COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

BOARD MEETING

Patrick Barrie Room

3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI

Wednesday, October 8, 2025, 6:00 PM

To join by telephone:
1-616-272-5542
Phone conference ID: 273 112 957#

To join by computer:
Click here to join the meeting
Meeting ID: 219 178 536 222 1, Passcode: ax22xA3q

Agenda

		Guide
I.	Call to Order	1 min
II.	Roll Call	2 min
III.	Consideration to Adopt the Agenda as Presented	2 min
IV.	Consideration to Approve the Minutes of the 9-17-2025 Meeting and Waive the Reading Thereof {Att. #1, Page 2}	2 min
V.	Audience Participation (3 minutes per participant)	
VI.	Old Business a. Information: CMHPSM Finance Reports {Att. #2, Page 5}	30 min
VII.	New Business a. Action (Roll Call): FY2026 Budget Revision {Att. #3, Page 11} b. Information: Conflict of Interest Disclosure Form {Att. #4, Page 14}	45 min
VIII.	Reports to the CMHPSM Board a. Information: SUD Oversight Policy Board {No meeting} b. Information: CEO Report to the Board {Att. #5, Page 17} c. Discussion: Procurement Update d. Discussion: Lawsuit Updates	15 min
IX.	Adjournment	
X.	Supplemental Materials (if applicable) a. FY2025 QAPIP Status Update by CMH {Appendix #A, Page 22} b. FY2026 Contract List as Revised in September Meeting {Appendix #B, Page 43}	

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 17, 2025

Members Present for In-Person Quorum:	Judy Ackley, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Rebecca Pasko, Mary Serio, Holly Terrill, Andy Yurkanin
Members Not Present For In-Person Quorum:	Bob King, Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson
Staff Present:	Stephannie Weary, James Colaianne, Matt Berg, Michelle Sucharski, Trish Cortes, Connie Conklin, Kathryn Szewczuk, Lisa Graham, Callie Finzel, Joelen Kersten

Guests Present:

I. Call to Order
Meeting called to order at 6:01 p.m. by Board Vice-Chair J. Ackley.

II. Roll Call
- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by A. Yurkanin, to approve the agenda
Motion carried unanimously

IV. Consideration to Approve the Minutes of the August 13, 2025 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Welch Marahar, to approve the minutes of the August 13, 2025 meeting and waive the reading thereof
Motion carried unanimously

V. Audience Participation
None

VI. Old Business
a. Board Information: CMHPSM Finance Reports
- Presented by M. Berg. Discussion followed.

VII. New Business
a. Action: FY2026 Annual Budget
Motion by L. Frederick, supported by M. Welch Marahar, to approve the Fiscal Year 2026 CMHPSM Budget as presented, with the adjustment of a 5% COLA for Tiers A, B, C on the salary schedule
Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, M. Pizzimenti, A. Rooks, A. Somerville, R. Tillotson

b. Action: FY2026 Contract Authorization
Motion by L. Frederick, supported by M. Welch Marahar, to authorize the CMHPSM CEO to execute the FY2026 contracts as identified and as included within the FY2026 CMHPSM budget, with the following modification: the contract for the St. Joseph Center of Hope – Engagement Center will be with Monroe CMHSP instead of Catholic Charities of Southeast Michigan as originally listed within the document.
Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, M. Pizzimenti, A. Rooks, A. Somerville, R. Tillotson

c. Action: FY2023 & FY2024 Performance Based Incentive Payment (PBIP) Disbursement to Partner CMHSPs
Motion by M. Welch Marahar, supported by A. Yurkanin, to authorize the FY2023 and FY2024 PBIP distributions as presented for payment from the CMHPSM to the regional CMHSPs
Motion carried unanimously

d. Action: FY2026 Regional Board Meeting Schedule
Motion by M. Welch Marahar, supported by M. Serio, to approve the CMHPSM Board of Directors the FY2026 Regional Board meeting schedule on the dates as presented
Motion carried unanimously

e. Action: FY2026 Employee Handbook
Motion by M. Welch Marahar, supported by H. Terrill, to approve the FY2026 CMHPSM Employee Handbook as presented
Motion carried unanimously

f. Action: Board Office Election Chair or Committee Appointment
Motion by M. Welch Marahar, supported by R. Curley, to elect the following slate of officers for FY2026:
- **Chair: J. Ackley**
- **Vice-Chair: R. Pasko**
- **Secretary: M. Serio**

Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, M. Pizzimenti, A. Rooks, A. Somerville, R. Tillotson

g. Action: FY2025 Quality Assessment and Performance Improvement Plan Status Update
Motion by A. Yurkanin, supported by H. Terrill, to accept the FY2025 QAPIP status report as presented
Motion carried unanimously

VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board
- Joelen Kersen is the new Substance Use Services (SUS) Clinical Director.
- A few staff members have moved from the SUS team to other departments for better alignment of duties and supervision.
- The City of Ann Arbor awarded $300,000 to CMHPSM for SUD services in Washtenaw County. Staff will work with OPB to determine the best use of the funds.

b. Information: CEO Report to the Board

- A current major focus for the PIHP is the MDHHS PIHP procurement effort.
- Lenawee held a town hall meeting yesterday to discuss the procurement effort. J. Colaianne presented on upcoming federal Medicaid changes.
- Last month a group of PIHPs from the proposed central region were planning to work together to submit a PIHP procurement bid. They have since determined that a bid from this group of PIHPs would not be possible.
- J. Colaianne will bring back a proposal for a bid submission to the Regional Board in October.
- The hearing for an injunction on the PIHP procurement process is tentatively scheduled for October 9, 2025.
- The lawsuit regarding the FY2025 PIHP contract is still pending.

IX. Adjournment

Motion by M. Welch Marahar, supported by M. Serio, to adjourn the meeting
Motion carried unanimously

- The meeting was adjourned at 7:28 p.m.

X. Supplemental Materials (if applicable)

None

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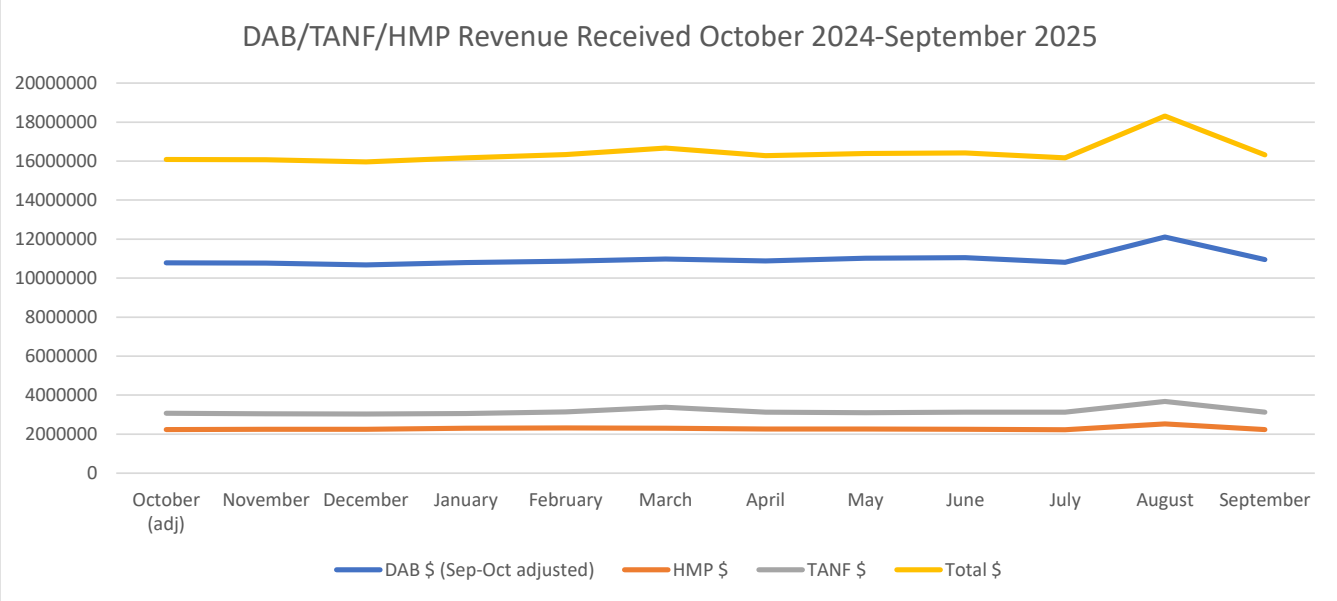
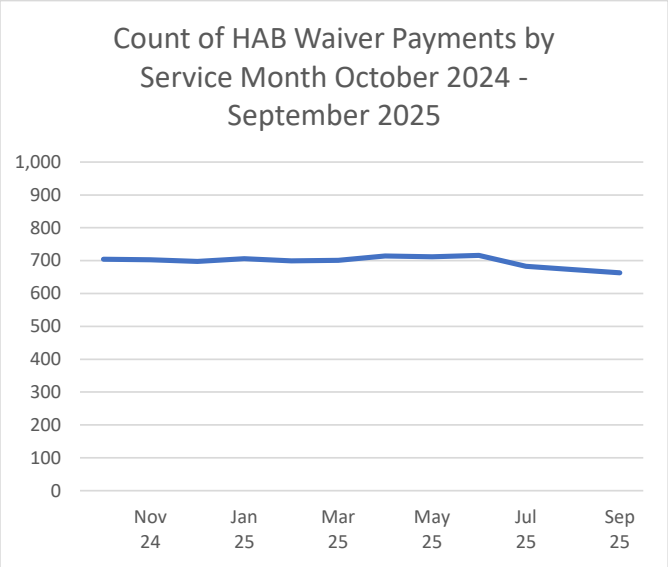
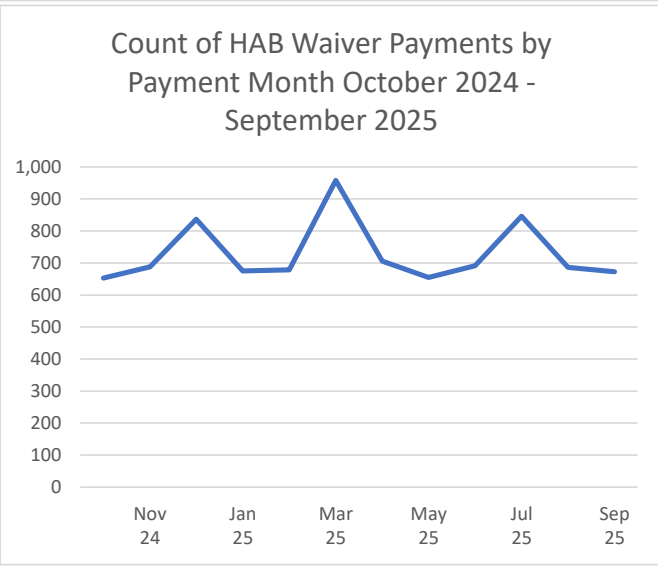
Rebecca Pasko, CMHPSM Board Secretary

Community Mental Health Partnership of Southeast Michigan
Financial Summary for August 31, 2025

