☐ NO Authorizer? ☐ YES ☐ NO Other: _____

Email address: _____

PROPOSAL

- 1) Emergency Spending Application
EMERGENCY SPENDING IS LIMITED TO A MAXIMUM OF \$500 PER ANY INDIVIDUAL CUSTOMER OF ISK SERVICES PER AN FISCAL YEAR.

Areas the funds will be utilized to assist the customer(s):

- ☐ Setting up or maintaining **Independent Residence**
☐ Needs related to **Competitive Employment Assistance**
☐ Crucial **Healthcare Needs** to enhance **Community Living**
☐ **Educational Support**

- 2) Awarded funds are anticipated to support:
☐ One Customer Case #: _____
☐ Two or more Customers Number of customers anticipated: _____
ISK Case #s will be required as part of the Fund Expenditure Report

- 3) Written summary of the emergency situation:

- 4) How much money is being requested from the Endowment fund? _____ (up to \$500 / individual)



**ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION**
*FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS*

- 5) Have you attempted to access other resources for funds?
(such as HRI, Deacon's Conference, Loaves & Fishes) ☐ Yes ☐ No
- Have you confirmed that no other available Endowment Funds are available to meet this request? ☐ Yes ☐ No
- Applicant Agency/ISK Department has **no (\$0)** Fund dollars available. ☐ Yes ☐ No
- Agency/ISK Department providing Primary services has **no (\$0)** dollars available. ☐ Yes ☐ No
- IS this request being partially funded by another current Endowment Fund Award? ☐ Yes ☐ No
- Fund Award number being utilized for partial funding? # _____
- Award dollars accessed for this request? \$ _____ ☐ N/A
- Please list all other resources you have contacted below: ☐ N/A
-
- 6) Why was money from other resources not available - - or not able to cover all costs?
-
- 7) Describe how Endowment funds will support customers of ISK: *(please comment on all that apply in this situation):*
- (A) Positively impact the life of the individual(s) served:
-
- (B) Enable individual(s) to become more independent:
-
- (C) Improve the quality of life for the individual(s):
-
- (D) Improve the individual(s) integration into the community:
-
- 8) Please add any other information you feel is pertinent to this Endowment Funds application:
-



**ENDOWMENT FUND
EMERGENCY SPENDING APPLICATION**
*FOR USE BY ORGANIZATIONS WITHIN THE ISK SERVICE NETWORK
TO ADDRESS OTHERWISE UNMET AND UNFUNDED NEEDS*

CERTIFICATION

I certify that I am authorized to sign on behalf of the ISK contract organization / ISK Department that is making this application and that this is an accurate statement of anticipated expenditures from the ISK Endowment Fund to address otherwise unmet and unfunded needs.

Authorized Signature: _____ Date: _____

Please submit application to: ISK Endowment Fund / Customer Services
610 S Burdick Street
Kalamazoo MI 49007-5221

OR

email to communityrelations@iskzoo.org

if you have questions, please call (269) 364-6990

Date received: _____ Initials: _____ Application #: _____



ENDOWMENT FUND FULL FISCAL YEAR APPLICATION

For the use by organizations within the ISK Service Network

For Fiscal Year: _____

APPLICANT ORGANIZATION / DEPARTMENT INFORMATION

Name of Organization/ISK Department Applicant: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Name of staff Applicant: _____

Email address: _____

Name of person **authorizing** this application: _____

Email address: _____

Financial Report(s) will be due at the end of this fiscal year.
Details will be included with the approval letter as appropriate.

Name of the person who will be completing the Financial Report for this application: _____

Applicant? ☐ YES ☐ NO Authorizer? ☐ YES ☐ NO Other: _____

Email address: _____

PROPOSAL

1) What is being requested?

