Mid-State Health Network

Board of Directors Meeting ~ September 1, 2026
Immediately Following Public Hearing

Board Meeting Agenda

MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1. 312.626.6799; Meeting ID: 379 796 5720

1. Call to Order

   Remind members of the Board Member Conduct Policy

   "B. On matters of general comment or comments of a personal nature, after being recognized by the Chairperson, each Board member may speak on items presently before the Board twice, for up to three (3) minutes each time. The Chairperson may extend an additional (3) minute speaking period at the request of the individual board member or if duly authorized by board action. Any member can make a motion to suspend the rule, which motion must be seconded. If the motion passes, the rule shall be suspended for the duration of consideration of the item before the Board.

   C. On matters involving questions about an item presently before the Board, there shall be no limit on board member questions or other inquiry.

   D. On matters of debate involving significant differences in views among board members about an item presently before the Board, the Board Chair may designate a timeframe within which the debate is to occur. The Board, by motion duly seconded and adopted, may extend the period for debate. Any member can motion to close debate, which motion must be seconded and is not debatable. If the motion passes, such debate shall terminate."

2. Roll Call

3. **ACTION ITEM:** Approval of the Agenda

   Motion to Approve the Agenda of the September 1, 2026 Meeting of the MSHN Board of Directors

4. Public Comment (3 minutes per speaker)

5. **ACTION ITEM:** Consideration of MSHN Fiscal Year 2026 Budget Amendment *(Page 4)*

   Motion to Approve the MSHN Fiscal Year 2026 Budget Amendment as presented

6. **ACTION ITEM:** Consideration of the MSHN Regional Budget for Fiscal Year 2027 *(Handout)*

   Motion to Approve the MSHN Fiscal Year 2027 Budget as presented

7. Interim Chief Executive Officer's Report *(Page 6)*

MSHN
Mid-State Health Network

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

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Board of Directors Meeting Materials:
Click **HERE**
or visit MSHN's website at:
https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2026-meetings

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Upcoming FY27 Board Meetings

Pending Board Approval

November 10, 2026
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

January 5, 2027
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

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Policies and Procedures
Click HERE or Visit
https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies

Mid-State Health Network | 530 W. Ionia Street | Lansing, MI 48933 | P: 517.253.7525 | F: 517.253.7552 | www.MidStateHealthNetwork.org

8. Chief Financial Officer's Report
   Financial Statements Review for Period Ended July 31, 2026 *(Page 34)*
   ACTION ITEM: Receive and File the Statement of Net Position and Statement of Activities for the Period ended July 31, 2026, as presented

9. **ACTION ITEM:** FY27 Contracts for Consideration/Approval *(Page 44)*
   The MSHN Board of Directors Approve and Authorizes the Interim Chief Executive Officer to Sign and Fully Execute the FY 2027 Contracts, as presented on the FY 2027 Contract Listing

10. Chairperson's Report

11. **ACTION ITEM:** Consent Agenda
    Motion to Approve the documents on the Consent Agenda
    - 11.1 Approve Board Meeting Minutes 07/07/2026 *(Page 48)*
    - 11.2 Approve Closed Session Meeting Minutes 07/07/2026 (available for viewing upon request)
    - 11.3 Receive Draft Policy Committee Meeting Minutes 07/07/2026 *(Page 53)*
    - 11.4 Receive SUD Oversight Policy Board Meeting Minutes 06/17/2026 *(Page 55)*
    - 11.5 Receive Operations Council Key Decisions 07/20/2026 *(Page 59)* and 08/17/2026 *(Page 62)*
    - 11.6 Approve the following policies:
      - 11.6.1 Michigan Mission Based Performance Indicator System *(Page 65)*
      - 11.6.2 Clinical Practice Guidelines and Evidence Based Practices *(Page 68)*

12. Other Business

13. Public Comment (3 minutes per speaker)

14. Adjourn

Please direct questions and/or concerns pertaining to the MSHN's Board of Directors to Joseph Sedlock, Chief Executive Officer, at 517.657.3036

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FY26 MSHN Board Roster

Current as of 05/20/2026

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Brodeur	Greg	brodeurgreg@gmail.com		989.413.0621		Shia Health & Wellness	2027
Collins	Kevin	kevin.collins@lifewaysmi.org		517.425.2446		LifeWays	2028
Conley	Patrick	conleypat@gmail.com		585.734.6847		BABHA	2028
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo County MH	2029
Garber	Cindy	cgarber@shiawassee.net		989.627.2035		Shia Health & Wellness	2027
Griesing	David	davidgriesing@yahoo.com		989.545.9556	989.823.2687	TBHS	2027
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2029
Hicks	Tina	tmhicks64@gmail.com		989.576.4169		GIHN	2027
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2027
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752	616.343.9096	The Right Door	2027
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2029
Peasley	Kurt	peasleyhardware@gmail.com		989.560.7402	989.268.5202	MCN	2027
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2029
Purcey	Linda	dpurcey1995@charter.net		616.443.9650		The Right Door	2028
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	2028
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2028
Schultz	Lori	ljodas63@gmail.com		616.293.8435		Newaygo County MH	2028
Schumacher	Pam	pschumacher82@gmail.com		989.415.9497		BABHA	2029
Smith	Mike	tybacore@gmail.com		989.251.0891		HBH	2029
Stapleton	Jack			989.225.5566		HBH	2029
Washington	Dwight	washindwi@gmail.com		517.974.1658		CEI	2028
White	Jason	jasoncardellwhite@gmail.com		517.648.5638		CEI	2028
Williams	Joanie	joanie.williams1977@gmail.com		989.860.6230		Saginaw County CMH	2029
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2027

Administration:

Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org	517.657.3036	989.529.9405
Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org	517.253.7551	989.670.8147
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org	517.253.7546	989.293.8365
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org	517.253.8203	517.285.5320

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Background

MSHN periodically updates its regional budget adjusting for revenue and expenditure variations throughout the fiscal year. The Fiscal Year (FY) 2026 Budget Amendment has been provided and presented for review and discussion. Please Note: MSHN's board approved the original FY 2026 budget in September 2025 and MDHHS final revenue figures were unknown at that time.

Recommended Motion:

Motion to approve the FY 2026 Budget Amendment as presented.

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FISCAL YEAR 2026 AMENDED BUDGET

DRAFT

	FY2026 Original Budget	FY2026 Amended Budget	FY2026 Budget Increase (Decrease)	Notes
REVENUES				
Prior Year Savings	$ 9,887,364	$ 13,618,456	$ 3,731,092	Budget adjusted based on actual savings
Medicaid Capitation SP/iSPA MH	427,560,111	449,865,743	22,305,632	Budget adjusted based on FY2026 capitation rates; original budget was based on FY2025 capitation rates
Healthy Michigan Plan Capitation MH	50,962,404	63,537,248	12,574,844	
Medicaid Waivers (HSW, SED, CWP)	139,254,365	148,609,747	9,355,382	
Medicaid Capitation Autism	95,167,957	109,762,044	14,594,088	
Medicaid Capitation SP/iSPA SUD	17,586,680	18,581,640	994,960	
Healthy Michigan Plan Capitation SUD	29,290,509	33,288,402	3,997,893	
Medicaid Health Homes (Behavioral and Opioid)	4,964,076	5,896,752	932,676	Budget adjusted based on amended rates
Community Grant and Other SUD Grants	13,226,194	13,410,921	184,727	Budget adjusted based on amended grants
PA2 Liquor Tax SUD	4,991,869	5,177,372	185,503	Budget adjusted based on OPB approved amounts
Hospital Rate Adjustor	42,230,000	42,230,000	-	
Performance Bonus Incentive Payment	5,735,896	6,221,562	485,666	Budget adjusted based on amended capitation revenue
Medicaid DHS Incentive Payment	1,505,872	2,098,906	593,034	Budget adjusted based on actual revenue
Local Match Contribution	1,550,876	1,550,876	-	
Other Grants	374,568	374,568	-	
Interest Income	1,100,000	1,100,000	-	
TOTAL REVENUE BUDGET	**$ 845,388,740**	**$ 915,324,237**	**$ 69,935,497**	
EXPENDITURES				
ADMINISTRATION:				
Salaries and Wages	$ 6,769,805	$ 6,478,324	$ (291,481)	Budget adjusted for budgeted vacancies
Employee Benefits	2,302,712	2,187,951	(114,761)	
Other Contractual Agreements	570,900	545,000	(25,900)	
IT Subscriptions and Maintenance	1,083,450	1,196,988	113,538	Budget adjusted based on actual expenses
Consulting Services	130,000	80,600	(49,400)	
Conference and Training Expense	43,500	32,750	(10,750)	
Human Resources Fees	66,400	68,900	2,500	
Mileage Reimbursement	43,500	30,800	(12,700)	Budget adjusted based on actual expenses
Other Expenses	140,000	136,500	(3,500)	
Building Rent Amortization	40,186	40,186	-	
Telephone Expense	144,800	139,350	(5,450)	
Office Supplies	14,000	23,120	9,120	
Printing Expense	35,000	35,500	500	
Meeting Expense	18,250	13,050	(5,200)	
Liability Insurance	30,000	30,000	-	
Audit Services	40,000	35,000	(5,000)	
OPB and Council Per Diems	20,820	11,260	(9,560)	
Dues and Memberships	12,280	9,740	(2,540)	
Legal Services	8,000	8,000	-	
Internet Services	3,550	6,170	2,620	
Subtotal Administration	**$ 11,517,153**	**$ 11,109,189**	**$ (407,964)**	
CMHSP and SUD EXPENSES and TAXES:				
CMHSP Participant Medicaid	$ 560,272,199	564,831,234	$ 4,559,035	Budget adjusted based on FY2026 CMHSP projected expenses
CMHSP Participant Healthy Michigan Plan	60,621,049	63,411,492	2,790,443	
CMHSP Participant Autism	86,573,965	87,236,648	662,683	
CMHSP Participant Other	6,790,972	5,944,896	(846,076)	
SUD Medicaid Contracts	16,200,000	15,200,000	(1,000,000)	Budget adjusted based on actual costs
SUD Healthy Michigan Plan Contracts	30,000,000	31,000,000	1,000,000	
Medicaid Health Homes (Behavioral and Opioid)	4,233,696	5,039,952	806,256	Budget adjusted based on amended rates
Community Grant and Other SUD Grants	12,123,938	12,347,532	223,594	Budget adjusted based on amended grants
SUD PA2 Liquor Tax	4,991,869	5,177,372	185,503	Budget adjusted based on OPB approved amounts
Local Match Contribution	1,550,876	1,550,876	-	
Hospital Rate Adjustor	42,230,000	42,230,000	-	
Insurance Provider Assessment	6,944,082	6,944,082	-	
Subtotal CMHSP and SUD Expenses and Taxes	**$ 832,532,646**	**$ 840,914,084**	**$ 8,381,438**	
TOTAL EXPENDITURE BUDGET	**$ 844,049,799**	**$ 852,023,273**	**$ 7,973,474**	
Revenue Over/(Under) Expenditures*	**$ 1,338,942**	**$ 63,300,964**	**$ 61,962,023**	

REPORT OF THE MSHN INTERIM CHIEF EXECUTIVE OFFICER
TO THE BOARD OF DIRECTORS
July/August 2026

Announcements:

Joseph Sedlock continues to remain on leave; however, he reports his recovery is going well. Joe's anticipated return to work date is September 28th, 2026.

MSHN continues to evaluate current vacancies to ensure coverage and continued compliance with contractual obligations. Board members may notice organizational changes as we work through filling positions internally and evaluating areas for potential consolidations/reductions.

Congratulations to the following MSHN team members on their new role within Mid-State Health Network.

- Katy Hammack, Compliance and Quality Coordinator
- Brie Elsasser, Waiver Administrator
- Brandilyn Mason, Finance Manager - Contracts

Further information related to future planning will be included in the FY27 Budget Presentation.

PIHP/REGIONAL MATTERS

1. **Competitive Procurement of Prepaid Inpatient Health Plans (PIHPs):**

   As noted at the July Board Meeting, the Department of Technology, Management and Budget Vendor Opportunity Dashboard indicated an intent to Procure the PIHPs with an estimated release date of August 2026. It was listed as a new bid opportunity, and the project may be posted in the month prior or the next consecutive month. As of the date of finalization of this report, Michigan Department of Health and Human Services (MDHHS) has not released the intended procurement information. Board members will receive direct notification as soon as possible after release.

   On August 10th, 2026, MSHN along with the other nine PIHPs received the FY27 MDHHS/PIHP contract indicating it's expected signature and return by September 10th, 2026, and after that date it will no longer be available for signature. A summary of the changes is noted below:

   1. Final Authorization Rule Changes
   2. Provider Directory—updates to requirements.
   3. 1915(i) State Plan Amendment (iSPA) Changes
   4. Waskul Changes
   5. Maternity Outpatient Medical Services (MOMS) Program Removal
   6. Schedule E Reporting Update
   7. Centers for Medicare & Medicaid Services (CMS) directed language regarding physician incentive plans added.

8. Adverse Benefit Determination Notices for reductions, suspensions, or terminations of previously authorized/currently provided Medicaid services must be provided at least 30 days before the date of action, except as permitted under Code of Federal Regulations (CFR).
9. Addition of language prohibiting offshore data processing/storing of Protected Health Information (PHI)/Personally Identifiable Information (PII).

MSHN administration is in the process of reviewing the detailed changes in the contract and outside of any critical noted items, is recommending the board approve the contract for execution.

2. PIHP Competitive Procurement Lawsuit Update

As an update to the PIHP/MDHHS lawsuit, MSHN along with the other plaintiffs, filed an appeal with the State of Michigan Court of Appeals on May 13, 2026, in response to the final order issued on April 23, 2026, from the Court of Claims earlier order dated October 14, 2025. In early June, MDHHS moved to dismiss our appeal, claiming the case is moot. MSHN along with the other plaintiffs filed a response to the dismissal on July 14, 2026, and on August 11, 2026, the court of appeals denied MDHHS' motion to dismiss the appeal. The ruling doesn't resolve anything definitively in our favor, but it means that our appeal is still alive on whether MDHHS has the authority to reduce the number of PIHPs and dictate the geographic boundaries of the PIHPs. MSHN along with the other plaintiffs filed our brief to the appeal on August 4, 2026. MDHHS' response is due September 8, 2026.