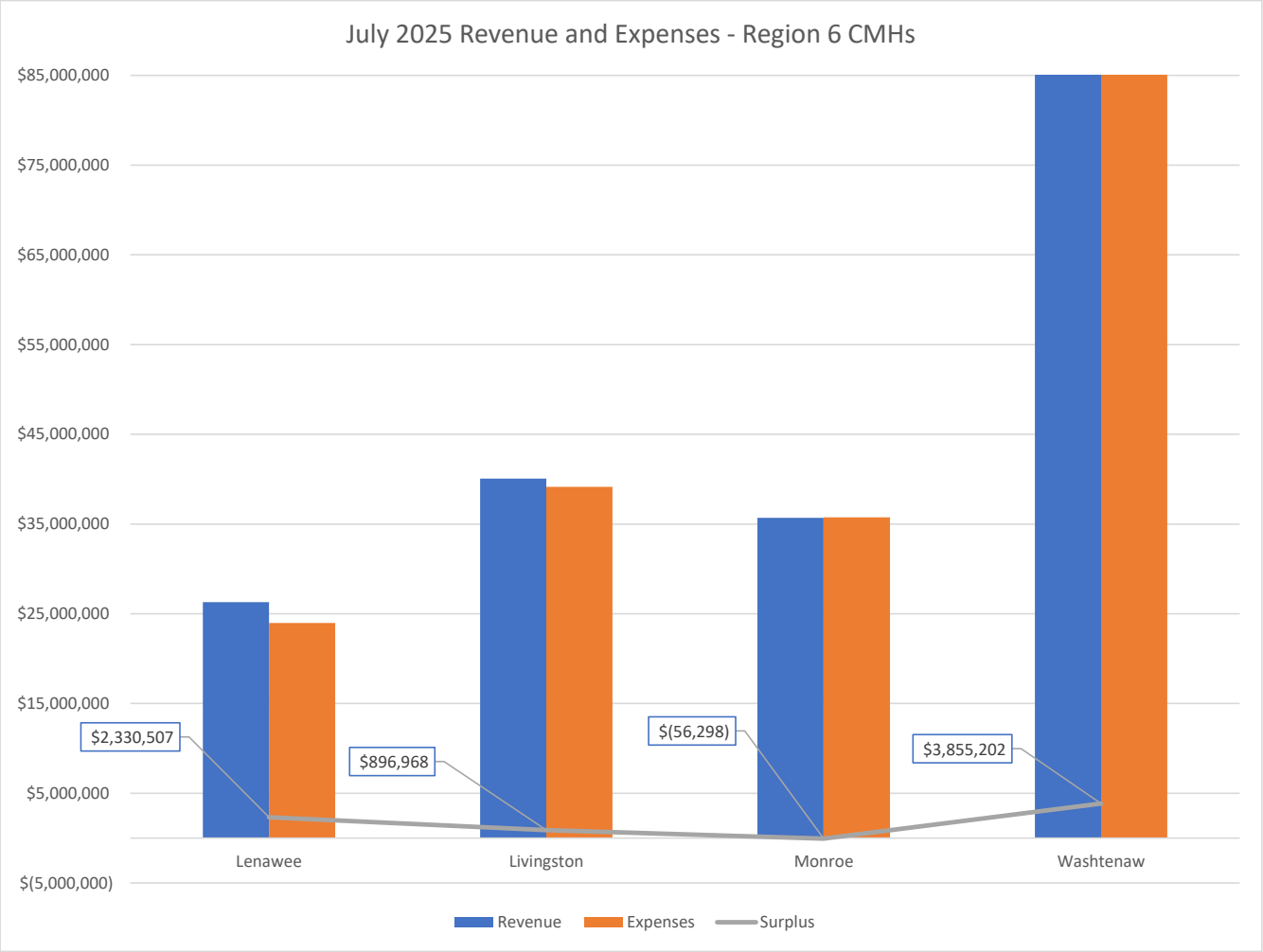






August 2025	FY 2025 Budget	YTD Budget	July 2025 Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	287,130,663	261,453,108	291,448,576	29,995,468	11.5%	314,402,071	27,271,408
MH Medicaid Expenses	276,792,341	251,127,338	278,526,206	(27,398,868)	-10.9%	301,393,600	24,601,259
MH Medicaid Net	10,338,322	10,325,770	12,922,370	2,596,600	25.1%	13,008,471	2,670,149
SUD/Grants Revenue	29,680,656	27,191,144	24,025,191	(3,165,952)	-11.6%	26,487,546	(3,193,110)
SUD/Grants Expenses	26,192,153	22,424,319	21,978,642	(445,677)	-2.0%	23,357,098	(2,835,055)
SUD/Grants Net	3,488,503	4,766,824	2,046,549	(2,720,275)	-57.1%	3,130,448	(358,055)
PIHP							
PIHP Revenue	2,059,480	2,004,071	2,019,828	15,757	0.8%	2,072,180	12,700
PIHP Expenses	3,181,456	2,872,892	2,667,926	(204,966)	7.1%	2,826,808	(354,647)
PIHP Total	(1,121,976)	(868,821)	(648,097)	220,723	-25.4%	(754,628)	367,347
Total Revenue	**318,870,799**	**290,648,322**	**317,493,595**	**26,845,273**	**9.2%**	**342,961,797**	24,090,998
Total Expenses	**306,165,949**	**276,424,549**	**303,172,773**	**(26,748,225)**	**-9.7%**	**327,577,507**	21,411,558
Total Net	**12,704,850**	**14,223,774**	**14,320,822**	**97,048**	**0.7%**	**15,384,290**	**2,679,440**

Regional CMH Revenue and Expenses
Regional Charts



July 2025	Lenawee	Livingston	Monroe	Washtenaw	Region 6
Medicaid Revenue	24,023,496	37,427,425	33,329,597	82,645,484	**177,426,002**
Healthy Michigan Revenue	2,273,460	2,630,683	2,364,228	6,500,941	**13,769,312**
Revenue Subtotal	26,296,956	40,058,108	35,693,825	89,146,425	**191,195,314**
Medicaid Expenses	(21,544,819)	(35,204,045)	(32,024,642)	(77,863,303)	**(166,636,809)**
Healthy Michigan Expenses	(2,421,630)	(3,957,095)	(3,725,481)	(7,427,920)	**(17,532,126)**
Expense Subtotal	(23,966,449)	(39,161,140)	(35,750,123)	(85,291,223)	**(184,168,935)**
TotalMedicaid/HMP Surplus(Deficit)	2,330,507	896,968	(56,298)	3,855,202	**7,026,379**
Surplus Percent of Revenue	8.9%	2.2%	-0.2%	4.3%	**3.7%**
CCBHC					
CCBHC Revenue			13,667,971	23,369,495	**37,037,466**
CCBHC Expenses			(11,919,124)	(21,165,650)	**(33,084,774)**
CCBHC Surplus/(Deficit)			1,748,847	2,203,845	**3,952,692**
ROSC 3rd Quarter 2025					
ROSC Revenue (Quarterly)	1,428,765	1,264,027			**2,692,792**
ROSC Expenses (Quarterly)	1,087,669	1,295,632			**2,383,301**
	341,096	(31,605)			**309,491**

SUMMARY PAGE

1. The following chart compares the liquid assets of CMHPSM at the start of FY 2025 to the end of the reporting period, August 31, 2025. Cash was down slightly due to the distribution of the Provider Stabilization Funds.

Asset Type	Description	September 2024	July 2025
Cash	Operations	3,857,082	6,032,080
	Total Cash	3,857,082	6,032,080
Investments	Money Market	2,804,901	10,046,923
	US Treasuries	10,622,728	11,033,871
	Total Investments	13,427,630	21,080,794
Total Liquid Assets		17,284,711	27,112,875

2. Page two of the summary report shows the status of the CMHSPs as of July 31, 2025. Monroe is temporarily showing a loss due to showing the expenses of the provider stabilization payments before booking the revenue. Monroe should return to a surplus status in August.

FISCAL YEAR 2025 UPDATE

Medicaid

The Carry Forward from FY 2024 is shown on the August report. This resulted in overall, Medicaid payments at 11.5% above budget. Waivers, Autism, HRA, CCBHC and Carry Forward are all higher than budget and Medicaid and HMP lower. Waivers and CCBHC are pass-through payments to the CMHs. This results in overall payments to the CMHs being (10.9%) above budget.

SUBSTANCE USE

Healthy Michigan SUD revenue is (11.6%) below budget. Healthy Michigan and Medicaid Substance Use Service Revenue is lower than budget and Grant revenue is below budget. Substance Use expenses are (2.0%) below budget.

PIHP Administration

PIHP revenue is 0.8% over budget due to increased estimated incentive revenue. PIHP expenses are (7.1%) below budget due to previously unfilled positions and lower Contracts and Other Expenses.

June 2025 OPB REPORT

The OPB report provides a more detailed view of how Healthy Michigan, Medicaid, PA2 and Grants fund the Substance Use services in Region 6. With the end of ARPA expenses in FY 2025, FY 2025 Substance Use service expenses are trending lower than FY 2024 expenses.

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
August 31, 2025

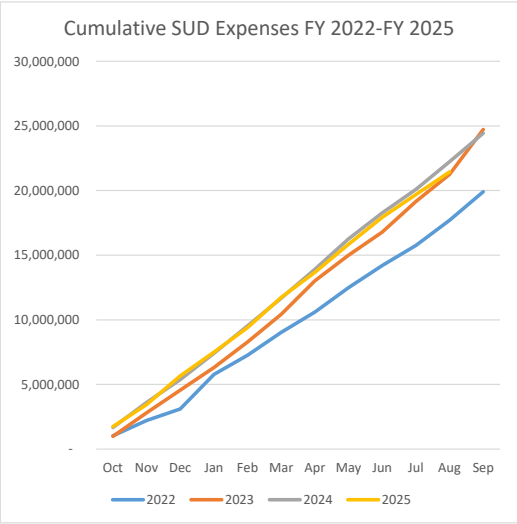
	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
MH/IDD/WAIVER SERVICES							
MEDICAID REVENUE							
Medicaid/Medicaid CCBHC	143,925,411	131,931,627	127,988,401	(3,943,226)	-3.0%	138,715,525	(5,209,886)
Medicaid Waivers	63,249,094	57,978,336	65,019,817	7,041,481	12.1%	70,744,180	7,495,086
Medicaid Autism	20,340,177	18,645,162	26,416,223	7,771,060	41.7%	28,068,507	7,728,330
HMP/HMP CCBHC	18,250,726	16,729,832	16,206,542	(523,291)	-3.1%	17,407,181	(843,545)
Prior Year Carry Forward	5,000,000	5,000,000	11,941,540	6,941,540		11,941,540	6,941,540
CCBHC	22,000,000	20,166,667	30,066,969	9,900,302	49.1%	29,573,501	7,573,501
Behavioral Health Home	1,365,255	1,251,484	1,175,891	(75,593)	-6.0%	1,298,757	(66,498)
HRA Revenue	13,000,000	9,750,000	12,633,194	2,883,194	0.0%	16,652,880	3,652,880
Medicaid Revenue	**287,130,663**	**261,453,108**	**291,448,576**	**29,995,468**	**11.5%**	**314,402,071**	**27,271,408**
						-	
MEDICAID EXPENDITURES						-	
IPATax	2,300,000	1,676,025	1,676,025	-	0.0%	3,352,050	1,052,050
HRA Payments	13,000,000	9,750,000	12,633,193	(2,883,193)	0.0%	16,652,882	(3,652,882)
Lenawee CMH							
Medicaid State Plan	19,736,600	18,091,883	18,724,574	(632,691)	-3.5%	19,736,600	0
Medicaid Waivers	7,276,931	6,670,520	7,377,832	(707,312)	-10.6%	8,017,291	740,360
Healthy Michigan Plan	2,728,152	2,500,806	2,533,310	(32,504)	-1.3%	2,728,152	-
Autism Medicaid	1,179,080	1,080,823	1,497,085	(416,262)	-38.5%	1,595,342	416,262
Behavioral Health Homes	57,558	52,762	124,688	(71,926)	-136.3%	79,372	21,814
DHIP		-	32,828	(32,828)		42,889	42,889
Lenawee CMH Total	**30,978,321**	**28,396,794**	**30,290,317**	**(1,893,523)**	**-6.7%**	**32,199,645**	**1,221,324**
Livingston CMH							
Medicaid State Plan	28,217,708	25,866,232	26,948,166	(1,081,934)	-4.2%	28,217,708	0
Medicaid Waivers	10,045,446	9,208,326	10,266,819	(1,058,493)	-11.5%	11,083,720	1,038,274
Healthy Michigan Plan	3,156,819	2,893,751	2,931,087	(37,336)	-1.3%	3,156,819	-
Autism Medicaid	5,707,432	5,231,813	6,054,322	(822,509)	-15.7%	6,529,941	822,509
Behavioral Health Homes	85,635	78,499	87,666	(9,167)	-11.7%	103,601	17,966
DHIP		-	57,714	(57,714)		76,776	76,776
Livingston CMH Total	**47,213,040**	**43,278,620**	**46,345,774**	**(3,067,154)**	**-7.1%**	**49,168,565**	**1,955,525**
Monroe CMH							
Medicaid State Plan	24,016,314	22,014,955	23,201,631	(1,186,676)	-5.4%	24,016,314	-
Medicaid Waivers	11,937,044	10,942,290	11,654,451	(712,160)	-6.5%	12,610,498	673,454
Healthy Michigan Plan	3,659,040	3,354,120	3,370,203	(16,083)	-0.5%	3,659,040	-
Autism Medicaid	2,221,455	2,036,334	2,426,874	(390,540)	-19.2%	2,611,995	390,540
CCBHC Supplemental	8,624,000	7,905,333	10,220,868	(2,315,534)	-29.3%	11,758,563	3,134,563
CCBHC Base Capitation	6,450,000	5,912,500	5,912,500	-	0.0%	6,450,000	-
Behavioral Health Homes	376,937	345,526	187,498	158,027	45.7%	233,190	(143,747)
DHIP		-	55,067	(55,067)		79,953	79,953
Monroe CMH Total	**57,284,790**	**52,511,058**	**57,029,091**	**(4,518,033)**	**-8.6%**	**61,419,552**	**4,134,762**
							-
Washtenaw CMH							-
Medicaid State Plan	54,524,586	49,980,871	52,844,956	(2,864,085)	-5.7%	54,524,586	-
Medicaid Waivers	32,991,767	30,242,453	34,699,905	(4,457,452)	-14.7%	37,238,454	4,246,687
Healthy Michigan Plan	7,874,111	7,217,935	7,242,769	(24,834)	-0.3%	7,874,111	0
Autism Medicaid	7,980,152	7,315,139	9,066,516	(1,751,377)	-23.9%	9,731,529	1,751,377
CCBHC Supplemental	12,936,000	11,858,000	17,746,120	(5,888,120)	-49.7%	19,403,303	6,467,303
CCBHC Base Capitation	9,137,500	8,376,042	8,376,042	0	0.0%	9,137,500	(0)
CCBHC Incentive		-	-	-	0.0%	-	-
Behavioral Health Homes	572,074	524,401	552,201	(27,799)	-5.3%	668,066	95,992
DHIP		-	23,298	(23,298)		23,358	23,358
Washtenaw CMH Total	**126,016,190**	**115,514,841**	**130,551,806**	**(15,036,965)**	**-13.0%**	**138,600,906**	**12,584,716**
Medicaid Expenditures	**276,792,341**	**251,127,338**	**278,526,206**	**(27,398,868)**	**-10.9%**	**301,393,600**	**24,601,259**
Medicaid Total	**10,338,322**	**10,325,770**	**12,922,370**	**2,596,600**	**25.1%**	**13,008,471**	**2,670,149**