EACH APPROVED APPLICATION FOR A YEARLY GRANT ALLOTMENT IS MAXIMIZED AT \$8000 PER YEAR, PER AGENCY OR ISK DEPARTMENT

Please check all of the categories for which you intend to spend dollars awarded through his application. Each application may be for any/all of the listed categories. Additionally, while the dollars may be used for a variety of supports for individuals served by ISK, Endowment Funds are to be requested and used for situations in which no other funding is currently available. And, not to cover ISK service costs or replace any insurance coverage or community resource. *Please note any individual customer may receive up to \$800 in assistance from the funds of this application.*

☐ Setting up or maintaining ***Independent Residence***

☐ Needs related to ***Competitive Employment Assistance***

☐ Crucial ***Healthcare Needs*** to enhance ***Community Living***

☐ ***Educational Support***

☐ ***Community Event*** (\$1000 or the \$5000 awarded can be spent to supports the costs of an event

2) Number of customers anticipated to be served by this award: _____

ISK Case #(s) will be required as part of the Fund Expenditure Report



ENDOWMENT FUND FULL FISCAL YEAR APPLICATION

For the use by organizations within the ISK Service Network

- 3) Written summary of the request and how the Endowment Funds will be used to meet identified needs:

- 4) How much money is being requested from the Endowment fund? _____

- 5) Describe how Endowment funds dollars will support customers of ISK (*please comment on all that apply in this situation*):

- (A) Positively impact the life of the individual(s) served:

- (B) Enable individual(s) to become more independent:

- (C) Improve the quality of life for the individual(s):

- (D) Improve the individual(s) integration into the community:

- 6) Please add any other information you feel is pertinent to this Endowment Funds application:



ENDOWMENT FUND FULL FISCAL YEAR APPLICATION

For the use by organizations within the ISK Service Network

CERTIFICATION

I certify that I am authorized to sign on behalf of the ISK-contract organization / ISK Department that is making this application and that this is an accurate statement of anticipated expenditures from the ISK Endowment Fund to address otherwise unmet and unfunded needs.

Authorized Signature: _____ Date: _____

Please submit ISK Endowment Fund / Customer Services
application to: 610 Burdick Street
Kalamazoo MI 49007-5221
OR
email to communityrelations@iskzoo.org

Date received: _____ Initials: _____ Application #: _____

INTEGRATED
SERVICES OF
KALAMAZOO



Period Ended
October 31, 2025

Monthly Finance
Report

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

INTEGRATED SERVICES OF KALAMAZOO

Statement of Net Position

October 31, 2025

	October 2024 (unaudited)	October 2025
Assets		
Current assets		
Cash and investments	\$ 24,466,966	\$ 22,466,694
Accounts receivable	934,492	10,926,311
Due from other governments	11,523,520	9,752,019
Prepaid items	1,064,141	1,420,161
Total current assets	<u>37,989,119</u>	<u>44,565,184</u>
Non-current assets		
Capital assets, net of accumulated depreciation	13,444,114	14,939,353
Net pension asset, net of deferred outflows	7,214,053	8,442,339
Total non-current assets	<u>20,658,167</u>	<u>23,381,692</u>
Total assets	<u>\$ 58,647,286</u>	<u>\$ 67,946,876</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 12,092,902	\$ 9,776,799
Due to other governments	106,387	395,313
Due to providers	-	62,857
Accrued payroll and payroll taxes	2,016,165	2,261,734
Unearned revenue	38,305	146,691
Total current liabilities	<u>14,253,759</u>	<u>12,643,394</u>
Net position		
Designated	8,671,891	8,654,636
Undesignated	22,091,641	33,076,627
Investment in fixed assets	13,444,114	13,277,168
Previous year close	-	-
Net gain (loss) for period	185,881	295,051
Net position	<u>\$ 44,393,527</u>	<u>\$ 55,303,482</u>