3. Catholic Charities Lawsuit Update

The defendants, including MSHN, received a three-week extension to file our response to the complaint. Catholic Charities as the plaintiffs, filed a preliminary injunction to halt the removal of the designation. MSHN as represented by Varnum Law, filed a response to the injunction, including a motion to dismiss on August 7, 2026, and filed our brief to the complaint, inclusive of an affidavit by Dr. Dani Meier on August 10, 2026. The Plaintiff has 28 days, until September 7, 2026, to file a response to the motion to dismiss/motion for summary judgment. MSHN will then have 14 days to file a reply brief. We have requested an oral argument for the motion for summary disposition. Thus, the Court should schedule the matter for a hearing to take place after September 21, 2026.

4. Inter-Regional Dialogs

Inter-regional dialogs continue weekly with the MSHN region represented by six of our Community Mental Health Service Program (CMHSP) CEO's, Joe, and me, and the CMHSP CEOs and Executive Leadership of another PIHP with a primary goal of working together to survive the anticipated request for proposals (RFP). These exploratory inter-regional conversations are focused on preserving the public behavioral health system, increased consistency in access and service array for beneficiaries, protecting the rights and statutory authorities of the CMHSP participants in both regions, identifying how we can jointly submit a future bid, potential future regional configurations, and operating in similar ways to benefit providers in common. It is important to highlight that this is designed to be a CMHSP-led initiative. CMHSPs are the only entities that can create regional entities, including any future structural configurations. The latest discussion revolves around a joint representation agreement between all CMHSPs, with the future intention to develop a common interest agreement with the PIHPs.

5. **Rural Health Transformation Grants**

MSHN, as the fiduciary on behalf of the region, submitted two grants under the Rural Health Transformation Programs on August 5, 2026. The Workforce for Wellness initiative would provide funding to expand recruitment, retention, and clinical supervision capacity for the behavioral health workforce serving our region — including stipend and supervision supports that help bachelor's- and master's-level social work staff advance toward independent, billable clinical licensure. If awarded, MSHN will present the grants for Board approval and implementation for FY27.

The region would like to recognize Christopher Eveleth from Shiawassee Health and Wellness for writing and organizing the materials on behalf of the region. MSHN would also like to thank the regional partners for their support and to the community stakeholders for their letters of support.

6. **Balanced Scorecard FY26 Update**

The Balanced Scorecard (BSC) is utilized by our region throughout all the council and committee groups to update the Board of Directors on the status of the strategic objectives included in MSHN's Strategic Plan. The BSC includes key performance indicators for each strategic priority area for Better Health, Better Care, Better Value, Better Provider Systems and Better Equity. In addition, MSHN supports reporting of the specific state and clinic measures related to the Certified Behavioral Health Clinics (CCBHC) that apply to four of our CMHSPs, Behavioral Health Home measures that apply to five of our CMHSPs and Substance Use Disorder Health Homes. **The FY26 Balanced Scorecard is attached.**

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

7. **FY27 Conference Report (Final Budget)**

The below contains the FY27 Conference report on Behavioral Health budget highlights, reported by Community Mental Health Association of Michigan, Chief Executive Officer, Alan Bolter.

Specific Mental Health/Substance Abuse Services Line items

	FY'25 (Final)	FY'26 (Final)	FY'27 (Final)
-CMH Non-Medicaid services	$125,578,200	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$3,387,066,600	$3,188,847,900	$3,429,794,900
-Medicaid Substance Abuse services	$95,650,100	$96,323,300	$86,779,200
-State disability assistance program	$2,018,800	$2,018,800	$1,865,200
-Community substance abuse	$79,626,200	$79,207,900	$77,133,400
-Health Homes Program	$53,418,500	$50,239,800	$34,239,800
-Autism services	$329,620,000	$467,644,200	$552,239,000
-Healthy MI Plan (Behavioral health)	$527,784,600	$438,267,500	$392,882,000
-CCBHC	$525,913,900	$916,062,700	$916,062,700
-Total Local Dollars	$10,190,500	$9,943,600	$9,943,600

Other Highlights of the FY27 Final Budget:

Boilerplate sections NOT included:

Sec. 1020. PIHP Request for Proposal – NOT INCLUDED

Sec. 1021. "Mental Health Framework" Prohibition – NOT INCLUDED

Sec. 1022. Waskul Cost Reimbursements – NOT INCLUDED

Direct Care Worker Wages

- Executive includes $351.8 million Gross ($118.9 million GF/GP) to backfill federal COVID-19 Public Health Emergency (ARPA) revenue and retain $3.40 per hour wage add-on, incorporate state minimum wage increases for CY 2025 and 2026, include an additional $1.27 per hour increase to recognize minimum wage rate effective January 1, 2027, and provide for statutorily-required sick-leave payment costs for Medicaid reimbursed Direct Care Worker wages. **Conference does not include in FY 2026-27, but includes in a FY 2025-26 supplemental.**
- FY26 Supplemental Budget Boilerplate: Sec. 409. Direct Care Wages Allocates funds for minimum wages increases in 2026, 2027, and sick leave costs related to changes to state law; designates unexpended funds as a work project appropriate.

Applied Behavior Analysis (ABA) Service Delivery

- Conference reduces $21.6 million Gross [$7.4 million General Fund/General Purpose (GF/GP)] from the department implementing service and delivery changes to ABA services either independently or associated with federal policy or regulatory modifications. Section 923 is related boilerplate.

Certified Community Behavioral Health Clinics (CCBHCs)

- Includes $7.9 million GF/GP to offset a like amount of federal funds based on updated, anticipated federal cost reimbursements.

- **Conference moves $242.3 million Gross ($46.0 million GF/GP) to the one-time unit.** This results in a net $0 change in FY 2026-27.

Crisis Stabilization Unit Expansion – One-Time

- Conference includes $5.0 million GF/GP on a one-time basis.to expand the number of crisis stabilization units.

Medicaid Efficiencies – ($479,703,400 Gross savings) / ($185,000,000 GF/GP savings)

- The Conference reduced funding due to changes to the pharmaceutical program such as participation in the GENEROUS program, utilization of a single pharmaceutical benefits manager, increased utilization of generic and biosimilars, and prescription fee alignment ($311.2 million Gross and $84.0 million GF/GP)
- Carving out of the Medicaid adult dental program ($48.8 million Gross and $11.3 million GF/GP)
- Medicaid autism services utilization review ($21.6 million Gross and $7.4 million GF/GP)
- Medicaid Health Maintenance Organization administrative reductions ($20.3 million Gross and $5.0 million GF/GP)
- Medicaid third-party contract savings ($7.0 million Gross and $3.5 million GF/GP)
- Eliminated the non-Medicaid long term care direct care worker wage backfill ($73.9 million Gross and GF/GP)

Conference One-Time Items

Conference includes $5.4 million GF/GP for the following one-time items:

- Center for Behavioral Health - $2.0 million GF/GP.
- Common Ground Crisis Center - $405,000 GF/GP.

- St. Louis Center - $2.0 million GF/GP.
- First Responder Mental Health Supports - $1.0 million GF/GP.

Behavioral Health Boilerplate Changes
Sec. 226. U.S. Citizenship Requirement **– NOT INCLUDED**
Sec. 227. Prohibition on DEI Programs – **NOT INCLUDED**

REVISED Sec. 231. 264. Direct Care Worker Wage Increase and Report – Conference revises to remove specific direct care wage and references rate of previous fiscal year; requires pass-through of wage uplift directly to direct care workers and requires documented proof from contractors; and requires the department to recoup payments from employers that do not provide for the wage uplift pass-through.

REVISED Sec. 920. Rate-Setting Process for PIHPs – Requires the Medicaid rate-setting process for PIHPs include any state and federal wage and compensation increases. **Conference adds requirement that DHHS complete rate setting process before requiring PIHPs to implement new direct care worker wage requirements and requires a report.**

NEW Sec. 923. ABA Adjustments – Conference requires DHHS to identify and implement services delivery and policy modifications to realize utilization efficiencies for ABA either independently or in alignment with federal policy modifications.

REVISED Sec. 924. Autism Services Fee Schedule – Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not less than $66.00 per hour. **Executive revises to only require a minimum fee of not less than $66.00 per hour for behavioral technicians. Conference concurs with the Executive.**

NEW Sec. 925. Autism Services Quality Control – Requires DHHS to dedicate up to $1.0% from the autism line to contract with an independent agency to identify fraud, institute quality control measures, and provide technical assistance to improve outcomes and accountability.

RETAINTED: Sec. 994. National Accreditation Review Criteria for Behavioral Health Services – House retains Requires DHHS to seek, if necessary, a federal waiver to allow a CMHSP, PIHP, or subcontracting provider agency that is reviewed and accredited by a national accrediting entity for behavioral health care services to be in compliance with state program review and audit requirements; requires a report that lists each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state requirements; requires DHHS to continue to comply with state and federal law not initiate an action by negatively impacts beneficiary safety; defines “national accrediting entity.”

RETAINED Sec. 1002. Prohibition on using appropriated funds to expand the certified community behavioral health clinic (CCBHC) demonstration.

Sec. 1020. PIHP Request for Proposal – NOT INCLUDED
Sec. 1021. “Mental Health Framework” Prohibition – NOT INCLUDED
Sec. 1022. Waskul Cost Reimbursements – NOT INCLUDED

NEW Sec. 1530. Medicaid Waiver Approvals – House prohibits the department from requesting or implementing a CMS waiver or Medicaid State Plan amendment prior to statutory approval. Senate does not include. Conference concurs with the House.

NEW Sec. 1762/1793. Medicaid Health Plan – Medical Loss Ratio – House requires department to ensure adherence to CMS guidance for Medicaid health plans medical loss ratio requirements. Conference requires adherence to CMS guidance for medical loss ratio requirements and disallows use of investment income as part of medical loss ratio.

8. **Attorney General Dana Nessel files lawsuit - new work requirements for Medicaid**

Published in Gongwer

Attorney General Dana Nessel joined her counterparts in 23 other states this week in filing a lawsuit against the federal government in hopes of blocking the implementation of new work requirements for Medicaid, based on the language used in an administrative rule the lawsuit argues changes the nature of the law after states have already begun preparations to ensure compliance.

Massachusetts v. Oz (Docket No. 26-12962) was filed in the U.S. District Court of the Western District of Massachusetts on Monday, placing the attorneys general of 24 states and the governors of Pennsylvania and Kentucky against Centers for Medicare and Medicaid Services Director Dr. Mehmet Oz. It challenges provisions of an interim final rule published by the U.S. Department of Health and Human Services in early June which plaintiffs argue is unlawful.

New work requirements for Medicaid recipients housed in the One Big Beautiful Bill Act are set to take effect in 2027, and states have been tasked with various steps to take for a smooth implementation, including mechanisms to verify Medicaid applicants' employment status and the status of any exemptions claimed.

Congress set exemptions from the work requirements to keep people with serious illnesses and disabilities from losing coverage or facing interruptions in care. However, Nessel's office said, the interim final rule, "Community Engagement Requirement for Certain Individuals," adopted new interpretations of terms like "medically frail" that had not previously been part of the law's parameters, and which plaintiffs argue will make it more difficult for medically vulnerable individuals to be excused from the work requirements.

Work requirements themselves take effect beginning January 1, 2027, but the filing notes that states must notify Medicaid recipients about the changes by August 31, 2026, and "need significant lead time to prepare those communications and develop eligibility systems and processes." Nessel said states like Michigan have made "substantial investments to ensure compliance" only to face financial penalties if they cannot comply with the interim final rule.

"Medicaid exists to protect our most vulnerable, but this arbitrary rule would strip healthcare from thousands of Michiganders who would otherwise qualify and who desperately need it," Nessel said in a statement. "On top of that, state Medicaid agencies remain in the dark on how to even administer these new requirements, which could cost Michigan millions. Anytime this administration unlawfully acts to block healthcare access, I will not hesitate to protect residents and our state's budget."

In the filing, the states lay out arguments that the administrative rule unlawfully narrows Congress's protections for medically frail Medicaid recipients; violates the Administrative Procedure Act by "ignoring substantial evidence that work reporting requirements cause eligible individuals to lose healthcare coverage because of administrative barriers rather than a failure to work;" fails to adequately consider the significant harms that will be imposed on states, Medicaid beneficiaries, healthcare providers and state healthcare systems and unconstitutionally coerces states by imposing new compliance requirements after states had already begun to implement the law as it was written.

"(The rule) makes other changes that increase administrative burdens, create unnecessary red tape and put eligible people at risk of losing their health coverage – including those who are already working or qualify for an exemption," Department of Attorney General officials said in a statement. "The rule disregards substantial evidence that should have been considered, fails to adequately evaluate reasonable alternatives and does not give states clear or workable guidance."

Nessel is joined in the plaintiffs' coalition by the attorneys general of Arizona, California, Colorado, Connecticut, Delaware, the District of Columbia, Hawai'i, Illinois, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, Vermont, Virginia, Washington and Wisconsin and Gov. Andy Beshear, D-Kentucky, and Gov. Josh Shapiro, D-Pennsylvania.

FEDERAL/NATIONAL UPDATES AND ACTIVITIES

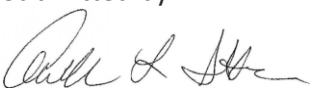
9. **List of All Presidential Executive Orders to Date**
   The Federal Register maintains a current and running list of all presential executive orders with links to the orders. Follow the link provided and navigate to those of interest.

10. **CMS Toolkit for Working Families Tax Cut Legislation Implementation for States**
    CMS has "released a tool designed to aid states by outlining the policy, operational, and system actions most states will need to take to implement the statutory changes made by section 71109 of the Working Families Tax Cut (WFTC) legislation. While not a comprehensive list of activities, it outlines critical tasks to accurately determine eligibility for full Medicaid and Children's Health Insurance Program (CHIP) benefits, provide the appropriate scope of coverage, and properly claim federal financial participation (FFP) for noncitizens to ensure compliance by October 1, 2026."
    The tool is available at https://www.medicaid.gov/medicaid/downloads/State-Implementation-Tool-Sect-71109.pdf.