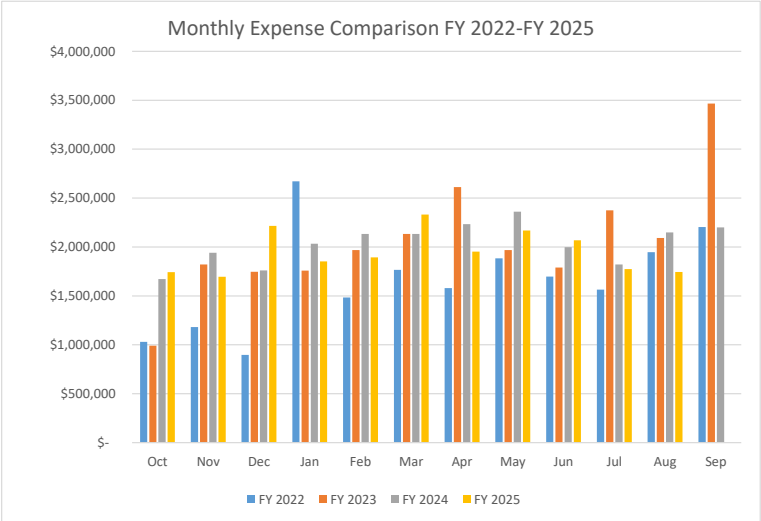
Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
August 31, 2025

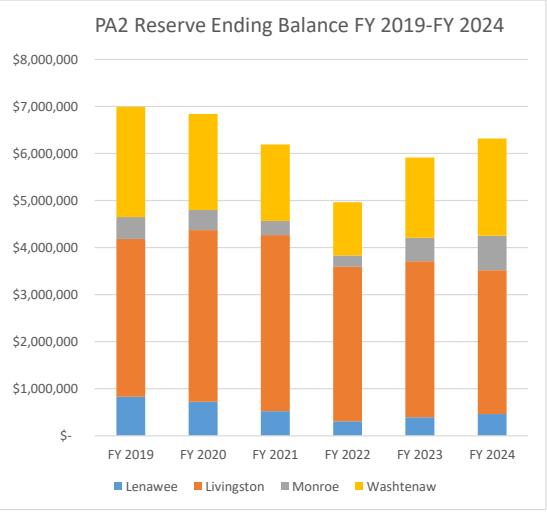
	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
SUD/GRANTS							
SUD/GRANTS REVENUE							
Healthy Michigan Plan SUD	11,456,681	10,501,958	9,445,806	(1,056,152)	-10.1%	10,344,366	(1,112,315)
Medicaid SUD	4,645,222	4,258,120	4,195,629	(62,491)	-1.5%	4,596,004	(49,218)
PA2 - Reserve Investment	179,082	164,159	171,243	7,085	4.3%	129,781	
PA2 - Tax Revenue (Est)	1,824,100	981,366	981,366	0	0.0%	1,824,100	-
PA2 - Use of Reserve (Est)	0	674,601	674,601	0	0.0%	326,460	-
Federal/State Grants	10,884,517	9,977,474	7,915,790	(2,061,684)	-20.7%	8,601,150	(2,283,367)
Opioid Health Homes	691,054	633,466	640,756	7,290	1.2%	665,686	(25,368)
SUD/GRANTS REVENUE	**29,680,656**	**27,191,144**	**24,025,191**	**(3,165,952)**	**-11.6%**	**26,487,546**	**(3,193,110)**
SUD/GRANTS EXPENDITURES							
SUD Administration							
Salaries & Fringes	1,229,497	1,087,632	895,513	(192,119)	17.7%	999,449	(230,047)
Indirect Cost Recovery	(371,452)	(340,498)	(253,589)	86,909	0.0%	(321,452)	50,000
SUD Administration	**858,045**	**747,134**	**641,924**	**(105,210)**	**-14.1%**	**677,997**	**(180,047)**
HMP/MEDICAID SUD SRVCS							
Lenawee	1,677,180	1,537,415	1,537,415	0	0.0%	1,677,180	-
Livingston	1,135,797	1,041,147	1,548,211	507,064	48.7%	1,769,627	(633,829)
Monroe	3,584,825	3,286,090	2,807,166	(478,923)	-14.6%	2,828,534	756,291
Washtenaw	5,934,881	5,440,307	5,612,321	172,014	3.2%	5,624,451	310,429
TOTAL	12,332,683	11,304,959	11,505,113	200,154	1.8%	11,899,792	432,891
							-
GRANT/PA2 SUD SERVICES							-
ARPA Grant Services	3,891,413	2,021,381	2,021,381	0	0.0%	2,021,381	1,870,032
Block Grant Services	3,616,666	3,315,277	2,491,546	(823,731)	-24.8%	2,511,921	1,104,745
State Opioid Response	2,300,000	2,108,333	1,956,776	(151,557)	-7.2%	2,300,000	-
PA2 Services	1,824,100	1,672,092	1,655,967	(16,124)	-1.0%	2,150,560	(326,460)
Other Grants	397,131	364,037	923,021	558,984	-153.6%	840,057	442,926
Gambling Prevention Grant	227,273	208,334	113,649	(94,684)	45.4%	126,365	(100,908)
Veteran Navigation	192,000	176,000	155,131	(20,869)	11.9%	163,338	(28,662)
TOTAL	12,448,583	9,865,454	9,317,472	(547,982)	-5.6%	10,113,623	2,334,960
SUD Health Homes	552,843	506,773	514,133	7,360	-1.5%	665,686	112,843
SUD/Grants Expenditures	**26,192,153**	**22,424,319**	**21,978,642**	**(445,677)**	**-2.0%**	**23,357,098**	**(2,835,055)**
SUD/Grants Total	**3,488,503**	**4,766,824**	**2,046,549**	**(2,720,275)**	**-57.1%**	**3,130,448**	**(358,055)**
PIHP							
PIHP REVENUE							
Incentives (Est)	1,900,000	1,844,616	1,844,616	-	0.0%	1,900,000	-
Local Match	159,180	159,180	159,180	-	0.0%	159,180	-
Other Income	300	275	16,032	15,757	5729.9%	13,000	12,700
PIHP Revenue	**2,059,480**	**2,004,071**	**2,019,828**	**15,757**	**0.8%**	**2,072,180**	**12,700**
PIHP EXPENDITURES							
PIHP Admin							
Local Match	159,180	159,180	159,180	-	0.0%	159,180	-
Salaries & Fringes	1,769,276	1,565,128	1,517,590	(47,538)	-3.0%	1,699,598	(69,677)
Contracts & Other	1,250,000	1,145,833	990,155	(155,678)	-13.6%	966,777	(283,223)
PIHP Admin	**3,178,456**	**2,870,142**	**2,666,925**	**(203,216)**	**7.1%**	**2,825,555**	**(352,900)**
							-
Board Expense	3,000	2,750	1,000	(1,750)	-63.6%	1,253	(1,747)
PIHP Expenditures	**3,181,456**	**2,872,892**	**2,667,926**	**(204,966)**	**7.1%**	**2,826,808**	**(354,647)**
PIHP Total	**(1,121,976)**	**(868,821)**	**(648,097)**	**220,723**	**-25.4%**	**(754,628)**	**367,347**
Organization Total	**12,704,849**	**14,223,774**	**14,320,822**	**97,048**	**0.7%**	**15,384,290**	**2,679,441**
Totals							
Revenue	318,870,799	290,648,322	317,493,595	26,845,273	**-9.2%**	342,961,797	24,090,998
Expenses	306,165,950	276,424,549	303,172,773	(26,748,225)	**9.7%**	327,577,507	21,411,557
Net Before Transfers	12,704,849	14,223,774	14,320,822	97,048	**0.7%**	15,384,290	2,679,441

Community Mental Health Partnership Of Southeast Michigan
SUS SUMMARY OF REVENUE AND EXPENSE BY FUND
August 2025 FYTD

Summary Of Revenue & Expense	Funding Source						Total Funding	FY 2025	PA2	Remaining
	Medicaid	Healthy Michigan	Grants	HRF	SUD-HH	PA2	Sources	PA2 Budget	YTD Activity	
Revenues										
Investment Earnings						171,258	**$ 171,258**	20,000	171,258	(151,258)
Funding From MDHHS	4,195,629	9,445,806	7,190,647	550,874	640,756		**$ 22,023,712**			
PA2/COBO Tax Funding Current Year							**$ -**			
Lenawee						82,390	**$ 82,390**	153,891	82,390	71,501
Livingston						250,567	**$ 250,567**	468,062	250,567	217,495
Monroe						189,654	**$ 189,654**	348,410	189,654	158,755
Washtenaw						458,755	**$ 458,755**	854,337	458,755	395,582
PA2/COBO Reserve Utilization						503,343	**$ 503,343**	507,637	503,343	4,294
Other (lapse to state)			-		(40,447)		**$ (40,447)**		-	
Total Revenues	**$ 4,195,629**	**$ 9,445,806**	**$ 7,190,647**	**$ 550,874**	**$ 600,309**	**$ 1,655,967**	**$ 23,639,232**	**2,352,337**	**$ 1,655,967**	**696,370**
Expenses										
Funding for County SUD Programs										
CMHPSM			826,794	550,874	513,764		**1,891,432**			
Lenawee	424,169	1,113,246	628,605				**2,166,020**	121,474		121,474
Livingston	238,365	1,309,846	476,893			938,085	**2,963,189**	1,105,906	938,085	167,821
Monroe	945,799	1,861,367	2,252,373			194,864	**5,254,403**	256,367	194,864	61,503
Washtenaw	1,719,772	3,892,549	3,005,982			523,018	**9,141,321**	868,590	523,018	345,572
Total SUD Expenses	$ 3,328,105	$ 8,177,009	$ 7,190,647	$ 550,874	$ 513,764	$ 1,655,967	**$ 21,416,366**	**$ 2,352,337**	$ 1,655,967	**696,370**
Administrative Cost Allocation	150,295	338,428			86,545	-	**$ 575,268**			
Total Expenses	**3,478,400**	**8,515,436**	**$ 7,190,647**	**$ 550,874**	**$ 600,309**	**$ 1,655,967**	**$ 21,991,633**	**$ 2,352,337**	**$ 1,655,967**	**696,370**
Revenues Over/(Under) Expenses	**717,229**	**930,370**	**0**	**-**	**0**	**(0)**	**$ 1,647,599**	**(0)**	**(0)**	**0**







CMHPSM FY2026 Proposed Budget Revision

	Budget FY 2025	Estimated Year-End	FY 2026 Approved Budget	FY2026 Proposed Revised Budget	Approved to Revised Difference
MH/IDD/WAIVER SERVICES					
MEDICAID REVENUE					
Medicaid	143,925,411	138,715,525	121,148,079	124,905,599	3,757,520
Medicaid Waivers	63,249,094	70,744,180	62,870,526	62,870,526	-
Medicaid Autism	20,340,177	28,068,507	26,370,741	26,370,741	-
HMP	18,250,726	17,407,181	14,489,803	19,299,949	4,810,146
Prior Year Carry Forward	5,000,000	11,941,540	13,250,000	13,250,000	-
ISF Draw-down			11,719,500	-	(11,719,500)
CCBHC	22,000,000	29,573,501	-	-	-
Behavioral Health Home	1,365,255	1,298,757	1,306,743	1,306,743	-
HRA Revenue	13,000,000	16,652,880	17,000,000	17,000,000	-
Medicaid Revenue	**287,130,663**	**314,402,071**	**268,155,391**	**265,003,557**	**(3,151,834)**
		-			
MEDICAID EXPENDITURES		-			
IPATax	2,300,000	2,234,700	2,200,000	2,200,000	-
HRA Payments	13,000,000	16,652,882	17,000,000	17,000,000	-
Lenawee CMH					
Medicaid State Plan	19,736,600	19,736,600	22,125,708	22,125,708	-
Medicaid Waivers	7,276,931	8,017,291	7,188,391	7,188,391	-
Healthy Michigan Plan	2,728,152	2,728,152	2,169,223	2,169,223	-
Autism Medicaid	1,179,080	1,595,342	1,910,571	1,910,571	-
Behavioral Health Homes	57,558	79,372	79,372	79,372	-
DHIP		42,889			-
Lenawee CMH Total	**30,978,321**	**32,199,645**	**33,473,264**	**33,473,264**	**-**
Livingston CMH					
Medicaid State Plan	28,217,708	28,217,708	30,397,385	30,397,385	-
Medicaid Waivers	10,045,446	11,083,720	9,808,401	9,808,401	-
Healthy Michigan Plan	3,156,819	3,156,819	2,572,968	2,572,968	-
Autism Medicaid	5,707,432	6,529,941	8,268,123	8,268,123	-
Behavioral Health Homes	85,635	103,601	103,601	103,601	-
DHIP		76,776			-
Livingston CMH Total	**47,213,040**	**49,168,565**	**51,150,479**	**51,150,479**	**-**
Monroe CMH					
Medicaid State Plan	24,016,314	24,016,314	28,909,492	28,909,492	-
Medicaid Waivers	11,937,044	12,610,498	11,527,224	11,527,224	-
Healthy Michigan Plan	3,659,040	3,659,040	2,707,287	2,707,287	-
Autism Medicaid	2,221,455	2,611,995	3,310,293	3,310,293	-
CCBHC Supplemental	8,624,000	11,758,563		-	-
CCBHC Base Capitation	6,450,000	6,450,000		-	-
Behavioral Health Homes	376,937	233,190	222,283	222,283	-
DHIP		79,953			-
Monroe CMH Total	**57,284,790**	**61,419,552**	**46,676,579**	**46,676,579**	**-**
Washtenaw CMH					
Medicaid State Plan	54,524,586	54,524,586	62,354,316	62,354,316	-
Medicaid Waivers	32,991,767	37,238,454	33,627,370	33,627,370	-
Healthy Michigan Plan	7,874,111	7,874,111	7,034,236	7,034,236	-
Autism Medicaid	7,980,152	9,731,529	12,347,733	12,347,733	-
CCBHC Supplemental	12,936,000	19,403,303		-	-
CCBHC Base Capitation	9,137,500	9,137,500		-	-
CCBHC Incentive		-		-	-
Behavioral Health Homes	572,074	668,066	614,907	614,907	-
DHIP		23,358			-
Washtenaw CMH Total	**126,016,190**	**138,600,906**	**115,978,563**	**115,978,563**	**-**
Medicaid Expenditures	**276,792,341**	**300,276,250**	**266,478,884**	**266,478,884**	**-**
Medicaid Total	**10,338,322**	**14,125,821**	**1,676,507**	**(1,475,327)**	**(3,151,834)**