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through October 31, 2025

Percent of Year is 8.33%

	Original 2026 Budget	YTD Totals 10/31/25	Remaining Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 86,641,701	7,235,209	\$ 79,406,492	8.35%
Healthy Michigan Capitation	9,119,193	692,295	8,426,898	7.59%
State General Fund:				
Formula Fundings	3,900,516	325,043	3,575,473	8.33%
CCBHC Demonstration	34,258,759	3,228,635	31,030,124	9.42%
CCBHC Quality Bonus	1,326,190	-	1,326,190	0.00%
County Allocation	1,550,400	129,200	1,421,200	8.33%
Client Fees	1,069,711	22,885	1,046,826	2.14%
Other grant revenue	6,780,003	514,100	6,265,903	7.58%
Other earned contracts	1,958,805	186,466	1,772,339	9.52%
Interest	157,232	13,034	144,198	8.29%
Local revenue	508,606	7	508,599	0.00%
Total operating revenue	<u>\$ 147,271,116</u>	<u>\$ 12,346,874</u>	<u>\$ 134,924,242</u>	<u>8.38%</u>
Operating expenses				
Salaries and wages	\$ 32,403,237	2,501,922	29,901,315	7.72%
Employee benefits	12,643,544	830,926	11,812,618	6.57%
Staff development	300,933	2,950	297,983	0.98%
Payments to providers	93,008,476	7,689,108	85,319,368	8.27%
Administrative contracts	8,262,621	802,157	7,460,463	9.71%
IT software and equipment	928,129	72,210	855,919	7.78%
Client transportation	52,900	2,162	50,738	4.09%
Staff travel	386,676	3,217	383,459	0.83%
Office expenses	685,668	35,664	650,004	5.20%
Insurance expense	168,769	1,772	166,997	1.05%
Depreciation expense	585,704	46,303	539,400	7.91%
Utilities	363,874	31,800	332,074	8.74%
Facilities	36,265	6,204	30,061	17.11%
Local match	305,108	25,426	279,682	8.33%
Total operating expenses	<u>\$ 150,131,903</u>	<u>\$ 12,051,823</u>	<u>\$ 138,080,080</u>	<u>8.03%</u>
Change in net position	(2,860,787)	295,051	\$ (3,155,838)	
Beginning net position	<u>55,008,431</u>	<u>55,008,431</u>		
Ending net position	<u>\$ 52,147,644</u>	<u>\$ 55,303,482</u>		

INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through October 31, 2025

Percent of Year is 8.33%

	Specialty Services		Healthy Michigan		SUD Block Grant		Totals		
	Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	Variance
Operating revenue									
Medicaid:									
Traditional Capitation	\$ 7,220,142	\$ 7,411,079	\$ -	\$ -	\$ -	\$ -	\$ 7,220,142	\$ 7,411,079	\$ 190,937
Healthy Michigan Capitation	-	-	759,933	639,752	-	-	759,933	639,752	(120,180)
Settlement Estimate	368,952	(175,870)	(255,748)	52,543	-	-	113,204	(123,327)	(236,531)
Client Fees	606	-	7	-	-	-	613	-	(613)
Total operating revenue	\$ 7,589,700	\$ 7,235,209	\$ 504,191	\$ 692,295	\$ -	\$ -	\$ 8,093,891	\$ 7,927,504	\$ (166,387)
Operating expenses									
Internal services	\$ 188,799	\$ 221,786	\$ 1,163	\$ -	\$ -	\$ -	\$ 189,962	\$ 221,786	\$ 31,824
External services	6,353,761	6,141,127	433,466	608,830	-	-	6,787,227	6,749,957	(37,269)
Delegated managed care	1,047,141	872,296	69,563	83,465	-	-	1,116,703	955,761	(160,943)
Total operating expenses	\$ 7,589,700	\$ 7,235,208	\$ 504,191	\$ 692,295	\$ -	\$ -	\$ 8,093,891	\$ 7,927,503	\$ (166,388)
Change in net position	-	0	-	0	-	-	-	-	-

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INTEGRATED SERVICES OF KALAMAZOO