11. **NGO Announcements/Briefings**
    Health Affairs has published a behavioral health care research article entitled *Corporate Consolidation And The Youth Mental Health Crisis: Evidence From Medicaid Managed Care In 2022*. "Medicaid managed care organizations serve as the primary vehicle for delivering behavioral health services to low-income youth. However, market consolidation has shifted enrollment toward a handful of large national parent firms. Understanding the implications of this shift is critical for identifying and closing gaps in adolescent mental health services. Using national Medicaid claims data from 2022, we examined the associations between managed care organization ownership by five major parent firms

and measures of youth mental health service use and provider composition. Managed care organizations owned by large national parent firms were characterized by lower mental health screening rates and, for most firms, higher use of emergency department, inpatient, and medication-based care, including psychotropic prescribing without psychotherapy. Provider composition also varied by firm, suggesting differences in how these organizations structure their behavioral health networks, with some relying more heavily on psychiatrists and psychologists and others depending more on master's-level therapists. The growing influence of large national parent firms in shaping behavioral health access for Medicaid-enrolled youth underscores the need for closer scrutiny of how managed care structures serve youth with significant mental health needs."
The entire article is available at https://www.healthaffairs.org/doi/

Submitted by:



Amanda L. Ittner, MBA
Interim Chief Executive Officer
Finalized: 8.18.26

Attached:
Michigan Legislation Tracker
FY26 Balanced Scorecard

Michigan Legislative Bill Tracking Update for Board of Directors

MSHN
Mid-State Health Network

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Bill Number	Title	Description	Sponsors	Latest Action	Last Action Date
House Bills					
HB4037	Health Records	Establishes certain requirements to operate a health data utility.	J. Rogers (D)	Reported with recommendation with substitute (H-2) by the Health Policy Committee	May 21, 2025
HB4255	Controlled Substances	Modifies penalties for crime of manufacturing, delivering, or possession of with intent to deliver certain controlled substances.	S. Lightner (R)	Referred to Committee on Civil Rights, Judiciary, And Public Safety	Apr 29, 2025
HB4256	Controlled Substances	Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver certain controlled substances.	A. Bollin (R)	Referred to Committee on Civil Rights, Judiciary, And Public Safety	Apr 29, 2025
HB4279	National Guard	Creates Michigan National Guard apprenticeship program.	J. Greene (R)	Received in the Regulatory Affairs Committee	Feb 24, 2026
HB4280	Occupations - Social Workers	Extends period for renewal for limited licenses for bachelor''s social worker and master''s social worker.	K. Edwards (D)	Referred to Committee on Health Policy	Mar 20, 2025
HB4412	Hospitalization	Revises person requiring treatment and modifies certain procedures for treatment.	D. Steele (R)	Referred to Committee on Health Policy	Mar 24, 2026
HB4413	Outpatient Treatment	Expands hospital evaluations for assisted outpatient treatment.	M. Tisdel (R)	Received: Health Policy Committee	Mar 24, 2026
HB4414	Outpatient Treatment	Provides outpatient treatment for misdemeanor offenders with mental health issues.	T. Kuhn (R)	Received: Health Policy Committee	Mar 24, 2026
HB4417	Occupations - EMS	Provides access to opioid antagonists to life support agencies under certain circumstances.	M. Mueller (R)	Referred to Committee on Health Policy	Jul 1, 2025
HB4423	Veteran Services	Provides funding for the county veteran service fund emergency relief program.	J. Rogers (D)	Referred to Committee on Appropriations	May 1, 2025
HB4428	Opioid Antagonists	Allows choice of formulation, dosage, and route of administration for opioid antagonists by certain persons and governmental entities if department of health and human services distributes opioid antagonists free of charge.	A. St. Germaine (R)	Referred to Committee on Regulatory Reform	May 6, 2025
HB4475	Employment Discrimination	Prohibits discrimination based on certain vaccination status.	J. DeSana (R)	Referred to Committee on Government Operations	May 8, 2025
HB4497	Drug Paraphernalia	Modifies definition of drug paraphernalia.	C. Rheingans (D)	Referred to Committee on Judiciary	May 15, 2025
HB4498	Drug Paraphernalia	Provides syringe service programs.	C. Rheingans (D)	Referred to Committee on Health Policy	May 15, 2025
HB4548	Discrimination	Prohibits discrimination because of ethnicity, including discrimination because of Jewish heritage under the Elliott-Larsen civil rights act.	N. Arbit (D)	Referred to Committee on Government Operations	Jun 4, 2025
HB4683	Health Benefits	Modifies prior authorization requirements for mental health and substance use disorder.	M. McFall (D)	Referred to Committee on Insurance	Jun 25, 2025
HB4685	Health Insurers	Provides collaborative care model for mental health care.	M. McFall (D)	Referred to Committee on Insurance	Jun 25, 2025
HB4686	Controlled Substances	Allows creating, manufacturing, possessing, or using psilocybin or psilocin under certain circumstances.	M. McFall (D)	Referred to Committee on Families and Veterans	Jun 25, 2025
HB4739	Insurance Coverage	Requires coverage for diagnosis of autism spectrum disorders and treatment of autism spectrum disorders.	W. Snyder (D)	Referred to Committee on Insurance	Jul 15, 2025

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HB4740	Insurance Coverage	Modifies the required coverage for autism spectrum disorders.	W. Snyder (D)	Referred to Committee on Insurance	Jul 15, 2025
HB4751	Discrimination	Removes sexual orientation and gender identity or expression as categories protected under the Elliott-Larsen civil rights act.	J. Schriver (R)	Referred to Committee on Government Operations	Jul 29, 2025
HB4777	Discrimination	Removes gender identity or expression from categories protected under Elliott-Larsen civil rights act.	B. Paquette (R)	Referred to Committee on Government Operations	Aug 20, 2025
HB4915	Implicit Bias Repeal	Prohibits implicit bias training for health professionals.	M. Maddock (R)	Referred to Committee on Regulatory Affairs	Dec 16, 2025
HB5105	Marijuana	Modifies penalties regarding certain crimes involving marihuana.	P. Wendzel (R)	Reported by the Regulatory Reform Committee with substitute H-1 adopted	May 21, 2026
HB5107	Marijuana	Modifies allowable amounts of marihuana for personal use and possession.	M. Hoadley (R)	Reported by the Regulatory Reform Committee with substitute H-1 adopted	May 21, 2026
HB5196	Prisoner Mental Health	Provides for screening and treatment for post traumatic prison disorder and requires certain other mental health screening, planning, and treatment of incarcerated individuals.	S. Young (D)	Referred to Committee on Judiciary	Oct 30, 2025
HB5302	Substance Use	Modifies competitive grant program to provide grants for recovery community organizations.	J. DeBoyer (R)	Placed on third reading	Apr 28, 2026
HB5334	Hospitals	Requires assessment by preadmission screening unit of individual being considered for hospitalization within certain period after notification.	M. Bierlein (R)	Referred to Committee on Health Policy	Dec 2, 2025
HB5387	Veterans	Includes missing veterans at risk in the missing senior or vulnerable adult alert.	C. Cavitt (R)	Reported favorably without amendment 6/10/2026 by the Veterans And Emergency Services Committee	Jun 11, 2026
HB5407	Disabled Veterans	Modifies exemption for the surviving spouse of a disabled veteran.	W. Bruck (R)	Reported with recommendation without amendment by the Government Operations Committee	Apr 23, 2026
HB5453	Prison Diversion Programs	Creates prison diversion program for individuals in the possession of controlled substances.	S. Lightner (R)	Reported by the Judiciary Committee	Jun 10, 2026
HB5456	Hyperbaric Oxygen Treatment	Establishes hyperbaric oxygen treatment pilot program.	K. Schmaltz (R)	Referred to Committee on Health Policy	Jun 23, 2026
HB5457	Hyperbaric Oxygen Therapy	Establishes hyperbaric oxygen therapy pilot program.	K. Schmaltz (R)	Referred to Committee on Health Policy	Jun 23, 2026
HB5537	Kratom	Prohibits production and sale of kratom.	C. Cavitt (R)	Received: Government Operations Committee	Mar 24, 2026
HB5715	National Guard	Provides for direct deposit for compensation of Michigan national guard members	K. Schmaltz (R)	Received: Finance, Insurance and Consumer Protection Committee	Apr 28, 2026
HB5728	Substance Use Disorder Services	Modifies references to licenses for certain substance use disorder services programs in the prudent purchaser act to include those exempt from licensure.	B. Schuette (R)	Reported by the Health Policy Committee	Jun 24, 2026
HB5729	Substance Use Disorder Services	Modifies persons required to hold a substance use disorder services program license and requires uniform rules as is reasonable.	K. Schmaltz (R)	Referred to the Rules Committee by the Health Policy Committee	Jun 24, 2026
HB5730	Substance Use Disorder Services	Modifies references to licenses for certain substance use disorder services programs in the municipal health facilities corporations act to include those exempt from licensure.	S. Frisbie (R)	Reported with recommendation without amendment by the Health Policy Committee	Jun 24, 2026

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HB5731	Substances Use Disorder	Includes crisis stabilization units exemptions from the substance use disorder license requirement.	M. Tisdel (R)	Referred to the Rules Committee by the Health Policy Committee	Jun 24, 2026
HB5732	Substances Use Disorder	Modifies references to licenses for certain substance use disorder services programs in the Michigan zoning enabling act to include those exempt from licensure.	L. Meerman (R)	Reported by the Health Policy Committee	Jun 24, 2026
HB5733	Substance Use Disorder	Modifies references to licenses for certain substance use disorder services programs in the motor vehicle code to include those exempt from licensure.	C. VanderWall (R)	Reported with recommendation without amendment by the Health Policy Committee	Jun 24, 2026
HB5734	Substance Use Disorder	Modifies references to licenses for certain substance use disorder services programs in the nonprofit health care corporation reform act to include those exempt from licensure.	N. DeBoer (R)	Reported with recommendation without amendment by the Health Policy Committee	Jun 24, 2026
HB5735	Substance Use Disorder Treatment	Modifies references to licenses for certain substance use disorder services programs in the overdose fatality review act to include those exempt from licensure.	J. Thompson (R)	Reported with recommendation without amendment by the Health Policy Committee	Jun 24, 2026
HB5736	Substance Use Disorder Services	Modifies references to licenses for certain substance use disorder services programs in the patient's right to independent review act to include those exempt from licensure.	A. St. Germaine (R)	Reported by the Health Policy Committee	Jun 24, 2026
HB5737	Substance Use Disorder Services	Modifies references to licenses for certain substance use disorder services programs in the social welfare act to include those exempt from licensure.	M. Harris (R)	Referred to the Rules Committee by the Health Policy Committee	Jun 24, 2026
HB5738	Substance Use Disorder Services	Modifies references to licenses for certain substance use disorder services programs in the adult foster care facility licensing act to include those exempt from licensure.	K. Bohnak (R)	Reported with recommendation for referral to Committee on Rules	Jun 24, 2026
HB5885	Property Tax	Clarifies when to deny a disabled veteran's exemption.	J. Woolford (R)	Referred to Committee on Government Operations	Apr 23, 2026
HB5903	Health Facilities	Expands allowable use of hospital swing beds to include behavioral health patients.	M. Bierlein (R)	Placed on third reading	Jul 1, 2026
HB5943	Behavioral Health Ttransportation	Provides behavioral health transportation licensing requirements.	S. Frisbie (R)	Referred to the Rules Committee by the Health Policy Committee with substitute H-1 adopted	Jun 24, 2026
HB5944	Behavioral Health Transportation	Provides coverage for behavioral health transportation.	A. O'Neal (D)	Reported with recommendation with substitute (H-1) by the Health Policy Committee	Jun 24, 2026
HB6020	Ibogaine	Provides participation in ibogaine clinical trials.	J. Greene (R)	Reported with recommendation for referral to Committee on Rules	Jun 9, 2026
HB6022	Mental Health	Modifies authority for prescreening individuals for mental health services.	C. VanderWall (R)	Reported with recommendation for referral to Committee on Rules	Jun 10, 2026
HB6028	Veteran''s Court	Modifies veterans treatment court.	M. McFall (D)	Referred to Committee on Judiciary	Jun 2, 2026
HB6029	Veterans	Requires consideration of veteran status in sentencing.	W. Bruck (R)	Referred to Committee on Judiciary	Jun 2, 2026
HB6107	Medical Services	Modifies definition of kickbacks or bribes.	S. Steckloff (D)	Placed on third reading	Jul 2, 2026
HB6237	Health Benefits	Modifies public employer contribution to medical benefit plan.	M. Xiong (D)	Referred to Committee on Government Operations	Aug 11, 2026

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HCR1	Adverse Childhood Experiences	A concurrent resolution to urge the Governor of Michigan to issue an executive directive that would require administrating agencies to assess if the implementation of their programs reduce Adverse Childhood Experiences (ACEs) and provide an annual report and data to the Legislature and general public about progress in reducing ACEs in Michigan.	D. Wozniak (R)	Reported With Recommendation Without Amendment	Oct 28, 2025
HR115	Medicaid	A resolution to urge the President of the United States and the United States Congress to fully fund Medicaid and to reject any proposal that would strip access to those in need and shift costs onto states, health care providers, and vulnerable individuals.	D. Mentzer (D)	Referred To Committee On Government Operations	May 22, 2025
Senate Bills					
SB207	Veterans	Creates Michigan veterans coalition fund.	K. Hertel (D)	Referred to Committee on Appropriations	Jun 3, 2025
SB208	Veterans	Creates Michigan veterans coalition grant program.	R. Hauck (R)	Referred to Committee on Appropriations	Jun 3, 2025
SB215	Consumer Protections	Amends Michigan consumer protection act to enhance protections for individuals applying for veterans benefits.	S. Santana (D)	Referred to Committee on Appropriations	Jun 3, 2025
SB219	Hospitalization	Revises person requiring treatment and modifies certain procedures for treatment.	K. Hertel (D)	Referred to Committee on Health Policy	May 21, 2025
SB220	Hospital Evaluations	Expands hospital evaluations for assisted outpatient treatment.	J. Irwin (D)	Referred to Committee on Health Policy	May 21, 2025
SB221	Mental Capacity	Provides outpatient treatment for misdemeanor offenders with mental health issues.	S. Santana (D)	Referred to Committee on Health Policy	May 21, 2025
SB222	Outpatient Treatment	Expands petition for access to assisted outpatient treatment to additional health providers.	P. Wojno (D)	Referred to Committee on Health Policy	May 21, 2025
SB237	National Guard	Creates Michigan National Guard apprenticeship program.	T. Albert (R)	Referred to Committee on Regulatory Affairs	Apr 22, 2025
SB239	Vietnam Veterans	Creates Vietnam veteran era bonus extension act.	K. Daley (R)	Referred to Committee on Appropriations	Apr 22, 2025
SB398	Controlled Substances	Modifies substance use disorder services programs requirements and prohibits the promulgation of certain rules.	J. Bellino (R)	Reported with recommendation for referral to Committee on Rules	Mar 11, 2026
SB399	Drug Paraphernalia	Modifies definition of drug paraphernalia.	J. Irwin (D)	Referred to Committee on Insurance	Jul 1, 2025
SB400	Health Insurers	Prohibits prior authorization for certain opioid use disorder and alcohol use disorder medications.	K. Hertel (D)	Referred to Committee on Insurance	Jul 1, 2025
SB401	Pharmaceuticals	Requires co-prescribing of naloxone with opioid drugs.	S. Santana (D)	Referred to Committee on Insurance	Jul 1, 2025
SB430	Controlled Substances	Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines.	S. Chang (D)	Placed on order of third reading	Oct 29, 2025
SB431	Opioid Drugs	Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl.	S. Anthony (D)	Placed on order of third reading	Oct 29, 2025
SB432	Controlled Substances	Allows probation for certain major controlled substances offenses.	R. Victory (R)	Placed on order of third reading	Nov 5, 2025
SB462	Tobacco/Nicotine Licenses	Requires license to sell nicotine or tobacco products at retail.	S. Singh (D)	Referred to Committee on Regulatory Reform	Dec 18, 2025
SB465	Tobacco/Nicotine Licenses	Creates certain temporary exemptions to the requirement that a person hold a license to sell a nicotine or tobacco product at retail.	J. Bellino (R)	Referred to Committee on Regulatory Reform	Dec 18, 2025