CMHPSM FY2026 Proposed Budget Revision

	Budget FY 2025	Estimated Year-End	FY 2026 Approved Budget	FY2026 Proposed Revised Budget	Approved to Revised Difference
SUD/GRANTS					
SUD/GRANTS REVENUE					
Healthy Michigan Plan SUD	11,456,681	10,344,366	9,350,100	12,454,031	3,103,931
Medicaid SUD	4,645,222	4,596,004	4,161,374	4,290,443	129,069
PA2 - Reserve Investment	179,082	129,781	248,000	248,000	-
PA2 - Tax Revenue (Est)	1,824,100	1,824,100	2,050,000	2,050,000	-
PA2 - Use of Reserve (Est)	0	326,460	586,698	586,698	-
Federal/State Grants	10,884,517	8,601,150	7,272,581	7,272,581	-
Opioid Health Homes	691,054	665,686	613,967	613,967	-
SUD/GRANTS REVENUE	**29,680,656**	**26,487,546**	**24,282,720**	**27,515,720**	**3,233,000**
SUD/GRANTS EXPENDITURES					
SUS Administration					
Salaries & Fringes	1,229,497	999,449	1,536,713	1,536,713	-
Procurement Incentives			593,861	593,861	-
Indirect Cost Recovery	(371,452)	(321,452)	(271,452)	(271,452)	-
SUD Administration	**858,045**	**677,997**	**1,859,122**	**1,859,122**	**-**
HMP/MEDICAID SUD SRVCS					
Lenawee	1,677,180	1,677,180	1,744,267	1,744,267	-
Livingston	1,135,797	1,769,627	1,840,412	1,840,412	-
Monroe	3,584,825	2,828,534	2,941,676	2,941,676	-
Washtenaw	5,934,881	5,624,451	5,849,429	5,849,429	-
TOTAL	**12,332,683**	**11,899,792**	**12,375,784**	**12,375,784**	**-**
GRANT/PA2 SUD SERVICES					
ARPA Grant Services	3,891,413	2,001,459	-	-	-
Block Grant Services	3,616,666	2,511,921	3,798,988	3,798,988	-
State Opioid Response	2,300,000	2,300,000	2,636,698	2,636,698	-
PA2 Services	1,824,100	1,824,100	1,824,000	1,824,000	-
Other Grants	397,131	840,057	210,591	210,591	-
Gambling Prevention Grant	227,273	126,365	227,273	227,273	-
Veteran Navigation	192,000	163,338	229,000	229,000	-
TOTAL	**12,448,583**	**9,767,241**	**8,926,550**	**8,926,550**	**-**
SUD Health Homes	552,843	665,686	552,843	552,843	-
SUD/Grants Expenditures	**26,192,153**	**23,010,716**	**23,714,298**	**23,714,298**	**-**
SUD/Grants Total	**3,488,503**	**3,476,830**	**568,422**	**3,801,421**	**3,233,000**
PIHP					
PIHP REVENUE					
Incentives (Est)	1,900,000	1,900,000	1,900,000	1,900,000	-
Local Match	159,180	159,180	159,180	159,180	-
Other Income	300	12,613	200,000	200,000	-
PIHP Revenue	**2,059,480**	**2,071,793**	**2,259,180**	**2,259,180**	**-**
PIHP EXPENDITURES					
PIHP Admin					
Local Match	159,180	159,180	159,180	159,180	-
Salaries & Fringes	1,769,276	1,699,598	2,159,341	2,159,341	-
Procurement Incentives			915,778	915,778	-
Contracts & Other	1,250,000	966,777	1,250,000	1,250,000	-
PIHP Admin	**3,178,456**	**2,825,555**	**4,484,299**	**4,484,299**	**-**
Board Expense	3,000	1,253	3,000	3,000	-
PIHP Expenditures	**3,181,456**	**2,826,808**	**3,000**	**3,000**	**-**
PIHP Total	**(1,121,976)**	**(755,015)**	**(2,228,119)**	**(2,228,119)**	**-**
Organization Total	**12,704,849**	**16,847,636**	**16,809**	**97,975**	**81,166**
Totals					
Revenue	**318,870,799**	**342,961,410**	**294,697,291**	**294,778,457**	**81,166**
Expenses	**306,165,950**	**326,113,775**	**294,680,481**	**294,680,481**	**-**
Net Before Transfers	**12,704,849**	**16,847,636**	**16,809**	**97,975**	**81,166**

Regional Board Action Request – FY2026 CMHPSM Revised Budget

Board Meeting Date: October 8, 2025

Action Requested: Review the revised FY2026 CMHPSM annual budget.

Background: The FY2026 revised budget is representative of and in adherence to the expectations and requirements derived from the revenue contracts entered into by the CMHPSM with the Michigan Department of Health and Human Services (MDHHS). We received updated rate information on FY2026 final rates on September 30, 2025. We have incorporated a new FY2026 revenue projection based upon the final FY2026 rates and any CMHPSM expense changes made at the September Board meeting (Cost of Living Increase).

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The Regional Board reviews and approves an annual budget for the CMHPSM per the Financial Stability and Risk Reserve Management Board Governance Policy.

Recommend: Approval

Model Motion: *I move that the Fiscal Year 2026 CMHPSM revised budget be approved as presented.*

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

EXHIBIT A: FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect renumeration as well as gifts or favors that are not insubstantial.

Covered Person. A "Covered Person" refers to all persons covered by this policy and includes:

- Members of the CMHPSM's Board (Directors)
- Members of the CMHPSM's Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control $100 or more of CMHPSM's expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one's financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person's Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

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

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;
D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information.

Disclosure #1 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [ ] Self
[ ] Other, specify:

Description of Financial Interest:

Disclosure #2 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [ ] Self
[ ] Other, specify:

Description of Financial Interest:

Disclosure #3 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [ ] Self
[ ] Other, specify:

Description of Financial Interest:

No Disclosures

If I have not disclosed any information above, it is because I am not aware that I or any of my Family Members has a Financial Interest at this time.

[ ] Check this box if you have no disclosures and proceed to signature section

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

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

_____ _____

Signature Date

_____

Typed or Printed Name

_____

Title/Position with Entity

Please return this form, signed and dated, to the CMHPSM's Chief Executive Officer or Regional Coordinator. If completing the SignNow electronic version it will be automatically returned to the CMHPSM.

CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors

October 2, 2025 for the October 8, 2025 Meeting

CMHPSM Update

- The CMHPSM conducted an all-staff meeting on September 22, 2025 and will meet on October 14 and potentially October 27. We utilize these staff meetings to have fuller discussions on the MDHHS PIHP procurement effort in addition to all of our regular agenda items.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings. We have expanded the first meeting of each month to include the three additional staff that supervise staff at the CMHPSM. These leadership/manager meetings will allow the CMHPSM to ensure standardization of human resource efforts related to the supervision of CMHPSM staff.

CMHPSM Staffing Update

- Kate Hendricks has been promoted to Clinical Treatment Manager at the CMHPSM as of October 1, 2025. Kate has been with the CMHPSM for over five years as the SUD Treatment and Utilization Specialist. We are very excited to have Kate start her new role which, was previously held by Joelen Kersten.
- We will be posting Kate's previous SUD Treatment and Utilization Specialist position in October.
- CMHPSM job posting and other career information can be found here: https://www.cmhpsm.org/interested-in-employment

Regional Update

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee, which includes the four CMHSP directors and the CMHPSM CEO, continues to meet on a weekly basis.

Statewide Update

- All available information on the PIHP rate changes being implemented for FY2025, reflects that MDHHS recouped and repaid the vast majority of capitation payments in an accurate manner. We received FY2025 revenue as projected with the multiple rate changes that occurred during FY2025.
- The CMHPSM has not signed the FY2026 contract that was presented for signature by MDHHS with no negotiations during FY2025.
- Updates on the FY2025 lawsuit will be provided at the meeting if available.
- Final FY2026 rate information was provided by MDHHS to the CMHPSM on September 30, 2025. We have included a revised revenue projection within a revised budget which we estimate will eliminate the projected utilization of Internal Service Funds that was included in our regular budget.

Potential PIHP Procurement Update

- PIHP Procurement RFP#250000002670 was published late afternoon Monday August 4, 2025. The original bid submission deadline was moved from September 29, 2025 to October 13, 2025.
- Procurement solicitation information continues to be shared within a Teams channel specifically related to this topic. Staff can ask questions, have discussions and leadership will share up to date information within the channel.
- The proposed geographic regions have remained the same as pre-procurement information indicated. Our geographic region of Lenawee, Livingston, Monroe and Washtenaw counties is incorporated into the Central Region, which encompasses 44 Counties and 33 CMHSPs.
- A lawsuit was filed on August 29, 2025 related to the requirements within the PIHP procurement RFP. The litigation came together in partnership with CMHAM and multiple PIHPs and CMHSPs. Three PIHPS, Southwest Behavioral Health Region 4, Midstate Health Network Region 5 and Region 10 were identified as named plaintiffs in addition to three CMHSPs within those respective regions: St. Clair County CMHA (Region 10), Integrated Services of Kalamazoo (Region 4) and Saginaw County CMHA (Region 5).
- A hearing is scheduled for October 9, 2025 related to the procurement lawsuit.
- We will share more up-to-date information at the September Board meeting.

State and Federal FY2026 Budget Updates

- We are paying close attention to the ongoing state and federal budget situations and will continue communicating with providers and other stakeholders as needed.
- As of 12:01AM October 1, 2025 the federal government has shut down.
- In the early hours of October 1, 2025 the State of Michigan passed a bill that allowed the legislature and governor to continue work on the FY2026 budget. We hope that a FY2026 state budget is fully approved and we have more information available for the October meeting. As of this writing, the FY2026 State of Michigan budget has not been approved.
- A concurrent state and federal government shutdown has never occurred within Michigan's history.
- The federal shutdown and state budget delays do not impact Medicaid or Healthy Michigan services; we will continue all managed care work related to these essential programs.
- As of this writing, we do not have an executed grant contract with MDHHS to fund multiple substance use service programs. We notified providers of the funding limitations and uncertainty for FY2026 on October 1, 2025. We are hopeful that an approved State of Michigan FY2026 budget will bring forth authorization for those programs to be funded. As of this writing, only local PA2 funded programs are authorized for FY2026 expenses within our grants department.

  Projects not approved for FY2026 funding as of this writing (10/2/2025):
  - Block Grant Funded SUD Treatment Services (currently authorized treatment will be covered by PA2 funding as necessary, waitlist created for uninsured individuals requesting service beginning 10/1/2025)
  - Block Grant Funded Prevention Services
  - State Opioid Response (SOR) funded programs
  - Gambling Prevention
  - Healing and Recovery Fund projects (Opioid Settlement Funding)
  - Veterans Service Navigation
  - Priority Population Navigation
  - All other non-PA2 grant funded programming

Future Meetings

- We are planning to cover the following items on upcoming agendas:

  December 10, 2025 Meeting
  - FY2027 PIHP Procurement Update

Respectfully Submitted,

James Colaianne, MPA

FY2025 QAPIP Measures of Performance Q3 Status Report

Green- Meeting or Exceeding State Benchmark	White – in-process or data is not yet available, or data is not yet due as of this status report.	Orange – Not currently meeting benchmark as of this status report.	Grey – No benchmark or establishing baseline.
Performance measures that are new or revised for FY25 are highlighted in yellow.			

Data not stratified by CMH = CMH specific data is not available (not measured by CMH)

Michigan Mission Based Performance Indicator System (MMBPIS)	Reason for Measure	Q1	Q2	Q3	FY25 QAPIP Page(s)
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Children who receive a Prescreen within 3 hours of request (Standard is 95% or above) Children needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if a child is in crisis. Children in crisis receive an assessment within 3 hours.	Met Lenawee (31/31) 100.00% Livingston (41/41) 100.00% Monroe (29/29) 100.00% Washtenaw (61/62) 98.39%	Met 99.5% Lenawee (31/31) 100.00% Livingston (33/33) 100.00% Monroe (38/38) 100.00% Washtenaw (63/64) 98.44%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Adults who receive a Prescreen within 3 hours of request (Standard is 95% or above) Adults needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if an adult is in crisis. Adults in crisis receive an assessment within 3 hours.	Met Lenawee (73/73) 100.00% Livingston (100/100) 100.00% Monroe (108/108) 100.00% Washtenaw (361/365) 98.90%	Met 99.4% Lenawee (83/83) 100.00% Livingston (114/114) 100.00% Monroe (111/111) 100.00% Washtenaw (311/314) 99.04%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 2.A: The percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service (reported by four sub-populations: **MI-adults, MI-children, DDA-adults, DDC-children**.) Performance measured by total % of all populations (total numerator/denominator) **CMHPSM FY25 Performance Measure: reach or exceed the 75th Percentile (62%)**	A state access requirement that people needing an assessment for mental health services receive the assessment within 14 days. Prevents long wait times for people in need of help. Data is still included as not met if people miss or reschedule their appointment.	Not Met Regional average is 52.3% for all combined populations 2MIC Lenawee (42/56) 75.00% Livingston (24/39) 61.54% Monroe (12/73) 16.44% Washtenaw (100/157) 63.69%	Not Met Regional average decreased (44.3% for all combined populations) 2MIC Lenawee (20/30) 66.67% Livingston (25/40) 62.50% Monroe (15/85) 17.65%	Data not yet available	Pages 23-24