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through October 31, 2025

Percent of Year is 8.33%

	State General Fund		CCBHC		Other Funding Sources		Totals		
	YTD Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	YTD Budget	YTD Totals 10/31/25	Variance
Operating revenue									
General Fund	\$ 325,043	\$ 325,043	\$ -	\$ -	\$ -	\$ -	\$ 325,043	\$ 325,043	\$ -
CCBHC Demonstration	-	-	3,109,209	3,284,495	-	-	3,109,209	3,284,495	175,286
Other Federal and State Grants	-	-	-	-	464,304	514,100	464,304	514,100	49,796
Earned Revenue	-	-	-	-	88,707	43,033	88,707	43,033	(45,675)
Interest	-	-	-	-	13,103	13,034	13,103	13,034	(68)
County Allocation	-	-	-	-	129,200	129,200	129,200	129,200	-
Local Revenue	594	-	-	-	42,384	22,892	42,977	22,892	(20,086)
Transfer from GF	-	-	6,158	11,065	-	-	6,158	11,065	4,907
Total operating revenue	\$ 325,637	\$ 325,043	\$ 3,115,367	\$ 3,295,560	\$ 737,698	\$ 722,259	\$ 4,178,702	\$ 4,342,862	\$ 164,160
Operating expenses									
Internal Programs	\$ 73,877	\$ 66,253	\$ 3,194,177	\$ 2,994,687	232	\$ 3,458	\$ 3,268,286	\$ 3,064,398	\$ (203,888)
External Programs	202,500	215,909	-	-	54,708	48,113	257,209	264,021	6,813
Other Federal and State Grants	-	-	-	-	559,845	475,900	559,845	475,900	(83,945)
HUD Grants	-	-	-	-	151,822	143,458	151,822	143,458	(8,365)
Managed Care Administration	43,101	31,817	-	-	-	-	43,101	31,817	(11,284)
Homeless Shelter	-	-	-	-	32,126	24,272	32,126	24,272	(7,855)
Transfer from GF	6,158	11,065	-	-	-	-	6,158	11,065	4,907
Local match expense	-	-	-	-	25,426	25,426	25,426	25,426	0
Non-DCH Activity Expenditures	-	-	-	-	4,759	7,454	4,759	7,454	2,695
Total operating expenses	\$ 325,637	\$ 325,043	\$ 3,194,177	\$ 2,994,687	\$ 828,919	\$ 728,080	\$ 4,348,732	\$ 4,047,810	(300,922)
Change in net position	0	(0)	(78,810)	300,873	(91,220)	(5,821)	\$ (170,031)	295,051	465,082

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INTEGRATED SERVICES OF KALAMAZOO

CCBHC

October 1, 2025 through October 31, 2025
Percent of Year is 8.33%

	CCBHC Medicaid	CCBHC Healthy MI	CCBHC Non-Medicaid	CCBHC YTD Totals
Operating revenue				
CCBHC revenue	\$ 2,435,251	\$ 793,384	\$ -	\$ 3,228,635
CCBHC SAMSHA Grant	-	-	55,860	55,860
Total CCBHC Revenue (PPS-1 of \$318.50 x encounters)	\$ 2,435,251	\$ 793,384	\$ 55,860	\$ 3,284,495
Operating expenses				
Internal services	\$ 1,501,851	\$ 511,796	\$ 314,919	\$ 2,328,566
DCO Contracts	429,627	146,407	90,087	666,121
Total operating expenses	\$ 1,931,478	\$ 658,202	\$ 405,007	\$ 2,994,687
Operating change in net position	503,773	135,181	(349,147)	289,808
Reclassification to cover Non-Medicaid	-	-	11,065	11,065
Total change in net position	\$ 503,773	\$ 135,181	\$ (338,082)	\$ 300,873

CCBHC Cost per daily visit

	2023	FY 2024	FY 2025	10/1/25
Total CCBHC Cost	\$ 27,687,187	\$ 31,777,786	\$ 35,393,270	\$ 2,994,687
Daily Visits	99,802	110,326	125,458	11,792
Cost per daily visit	277.42	288.04	282.11	253.96

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

UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Clients Served Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Clients Served	Dollars	Clients Served				
OCTOBER	187	\$944,462	194	\$1,098,509	187	\$1,046,127	7	\$52,382	\$52,382
NOVEMBER	175	\$899,151	194	\$1,098,509		-			
DECEMBER	170	\$801,707	194	\$1,098,509		-			
JANUARY	190	\$943,870	194	\$1,098,509		-			
FEBRUARY	197	\$898,764	194	\$1,098,509		-			
MARCH	193	\$1,054,656	194	\$1,098,509		-			
APRIL	189	\$1,160,440	194	\$1,098,509		-			
MAY	188	\$1,027,319	194	\$1,098,509		-			
JUNE	192	\$1,048,980	194	\$1,098,509		-			
JULY	184	\$1,018,918	194	\$1,098,509		-			
AUGUST	187	\$934,104	194	\$1,098,509		-			
SEPTEMBER	187	\$1,120,200	194	\$1,098,509		-			
TOTALS	2,239	\$11,852,571	2,328	\$13,182,110	187	\$1,046,127	7	\$52,382	
MONTHLY AVERAGES	187		194		187				
GROSS ANNUAL COST		\$11,852,571		\$13,182,110		\$1,046,127		\$52,382	