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SB555	MiABLE Fund	Provides for earmark to MiABLE Fund from the income tax.	M. Webber (R)	Referred to Committee on Housing And Human Services	Sep 18, 2025
SB556	MiABLE Fund	Creates MiABLE Fund.	M. Webber (R)	Referred to Committee on Housing And Human Services	Sep 18, 2025
SB628	Medical Services	Provides for coverage for syringe service programs.	R. Bayer (D)	Referred to Committee on Housing And Human Services	Oct 30, 2025
SB629	Controlled Substances	Provides for syringe service programs.	R. Bayer (D)	Referred to Committee on Housing And Human Services	Oct 30, 2025
SB799	Mental Health Facilities	Provides licensure for adult residential psychiatric programs.	R. Bayer (D)	Referred to Committee on Housing And Human Services	Feb 26, 2026
SB800	Mental Health Facilities	Enacts sentencing guideline for facility that receives or maintains an adult who requires residential psychiatric care when the facility''s license has been revoked or suspended or it has refused to renew its license.	S. Santana (D)	Referred to Committee on Housing And Human Services	Feb 26, 2026
SB845	Occupations - Social Workers	Modifies social work licensure.	S. Chang (D)	Referred to Committee on Housing And Human Services	Mar 18, 2026
SB846	Occupations - Social Workers	Creates social worker scholarship fund.	R. Bayer (D)	Referred to Committee on Housing And Human Services	Mar 18, 2026
SB917	Mental Health	Provides 988 crisis lifeline system fund and telecommunications fee.	R. Bayer (D)	Referred to Committee on Housing And Human Services	Apr 22, 2026
SB927	Medical Services	Provides coverage for behavioral health transportation.	M. Huizenga (R)	Referred to Committee on Health Policy	Apr 23, 2026
SB928	Behavioral Health Transportation	Provides behavioral health transportation licensing requirements.	M. Huizenga (R)	Referred to Committee on Health Policy	Apr 23, 2026
SB953	Data Collection	Establishes standards for public bodies collecting and reporting data related to race and ethnicity.	D. Camilleri (D)	Referred to Committee on Oversight	May 13, 2026
SB954	Data Collection	Repeals classifications used in state agency writings requesting racial or ethnic identification.	D. Camilleri (D)	Referred to Committee on Oversight	May 13, 2026
SB955	Data Collection	Modifies certain writings requesting racial or ethnic identification.	D. Camilleri (D)	Referred to Committee on Oversight	May 13, 2026
SB1007	Guardians	Requires appointing certain guardians after considering least restrictive means.	R. Bayer (D)	Referred to Committee on Housing And Human Services	May 21, 2026
SB1115	Recipient Rights	Provides requirements for collection of complaints.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1116	Recipient Rights	Modifies rights violations investigations.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1117	Recipient Rights	Grants authority over surveillance for state psychiatric hospitals to the office of recipient rights.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1118	Recipient Rights	Requires retention of monitoring reports.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1119	Recipient Rights	Requires retention of certain review information.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1120	Recipient Rights	Prohibits members employed by the community mental health service from serving on the recipient rights advisory committee.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1121	Recipient Rights	Prohibits members employed by licensed hospital from serving on the recipient rights advisory committee.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1122	Recipient Rights	Requires office of recipient rights contact information to be published.	M. Webber (R)	Referred to Committee on Housing And Human Services	Jul 15, 2026
SB1136	Health Benefits	Modifies public employer contribution to medical benefit plan.	K. Hertel (D)	Referred to Committee on Government Operations	Jul 29, 2026

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SR50	Medicaid	A resolution to urge the President of the United States and the United States Congress to fully fund Medicaid and to reject any proposal that would strip access to those in need and shift costs onto states, health care providers, and vulnerable individuals.	K. Hertel (D)	Adopted	May 20, 2025

MSHN FY26- Board of Directors and Operations Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	60%	63%	0%	0%	>=75%		75-100%	66-74%	<65%
	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Not Yet Available	Data Not Yet Available	0%	0%	>=28%		>=28%	24%-27%	<=23%
	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period: Glycemic Status in control (<8.0%) and Glycemic Status poor control (>9.0%). (Rolling 12 months)	Aligns with strategic plan goal improve population health and integrated care activities.	In Control: 67.05%	In Control: 66.2%	0%	0%	Median National Value In Control=52.1%		59.0-64.3%	52.1-58.9%	4.9-33.5%
	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	Data Not Yet Available	Data Not Yet Available	0%	0%	70%		>=70%	0	<70%
BETTER CARE	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	92%	86%	0%	0%	>=95%		95-100%	90-94%	<90%
	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	0	Initiation: 48.41% (1-1-25 thru 12-31-25)	0	0	Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	0	Engagement: 38.82% (1-1-25 thru 12-31-25)	0	0	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
	Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	0	Initiation: 89.16% Engagement: 57.47% (1-1-25 thru 12-31-25)	0	0	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I:40.58% ; E:25.90%	Data not avail yet	0	0	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels
	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan, MSHN UM Plan; Measurement Portfolio NQF 1768	10.0%	Not Available	0.0%	0.0%	<=15%		<=15%	16-25%	>25%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's BOARD APPROVED BUDGET	107%	100%	0%	0.0%	≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	Data Not Available	4%	0%	0.0%	7.5%		> 6%	≥ 5% and 6%	< 5%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	0	0	0	0	2		2	1	0
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	98%	97%	0%	0%	95% or greater		95-100%	90-94%	<90%
	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements	1%	0.08%	0.00%	0.00%	<= 5%		<=5%	6%-10%	>=11%

MSHN FY26- Board of Directors and Operations Council - Balanced Scorecard

									Target Ranges		
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level			
	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	Data Not Available	Data Not Available	0	0.0%	85%		≥ 90%	> 85% and < 90%	≤ 85%
	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MDHHS PIHP Contract: Performance Bonus Incentive Program	67%	73%	0%	0%	100%		>=75%	50%-74%	<50%
BETTER PROVIDER SYSTEMS	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	NCI-Satisfaction Section	Data Not Yet Available- Satisfaction survey results will be completed in September 2026			0%	>=80%		80%	75%-80%	75%
	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	1	2	0	0	4		3	2	1
	Develop regionally standardized boilerplate and statement of work for: CLS / Specialized Residential Services	Strategic Plan - Better Provider Systems	Not Started	Not Started	0	0	Not Started		Complete	In Process	Not Started
	Improve data availability (Foster Care/child Welfare, SDoH, Employment & Housing, Autism Reporting, etc.)	MSHN FY26-27 Strategic Plan - MSHN will review the region's Population Health via standardized, nationally recognized metrics, to update (replace, remove or add) the region's process and outcome	50%	0%	0%	0%	100%		75%	50%	25%
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	0	Data not available yet	0	0	Michigan FY 2023 Black: 35.65% White: 36.90%		Significant Decrease from FY 23 levels	No Significant Change in Disparity	Significant Increase from FY 23 levels
	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	0	Data not available yet	0	0	MSHN FY 2023 Black: 10.85% White: 13.81%		Significant Decrease from FY 23 levels	No Significant Change in Disparity	Significant Increase from FY 23 levels
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Not Yet Available	Data Not Yet Available	0	0	0		0	1	2
	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	EQR-PIP#1 Strategic Plan	The current PIP project's measurement period officially ended on 12/31/2025. Of note, MSHN was successful in statistically eliminating the disparity between the black/African American population and white population for access to services within 14 days of an assessment for the last PIP year cycle (remeasurement period 3). There remains a statistically significant decrease in the white/index population however.			0	Yes		Yes	No change	No

MSHN FY26 -Substance Use Disorder Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns With	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Performance Level	Target Ranges		
	Please Note: * Indicates Pay for Performance Measure									
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA-AD7)*	CMS Health Home Core Set (2025)	92.00%	96.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)*	CMS Health Home Core Set (2025)	30.00%	50.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Emergency Department Utilization for SUD per 1000 Medicaid Beneficiaries	CMS Health Home Core Set (2025)	172.80	276.07	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)	CMS Health Home Core Set (2025)	37.50%	25.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)	CMS Health Home Core Set (2025)	100%	100%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Controlling High Blood Pressure (CBP)	CMS Health Home Core Set (2025)	40.00%	33.33%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2025)	4.15%	5.41%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2025)	31.58%	35.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2025)	84.62%	81.82%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2025)	84.62%	81.82%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2025)	37.50%	50.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2025)	37.50%	50.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2025)	99.25%	98.65%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2025)	2.00	11.32	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2025)	90.48	100.81	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Inpatient Utilization (IU)	CMS Health Home Core Set (2025)	15.60	15.51	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance

MSHN FY26 - Behavioral Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Performance Level	Target Ranges		
	*Please Note: * Indicates Pay for Performance Measure*							>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	**Access to Preventive/Ambulatory Health Services (AAP)***	HEDIS NCQA	100.00%	100.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	**Increase in Controlling High Blood Pressure (CBP)***	CMS Health Home Core Set (2025)	70.37%	75%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	**Follow-Up After Hospitalization for Mental Illness within 7 days (FUH-7)***	CMS Health Home Core Set (2025)	58.33%	81.82%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2025)	3.73%	3.73%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2025)	68.75%	73.91%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA-7)	CMS Health Home Core Set (2025)	0.00%	100%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA-30)	CMS Health Home Core Set (2025)	0.00%	100%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH-30)	CMS Health Home Core Set (2025)	100.00%	100.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM-7) Age 6 and over	CMS Health Home Core Set (2025)	75.00%	80.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM-30) Age 6 and over	CMS Health Home Core Set (2025)	75.00%	80.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment within 14 days (IET-14) Only MSHN Claims	CMS Health Home Core Set (2025)	50.00%	50.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET-34) Only MSHN Claims	CMS Health Home Core Set (2025)	8.33%	12.50%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Inpatient Utilization (IU)	CMS Health Home Core Set (2025)	19.08	22.81	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2025)	50.00%	60.00%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2025)	4.08%	8.51%	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI-92)	CMS Health Home Core Set (2025)	218.53 per 100,000 beneficiary months	524.31 per 100,000 beneficiary months	Data Not Yet Available	Data Not Yet Available		>=statewide performance	equals statewide performance	<=statewide performance

MSHN FY26 - Quality Improvement Council - Scorecard

Key Performance Areas	Key Performance Indicators	Regulatory Requirement Source	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER CARE	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non emergency request for service (Cumulative Populations)	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	MMBPIS FY24 Codebook Indicator 2	65.26%	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	>=62.%		>=62.3%		<62.3%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with SUD services (Annual Comprehenisve Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 MHSIP	Data Not Yet Available- Satisfaction survey results will be completed in September 2026				>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of children/families indicating satisfaction with mental health services (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 YSS	Data Not Yet Available- Satisfaction survey results will be completed in September 2026				>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with mental health services (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 MHSIP	Data Not Yet Available- Satisfaction survey results will be completed in September 2026				>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	NCI-Satisfaction Section	Data Not Yet Available- Satisfaction survey results will be completed in September 2026				>=80%		80%	75%-80%	75%
BETTER EQUITY	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	MDHHS PIHP Contract: QAPIP	EQR-PIP#1 Strategic Plan	The current PIP project's measurement period officially ended on 12/31/2025. Of note, MSHN was successful in statistically eliminating the disparity between the black/African American population and white population for access to services within 14 days of an assessment for the last PIP year cycle (remeasurement period 3). There remains a statistically significant decrease in the white/index population however.				Yes		Yes	No change	No
BETTER EQUITY	PIP 2 - The racial or ethnic disparity between the black/African American minority penetration rate and the index (white) penetration rate will be reduced or eliminated (Yes=The disparity is not statistically lower than the white population group, and the index rate did not decrease)	MDHHS PIHP Contract: QAPIP	Strategic Plan	The current PIP project's measurement period officially ended on 12/31/2025. Of note, MSHN was successful in statistically eliminating the disparity between the black/African American population and white population for access to services within 14 days of an assessment for the last PIP year cycle (remeasurement period 3). There remains a statistically significant decrease in the white/index population however.				Yes		Yes	No change	No
BETTER HEALTH	The rate of critical incidents, per 1000 persons served, will demonstrate a decrease from previous measurement period (CMHSP excluding deaths - Cumulative YTD)	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	5.238*	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	FY25 10.346		Decrease	No change	Increase
BETTER HEALTH	The rate, per 1000 persons served, of Unexpected Deaths will demonstrate a decrease from previous measurment period (CMHSP - Cumulative YTD)	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	.215*	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	FY25 .549		Decrease	No change	Increase
BETTER HEALTH	The percent of physical interventions per person served will demonstrate a decrease from previous measurement period	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	.66%*	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	Decrease from previous FY 1.44%		Decrease	No change	Increase