		2MIA Lenawee (50/89) 56.18% Livingston (15/20) 75.00% Monroe (57/213) 26.76% Washtenaw (225/504) 44.64% 2DDC Lenawee (9/10) 90.00% Livingston (8/15) 53.33% Monroe (1/20) 5.00% Washtenaw (37/42) 88.10% 2DDA Lenawee (2/3) 66.67% Livingston (3/6) 50.00% Monroe (0/7) 0.00% Washtenaw (12/18) 66.67%	Washtenaw (80/165) 48.48% 2MIA Lenawee (84/115) 73.04% Livingston (21/28) 75.00% Monroe (73/236) 30.93% Washtenaw (191/513) 37.23% 2DDC Lenawee (16/20) 80.00% Livingston (14/23) 60.87% Monroe (3/28) 10.71% Washtenaw (41/65) 63.08% 2DDA Lenawee (4/4) 100.00% Livingston (8/10) 80.00% Monroe (0/7) 0.00% Washtenaw (6/21) 28.57%		
CMHPSM will meet or exceed the standard for Indicator 2e: The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for **persons with substance use disorders.** Performance measured by total % of all populations (total numerator/denominator) **CMHPSM FY25 Performance Measure: reach or exceed the 50TH Percentile (68.2%)**	A state access requirement that people deemed to need substance use services receive the service within 14 days. Prevents long wait times for people in need of Substance Use Services (SUS). Data is still included as not met if people miss or reschedule their appointment.	Not Met Regional average is 53.1% Len (94/134) 70.15% Liv (96/165) 58.18% Mon (130/256) 50.78% Wash (248/513) 48.34%	Not Met Regional average increased (59.8%) Len (104/139) 74.82% Liv (105/175) 60.00% Mon (156/274) 56.93% Wash (295/517) 57.06%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 3: Percentage of new persons during the quarter starting any needed on-going service	A state access requirement that people deemed to need mental health services receive the service within 14 days.	Met for Adults with an Intellectual/	Not Met for Children (increased to	Data not yet available	Pages 23-24

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within 14 days of completing a non-emergent biopsychosocial assessment (reported by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children). Performance measured by total % of all populations (total numerator/denominator) CMHPSM FY22 Baseline = 74.5% = 50TH – 75TH Percentile **FY25 Performance Measure: reach or exceed the 75TH Percentile (83.8%)**	Prevents long wait times for people in need of CMH services. Data is still included as not met if people miss or reschedule their appointment.	Developmental Disability. Not Met for Children or Adults with a Mental Illness. Not Met for Children with an Intellectual/ Developmental Disability. **3MIC** Len(26/37)70.27% Liv(22/33) 66.67% Mon(38/48)79.17% Wash(82/126) 65.08% **3MIA** Len(41/54)75.93% Liv(12/19) 63.16% Mon (103/152) 67.76% Wash (189/300) 63.00% **3DDC** Len(8/9) 88.89% Liv(8/14) 57.14% Mon(12/14) 85.71% Wash(33/40) 82.50% **3DDA** Len (3/3)100.00% Liv (6/6)100.00% Mon (5/5)100.00% Wash (11/11)100.00%	76.9%) or Adults (increased to 67.2%) with Mental Illness Met for Children with an Intellectual/ Developmental Disability (84.9%) Not Met for Adults with an Intellectual/ Developmental Disability (decrease to 81.25%) **3MIC** Len (12/14)85.71% Liv (20/28)71.43% Mon (54/68)79.41% Wash (74/98)75.51% **3MIA** Len (60/70)85.71% Liv (18/20)90.00% Mon (116/160)72.50% Wash (152/265)57.36% **3DDC** Len(12/15) 80.00% Liv(14/18) 77.78% Mon(16/19) 84.21% Wash (41/46) 89.13% **3DDA** Len (3/4)75.00%		

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			Liv (8/8)100.00% Mon (3/8)37.50% Wash (12/12)100.00%		
CMHPSM will meet or exceed the standard for Indicator 4a1: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Child)	A state quality measure that CHILDREN who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and not needing to be re-admitted if they are seen close to discharge.	Met Len (13/13)100.00% Liv (7/7)100.00% Mon (4/5)80.00% Wash (17/17)100.00%	Met 96.3% Len (9/9)100.00% Liv (11/11)100.00% Mon (8/9)88.89% Wash (21/22)95.45%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Adult)	A state quality measure that ADULTS who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and not needing to be re-admitted if they are seen close to discharge.	Not Met Regional average 83.5% (30/182 cases readmitted) Len (25/26)96.15% Liv (13/14)92.86% Mon (31/53)58.49% Wash (90/101)89.11%	Not Met Regional average increased (83.8%, 171/204 cases) Len (37/38)97.37% Liv (19/20)95.00% Mon (37/63)58.73% Wash (78/83)93.98%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (Standard is 95% or above)	A state quality measure that people who are seen soon after a Substance use detox stay have a better chance of stabilizing/getting the care they need in their community without having to be re-admitted if they are seen close to discharge.	Met 100% Len (6/6)100.00% Liv (12/12)100.00% Mon (16/16)100.00% Wash (51/51)100.00%	Met 96.3% Len (12/12)100.00% Liv (15/17)88.24% Mon (15/15)100.00% Wash (35/36)97.22%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Child)	A state quality measure that seeks to prevent children from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Met Len (2/15)13.33% Liv (1/9)11.11% Mon (0/6)0.00% Wash (0/20)0.00%	Met 11.9% Len (2/10)20.00% Liv (2/13)15.38% Mon (2/11)18.18% Wash (1/25)4.00%	Data not yet available	Pages 23-24

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CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Adult)	A state quality measure that seeks to prevent adults from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Met Len (3/44)6.82% Liv (3/22)13.64% Mon (7/62)11.29% Wash (16/155)10.32%	Met 12.2% Len (11/52)21.15% Liv (4/31)12.90% Mon (5/76)6.58% Wash (16/135)11.85%	Data not yet available	Pages 23-24
CMHPSM will demonstrate and increase in compliance with access standards for the SUD priority populations. (Compared to FY24 Data)	People with more urgent needs/issues in seeking substance use services need to be screened and admitted to a SUD provider more quickly.	**Screen:** Not Met FY24 Screen: 85.5% Q1 Screen: 78%% **Admission:** Not Met FY24 Admit: 48.6% Q1Admit: 39.9% **Data not stratified by CMH**	**Screen:** FY24 Screen: 85% Q2 Screen: 91.5% **Admission**: Not Met FY24 Admit: 45% Q2 Admit: 35.8% **Data not stratified by CMH**	**Screen:** FY25 Screen: 83.2% Q3 Screen: 90.6% **Admission**: Not Met FY24 Admit: 46.1% Q3 Admit: 41.1% **Data not stratified by CMH**	Page 14 Page 47
2026-2029 Behavioral Health Quality Transformation Metrics	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
CMHPSM will develop a performance measure to improve accuracy and timeliness of encounter (SAL) submissions to that impact state measures of the FY26-29 MDDHS BH Quality Transformation Plan	MDHHS is creating a new set of quality measures to be enacted starting in Jan 2026. These measures will align with national standards, and will largely be calculated from encounters and claims data. CMHPSM is working on timeliness of SAL/encounter data to ensure we have the ability to monitor these new metrics in a timely fashion, as the state's data will come with a minimum 6 month lag time.	Regional CPT committee participated in discussions for development of the SAL measure.	SAL measure report was developed; data gathering and analysis for baseline information is pending.	Baseline data analysis in progress	
Behavioral Health Treatment Episode Data Set (BHTEDS) Data	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**

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A. Maintain overall BHTEDS completion rates to state 95% standard during FY2025. B. Improve crisis encounter BHTEDs completion to 95% during FY2025	BHTEDS is data added to service encounters the region sends to the state that gives information on demographics and social outcomes of people we serve; the state uses this data for future improvement initiatives. A. The region enacted a large BHTEDS project over the past year to come to 95% compliance and is seeking to maintain that level of quality and timeliness. B. Because the BHTEDS data has important information about how people we serve are doing, the state requires that data is completed on time and accurately.	A. Met B. Met **Data not stratified by CMH**	A. Met B. Met **Data not stratified by CMH**	A. Met – 98.5% as of 6/26/25 B. Met – 99.4% as of 6/26/25 **Data not stratified by CMH**	Page 24
Performance Improvement Projects	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
PIP 1: The racial disparities of no-shows for the initial Biopsychosocial Assessment (BPS) in individuals accessing CMH services will be reduced or eliminated. (FY22 Baseline)	Our region is required to do a PI project specific to reducing racial disparities in people accessing services. Our project is reducing the disparities we found between black and white people seeking to have an initial assessment to get help in our region.	Not Met. There continues to be a racial disparity in 1 county of the region	Not Met. There continues to be a racial disparity in 1 county of the region	Not Met. There continues to be a racial disparity in 1 county of the region	Pages 26-27
PIP 2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service.	Our region is required to pick a 2nd PI project, we chose increasing all completing an initial assessment as studies show the sooner someone starts treatment the better chance of improving their social determinants of health. This is tied to MMBPIS Indicator #2a	**Not Met Regional average is 52.3% for all combined populations** 2MIC Lenawee (42/56) 75.00% Livingston (24/39) 61.54% Monroe (12/73) 16.44% Washtenaw (100/157) 63.69% 2MIA	**Not Met Regional average decreased (44.3% for all combined populations)** 2MIC Lenawee (20/30) 66.67% Livingston (25/40) 62.50% Monroe (15/85) 17.65%	Not Met Data not yet available	Pages 26-27

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		Lenawee (50/89) 56.18% Livingston (15/20) 75.00% Monroe (57/213) 26.76% Washtenaw (225/504) 44.64% 2DDC Lenawee (9/10) 90.00% Livingston (8/15) 53.33% Monroe (1/20) 5.00% Washtenaw (37/42) 88.10% 2DDA Lenawee (2/3) 66.67% Livingston (3/6) 50.00% Monroe (0/7) 0.00% Washtenaw (12/18) 66.67%	Washtenaw (80/165) 48.48% 2MIA Lenawee (84/115) 73.04% Livingston (21/28) 75.00% Monroe (73/236) 30.93% Washtenaw (191/513) 37.23% 2DDC Lenawee (16/20) 80.00% Livingston (14/23) 60.87% Monroe (3/28) 10.71% Washtenaw (41/65) 63.08% 2DDA Lenawee (4/4) 100.00% Livingston (8/10) 80.00% Monroe (0/7) 0.00% Washtenaw (6/21) 28.57%		
Assessment of Member Experiences	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
Percentage of children and/or families indicating satisfaction with mental health services. (Standard 85%) Percentage of adults indicating satisfaction with mental health services. (Standard 85%) Percentage of individuals indicating satisfaction with long-term supports and services. (Standard 85%) Create plan for improvement in areas that fell below the 85% threshold.	Each year the Regional Customer Services Committee ensures people have a voice in how they experience service and supports in our system. One of these ways is by conducting an annual survey and using that feedback for improvements.	FY24 survey completed FY24 Data assessed; FY25 data to be collected and reviewed at the end of the year	FY25 survey created; will be implemented in Q3 FY25 Data to be collected and reviewed end of FY	FY25 data collection in progress	Page 36

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Analyze and determine a baseline percentage of individuals in specialized residential and vocational settings who have completed HCBS Surveys in the IPOS Preplan	The Home and Community Based Services (HCBS) program incorporates individual choice wherever possible. One of the ways this is measured is via a standard survey that gives individuals choices over their care planning.	93% Residential 34% Non-residential **Data not stratified by CMH**	87% Residential 34% Non-residential **Data not stratified by CMH**	96% Residential 38% Non-residential **Data not stratified by CMH**	
Percentage of consumers indicating satisfaction with SUD services. (Standard 85% OR 2.5 Likert score)	Each year the Regional Co-Occurring Workgroup uses the Recovery Self-Assessment survey tool to give people and providers a voice in how they experience substance use service and supports in our system. That feedback is used by each CMH to seek improvements.	FY25 Data to be collected and reviewed end of FY	New survey tool has been adopted. FY25 Data to be collected and reviewed end of FY	FY25 Survey in progress – survey will close 8/31/25	Pages 36-37
Member Appeals and Grievance Performance Summary	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
1. The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness and documentation standards including the written disposition letter (30 calendar days) of a standard request for appeal. (Standard 95%) 2. An improvement from FY2024 in the percentage of appeals cases that meet documentation requirements in the EHR: 85% of appeals will have all required fields and attached documents completed (no fields missing) (FY24 Audit Baseline: 70%) 50% of appeals will meet all narrative content requirements (Documentation Note, Procedures, Resolution/Disposition) accurately and completely (FY24 Audit Baseline: 33%).	Ensuring that people served who appeal a negative decision made about their services get timely and clear information about the results of their appeal, and this improves over time. 2. Improvement = increase audit score of FY25 monitoring from FY25 performance. A new baseline and goal were set based on FY24 auditing.	1. Timeliness: Met All counties 100% 2. Documentation: Not Met Completeness 16.7% Narrative 33.3% **Data not stratified by CMH**	1. Timeliness: Met All counties 100% 2. Documentation: Not Met Completeness 20% Narrative 40% **Data not stratified by CMH**	1. Timeliness: Met All counties 100% 2. Documentation: Not Met Completeness 44.4% Narrative 22.2% **Data not stratified by CMH**	Pages 36-38
1. The percentage (rate per 100) of Medicaid grievances are resolved with a compliant written	Ensuring that people served who have a grievance about their experience with the	1. Timeliness: Met All counties 100%	1. Timeliness: Met All counties 100%	1. Timeliness: Met All counties 100%	Pages 36-38