Favorable/(Unfavorable):

Total 52,382

YOUTH COMMUNITY INPATIENT SERVICES

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

UTILIZATION COMPARISONS FY 25/26									
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)
		Dollars	Days	Dollars	Days				
OCTOBER	111	\$96,759	86	\$84,863	101	\$101,060	(15)	(\$16,197)	(\$16,197)
NOVEMBER	117	\$114,545	86	\$84,863					
DECEMBER	52	\$51,318	86	\$84,863					
JANUARY	97	\$95,247	86	\$84,863					
FEBRUARY	100	\$97,792	86	\$84,863					
MARCH	77	\$75,342	86	\$84,863					
APRIL	80	\$78,400	86	\$84,863					
MAY	82	\$80,360	86	\$84,863					
JUNE	42	\$41,160	86	\$84,863					
JULY	47	\$46,178	86	\$84,863					
AUGUST	35	\$34,329	86	\$84,863					
SEPTEMBER	50	\$48,608	86	\$84,863					
TOTALS	890	\$860,038	1,032	\$1,018,350	101	\$101,060	(15)	(\$16,197)	(\$16,197)
MONTHLY AVERAGES	74		86		101				
GROSS ANNUAL COST		\$860,038		\$1,018,350		\$101,060		(\$16,197)	

Favorable/(Unfavorable):

Total (16,197)

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

UTILIZATION COMPARISONS FY 25/26										
	FY 24/25 Actual		FY 25/26 Budget		FY 25/26 Actual		Days Difference Favorable (Unfavorable)	Cost Difference Favorable (Unfavorable)	Cost YTD Favorable (Unfavorable)	
		Dollars	Days	Dollars	Days					
OCTOBER	637	\$551,635	620	\$702,343	567	\$633,844	53	\$68,499	\$68,499	
NOVEMBER	640	\$702,827	620	\$702,343						
DECEMBER	708	\$777,481	620	\$702,343						
JANUARY	577	\$635,283	620	\$702,343						
FEBRUARY	405	\$447,214	620	\$702,343						
MARCH	640	\$706,244	620	\$702,343						
APRIL	525	\$577,375	620	\$702,343						
MAY	503	\$552,904	620	\$702,343						
JUNE	618	\$680,211	620	\$702,343						
JULY	810	\$890,502	620	\$702,343						
AUGUST	662	\$725,577	620	\$702,343						
SEPTEMBER	675	\$739,152	620	\$702,343						
TOTALS	7,400	\$7,986,405	7,440	\$8,428,119	567	\$633,844	53	\$68,499	\$68,499	
MONTHLY AVERAGES	617		620		567					
GROSS ANNUAL COST		\$7,986,405		\$8,428,119		\$633,844		\$68,499		

Favorable/(Unfavorable): Total **68,499**

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

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

SERVICE	Month	AVG. Daily Rate	No. Served	Days of Service	YTD		FY 25/26 Actual	Favorable / (Unfavorable)
					FY 25/26 Budget			
					Dollars	Dollars		
PC/CLS	Oct	\$301	378	11,718	\$3,414,142	3,521,885	(\$107,743)	
CRISIS RES.		\$605	8	149	\$83,008	\$90,181	(\$7,173)	
CLS (SIP)	Oct	NA	293		\$1,187,083	1,164,353	\$22,730	
Annual Cost							(\$92,186)	

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.



IX.c.

Community • Independence • Empowerment

Integrated Services of Kalamazoo

MOTION

Subject:	October 2025 Disbursements	Approval Date:
Meeting Date:	November 24, 2025	<u>November 24, 2025</u>
Prepared by:	Charlotte Bowser	

Recommended Motion:

“Based on the Board Finance meeting review, I move that ISK approve the October 2025 vendor disbursements of \$13,595,112.63.”

Summary of Request:

As per the October 2025 Vendor Check Register Report dated 11/10/2025 that includes checks issued from 10/01/2025 to 10/31/2025.

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

Staff: C. Bowser, Director of Finance

Date of Board

Consideration: November 24, 2025