MSHN FY26 - Regional Compliance Committee - Scorecard

									Target Ranges	
Key Performance Areas	**Key Performance Indicators**	**Aligns with**	**Actual Value (%) as of December 2025**	**Actual Value (%) as of March 2026**	**Actual 6**	**Actual Value (%) as of September 2026**	**Target Value**	**Performance Level**			
BETTER CARE	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. CMHSP	MSHN QAPIP	91.24%	Not available			Increase over 2025		Increase	No change	Decrease
BETTER CARE	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. SUD	MSHN QAPIP	68.37%	Not available			Increase over 2025		Increase	No change	Decrease

MSHN FY26- Clinical Leadership Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period: Glycemic Status in control (<8.0%) and Glycemic Status poor control (>9.0%). (Rolling 12 months)	Aligns with strategic plan goal improve population health and integrated care activities.	In Control: 67.05%	In Control: 66.2%			Median National Value In Control=52.1%		59.0-64.3%	52.1-58.9%	4.9-33.5%
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	60.40%	62.60%			>=75%		75-100%	66-74%	<65%
BETTER CARE	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	92.00%	86.00%			>=95%		95-100%	90-94%	<90%
BETTER VALUE	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	97.90%	97.00%			95% or greater		95-100%	90-94%	<90%
BETTER CARE	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care (DMC) reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	Data gathering ceased due to DMC review changes.	Data gathering ceased due to DMC review changes.			95% or greater		95-100%	90-94%	<90%
BETTER CARE	Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (Quarterly)	Monthly autism benefit reporting on timeliness.	79.48%	79.76%			95%		95-100%	90-94%	<90%
BETTER CARE	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I:40.58% ; E:25.90%	Data not avail yet			Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels

MSHN FY26 - Customer Service Committee - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER CARE	The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement	97.50%	96.49%			95%		95%	91%-94%	90%
BETTER CARE	The percentage (rate per 100) of Medicaid grievances are resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement	95.54%	100%			95%		95%	91%-94%	90%

MSHN FY26 - Provider Network Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER PROVIDER SYSTEM	Develop an action plan to address repeat findings related to provider credentialing and recredentialing process requirements through training/technical assistance and monitoring; monitoring and oversight of CMHSPs demonstrate improvement in credentialing and credentialing systems; Advance use of MDHHS mandated CRM credentialing function	HSAG and MDHHS Reviews	60%			90%		>90%	70-89%	<70%
BETTER PROVIDER SYSTEM	Providers demonstrate increased compliance with the MDHHS/MSHN Credentialing and Staff Qualification requirements. (SUD Network and CMHSP Network)	QAPIP Goal; HSAG and MDHHS reviews	100%			Complete		>90%	70-89%	<70%
BETTER PROVIDER SYSTEM	Address recommendations from the 2025 assessment of Network Adequacy as it relates to provider network functions; update the Assessment of Network Adequacy to address newly identified needs.	MDHHS Network Adequacy Requirements	Data Not Available			100%		>95%	80-94%	<79%
BETTER PROVIDER SYSTEM	Monitor and implement Electronic Visit Verification as required by MDHHS	MDHHS Reviews	In process			Complete		Complete	In Process	Not Started
BETTER PROVIDER SYSTEM	Advocate for direct support professionals to support provider retention (e.g. wage increase; recognition)	Strategic Plan - Better Provider Systems	100%			100%		>90%	70-89%	<70%
BETTER PROVIDER SYSTEM	Develop regionally standardized boilerplate and statement of work for: CLS / Specialized Residential Services	Strategic Plan - Better Provider Systems	Not Started			Not Started		Complete	In Process	Not Started
BETTER PROVIDER SYSTEM	Develop and implement regionally approved process for credentialing/re-credentialing reciprocity; Use of MDHHS mandated CRM Credentilaing function	QAPIP Goal; HSAG and MDHHS reviews	Complete			Complete		Complete	In Process	Not Started

MSHN FY26 - Clinical SUD - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	Numbers not able to be pulled until new MPDS reporting is			144		>=144	<144 and >72	<=72
BETTER HEALTH	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	25 Locations			Increase MAT locations by 5% over FY25 (24)		>5%	No change	<5%
BETTER CARE	Increase percentage of individuals moving from residential level(s) of care who transition to a lower level of care within timeline of initiation (14 days) and engagement (2 or more services within 30 days subsequent to initiation).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 76.45% Engagement: 50.00% (1-1-25 thru 12-31-25)			Increase over MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 89.16% Engagement: 57.47% (1-1-25 thru 12-31-25)			Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 48.41% (1-1-25 thru 12-31-25)			Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
BETTER CARE	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 38.82% (1-1-25 thru 12-31-25)			Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data not available yet			Michigan FY 2023 Black: 35.65% White: 36.90%		Significant Decrease from FY 23 levels	No Significant Change in Disparity from FY 23 levels	Significant Increase from FY 23 levels
BETTER EQUITY	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data not available yet			MSHN FY 2023 Black: 10.85% White: 13.81%		Significant Decrease from FY 23 levels	No Significant Change in Disparity from FY 23 levels	Significant Increase from FY 23 levels
BETTER CARE	The percentage of individuals identified as a priority popuation who have been screened and referred for services within the required timeframe.	MDHHS PIHP Contract: Access Standards.	82.4%			>42%		>42%	41-35%	<35%

MSHN FY26 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER VALUE	Unique consumers submitted monthly	Contractual Reporting Oversight	99.2%				85%		86.0%	85.0%	84.0%
BETTER VALUE	Encounters submitted monthly	Contractual Reporting Oversight	89.1%				85%		86.0%	85.0%	84.0%
BETTER VALUE	BH-TEDS submitted monthly	Contractual Reporting Oversight	89.9%				85%		86.0%	85.0%	84.0%
BETTER VALUE	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	97.8%				95%		95.0%	94.0%	90.0%
BETTER CARE	Implementation of Vital Data Predictive Modeling Grant Project	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	75.0%	75.0%			100%		100%	75%	50%
BETTER HEALTH	Complete RFP and selection of regional Data Analytics Platform	MSHN FY26-27 Strategic Plan - MSHN will review the region's Population Health via standardized, nationally recognized metrics, to update (replace, remove or add) the region's process and outcome	25.0%	25.0%			100%		75%	50%	25%
BETTER HEALTH	Increase health information exchange/record sets (OHH and BHH atribution files to ZTS, CMHSP autism data, etc.)	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN. Using REMI, ICDP and CC360 as well as PCP, Hospitals, MHPs.	1	1			2		2	1	0
BETTER PROVIDER SYSTEM	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	1	2			4		3	2	1
BETTER PROVIDER SYSTEM	Improve data use and quality (Race/Ethnicity Startification, Measure Repository, Predictive Modeling, etc.)	MSHN FY26-27 Strategic Plan - Increase overall efficiencies and effectiveness by streamlining and standardizing business tasks and processes as appropriate.	53.0%				100%		75%	50%	25%
BETTER PROVIDER SYSTEM	Improve data availability (Foster Care/child Welfare, SDoH, Employment & Housing, Autism Reporting, etc.)	MSHN FY26-27 Strategic Plan - MSHN will review the region's Population Health via standardized, nationally	50.0%				100%		75%	50%	25%
BETTER PROVIDER SYSTEM	Research Utilization Management Systems	Ensure preparation for CFAP compliance	75.0%	75.0%			100%		75%	50%	25%

MSHN FY26 - Integrated Care - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Not Yet Available	Data Not Yet Available			>=28%		>=28%	24%-27%	<=23%
BETTER HEALTH	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use. (FUA	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	Data Not Yet Available	Data Not Yet Available			0		0	1	2
BETTER CARE	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	Data Not Yet Available	Data Not Yet Available			70%		>=70%		<70%
BETTER CARE	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	Data Not Yet Available	Data Not Yet Available			58%		>=58%		<58%
BETTER EQUITY	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Not Yet Available	Data Not Yet Available			0		0	1	2
BETTER EQUITY	Review and research BH-TEDS Housing Data - develop outcomes related to Housing	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Collection	Data Collection			Data Collection		Outcome Reporting	Data Valadation	Data Collection
BETTER EQUITY	Review and research BH-TEDS Employment Data - develop outcomes related to Employment	MDHHS PIHP Contract: Performance Bonus Incentive Program	Data Collection	Data Collection			Data Collection		Outcome Reporting	Data Valadation	Data Collection
BETTER CARE	Percent of care coordination cases that were closed due to successful coordination.	MDHHS PIHP Contract: Performance Bonus Incentive Program	100%	100%			100%		>=50%	25%-49%	<25%
BETTER VALUE	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MDHHS PIHP Contract: Performance Bonus Incentive Program	67.40%	73.3%			100.0%		>=75%	50%-74%	<50%

MSHN FY26 - Finance Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER VALUE	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	Data Not Available	4.3%			7.5%		> 6%	≥ 5% and 6%	< 5%
BETTER VALUE	Regional Financial Audits indicate unqualified opinion	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	Data Not Available	Data Not Available			100%		> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	No noted significant findings related to regional Compliance Examinations	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	Data Not Available	Data Not Available			100%		> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's BOARD APPROVED BUDGET	107.00%	99.90%			≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
BETTER VALUE	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	Data Not Available	Data Not Available			85%		≥ 90%	> 85% and < 90%	≤ 85%
BETTER VALUE	Regional revenue is sufficient to meet expenditures (Savings estimate report)	MSHN WILL MONITOR TRENDS IN RATE SETTING TO ENSURE ANTICIPATED REVENUE ARE SUFFICIENT TO MEET BUDGETED EXPENDITURES.	Data Not Available	95.7%			100%		<100%	> 100% and <105%	>105%
BETTER VALUE	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	0	0			2		2	1	0

MSHN FY26 - Utilization Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2026	Actual Value (%) as of June 2026	Actual Value (%) as of September 2026	Target Value	Performance Level	Target Ranges		
BETTER CARE	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN UM Plan	97.0%	97.0%			100%		96-100%	94-95%	<93%
BETTER CARE	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan , MDHHS State Transition Plan; MDHHS Site Review Findings	Data gathering ceased due to DMC review changes.	Data gathering ceased due to DMC review changes.			100%		100%	90%-99%	<90%
BETTER CARE	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan, MSHN UM Plan; Measurement Portfolio NQF 1768	9.98%	Not Available			<=15%		<=15%	16-25%	>25%
BETTER VALUE	Service Authorizations Denials Report demonstrates 90% or greater compliance with timeframe requirements for service authorization decisions and ABD notices	MSHN QAPIP Plan	94.00%	Not Available			> 90%		>90%	89-80%	<80%
BETTER VALUE	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements	1.00%	0.08%			<= 5%		<=5%	6%-10%	>=11%

MSHN
Mid-State Health Network

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Statement of Net Position and Statement of Activities for the Period Ending July 31, 2026, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Statement of Net Position and Statement of Activities for the Period Ending July 31, 2026, as presented.

Mid-State Health Network
Statement of Activities
As of July 31, 2026

Rows Numbers		A	B	C	D	E	F	
						(C - D)	(C / B)	
			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
			FY26 Original Budget		FY26 Original Budget			
			83.33%					
1		Revenue:						
2		Grant and Other Funding	$ 374,568	260,960	312,140	(51,180)	69.67 %	1a
3		Prior FY Medicaid Carryforward	$ 9,887,364	13,618,456	8,239,470	5,378,987		1b
4		Medicaid Capitation	814,257,869	673,641,359	678,548,225	(4,906,867)	82.73%	1c
5		Local Contribution	1,550,876	1,245,655	1,292,396	(46,742)	80.32%	1d
6		Interest Income	1,100,000	891,667	916,667	(24,999)	81.06%	1e
7		Non Capitated Revenue	18,218,063	13,762,663	15,181,719	(1,419,056)	75.54%	1f
8		Total Revenue	845,388,740	703,420,760	704,490,617	(1,069,857)	83.21 %	
9		Expenses:						
10		PIHP Administration Expense:						
11		Compensation and Benefits	9,072,517	6,901,442	7,560,432	(658,989)	76.07 %	
12		Consulting Services	130,000	27,249	108,333	(81,085)	20.96 %	
13		Contracted Services	114,400	84,778	95,333	(10,555)	74.11 %	
14		Other Contractual Agreements	570,900	457,153	475,750	(18,597)	80.08 %	
15		Board Member Per Diems	20,820	8,050	17,350	(9,300)	38.66 %	
16		Meeting and Conference Expense	99,280	51,056	82,733	(31,676)	51.43 %	
17		Liability Insurance	30,000	32,953	25,000	7,953	109.84 %	
18		Facility Costs	188,536	165,079	157,114	7,964	87.56 %	
19		Supplies	207,250	176,254	172,708	3,547	85.04 %	
20		Other Expenses	1,083,450	1,063,131	902,875	160,256	98.12 %	
21		Subtotal PIHP Administration Expenses	11,517,153	8,967,145	9,597,628	(630,482)	77.86 %	2a
22		CMHSP and Tax Expense:						
23		CMHSP Participant Agreements	715,270,064	577,725,443	596,058,388	(18,332,945)	80.77 %	1b,1c,2b
24		SUD Provider Agreements	65,677,623	50,231,992	54,731,352	(4,499,360)	76.48 %	1c,1f,2c
25		Benefits Stabilization	860,000	12,216,667	716,667	11,500,000	1,420.54 %	2d
26		Tax - Local Section 928	1,550,876	1,245,655	1,292,396	(46,742)	80.32 %	1d
27		Taxes- IPA/HRA	49,174,082	39,929,718	40,978,402	(1,048,683)	81.20 %	2e
28		Subtotal CMHSP and Tax Expenses	832,532,645	681,349,475	693,777,205	(12,427,730)	81.84 %	
29		Total Expenses	844,049,798	690,316,620	703,374,833	(13,058,213)	81.79 %	
30		Excess of Revenues over Expenditures	$ 1,338,942	$ 13,104,140	$ 1,115,784			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of July 31, 2026