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disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%) 2. An improvement from FY2023 in the percentage of grievance cases that meet documentation requirements in the EHR: 95% of grievances will have all required fields and attached documents completed (no fields missing) (FY24 Audit Baseline: 78%) 85% of appeals will meet all narrative content requirements (Grievance Issue, Steps Taken Note, Resolution/Disposition) accurately and completely (FY24 Audit Baseline: 70%).	CMH system get timely and clear information about the results of their grievance, and this improves over time.	2. Documentation: Not Met Completeness 73.1% Narrative 19.2% **Data not stratified by CMH**	2. Documentation: Not Met Completeness 53.8% Narrative 80.8% **Data not stratified by CMH**	2. Documentation: Not Met Completeness 55.6% Narrative 77.8% **Data not stratified by CMH**	
Adverse Event Monitoring and Reporting	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
The rate of critical incidents per 1000 persons served will demonstrate a decrease from previous year. (CMHSP) (excluding deaths)	Ensuring critical events that risk the health, safety, or provider network of those we serve will decrease over time as efforts to improve quality of care increase.	Not Met; slight increase FY24Q1: 0.5 per 1000 FY25Q1: 2.0 per 1000 Lenawee 12.11 per 1000 Livingston 1.5 per 1000 Monroe 0.9 per 1000 Washtenaw 0.21 per 1000	Not Met; slight increase FY24Q2: 1.0 per 1000 FY25Q2: 1.8 per 1000 Lenawee 8.36 per 1000 Livingston 0 per 1000 Monroe 0 per 1000 Washtenaw 1.47 per 1000	Not Met; slight increase FY24Q3: 2.0 per 1000 FY25Q3: 1.6 per 1000 Lenawee 8.38 per 1000 Livingston 3.71 per 1000 Monroe 0 per 1000 Washtenaw 1.01 per 1000	Pages 28-30
The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. (CMHSP) (Natural Cause, Accidental, Homicidal)	Ensuring unexpected deaths of those we serve will decrease over time as efforts to improve quality of care increase.	Met FY24Q1: 13.0 per 1000 FY24Q1: 12.2 per 1000 **Data not stratified by CMH**	Met FY24Q2: 12.5 per 1000 FY25Q2: 8.0 per 1000 **Data not stratified by CMH**	Met FY24Q3: 6.7 per 1000 FY25Q3: 7.2 per 1000 **Data not stratified by CMH**	Pages 28-30
Ensure compliance with timely and accurate reporting of critical and sentinel events (100%) 100% CEs reporting 100% timely reporting	Ensuring the PIHP meets reporting timelines when a critical event occurs.	Not Met 98% all CMHs **Data not stratified by CMH**	Met	Met	Pages 28-30

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Quarterly report and analysis of type, trends over time (including mortality), events per 1,000, regional trends over time for the fiscal year, analysis of trends by service, engagement in treatment, precipitating events. Analysis of CE trends for potential PI projects	The PIHP is required by the state to analyze major event data for trends and any improvements we could apply.	Met 100% data reported 100% data analyzed	Met 100% data reported 100% data analyzed	Met 100% data reported 100% data analyzed	Pages 28-30
The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from the previous year.	Ensuring major events that affect the health & safety of those we serve will decrease over time as efforts to improve quality of care increase.	Not met 0.65 per 1000 **Data not stratified by CMH**	Not met 0.53 per 1000 **Data not stratified by CMH**	Not met 0.42 per 1000 **Data not stratified by CMH**	Pages 28-30
Individuals involved in the review of sentinel events must have the appropriate credentials to review the scope of care. 100% reported to PIHP and state 100% timeframes met 3day review of critical events (CEs) that are sentinel events (SEs) 100% RCA completion	Ensuring major events that have affected those we serve or reviewed using required criteria to prevent such further events.	Met 100% all CMHs	Met 100% all CMHs	Met 100% all CMHs	Pages 28-30
Joint Metrics	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
A. Collaboration meeting completed between entities for the ongoing coordination and integration of services. (100%) B. The percentage of complete care plans in CC360 for care coordination cases with MHPs (Standard - 25%)	The state requires certain measures that the PIHPs and the Medicaid Health Plans share – called Joint Metrics - to promote integrated care between the two systems, so how both perform affects the incentive payments each receive.	A. Met B. Met (31%) **Data not stratified by CMH**	A. Met B. Met (41%) **Data not stratified by CMH**	A. Met B. Met (36%) **Data not stratified by CMH**	Pages 25-26
The percentage of discharges for adults (18 years or older) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After	Measures how quickly within 30 an adult was seen for a mental health service days after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 65% **Data not stratified by CMH**		Met – most recent data (12/31/24) shows 66% **Data not stratified by CMH**	Pages 25-26

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Hospitalization Mental Illness **Adult (Standard-58%)** Measurement period will be calendar year 2024.	reduce recurrence of the need for urgent/emergency care.			
The percentage of discharges for children (ages 6-17 years) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After Hospitalization Mental Illness **Child (Standard-79%)** Measurement period will be calendar year 2024.	Measures how quickly within 30 days a child was seen for a mental health service after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and reduce recurrence of the need for urgent/emergency care.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 82% **Data not stratified by CMH**	Met – most recent data (12/31/24) shows 80% **Data not stratified by CMH**	Pages 25-26
Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days: Racial/ethnic group disparities will be reduced for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. CMHPSM will reduce the racial/ethnic disparity between the index population and at least one minority group. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024.	For these Follow-up After Hospitalization (FUH) measures, goals include reducing racial disparities.	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023 **Data not stratified by CMH**	No significant change in disparity from most recent data (12/31/24) over 2023 **Data not stratified by CMH**	Pages 25-26
Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence: CMHPSM will reduce the disparity between the index population and at least one minority group.	Measures if our region is reducing the racial disparities between people with substance use seen for a substance use service within 30 days after presenting at an Emergency	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023 **Data not stratified by CMH**	No significant change in disparity from most recent	Pages 25-26

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For beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024	Dept for SU reasons. Having services/supports closer to the ED visit can reduce recurrence of the need for urgent/emergency care and increase opportunities for recovery.			data (12/31/24) over 2023 **Data not stratified by CMH**	
PIHP Performance Based Incentive Payments	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
Implement data driven outcomes measurement to address social determinants of health. Analyze and monitor Behavioral Health Treatment Episode Data Set (BHTEDS) records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BH-TEDS record during the measurement period, look back to most recent prior update or admission record. Submit completed report to state.	This measure seeks to improve housing and employment for people served, reported the BHTEDS of our service encounters. PIHPs are to oversee Behavioral Health Treatment Episode Data Set (BHTEDS) records and ensure this information is being completed and included	Report not yet due		Report completed and submitted 7/31/25	Page 24
Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period (SAA-AD): CMHPSM will be measured against a minimum standard of 62%, covering the measurement period of calendar year 2024.	Ensures those adults with Schizophrenia or Schizoaffective Disorder who are taking antipsychotic prescribed medications remain on their medications as this is an indicator that supports their stability and recovery.	Not Met 53.8% **Data not stratified by CMH**	Not Met 30.0% **Data not stratified by CMH**	Not Met 27.6% **Data not stratified by CMH**	Page 25
CMHPSM will reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults	Measures if our region is reducing the racial disparities between people with substance	Met Data is provided by the state and there is a significant lag in		Met – most recent data	Page 25

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with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment within 14 calendar days of the diagnosis received: (**1. Initiation of AOD Treatment)** CMHPSM will be measured against a minimum standard of 40% at initiation for the measurement period of calendar year 2024.	use starting treatment within 14 days after an intake.	the data, most recent data (9/30/24) shows 41% **Data not stratified by CMH**	(12/31/24) shows 40% **Data not stratified by CMH**	
CMHPSM will reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. **(2. Engagement of AOD Treatment)** CMHPSM will be measured against a minimum standard of 14% at engagement for the measurement period of calendar year 2024.	Measures if our region is reducing the racial disparities between people with substance use receiving services within 34 days starting treatment with a provider.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 14% **Data not stratified by CMH**	Met – most recent data (12/31/24) shows 14% **Data not stratified by CMH**	Page 25
CMHPSM will increase participation in patient-centered medical homes/health homes. (narrative report)	A narrative report sent to the state every December that describes how each entity in the region increases integrated health initiatives in their community, including health homes, as these support better outcomes for people we serve.	Due 12/2025		Page 25
Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence: CMHPSM will reduce the disparity between the index population and at least one minority group. For beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.	This measure (also above) has been added to the pool of performance-based incentives for FY25. Measures if our region is reducing the racial disparities between people with substance use seen for a substance use service within 30 days after presenting at an Emergency Dept for SU reasons. Having	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023 **Data not stratified by CMH**	No significant change in disparity from most recent data (12/31/24) over 2023	

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(Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024	services/supports closer to the ED visit can reduce recurrence of the need for urgent/emergency care and increase opportunities for recovery.			**Data not stratified by CMH**	
Priority Measures (Clinical SUD)	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
CMHPSM SUD providers will meet ASAM continuum completion rates (Target 75%) CMHPSM SUD providers will improve meeting priority population timelines (Target 75%) CMHPSM SUD providers will ensure consumers receive services within 60 days or have their SUD discharge completed (Target 70%). Monthly data reviews and quarterly data analysis reporting. (Target 95%)	These are measures and targets created by the region to improve access to SUD services and accurate data in our region, and to better monitor people's access to SUD services. ASAM Continuums are done by SUD Providers. Priority Population Screening is done by SUD Access. Priority Population Admissions are done by SUU providers.	**ASAM:** Not Met 73.5% **Priority Population**: Screening: 78.0% Admission:39.9% **Active Services**: 91.7% **Monthly Review**: Met **Quarterly Analysis:** Met **Data not stratified by CMH**	**ASAM**: Not Met 73.7% **Priority Population:** Screening: 91.5% Admission: 35.8% **Active Services:** 90.7% **Monthly Review**: Met **Quarterly Analysis:** Met **Data not stratified by CMH**	**ASAM**: Not Met 71.6% **Priority Population:** Screening: 90.6% Admission: 40.8% **Active Services:** 90.2% **Monthly Review**: Met **Quarterly Analysis:** Met **Data not stratified by CMH**	Pages 25-26
Utilization Management/LTSS	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
1. Correct timeframes used for advance action notice (Target 100%) 2. Accurate use of reduction, suspension, or termination decisions. (Target 100%)	Measures to ensure if services a person is receiving are being reduced or ended, this Adverse Benefit Decision (ABD) is clearly explained to them and they are given a	1. Timeframes Not Met (87.0%) Lenawee 84% Livingston 100%	1. Timeframes Not Met (95.1%) Lenawee 94% Livingston 97%	1. Timeframes Not Met (96.5%) Lenawee 95% Livingston 95%	Pages 32-34

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3. Adverse Benefit Decisions (ABDs) provide service denial reasons in language understandable to person served. 4. Analyze type of denial, accuracy of service and denial decision explanation, and compliance with timeframes.	window of time to ask continue these services while appealing the decision. The PIHP tracks data and conducts monitoring of cases.	Monroe 100% Washtenaw 67% 2. Accurate use of decision: Met All counties 100% 3. Accuracy of documentation: Partially met; staff training ongoing **Data not stratified by CMH** 4. Monitoring: Met	Monroe 94% Washtenaw 94% 2. Accurate use of decision: Met All counties 100% 3. Accuracy of documentation: Partially met; staff training and process revision ongoing **Data not stratified by CMH** 4. Monitoring: Met	Monroe 100% Washtenaw 99% 2. Accurate use of decision: Met All counties 100% 3. Accuracy of documentation: Partially met; staff training and process revision ongoing **Data not stratified by CMH** 4. Monitoring: Met	
Assess overutilization of services: Review of psychiatric inpatient recidivism as potential overutilization of higher level of care, using following factors: • Persons receiving Long Term Serves and Supports (LTSS), and/or on c waiver • Services/status, type, and service utilization before first admission • Type or change in the services/IPOS after the first and/or second admission • Engagement obstacles • If hospitalization known or managed by CMH • Compliance with MMBPIS Indicator 4a	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an overutilization project based on re-admission to an inpatient psychiatric unit within 30 days as overutilization of that service, with the aim of helping people served. The bulleted factors are analyzed for any trends or improvements that would reduce psychiatric inpatient recidivism.	Data Analysis Met **MMBPIS Indicator 4a:** Met for Children Not met for Adults Met for SUD (4e) **(see Pg. 4 of this report)**	Data Analysis Met **MMBPIS Indicator 4a:** Met for Children Not met for Adults Met for SUD (4e) **(see Pg. 4 of this report)**	Q3 Data Pending	Pages 32-36

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Underutilization project: Assess HSW members not receiving monthly services that qualify them for HSW enrollment as potential underutilization, including potential risks of maintaining HSW enrollment with the ending of public health emergency and subsequent enrollment exceptions. Including following factors: • Utilization of monthly habilitative services • Authorized services vs utilized services • Service delays and proper ABD notice where applicable • Person given choice of provider and HSW services	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an underutilization project based on people enrolled in the Habilitation Services Waiver receiving at least one service per month based on the high needs of people enrolled in HSW. Not receiving at least one service per month is considered underutilization based on the high needs of people enrolled in HSW. The bulleted factors are analyzed for any trends or improvements that would support service utilization.	Decrease from previous quarter: 85.9% receiving/ billing monthly service Q1 Len 14/2156 auths Liv 24/2156 auths Mon 19/2156 auths Wash 46/2156 auths	Increase from previous quarter: 95.9% receiving/ billing monthly service Q2 Len 16/2146 auths Liv 23/2146 auths Mon 13/2146 auths Wash 30/2146 auths <u>Feb 2025 process change</u>: UM/UR will review data and send it to PIHP Waiver Coordinator for follow up with local CMHs in quarterly meetings. Waiver Coordinator will then bring back to the committee any	Slight increase from previous quarter: 96% Q3 Len 12/2146 auths Liv 28/2146 auths Mon 22/2146 auths Wash 43/2146 auths	Pages 32-34

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			recommendations.		
A. Evidence of use of parity program for those with established Level of Care (LOC) in CMHPSM reviews of CMHSPs clinical records for all populations (Standard 90%). B. Ensure MichiCANS assessment is incorporated in parity program. Review utilization management data, service decision data, and override trends related to MichiCANS at 6-month and 1-year intervals for FY25 implementation, in order to develop parity parameters specific to MichiCANS in FY26. A parity LOC is completed for each person served, including the accurate population The relevant and appropriate level of care assessment is completed for each person served prior to authorizations being completed. If the exception process is used, the reason for the exception is documented and reviewed at the supervisory level.	The state required each PIHP to develop a parity program to promote consistent behavioral health service decisions and prevent too many or too few services being authorized. Level of care systems are based on population served and levels of need assessed by clinical staff. Higher levels = higher/more complex needs, larger array of services, larger number of services. The Regional Utilization Management/Review Committee reviews whether our region is using the LOC system compliantly and analyzes any trends for improvements. This year, the state has implemented a new assessment tool called the MichiCANS; the PIHP is tracking its implementation and rollout.	A. Q1 Regional Averages I/DD Adult 84.4% I/DD Youth 91.3% MI/SMI Adult 71.3% SED Youth 79.6% **Q1:** **IDD A** Lenawee 96.4% Livingston 91.5% Monroe 97.0% Washtenaw 64.3% **I/DD Youth** Lenawee 99.3% Livingston 89.0% Monroe 98.3% Washtenaw 83.9% **MI/SMI Adult** Lenawee 85.1% Livingston 76.9% Monroe 82.8% Washtenaw 53.9% **SED** Lenawee 82.9% Livingston 84.4% Monroe 94.7%	A. Q2 Regional Averages I/DD Adult 83.5% I/DD Youth 88.7% MI/SMI Adult 73.4% SED Youth 81.8% **Q2** **I/DD Adult** Lenawee 95.4% Livingston 88.5% Monroe 98.5% Washtenaw 66.5% **I/DD Youth** Lenawee 99.4% Livingston 88.9% Monroe 98.9% Washtenaw 79.4% **MI/SMI Adult** Lenawee 80.5% Livingston 78.4% Monroe 85.2% Washtenaw 57.3% **SED** Lenawee 87.8% Livingston 84.5% Monroe 91.8%	A. Discovered parity data includes Access only cases that would be N/A in analysis, need to change analysis B. MDHHS changed MichiCANS assessment roll out and ongoing use of CAFAS/ PECFAS so analysis could not be completed within workplan timeframes	Pages 32-34

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		Washtenaw 54.4% B. Analysis due end of Q2	Washtenaw 63.4% B. Analysis pending		
Consistent regional service benefit is achieved as demonstrated by the percent of outliers (exceptions) to level of care benefit packages (Standard <=5%). Measurement period is FY24	If an exception is made in the parity program (someone needs less or more of the Level of Care service array they qualify for) the reason is clearly documented and reviewed by a supervisor. Exceptions of over 5% indicate the need to review possible errors in the system or its use.	Data pending	Data pending	Exceptions less than 5%	Pages 32-34
Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines. (Target 100%). Implement an inner rater reliability with the MCG Indicia parity system for psychiatric inpatient, crisis residential, and partial hospitalization service decisions. Baseline measurement period is Q1 of FY24.	Part of the state parity requirements include all PIHPs use the same service decision guidelines for emergent, and urgent service (inpatient psychiatric, partial hospitalization, crisis residential), to try to ensure consistent decisions for people in crisis. The state contracted to use guidelines by vendor MCG Health. The Regional Utilization Management/Review Committee reviews whether our region is checking inner rater reliability in using this system and analyzes any trends for improvements.	Data pending	Data pending	75% complete; cases used by MCG for testing were changed, which affected comparability of data. Lenawee – 100% passed Livingston – delayed to FY26 Monroe – 100% passed Washtenaw 100% passed	Pages 32-34
Behavior Treatment	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
Consistent quarterly reporting of BTC data (100%) Consistent data analysis of BTC data (100%)	Anyone we serve who has a restriction related to behaviors that put their health & safety at risk must be reviewed by a special committee and receive care based on a plan created by specialized behavior staff. These	Met 100% data reported	Met 100% data reported 100% data	Met 100% data reported	Pages 30-31

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	committees maintain data to ensure the least restrictive options are used, they are required to report this data to the PIHP, and the PIHP is required to analyze it and address any trends for improvements. The measure is that this analysis occurs quarterly	100% data analyzed – ALL CMHs	Analyzed – All CMHs	100% data analyzed – All CMHs	
Consistent quarterly reporting of the percentage of individuals who have an approved Behavior Treatment Plan which includes restrictive and intrusive techniques.	This measures the percentage of people with behavioral needs that have restrictions compared to those with behavioral needs who do not have restrictions, to check that our region is not over-applying restrictions without cause. The measure is that this analysis occurs quarterly.	Met 100% data reported – All CMHs	Met 100% data reported – All CMHs	Met 100% data reported – All CMHs	Pages 30-31
Clinical Practice Guidelines (CPGs)	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
CPGs are reviewed at least bi-annually.	There is a federal requirement that PIHP's review clinical practice guidelines every year to make sure current evidence-based and best clinical practices are being used.	Met		Met	Page 32
CPGs are published to both the provider network and members.	There is a federal requirement that PIHP's make the clinical practice guidelines used in our region available to people served and providers.	Met	Met	Met	Page 32
Provider Monitoring	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**
Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.	As part of quality care and to meet Medicaid requirements, all provider types must meet qualifications to provide services. This includes checks to ensure they have not committed Medicaid fraud or abused vulnerable people.	Data reviewed, submitted to the state in May		Ongoing; next report due in November	Pages 38-42
Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.		In process for FY25	In process for FY25	In process for FY25	Pages 38-42

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Credentialing and re-credentialing of organizational providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1 100% all counties	Met for providers credentialed Q2 100% all counties	Met for providers credentialed Q3 100% all counties	Pages 38-42
Credentialing and re-credentialing of LIP providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1 100% all counties	Met for providers credentialed Q2 100% all counties	Met for providers credentialed Q3 100% all counties	Pages 38-42
Complete assessment of FY25 CMHPSM audits of CMH delegated functions and development performance improvement projects where indicated based on findings and resultant CAPs.	Measure to ensure CMHs are compliant with the functions delegated to them by the PIHP. This is conducted through both state audits and PIHP audits.	MDHHS Review CAP in progress PIHP audits to be scheduled	MDHHS Review CAP in progress PIHP audits to be scheduled; full completion by end of FY25	MDHHS Review CAP in progress PIHP audits in progress	Pages 38-42
CMHPSM will demonstrate an increase in applicable providers within the network that are "in compliance" with the Home and Community Based Services (HCBS) rule. (MDHHS HCBS CAP Guidance form).	Home and Community Based Services (HCBS) rules ensure people served have the same freedoms where they live and work that all people outside the CMH system have and cannot be placed in settings that don't support these freedoms. Providers are assessed for any restrictions in their setting or sites that unduly limit freedoms. People cannot be placed in provider settings/sites not meeting rules and those providers cannot receive Medicaid funds for sites not meeting the rule.	Baseline	Met (65 sites in compliance) **Data not stratified by CMH**	Met (243 sites in compliance) **Data not stratified by CMH**	Pages 38-42
Health Home (SUDHH, BHH, CCBHC) Performance Measures	**Reason for Measure**	**Q1**	**Q2**	**Q3**	**QAPIP Page(s)**

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Meet or exceed Substance Use Disorder Health Home (SUDHH) performance benchmarks.	Opioid Health Homes have been expanded to SUD Health Homes as of this fiscal year. SUDHHs provide comprehensive care management and service coordination to people with a substance use disorder. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures include reducing Emergency Department (ED) visits, follow up care from ED, and timely access to substance use services.	Met for FY24 Pending end of FY25	
Meet or exceed Behavioral Health Home (BHH) performance benchmarks.	Behavioral Health Homes provide coordinated primary, mental health, and social services for people with a mental illness. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures include reducing Emergency Department (ED) visits, certain medical goals like controlling high blood pressure, and access to preventive health services.	Met for FY24 Pending end of FY25	
Meet or exceed federally defined Quality Bonus Payment (QBP) measures and benchmarks for Certified Community Behavioral Health Clinics (CCBHC).	CCBHCs provide coordinated care for mental health and substance use issues. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures are assessing for depression and suicide risk, follow up care after hospitalization, and timely access to substance use services.	Met for FY24 Pending end of FY25	

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CMHPSM FY2026 Budgeted Contracts

Administrative Contracts / Letters of Engagement / Vendor Agreements

Contractor	Description	Term	FY2025 DNE, and/or Rates	FY2026 DNE, and/or Rates
Boardwalk LLC	Lease for 3005 Boardwalk	10/1/2025-9/30/2026	$133,748 + Utilities	$137,085.50 + Utilities
Centria	Private Duty Nursing (PDN) Assessment Services	10/1/2025-9/30/2026	$75.00/hr.	$75.00/hr.
Cohl, Stoker & Toskey	Attorney Services Retainer (No cost retainer all services billed hourly)	10/1/2025-9/30/2026	$225/hr.	$225/hr.
Fuse Technology	Information Technology Systems services	10/1/2025-9/30/2026	$19,796 / yr	$19,796 / yr
TM Group	Financial/Administrative Software License and Support (Help Desk, Consulting, Project Management)	10/1/2025-9/30/2026	$190-$225/hr. based on service	$190-$225/hr. based on service
Michigan Consortium of Healthcare Excellence	MCG Parity Software PIHP Group Purchase	10/1/2025-9/30/2026	$22,002.15 / yr	$22,349.50 / yr
The Longitudinal Record	VIPR Health Data Exchange Platform for PIHP regional data sharing	10/1/2025-9/30/2026	$ 1,200 / mo.	$ 1,200 / mo.
Milliman	DRIVE User Fee	10/1/2025-9/30/2026	$1,000/yr	$1,000/yr
Multi-Health Systems	Preschool and Early Childhood Functional Assessment Scale (PECFAS) and Child And Adolescent Functional Assessment Scale (CAFAS) $2,110/yr per CMHSP	10/1/2025-9/30/2026	N/A	$8,440/yr
Paychex	Human Resources / Payroll	10/1/2025-9/30/2026	$47.64/ employee per payroll	$57.25/ employee per payroll
PCE Systems	CRCT Electronic Health Record	10/1/2025-9/30/2026	$ 486,900 / yr	$ 486,900 / yr
Roslund, Prestage & Company	Audit Services and hourly technical assistance consulting when necessary.	10/1/2025-9/30/2026	$31,700 + $275/hr. technical assistance	$32,575 + $275/hr. technical assistance

CMHSP Medicaid and Other Funding

Contractor	Contract Description	Term	Cost Settled Funding
Lenawee CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Livingston CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Monroe CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Washtenaw County	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Lenawee CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Livingston CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Monroe CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Washtenaw County	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue

MDHHS / PIHP Revenue Contract

Revenue Source	Revenue Amount	Term
MDHHS/PIHP Contract	Per Revenue Budget	10/1/2025-9/30/2026
EGRAMS Grants (MDHHS State Opioid Response 4 (SOR 4) Grant, SUD Administration, Community Grant, MI-PAC, American Rescue Plan Act (ARPA), Gambling Prevention, Prevention, State Disability Assistance, SUD Tobacco, SUD Women's Specialty Services, Clubhouse & Veteran's Systems Navigator & Health Home related revenue)	Per Revenue Budget	10/1/2025-9/30/2026

Other Revenue

Contractor	Description	Revenue Amount	Term
Washtenaw County	PA2 Funding to CMHPSM	Per Tax Receipts and Revenue Budget	10/1/2025-9/30/2026

SUD Core Provider Services – HMP, Block Grant, Medicaid, PA2

Contractor	Description	Term	FY2025 Funding	FY2026 Funding

Lenawee CMH	SUD Core Provider (Cost Settled)	10/1/2025-9/30/2026	$1,850,121.00	$1,971,033
Livingston CMH	SUD Core Provider (Cost Settled)	10/1/2025-9/30/2026	$1,306,157.40	$2,135,044

SUD Project Contracts

Fund source will be determined between: Public Act 2 (PA2), Substance Abuse Block Grant (SABG),, MI PAC or State Opioid Response (SOR) 4.