Row Numbers		Column Identifiers A	B	C	D B + C	
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		5,484,265	0	5,484,265	1a
4	Chase MM Savings		3,377,875	0	3,377,875	
5	Savings ISF Account		0	13,539,662	13,539,662	1b
6	Savings PA2 Account		2,335,716	0	2,335,716	1c
7	Investment General Savings Account		29,997,803	0	29,997,803	1a
8	Investment PA2 Account		3,499,344	0	3,499,344	1c
9	Investment ISF Account		0	22,599,142	22,599,142	1b
10	Total Cash and Short-term Investments		$ 44,695,003	$ 36,138,804	$ 80,833,807	
11	**Accounts Receivable**					
12	Due from MDHHS		21,931,708	0	21,931,708	2a
13	Due from CMHSP Participants		57,294,878	0	57,294,878	2b
14	Due from Other Governments		1,344,975	0	1,344,975	2c
15	Due from Miscellaneous		278,037	0	278,037	2d
16	Total Accounts Receivable		80,849,598	0	80,849,598	
17	**Prepaid Expenses**					
18	Prepaid Expense Rent		4,529	0	4,529	2e
19	Prepaid Expense Other		22,343	0	22,343	2f
20	Total Prepaid Expenses		26,872	0	26,872	
21	**Fixed Assets**					
22	Fixed Assets - Computers		189,180	0	189,180	2g
23	Accumulated Depreciation - Computers		(189,180)	0	(189,180)	
24	Lease Assets		190,989	0	190,989	2h
25	Accumulated Amortization - Lease Asset		(184,352)	0	(184,352)	
26	Total Fixed Assets, Net		6,637	0	6,637	
27	**Total Assets**		**$ 125,578,110**	**$ 36,138,804**	**$ 161,716,914**	
28						
29	**Liabilities and Net Position**					
30	Liabilities					
31	Accounts Payable		$ 24,293	$ 0	$ 24,293	1a
32	Current Obligations (Due To Partners)					
33	Due to State		31,437,199	0	31,437,199	3a
34	Other Payable		4,790,791	0	4,790,791	3b
35	Due to Hospitals (HRA)		13,011,320	0	13,011,320	1a, 3c
36	Due to State-IPA Tax		578,674	0	578,674	3d
37	Due to State Local Obligation		82,498	0	82,498	3e
38	Due to CMHSP Participants		7,152,737	0	7,152,737	3f
39	Accrued PR Expense Wages		113,681	0	113,681	3g
40	Accrued Benefits PTO Payable		515,407	0	515,407	3h
41	Accrued Benefits Other		97,101	0	97,101	3i
42	Total Current Obligations (Due To Partners)		57,779,408	0	57,779,408	
43	Lease Liability		6,681	0	6,681	2h
44	Deferred Revenue		38,714,432	0	38,714,432	1b 1c 3j
45	Total Liabilities		96,524,814	0	96,524,814	
46	Net Position					
47	Unrestricted		29,053,296	0	29,053,296	3k
48	Restricted for Risk Management		0	36,138,804	36,138,804	1b
49	Total Net Position		29,053,296	36,138,804	65,192,100	
50	**Total Liabilities and Net Position**		**$ 125,578,110**	**$ 36,138,804**	**$ 161,716,914**	

Mid-State Health Network
Financial Statement Notes
For the Ten-Month Period Ended,
July 31, 2026

Please note: The Statement of Net Position contains preliminary Fiscal Year (FY) 2026 cost settlement figures between the Pre-Paid Inpatient Health Plan (PIHP) and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP preliminary cost settlement figures were extracted from the MDHHS Projection Financial Status Report (FSR) submitted in August 2026.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
    a) The Cash Chase Checking and Chase Money Market Savings accounts are the cash line items available for operations. MSHN recently acquired investments using more than $29 M from funds in the savings account.
    b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract. MSHN holds nearly $22.6 M in investments, which is about 63% of the total ISF net position balance (row 49 col C). The investment portfolio has been temporarily reduced and moved to ISF Savings should the Region need to access funds for service delivery and other operational expenses. Internal Service Funds are used to cover the Region's risk exposure. In the event current Fiscal Year revenue is spent, and all prior year savings are exhausted, PIHPs can transfer ISF dollars and use them for remaining costs.
    c) The PA2 Savings PA2 and Investment accounts hold funds used to primarily cover Prevention services in MSHN's 21-county Region and is offset by the Deferred Revenue liability account.
2. Accounts Receivable
    a) April through July 2026 Hospital Rate Adjustor (HRA) amounts account for 60% of the Due from State balance. HRAs are State Directed Payments and contractually required by MDHHS. In addition, withholds are also 38% of the total with miscellaneous amounts accounting for the remaining balance.
    b) Due From CMHSP Participants reflect FY 2026 projected cost settlement activity. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examination are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	27,052,581.00	-	27,052,581.00
The Right Door	5,864,625.00	-	5,864,625.00
Lifeways	5,061,957.00	-	5,061,957.00
Newaygo	121,911.00	-	121,911.00
Saginaw	18,480,345.00	-	18,480,345.00
Tuscola	713,459.00	-	713,459.00
Total	**57,294,878.00**	**-**	**57,294,878.00**

    c) Due from other governments account consists of Public Act 2 amounts primarily owed for FY 2026 quarter three. In addition, there are two payments owed for previous quarters. PA2 funds are used primarily for Prevention Activities in MSHN's 21-county Region.
    d) The balance in Due From Miscellaneous is split 19% and 81% (respectively) for Medicaid Event Verification (MEV) findings and cash advances needed to cover operations for few SUD providers.

e) Prepaid Expense Rent balance consists of security deposits for MSHN office suites.
f) Prepaid Expense Other has a small balance for FY 2027 Relias payments with a larger portion related to Box (MSHN's filing system) and Cobblestone (MSHN's contract dissemination system).
g) Total Fixed Assets - Computers represent the value of MSHN's capital asset net of accumulated depreciation.
h) The Lease Assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) Number 87 requirement. The lease assets figure represents FY 2022 – 2026 contract amounts for MSHN's office space.

3. Liabilities

a) MSHN estimates FY 2022 and FY 2021 lapses totaling $13.5 M and $17.6 M to MDHHS, respectively. The lapse amounts indicate the ISF was fully funded for both fiscal years, and that savings fell within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum.
b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
c) HRA is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. HRA payments are intended to encourage hospitals to have psychiatric beds available as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
d) Due To State – Insurance Plan Assessments Tax are now paid by MDHHS as gross adjustments and no longer based on monthly Per Eligible Per Month (PEPM) funds.
e) Due to State – Local Obligation shows a balance representing payments from three CMHSP's submitting their fourth quarter payment prior to MSHN's August 2026 due date.
f) Due To CMHSP represents FY 2026 projected cost settlement figures. Final amounts will be paid during the region's final cost settlements, which generally occur in May or after Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,758,949.00	-	1,758,949.00
Central	348,929.00	-	348,929.00
Gratiot	1,057,768.00	-	1,057,768.00
Huron	1,687,114.00	-	1,687,114.00
Montcalm	242,951.00	-	242,951.00
Newaygo	(55,468.76)	-	(55,468.76)
Shiawassee	2,112,494.00	-	2,112,494.00
Total	**7,152,736.24**	**-**	**7,152,736.24**

g) Accrued Payroll Expense Wages represent expenses incurred in July and paid in August.
h) Accrued Benefits PTO (Paid Time Off) is the required liability account set up to reflect paid time off balances for employees.
i) Accrued Benefits Other represents retirement benefit expenses incurred in July and paid in August.
j) Deferred Revenue represents PA2 savings as noted in 1c above along with projected Medicaid savings through July. Medicaid revenue is projected to exceed projected expenses resulting in savings that will be available for carryforward to FY2027. PIHPs may retain 5% of savings before lapsing a portion to MDHHS.
k) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – Column F calculates the actual revenue and expenses compared to the full year's original budget. Revenue accounts whose Column F percent are less than 83.33% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 83.33% show MSHN's spending is trending higher than expected.

1. Revenue
    a) This account tracks Veterans Navigator (VN) activity and CMHSP Clubhouse Grant payments used to assist those served with their Medicaid deductibles.
    b) Medicaid Savings are generated when the prior year revenue exceeds expenses for the same period. PIHPs may retain up to 7.5% of savings using a tiered formulary.
    c) Medicaid Capitation – There is a negative variance in this account due to the projected 5% savings that has been classified as deferred revenue for carryforward to FY2027. Deferred revenue becomes the first source of funding in the following year. The original FY 2026 budget submitted to the board in September contained revenue estimates from MDHHS's draft rate certification data however the final document calculated revenue significantly higher than anticipated. Please note, Medicaid Capitation payment files are calculated and disbursed to CMHSPs based on a per eligible per month (PEPM) methodology and paid to SUD providers based on service delivery.
    d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2026 amounts are the same as FY 2025.
    e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. The amount earned is slightly lower than the budget, however this variance should lessen over the fiscal year as capitation revenue is trending sufficiently to cover ongoing operations and allows for additional investments purchases with available funding. (Please see Statement of Net Position 1a and 1b.)
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There is a large variance in this account because the budget amount represents the full MDHHS allocation amount regardless of planned spending.
2. Expense
    a) Total PIHP Administration Expense is slightly under budget. There are two items containing significant variances:
        - Compensation and benefits line is significantly under budget. MSHN is currently evaluating staffing levels to ensure they are appropriate to conduct MDHHS contractual obligations.
        - The other expenses line includes several vendor expenses. This variance reduces over time to account for vendors reimbursed fully with one payment.
    b) CMHSP actual expenses are projected to be lower than originally budgeted which is resulting in a variance. . MSHN funds CMHSPs based on per eligible per month (PEPM) payment files. The files contain CMHSP county codes which designate where the payments should be sent. MSHN sends the full payment less affiliation fees which support PIHP operations.
    c) SUD provider payments are trending under budget and paid based on need. (Please see Statement of Activities 1c and 1f.)
    d) Benefit stabilization amounts are paid to CMHSPs for SUD access activities and assistance with cash flow if needed to cover operational expenditures in excess of their PEPMs. Currently two CMHSPs have received $11.5 M.
    e) IPA/HRA actual tax expenses are lower than the budget through July. Beginning in FY 2026, Insurance Plan Assessment (IPA) dollars are based on Michigan's Treasury assessment member months and paid by MDHHS in a quarterly lump sum. In prior fiscal years, the payment was included in capitation. HRA figures will also vary

throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF GENERAL SAVINGS INVESTMENTS
As of July 31, 2026

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797TZ0	2.10.26	2.11.26	6.9.26		29,999,542.58	30,348,000.00							
UNITED STATES TREASURY BILL	912797TZ0	2.10.26	2.11.26	6.9.26			(30,348,000.00)							
UNITED STATES TREASURY BILL	912797VA2	6.5.26	6.9.26	12.3.26		29,997,803.34	29,997,803.34	3.642%						
JP MORGAN INVESTMENTS							29,997,803.34		-		-			29,997,803.34
JP MORGAN CHASE SAVINGS							3,376,566.67	0.020%		1,308.14				3,377,874.81
							$ 33,374,370.01		$ -	$ 1,308.14	$ -	$ -	$ -	$ 33,375,678.15

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of July 31, 2026

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Total Chase Balance
UNITED STATES TREASURY BILL	912797RE9	6.30.25	7.1.25	10.28.25		9,999,615.49	10,137,000.00			
UNITED STATES TREASURY BILL	912797RE9						(10,137,000.00)			
UNITED STATES TREASURY BILL	912797QY6	9.16.25	9.16.25	12.11.25		1,999,690.69	2,018,000.00			
UNITED STATES TREASURY BILL	912797QY6						(2,018,000.00)			
UNITED STATES TREASURY BILL	912797TG2	12.9.25	12.11.25	4.7.26		2,499,120.76	2,528,000.00			
UNITED STATES TREASURY BILL	912797TG2						(2,528,000.00)			
UNITED STATES TREASURY BILL	912797PD3	10.27.25	10.28.25	1.22.26		19,999,350.29	20,175,000.00			
UNITED STATES TREASURY BILL	912797PD3						(20,175,000.00)			
UNITED STATES TREASURY BILL	912797SM0	1.21.26	1.22.26	4.23.26		19,998,999.63	20,177,000.00			
UNITED STATES TREASURY BILL	912797SM0						(20,177,000.00)			
UNITED STATES TREASURY BILL	912797SA6	4.6.26	4.7.26	10.1.26			2,599,386.42	3.569%		
UNITED STATES TREASURY BILL	912797UU9	4.21.26	4.23.26	8.18.26			19,999,755.54	3.542%		
JP MORGAN INVESTMENTS							22,599,141.96			22,599,141.96
JP MORGAN CHASE SAVINGS							13,283,778.61	0.020%	255,883.78	13,539,662.39
							$ 35,882,920.57		$ 255,883.78	$ 36,138,804.35

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MID-STATE HEALTH NETWORK
SCHEDULE OF PA2 SAVINGS INVESTMENTS
As of July 31, 2026

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Total Chase Balance
UNITED STATES TREASURY BILL	912797QQ3	8.15.25	8.19.25	11.13.25		3,499,118.27	3,533,000.00			
UNITED STATES TREASURY BILL	912797QQ3						(3,533,000.00)			
UNITED STATES TREASURY BILL	912797RT6	11.12.25	11.13.25	2.12.26		3,499,171.34	3,532,000.00			
UNITED STATES TREASURY BILL	912797RT6						(3,532,000.00)			
UNITED STATES TREASURY BILL	912797TZ0	2.10.26	2.12.26	6.9.26		3,499,937.29	3,540,000.00			
UNITED STATES TREASURY BILL	912797TZ0	2.10.26	2.12.26	6.9.26			(3,540,000.00)			
UNITED STATES TREASURY BILL	912797VA2	6.5.26	6.9.26	12.3.26		3,499,344.02	3,499,344.02	3.642%		
JP MORGAN INVESTMENTS							3,499,344.02			3,499,344.02
JP MORGAN CHASE SAVINGS							2,332,251.34	0.010%	3,464.31	2,335,715.65
							$ 5,831,595.36		$ 3,464.31	$ 5,835,059.67

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MSHN
Mid-State Health Network

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

> The Entity Board must approve the execution of any contract exceeding $25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY27 Contract Listing for Board approval and authorization of the Interim Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Interim Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY27 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2027 NEW AND RENEWING CONTRACTS
September 2026