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Lenawee	Lenawee CMHA	Drug Court Peer Recovery Support	10/1/2025-9/30/2026	$29,068	$33,459
Lenawee	Lenawee CMHA	Pathways Engagement Center	10/1/2025-9/30/2026	$519,974	$527,736
Lenawee	Lenawee CMHA	Jail Based MAT	10/1/2025-9/30/2026	$74,800	$70,409
Lenawee	Lenawee CMHA	Harm Reduction/Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	$19,016	$19,016
Lenawee	Lenawee CMHA	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	$21,470	$21,470
Livingston	Livingston County Catholic Charities & Livingston Community Prevention Project	Prevention Services-Project Success, Youth Led Prevention, CMCA, CBSG	10/1/2025-9/30/2026	$482,428	$472,428
Livingston	Livingston CMHA	Stepping Stones Engagement Center	10/1/2025-9/30/2026	$603,833	$603,833
Livingston	Livingston CMHA	Blended Funding - Wraparound	10/1/2025-9/30/2026	$40,000	$40,000
Livingston	Livingston CMHA	Epidemiologist (with Health Department)	10/1/2025-9/30/2026	$45,000	$45,000

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Livingston	Livingston CMHA	Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	$17,000	$13,000
Livingston	Livingston CMH	Project ASSERT	10/1/2025-9/30/2026	$98,857	$68,978
Livingston	Recovery Advocates in Livingston	Recovery Community Organization	10/1/2025-9/30/2026	$50,000	$50,000
Livingston	Recovery Advocates in Livingston	Recovery Housing	10/1/2025-9/30/2026	$48,893	$48,493
Livingston	Livingston County Catholic Charities	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	$20,440	$20,440
Monroe	Monroe Community Mental Health Authority	St. Joseph Center of Hope – Engagement Center	10/1/2025-9/30/2026	$652,935	$100,000
Monroe	Catholic Charities of SE Michigan	Prevention Services - Student Prevention Leadership Teams	10/1/2025-9/30/2026	$139,772	$139,772
Monroe	Catholic Charities of SE Michigan	Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	$20,000	$20,000
Monroe	Catholic Charities of SE Michigan	Project ASSERT	10/1/2025-9/30/2026	$60,000	$60,000
Monroe	Recovery Advocacy Warriors	Recovery Community Organization	10/1/2025-9/30/2026	$164,725	$164,725
Monroe	Monroe CMHA	Jail Based MAT/MOUD	10/1/2025-9/30/2026	$389,150	$389,150
Monroe	Monroe County Intermediate School District	Prevention Services – Nurturing Parents as Teachers	10/1/2025-9/30/2026	$84,076	$84,076

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Monroe	Women Empowering Women	Recovery Housing	10/1/2025-9/30/2026	$73,170	$65,772
Monroe	United Way of Monroe County	Prevention Coalition Services	10/1/2025-9/30/2026	$85,000	$85,000
Monroe	United Way of Monroe and Lenawee Counties	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	$18,450	$18,450
Washtenaw	Avalon Housing	Harm Reduction & Integrated Care	10/1/2025-9/30/2026	$172,800	$172,800
Washtenaw	Dawn Farm	Family Recovery Housing	10/1/2025-9/30/2026	$38,880	$19,521
Washtenaw	Dawn Farm	Recovery Court Peer Specialist	10/1/2025-9/30/2026	$45,000	$22,500
Washtenaw	Eastern Michigan University	Prevention - Prime for Life	10/1/2025-9/30/2026	$100,000	$100,000
Washtenaw	Eastern Michigan University	Prevention Theatre Collaborative – Botvins Transitions	10/1/2025-9/30/2026	$95,158	$95,158
Washtenaw	EMU	Botvins Life Skills	10/1/2025-9/30/2026	$60,000	$60,000
Washtenaw	Home of New Vision	Harm Reduction	10/1/2025-9/30/2026	$287,674	$247,674
Washtenaw	Home of New Vision	Project ASSERT	10/1/2025-9/30/2026	$151,697	$80,376
Washtenaw	Home of New Vision	Recovery Community Organization - WRAP	10/1/2025-9/30/2026	$150,000	$150,000
Washtenaw	St. Joseph Mercy Chelsea	Prevention Services – Project Success Chelsea and Manchester	10/1/2025-9/30/2026	$151,519	$151,519~~069~~
Washtenaw	Washtenaw County (Health Department)	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	$25,000	$25,000

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Regional	Karen Bergbower & Associates	Synar/ DYTUR Prevention	10/1/2025-9/30/2026	$153,369	$153,369
Regional	Karen Bergbower & Associates	Tobacco/ENDS	10/1/2025-9/30/2026	$4,000	$4,000
Regional	Workit Health	Telehealth Opioid Use Disorder/Stimulant Use Disorder Treatment	10/1/2025-9/30/2026	$269,537	$269,537

Women's Specialty Services SABG WSS

County	Contractor	Term	Total FY2025/DNE Funding	Total FY2026/DNE Funding
Lenawee	Lenawee CMH	10/1/2025-9/30/2026	$28,340	$15,000
Livingston	Livingston CMH	10/1/2025-9/30/2026	$140,800	$50,000
Monroe	Catholic Charities of Southeast Michigan	10/1/2025-9/30/2026	$219,920	$100,000
Washtenaw	Home of New Vision	10/1/2025-9/30/2026	$486,030	$185,000

Substance Use Disorder Health Home (SUD HH) Contracts (Previously Opioid Health Homes - OHH)

Contractor	Description	Term	FY2025 DNE or N/A	FY2026 DNE or N/A
Family Medical Center	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate
Packard Health Clinic	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Rate
Passion of Mind	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate
Therapeutics	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate

Memorandums of Understanding / Coordination Agreements / Data-Use Agreements (No Funding)

Current Medicaid Health Plan Coordination Agreements
Aetna Health Plan
Blue Cross Complete
McLaren Health Plan
Meridian Health Plan
Molina Health Plan
UnitedHealthcare
HAP CareSource

Data-Use Agreements
Michigan Department of Health and Human Services (CC360 & Monthly Extract)
Community Mental Health Services of Livingston County (CC360 & Monthly Extract)
Lenawee Community Mental Health Authority (CC360 & Monthly Extract)
Monroe Community Mental Health Authority (CC360 & Monthly Extract)
Washtenaw County Community Mental Health (CC360 & Monthly Extract)
PCE Systems (CC360 & Monthly Extract)
University of Michigan (Law Resource Services Pilot)
Deerfield Solutions (LOCUS EHR Integration)

SUD Fee-For-Service Contracts

Contractor	FY2025-27 Term
Ann Arbor Treatment Center - CRC Health	10/1/2024-9/30/2026
Bear River	10/1/2024-9/30/2026
Catholic Charities of SE Michigan	10/1/2024-9/30/2026
Dawn Inc	10/1/2025-9/30/2027
Flint Odyssey House Inc.	10/1/2024-9/30/2026
Hegira Programs Inc	10/1/2024-9/30/2026
Home of New Vision	10/1/2024-9/30/2026
Kalamazoo Probation Enhancement Program	10/1/2024-9/30/2026
Passion of Mind	10/1/2024-9/30/2026
Personalized Nursing Light House	10/1/2024-9/30/2026
Premier Services of MI DBA CRM	10/1/2024-9/30/2026
Sacred Heart	10/1/2024-9/30/2026
Salvation Army Harbor Light	10/1/2024-9/30/2026
Samaritas	10/1/2024-9/30/2026
Therapeutics, LLC.	10/1/2024-9/30/2026
Trinity Health – Greenbrook	10/1/2024-9/30/2026
Women Empowering Women	10/1/2024-9/30/2026

FY2026 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
90791		Psychiatric Evaluation	Encounter	$100.00	✓	✓	✓	✓	-
90792		Psychiatric Evaluation	Encounter	$175.00	✓	✓	✓	✓	-
90832		30 minutes of Psychotherapy	Encounter	$60.00	✓	✓	✓	✓	-
90834		45 minutes of Psychotherapy	Encounter	$85.00	✓	✓	✓	✓	-
90837		60 minutes of Psychotherapy	Encounter	$110.00	✓	✓	✓	✓	-
90853	UN UP UQ UR US	Group Therapy per Session: U modifiers based on number of group attendees	Encounter	$26.00	✓	✓	✓	✓	-
96372		Therapeutic, prophylactic, diagnostic injection, doctor on site Medication Administration therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Encounter	$30.00	✓	✓	✓	✓	-
97810		Acupuncture 1 or more needles, initial 15 minutes	Encounter	$40.00			✓	✓	-
97811		Acupuncture 1 or more needles, each additional 15 minutes	Encounter	$40.00			✓	✓	-
99202		E&M New Patient Med	Encounter	$75.00	✓	✓	✓	✓	-
99203		E&M New Patient High	Encounter	$100.00	✓	✓	✓	✓	-
99204		E&M New Patient High	Encounter	$120.00	✓	✓	✓	✓	-
99205		E&M New Patient High	Encounter	$175.00	✓	✓	✓	✓	-
99211		E&M Existing Patient No Doc Low	Encounter	$35.00	✓	✓	✓	✓	-
99212		E&M Existing Patient Low	Encounter	$45.00	✓	✓	✓	✓	-
99213		E&M Existing Patient Med	Encounter	$65.00	✓	✓	✓	✓	-
99214		E&M Existing Patient Mod-High	Encounter	$95.00	✓	✓	✓	✓	-
99215		E&M Existing Patient High	Encounter	$135.00	✓	✓	✓	✓	-
H0001		Alcohol and/or Drug Assessment	Encounter	$130.00	✓	✓	✓	✓	-
H0001	HD	Alcohol and/or Drug Assessment	Encounter	$130.00	✓	✓	✓	✓	-
H0003		Laboratory analysis of specimens to detect presence of alcohol or drugs.	Encounter	$18.00	✓	✓	✓	✓	-
H0004		Individual Behavioral Health Counseling and Therapy	Per 15 mins	$25.00	✓	✓	✓	✓	-
H0004	HD	Individual Behavioral Health Counseling and Therapy	Per 15 mins	$25.00	✓	✓	✓	✓	-

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	**MOD**	**SERVICE**	**DURATION**	**Rate**	**MED**	**HMP**	**SABG**	**PA2**	**Difference from FY25**
H0005	UN UP UQ UR US	Alcohol & Drug Group Counseling by Clinician: U modifiers based on number of group attendees	Encounter	$40.00	✓	✓	✓	✓	-
H0005	HD	Alcohol & Drug Group Counseling by Clinician	Encounter	$40.00	✓	✓	✓	✓	-
H0006		SUD Case Management- Services provided to link clients to other essential medical, educational, social and/or other services.	Encounter	$30.00			✓	✓	-
H0010		Alcohol and/or drug services; sub-acute withdrawal management; medically monitored residential withdrawal management (3.7-WM)	Per Day	$324.00 *	✓	✓	✓	✓	-
H0012		Alcohol and/or drug services; sub-acute withdrawal management; clinically managed residential withdrawal management; non-medical or social withdrawal management setting Alcohol and/or drug services; sub-acute withdrawal management (residential addiction program outpatient) (3.2-WM)	Per Day	$225.00	✓	✓	✓	✓	-
H0015		IOP Intensive Outpatient Care Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	Per Day	$115.00	✓	✓	✓	✓	-

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	**MOD**	**SERVICE**	**DURATION**	**Rate**	**MED**	**HMP**	**SABG**	**PA2**	**Difference from FY25**
H0018	W1	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.1 Clinically Managed Low Intensity	Per Day	$160.00	✓	✓	✓	✓	
H0018	W3	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.3 Clinically Managed Population-Specific (H0018 and W3 modifier)	Per Day	$160.00	✓	✓	✓	✓	
H0018	W5	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.5 Clinically Managed High Intensity (H0018 and W5 modifier)	Per Day	$169.00	✓	✓	✓	✓	
H0018	W7	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.7 Medically Monitored Intensive (H0018 and W7 modifier)	Per Day	$175.00	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	**MOD**	**SERVICE**	**DURATION**	**Rate**	**MED**	**HMP**	**SABG**	**PA2**	**Difference from FY25**
H0019	W1	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.1 Clinically Managed Low Intensity (H0019 and W1 modifier)	Per Day	$160.00	✓	✓	✓	✓	
H0019	W3	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.3 Clinically Managed Population-Specific (H0019 and W3 modifier)	Per Day	$160.00	✓	✓	✓	✓	
H0019	W5	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.5 Clinically Managed High Intensity (H0019 and W5 modifier)	Per Day	$169.00	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	**MOD**	**SERVICE**	**DURATION**	**Rate**	**MED**	**HMP**	**SABG**	**PA2**	**Difference from FY25**
H0019	W7	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.7 Medically Monitored Intensive (H0019 and W7 modifier)	Per Day	$175.00	✓	✓	✓	✓	
H0018	HA	**Adolescent** Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)	Per Day	$285.00	✓	✓	✓	✓	-
H0019	HA	**Adolescent** Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Per Day	$285.00	✓	✓	✓	✓	-
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Encounter	$19.00	✓	✓	✓	✓	
H0038		Recovery Coach/Peer Services: 1 person served	Per 15 mins	$14.00	✓	✓	✓	✓	-$11.00
H0038	UN	Recovery Coach/Peer Services: 2 persons served	Per 15 mins	$7.35	✓	✓	✓	✓	
H0038	UP	Recovery Coach/Peer Services: 3 persons served	Per 15 mins	$5.02	✓	✓	✓	✓	
H0038	UQ	Recovery Coach/Peer Services: 4 persons served	Per 15 mins	$3.85	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/ CPT	**MOD**	**SERVICE**	**DURATION**	**Rate**	**MED**	**HMP**	**SABG**	**PA2**	**Difference from FY25**
H0038	UR	Recovery Coach/Peer Services: 5 persons served	Per 15 mins	$3.36	✓	✓	✓	✓	
H0038	US	Recovery Coach/Peer Services	Per 15 mins	$2.92	✓	✓	✓	✓	
H0048		Alcohol and drug testing, collection and handling only, specimens other than blood.	Encounter / per test	$3.00	✓	✓	✓	✓	-
H2034		Recovery/Transitional Housing	Per Day	$27.00			✓	✓	-
H2035		Group Outpatient: Alcohol/Other Drug Treatment	Per Hour	$40.00	✓	✓	✓	✓	-
H2036		Partial Hospitalization - ASAM Level II.5: Services provided 20 or more hours in a week for needs that do not require 24-hour care. (Hospitalization as an ASAM descriptor, services do not need to take place in a hospital setting.)	Per Day	$171	✓	✓	✓	✓	N/A
S9976		Residential Room and Board - May be used in conjunction with H0018 & H0019.	Per Day	$27.00			✓	✓	-
T1007		Treatment planning; Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter	$100.00	✓	✓	✓	✓	-
T1009		Care of the children of the individual receiving alcohol and/or substance abuse services	Encounter / Per Hour	$15.00			✓	✓	-
T1012		Recovery Supports	Encounter	$60.00	✓	✓	✓	✓	-