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2027 CONTRACT AMOUNT	FY2026 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP RETAINED FUNCTION CONTRACTS					
CEI Community Mental Health Authority	File Management, Historical data Repository & Data Exchange Processing	10.1.26 - 9.30.27	$ 125,000	$ 125,000	-
Dr. Zakia Alavi, MD	Chief Medical Officer	10.1.26 - 9.30.27	**$ -**	$ -	-
			$ 125,000	$ 125,000	**$ -**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2027 CONTRACT AMOUNT	FY2026 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Addis Enterprises (AE Design)	Website Design and Development	10.1.26 - 9.30.27	**$ 23,000**	$ 23,000	-
BOX	Box Consulting Project/Document Storage Enterprise Licenses	2.6.24 - 2.6.27	**$ 13,940**	$ 29,520	**4,975**
	Box Consulting Project/Document Storage Enterprise Licenses	2.7.27 - 2.7.29	**$ 20,555**	$ -	-
CoStaff	PEO Services	10.1.26 - 9.30.27	**$ 65,000**	$ 65,000	-
Cyber Logic	Compliance Management Services	10.1.26 - 9.30.27	**$ 6,000**	$ 5,000	**1,000**
Cygnus replaced Providence Consulting Company, Lansing, Michigan	Computer Help Desk Support and Security	10.1.26 - 9.30.27	**$ 134,185**	$ 134,185	-
Laptop Purchases	One time laptop purchases	10.1.26 - 9.30.27	**$ 139,000**	$ 16,336	**122,664**
EAP Amendment (New Directions)	Employee Assistance Program (Renewal)	10.1.26 - 9.30.27	**$ 3,350**	$ 3,350	-
Greyhound (Flixbus)	Bus Transportation Tickets	10.1.24 - Open			
Healthicity	Compliance Software	1.31.26 - 1.31.28	**$ 17,799**	$ 19,696	**(1,897)**
Holland Litho Printing Service	Consumer Handbooks	10.1.26 - 9.30.27	**$ 35,000.00**	**35,000**	-
Kelly Services, Inc.	Temporary Staffing	10.1.26 - 9.30.27	**140,000**	**140,000**	-
Linda Fletcher, MS, CPNP	PDN Services	10.1.26 - 9.30.27	**$ 2,640**	$ 2,640	-
Maner Costerisan, East Lansing, Michigan	Accounting and Financial Management System Support	10.1.26 - 9.30.27	**$ 76,440**	$ 73,500	**2,940**
Michigan Consortium of Healthcare Excellence (MCHE)	MCG Parity Software	10.1.24 - 10.25.27	**$ 107,783**	$ 84,600	**23,183**
MOA	Facilities Rental (1 suite)	10.1.26 - 9.30.27	**$ 22,875**	$ 40,185	**(17,310)**
Microsoft AZURE	Subcription Service	10.1.26 - 9.30.27	**$ 250,000**	$ 72,000	**178,000**
MiHIN	Use Case & SOW and MIDIGATE	10.1.26 - 9.30.27	**$ 151,759**	$ 104,000	**47,759**
Milliman	DRIVE License Agreement; 1k per user	10.1.26 - 9.30.27	**$ 2,000**	$ 2,000	-
Open Beds, Inc.	IPHU Bed Registry	10.6.21 - Open	**$ -**	$ -	-
PCE Systems	MCIS System	10.1.26 - 9.30.27	**$ 309,960**	$ 345,200	**(35,240)**
PEC Technologies	Web Development/Random Sampling	10.1.26 - 9.30.27	**$ 5,000**	$ 5,000	-
Protocall	After Hours Centralized Access Phone Support	10.1.26 - 9.30.27	**$ 162,000**	162,000	-
Relias Learning, LLC	On-Line Training Services Package (60 mos. Full term)	11.1.26 - 10.31.27	**$ 471,398**	$ 462,155	**9,243**
Roslund Prestage & Company, Alma, Michigan	Single, Financial and Compliance Audits	10.1.26 - 9.30.27	**$ 33,850**	$ 32,100	**1,750**
TBD Solutions, LLC, Ada Michigan	Ongoing Consultative Support ("Open"); per hour rate ($205 + expenses)	10.1.26 - 9.30.27	**$ 30,000**	$ 100,000	**(70,000)**
	Data Analysis and Knowledge Services ($205 per hour rate)	10.1.26 - 9.30.27	**$ 100,000**	$ 49,200	**50,800**
Vital Data Technology	Data Analytics	11.13.26 - 9.30.27	**$ 55,000**	$ 55,000	-
Zenith Technology Solutions (ZTS)	Metrics, Data Analysis, Outcome Measures,	10.1.26 - 9.30.27	**$ 280,000**	$ 280,000	-
Zoom Video Communications	Video / Phone Meeting/Zoom Phone	10.1.26 - 9.30.27	**$ 75,000**	$ 15,200	59,800
			$ 2,658,534	**$ 2,355,867**	**$ 377,667**

CONTRACTING ENTITY	CMHSP SERVICE AREA	CONTRACT TERM	FY2027 CONTRACT AMOUNT	FY2026 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP/CMHSP GRANTS - Please see supplemental sheet					
Bay-Arenac Behavioral Health	Bay & Arenac Counties	10.1.26 - 9.30.27	**$ 74,690,000**	69,160,329	**5,529,671**
	Clubhouse Spenddown MOU	10.1.26 - 9.30.27	**$ 27,137**	16,800	**10,337**
CEI Community Mental Health Authority	Clinton, Eaton, Ingham Counties	10.1.26 - 9.30.27	**$ 145,396,845**	142,503,363	**2,893,482**
	Clubhouse Spenddown MOU	10.1.26 - 9.30.27	**$ 54,275**	60,000	**(5,725)**
Community Mental Health of Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola Counties	10.1.26 - 9.30.27	**$ 147,219,533**	143,840,307	**3,379,226**
	Clubhouse Spenddown MOU	10.1.26 - 9.30.27	**$ 79,603**	88,000	**(8,397)**
Gratiot Integrated Health Network	Gratiot County	10.1.26 - 9.30.27	**$ 23,127,209**	23,536,041	**(408,832)**
Huron Behavioral Health	Huron County	10.1.26 - 9.30.27	**$ 13,661,165**	13,926,632	**(265,467)**
The Right Door	Ionia County	10.1.26 - 9.30.27	**$ 15,375,487**	16,801,425	**(1,425,938)**
LifeWays	Jackson & Hillsdale Counties	10.1.26 - 9.30.27	**$ 92,389,368**	93,510,247	**(1,120,879)**
	Clubhouse Spenddown MOU	10.1.26 - 9.30.27	**$ 26,233**	22,200	**4,033**
Montcalm Care Network	Montcalm County	10.1.26 - 9.30.27	**$ 32,500,000**	28,855,700	**3,644,300**
	Clubhouse Spenddown MOU	10.1.26 - 9.30.27	**$ 49,752**	50,000	**(248)**
Newaygo BHH Amendment	Newaygo County	10.1.26 - 9.30.27	**$ 22,147,254**	21,116,036	**1,031,218**
Saginaw CMH	Saginaw County	10.1.26 - 9.30.27	**$ 91,532,483**	95,742,131	**(4,209,648)**
Shiawassee CMH	Shiawassee	10.1.26 - 9.30.27	**$ 33,794,303**	32,786,805	**1,007,498**
Tuscola Behavioral Health Systems	Tuscola County	10.1.26 - 9.30.27	**$ 27,534,111**	25,688,197	**1,845,914**
			$ 719,604,758	$ 707,704,213	**$ 11,900,545**

CONTRACTING ENTITY	SUD PROVIDERS PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	FY2027 CONTRACT AMOUNT	FY2026 CONTRACT AMOUNT	INCREASE/ (DECREASE)
SUD SERVICE PROVIDER CONTRACTS (Cost Reimbursement/Fee For Services) NOTE: Fee for Service contracts show "-" amount					
Addiction Treatment Services	Treatment	10.1.26 - 9.30.27	$ -	-	-
Arbor Circle	Treatment and Prevention	10.1.26 - 9.30.27	$ **336,689**	446,150	**(109,461)**
Bear River Health	Treatment	10.1.26 - 9.30.27	$ -	-	-
Behavioral Health Group (BHG)(f.k.a. MTC)	Treatment	10.1.26 - 9.30.27	$ -	-	-
Big Brothers/Big Sisters of Jackson	Prevention	10.1.26 - 9.30.27	$ **58,712**	58,851	**(139)**
Boys and Girls Club of Great Lakes Bay Region	Prevention	10.1.26 - 9.30.27	$ **298,035**	287,010	**11,025**
Catholic Charities of Shiawassee & Genesee Counties	Prevention	10.1.26 - 9.30.27	$ **164,897**	153,121	**11,776**
Catholic Human Services	Treatment	10.1.26 - 9.30.27	$ -	4,688	**(4,688)**
Cherry Street (Health) Services	Treatment	10.1.26 - 9.30.27	$ -	107	**(107)**
Child & Family Charities	Prevention	10.1.26 - 9.30.27	$ **176,182**	176,019	**163**
CMH for CEI - CMHSP	Treatment	10.1.26 - 9.30.27	$ **916,136**	803,442	**112,694**
Community Program, Inc. (dba Meridian Health Services)	Treatment	10.1.26 - 9.30.27	$ -	-	-
Cristo Rey Community Center	Treatment and Prevention	10.1.26 - 9.30.27	$ **148,442**	317,114	**(168,672)**
District Health Department #10	Prevention	10.1.26 - 9.30.27	$ **155,000**	156,720	**(1,720)**
DOT Caring Centers, Inc./ Saginaw Valley Centers, Inc.	Treatment	10.1.26 - 9.30.27	$ -	-	-
Eaton Regional Education Service Agency (RESA)	Prevention	10.1.26 - 9.30.27	$ **685,255**	696,573	**(11,318)**
Family Service & Children's Aid	Treatment and Prevention	10.1.26 - 9.30.27	$ **638,853**	684,080	**(45,227)**
Face Addiction Now (FAN)	LOA/LC	10.1.26 - 9.30.27	$ **185,025**	277,378	**34,269**
First Ward Community Center	Prevention	10.1.26 - 9.30.27	$ **271,677**	293,653	**(21,976)**
Flint Odyssey House, Inc.	Treatment	10.1.26 - 9.30.27	$ -	-	-
Gratiot County Child Advocacy Association	Prevention	10.1.26 - 9.30.27	$ **240,000**	249,600	**(9,600)**
Great Lakes Recovery Center	Treatment	10.1.26 - 9.30.27	$ -	-	-
Harbor Hall, Inc.	Treatment	10.1.26 - 9.30.27	$ -	85	**(85)**
HealthSource Saginaw, Pathways Chemical Dependency Center	Treatment	10.1.26 - 9.30.27	$ -	252	**(252)**
Henry Ford Health Jackson Hospital (W.A. Foote)	Treatment and Prevention	10.1.26 - 9.30.27	$ **120,226**	133,452	**(13,226)**
Home of New Vision (HNV)	Treatment/ Prevention	10.1.26 - 9.30.27	$ **372,438**	647,204	**(274,766)**
Huron County Health Department	Prevention	10.1.26 - 9.30.27	$ **198,018**	199,651	**(1,633)**
Ingham County Health Department	Treatment (PORT)/Prevention	10.1.26 - 9.30.27	$ **365,616**	353,179	**12,437**
Ionia County Health Department	Prevention	10.1.26 - 9.30.27	$ **157,752**	147,753	**9,999**
Isabella Citizens for Health	Treatment (SUDHH Only)	10.1.26 - 9.30.27	$ -	-	-
Kalamazoo Probation Enahncement Program (KPEP)	Treatment	10.1.26 - 9.30.27	$ -	-	-
Lansing Syringe Service	LOA/Harm Reduction	10.1.26 - 9.30.27	$ **95,116**	105,178	**(10,062)**
LifeWays Community Mental Health Authority	Treatment and Prevention	10.1.26 - 9.30.27	$ **98,255**	99,661	**(1,406)**
List Psychological Services, Inc.	Treatment and Prevention	10.1.26 - 9.30.27	$ **96,866**	115,763	**(18,897)**
McCullough, Vargas & Associates	Treatment	10.1.26 - 9.30.27	$ -	-	-
McLaren Bay Region (McLaren Prevention Services)	Prevention	10.1.26 - 9.30.27	$ **283,519**	255,040	**28,479**
Mid-Michigan District Health Department	Prevention	10.1.26 - 9.30.27	$ **293,737**	283,140	**10,597**
Mid-Michigan Comm Health Services	Treatment (SUDHH Only)	10.1.26 - 9.30.27	$ -	-	-
Mid-Michigan Recovery Services (f.k.a. NCALRA)	Treatment/Recovery	10.1.26 - 9.30.27	$ **269,466**	271,943	**(2,477)**
Montcalm Care Network	Treatment	10.1.26 - 9.30.27	$ **50,000**	50,000	-
New Paths	Treatment	10.1.26 - 9.30.27	$ -	-	-
North Kent Guidance Services, LLC	Treatment	10.1.26 - 9.30.27	$ -	-	-
Our Hope Association (Women Only)	Treatment	10.1.26 - 9.30.27	$ -	-	-
Peer 360	Prevention	10.1.26 - 9.30.27	$ **1,369,777**	1,334,341	**35,436**
Pinnacle Recovery Services	Recovery	10.1.26 - 9.30.27	$ -	3,175	**(3,175)**
Professional Psychological & Psychiatric Services (PPPS)	Treatment	10.1.26 - 9.30.27	$ -	-	-
Punks w/ Lunch	Harm Reduction (LOA)	10.1.26 - 9.30.27	$ **74,559**	60,000	**14,559**
Randy's House	Recovery	10.1.26 - 9.30.27	$ -	100,000	**(100,000)**
Recovery Pathways, LLC	Treatment	10.1.26 - 9.30.27	$ **497,506**	394,170	**103,336**
Sacred Heart Rehabilitation Center	Treatment and Prevention	10.1.26 - 9.30.27	$ **89,509**	164,027	**(74,518)**
Saginaw County Health Dept.	Harm Reduction Syringe Services (LOA)	10.1.26 - 9.30.27	$ **5,000**	5,000	-
Saginaw Odyssey House	Treatment/Recovery	10.1.26 - 9.30.27	$ -		-
Saginaw Youth Protection Council	Prevention	10.1.26 - 9.30.27	$ **268,494**	240,659	**27,835**
Samaritas	Treatment	10.1.26 - 9.30.27	$ -	-	-
Shiawassee County Circuit Court - Family Division	Prevention	10.1.26 - 9.30.27	$ **47,000**	24,000	**(24,000)**
Sunrise Centre	Treatment	10.1.26 - 9.30.27	$ -	-	-
Ten Sixteen Recovery Network	Treatment/Prevention/Recovery	10.1.26 - 9.30.27	$ **1,719,748**	1,819,220	**(99,472)**
The Legacy Center - Midland Area Partnership	Prevention	10.1.26 - 9.30.27	$ **185,000**	189,438	**(4,438)**
Victory Clinical Services	Treatment	10.1.26 - 9.30.27	$ -	-	-
VCS Battle Creek		10.1.26 - 9.30.27	$ -	-	-
VCS III - Jackson		10.1.26 - 9.30.27	$ -		-
VCS IV - Saginaw		10.1.26 - 9.30.27	$ -	6,290	**(6,290)**
VCS Lansing		10.1.26 - 9.30.27	$ -		-
WAI-IAM (Rise Transitional Housing)	Recovery	10.1.26 - 9.30.27	$ -	-	-
Wellness, Inx	Treatment and Prevention	10.1.26 - 9.30.27	$ **655,372**	733,093	**(77,721)**
Women of Colors	Prevention	10.1.26 - 9.30.27	$ **192,564**	209,273	**(16,709)**
			$ **11,780,441**	$ 12,549,493	$ **(689,430)**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY2026 CONTRACT AMOUNT	FY2025 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP REVENUE CONTRACTS					
Michigan Department of Health & Human Services (EGrAMS)	Alcohol Use Disorder Treatment	10.1.26 - 9.30.27	**$ 420,000**	420,000	**-**
	Clubhouse Engagement	10.1.26 - 9.30.27	**$ 237,000**	237,000	**-**
	Treatment & Access Management (Including SUD Admin)	10.1.26 - 9.30.27	**$ 7,137,005**	7,137,005	**-**
	Prevention	10.1.26 - 9.30.27	**$ 2,190,162**	2,190,162	**-**
	State Disability Assistance	10.1.26 - 9.30.27	**$ 295,155**	295,155	**-**
	State Opioid Response IV	10.1.26 - 9.30.27	**$ 2,000,000**	2,000,000	**-**
	SUD Services - Tobacco II	10.1.26 - 9.30.27	**$ 6,000**	4,000	**2,000**
	SUD Services - Women's Specialty Services	10.1.26 - 9.30.27	**$ 929,872**	929,872	**-**
	Veteran's Systems Navigator	10.1.26 - 9.30.27	**$ 137,568**	137,568	**-**
	Recovery Incentives Infrastructure	10.1.26 - 9.30.27	**$ 80,000**	100,000	**(20,000)**
Michigan Department of Health & Human Services	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (FY27)	10.1.26 - 9.30.27	**$ -**	-	**-**
			$ 13,432,762	$ 13,450,762	**$ (18,000)**

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, July 7, 2026
MyMichigan Medical Center
Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:01 p.m. Mr. Woods reminded members that those participating by phone may not vote on matters before the board unless absent due to military duty, disability, or health-related condition and the Board Member Conduct Policy noted on the agenda. Mr. Woods welcomed Kevin Collins to the board who has been appointed by LifeWays. Mr. Woods explained to the board that Mr. Joseph Sedlock, Chief Executive Officer of Mid-State Health Network is on a leave of absence as members were made aware of in an earlier email from Mr. Sedlock.

2. Roll Call

Secretary Deb McPeek-McFadden provided the roll call for Board Members in attendance.

Board Member(s) Present:	Greg Brodeur (Shiawassee), Kevin Collins (LifeWays), Patrick Conley (BABH), Ken DeLaat (Newaygo), Cindy Garber (Shiawassee), Dan Grimshaw (Tuscola), Tina Hicks (Gratiot), John Johansen (Montcalm), Deb McPeek-McFadden (The Right Door), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Linda Purcey (The Right Door), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan)-joined at 5:10 p.m., Pam Schumacher (BABH), Mike Smith (Huron), Jack Stapleton (Huron), Dwight Washington (CEI), Jason White (CEI), Joanie Williams (Saginaw), and Ed Woods (LifeWays)
Board Member(s) Remote:	Irene O'Boyle (Gratiot) and Lori Schultz (Newaygo)
Board Member(s) Absent:	David Griesing (Tuscola)
Staff Member(s) Present:	Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Kim Zimmerman (Chief Compliance and Quality Officer), and Sherry Kletke (Executive Support Specialist)
Public Present:	None
Public Remote:	Sarah Wixson, Varnum Law

3. Approval of Agenda for July 7, 2026

Board approval was requested for the amended Agenda of the July 7, 2026, Regular Business Meeting to add new item #5 for the Interim Chief Executive Officer Resolution and new item #16 for a closed session to discuss legal matters.

MOTION BY PAMELA SCHUMACHER, SUPPORTED BY JOHN JOHANSEN, FOR APPROVAL OF THE AMENDED AGENDA OF JULY 7, 2026 REGULAR BUSINESS MEETING. MOTION CARRIED UNANIMOUSLY.

4. Public Comment

Mr. Ed Woods was elected as First Vice-President to the Board of the Community Mental Health Association of Michigan (CMHA) and Mr. Dwight Washington was elected Treasurer at the CMHA Summer Conference in June 2026.

5. Board Resolution Appointing Amanda Ittner as Interim Chief Executive Officer (CEO) During CEO Leave of Absence

Chairperson Ed Woods asked board members to review the resolution to appoint Amanda Ittner as Interim Chief Executive Officer included in member folders.

MOTION BY KURT PEASLEY, SUPPORTED BY TINA HICKS, TO ADOPT THE BOARD RESOLUTION APPOINTING AMANDA ITTNER AS INTERIM CHIEF EXECUTIVE OFFICER (CEO) DURING CEO LEAVE OF ABSENCE. ROLL CALL VOTE IN FAVOR: GREG BRODEUR, KEVIN COLLINS, PATRICK CONLEY, KEN DELATT, CINDY GARBER, DAN GRIMSHAW, TINA HICKS, JOHN JOAHANSEN, DEB MCPEEK-MCFADDEN, KURT PEASLEY, JOE PHILLIPS, LINDA PURCEY, TRACEY RAQUEPAW, KERIN SCANLON, PAM SCHUMACHER, MIKE SMITH, JACK STAPLETON, DWIGHT WASHINGTON, JASON WHITE, JOANIE WILLIAMS, AND ED WOODS. 0-NAYS. MOTION PASSED.

6. MSHN FY2026 Corporate Compliance Plan

Ms. Kim Zimmerman presented an overview of the FY2026 Corporate Compliance Plan included within the board meeting packet and recommended for board approval. Ms. Zimmerman requested members present to sign the compliance training acknowledgement form included in board member folders.

MOTION BY PATRICK CONLEY, SUPPORTED BY KEN DELAAT, TO ACKNOWLEDGE RECEIPT OF AND APPROVE THE MSHN FY2026 CORPORATE COMPLIANCE PLAN. MOTION CARRIED UNANIMOUSLY.

7. Fiscal Year 2027 Board Meeting Calendar

Board approval was requested for the Fiscal Year 2027 Board Meeting Calendar as presented.

MOTION BY TINA HICKS, SUPPORTED BY DAN GRIMSHAW, TO ADOPT THE FISCAL YEAR 2027 MSHN BOARD OF DIRECTORS MEETING CALENDAR, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

8. Chief Executive Officer's Report

Ms. Amanda Ittner discussed several items from within the CEO written report to the Board highlighting the following:

- Announcements
  - Board Newsletter
  - Strategic Plan
- PIHP/Regional Matters
  - Competitive Procurement of Prepaid Inpatient Health Plans
  - PIHP Competitive Procurement Lawsuit Updates
  - Behavioral Health Home Incentive
  - Inter-Regional Dialogs
  - Summons Of Complaint Naming MDHHS Director Elizabeth Hertel, MDHHS Director of Substance Use, Gambling & Epidemiology Division Angela Smith-Butterwick, Attorney General Dana Nessel, and MSHN

9. Deputy Director's Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- Compliance Activities Summary
- MSHN Regional Efforts to Address H.R. 1 Impacts
- Home and Community-Based Services (HCBS) Rules Require Utilization Management Changes
- MDHHS Quality Strategy Update FY26

10. Chief Financial Officer's Report

Ms. Leslie Thomas provided an overview of the financial statements included within board meeting packets for the period ended May 31, 2026.

Board members requested to have yield figures on the Treasury Bills included on the Schedule of Internal Service Fund Investments report for future meetings.

MOTION BY JOHN JOHANSEN, SUPPORTED BY PAMELA SCHUMACHER, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES

FOR THE PERIOD ENDED MAY 31, 2026, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

11. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2026 amended contract listing provided in board member folders and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2026 amended contract listing.

MOTION BY KURT PEASLEY, SUPPORTED BY TINA HICKS, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY2026 AMENDED CONTRACT LISTING. MOTION CARRIED UNANIMOUSLY.

12. Chairperson's Report

Chairperson Woods and Ms. Amanda Ittner expressed gratitude to board member, Kerin Scanlon, who has served on the board for ten consecutive years, and presented her with a plaque in acknowledgement of appreciation from MSHN.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY JOHN JOHANSEN, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MAY 5, 2026 BOARD OF DIRECTORS MEETING; RECEIVE BOARD OFFICER BRIEFING NOTES OF JUNE 12, 2026, RECEIVE DRAFT POLICY COMMITTEE MEETING MINUTES OF MAY 5, 2026; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MEETING MINUTES OF APRIL 15, 2026; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF MAY 18, 2026 AND JUNE 15, 2026; AND TO APPROVE ALL THE FOLLOWING POLICIES: APPLICATION PROGRAMMING INTERFACE, DISQUALIFIED INDIVIDUALS, ADVANCE DIRECTIVES, CUSTOMER HANDBOOK, CUSTOMER SERVICE, ENROLLEE RIGHTS, INFORMATION ACCESSIBILITY/LIMITED ENGLISH PROFICIENCY (LEP), MEDICAID BENEFICIARY APPEALS/GRIEVANCES, REGIONAL CONSUMER ADVISORY COUNCIL, AND SUD RECIPIENT RIGHTS. MOTION CARRIED UNANIMOUSLY.

14. Other Business

There was no other business.

15. Public Comment

There was no public comment

16. Legal Matters Discussion

MOTION BY KURT PEASLEY, SUPPORTED BY TINA HICKS FOR THE BOARD TO ENTER INTO CLOSED SESSION PURSUANT TO SECTION 8(e) OF THE OPEN MEETINGS ACT, MCL 15.268(e), TO CONSULT WITH THE BOARD'S ATTORNEY REGARDING TRIAL OR

SETTLEMENT STRATEGY IN CONNECTION WITH THE LAWSUIT STYLED CATHOLIC CHARITIES OF INGHAM, EATON & CLINTON COUNTIES v. HERTEL, ET AL., CASE NO. 1:26-cv-01941, RECENTLY FILED IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN, AS AN OPEN MEETING WOULD HAVE A NEGATIVE EFFECT ON MID-STATE HEALTH NETWORK'S LITIGATING AND SETTLEMENT POSITION. ROLL CALL VOTE IN FAVOR: GREG BRODEUR, KEVIN COLLINS, PATRICK CONLEY, KEN DELATT, CINDY GARBER, DAN GRIMSHAW, TINA HICKS, JOHN JOAHANSEN, DEB MCPEEK-MCFADDEN, KURT PEASLEY, JOE PHILLIPS, LINDA PURCEY, TRACEY RAQUEPAW, KERIN SCANLON, PAM SCHUMACHER, MIKE SMITH, DWIGHT WASHINGTON, JASON WHITE, JOANIE WILLIAMS, AND ED WOODS. JACK STAPLETON-ABSTAIN. MOTION CARRIED.

The Board of Directors meeting went into closed session at 6:13 p.m.

MOTION BY KEN DELAAT, SUPPORTED BY TINA HICKS, TO END CLOSED SESSION. MOTION CARRIED UNANIMOUSLY.

The Board of Directors meeting reconvened in open session at 6:26 p.m.

MOTION BY DAN GRIMSHAW, SUPPORTED BY JACK STAPLETON, TO IDENTIFY THE MSHN BOARD CHAIRPERSON AS THE ONLY BOARD MEMBER TO PROVIDE PUBLIC COMMENT REPRESENTING THE BOARD OF DIRECTORS. MOTION CARRIED UNANIMOUSLY

17. **Adjournment**

The MSHN Board of Directors Regular Business Meeting adjourned at 6:33 p.m.

Mid-State Health Network (MSHN) Board Policy Committee Meeting
Tuesday, July 7, 2026
MyMichigan Medical Center
Meeting Minutes

Members Present: John Johansen, Tina Hicks, David Griesing, and Kurt Peasley

Members Absent: Irene O'Boyle

Guest Board Members Present: Jack Stapleton

Staff Members Present: Amanda Ittner (Deputy Director) and Sherry Kletke (Executive Support Specialist)

1. **Call to Order**

   Mr. John Johansen called this meeting of the Mid-State Health Network Board Policy Committee to order at 4:00 p.m.

2. **Approval of Agenda for July 7, 2026**

   Board Policy Committee approval was requested for the Agenda of the July 7, 2026, Board Policy Committee Meeting, as presented.

   MOTION BY KURT PEASLEY, SUPPORTED BY DAVID GRIESING, FOR APPROVAL OF THE AGENDA OF JULY 7, 2026 BOARD POLICY COMMITTEE MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

3. **Approval of Minutes**

   Board Policy Committee approval was requested for the draft meeting minutes of the May 5, 2026 Board Policy Committee Meeting.

   MOTION BY TINA HICKS, SUPPORTED BY KURT PEASLEY, FOR APPROVAL OF THE MINUTES OF THE MAY 5, 2026 BOARD POLICY COMMITTEE MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. **Public Comment**

   There was no public comment

5. Policies Under Review

Mr. Johansen invited Ms. Ittner to provide a review of the substantive changes to the policies under review from the Quality Chapter and the Service Delivery Chapter included in the Policy Committee packet.

Board Policy Committee members asked for clarification to the MMBPIS policy indicator numbers and asked to have the revised policy be submitted to the board.

MOTION BY TINA HICKS, SUPPORTED BY DAVID GRIESING, TO RECOMMEND THE MMBPIS POLICY UNDER REVIEW BE REVISED AND TO PRESENT THE REVISED POLICY AND THE CLINICAL PRACTICE GUIDELINES AND EVIDENCE BASED PRACTICES POLICY TO THE BOARD OF DIRECTORS. MOTION CARRIED UNANIMOUSLY

6. New Business

Ms. Amanda Ittner reviewed the FY2027 Board Policy Committee calendar and explained the calendar would be presented for action at the September meeting pending board action of the FY2027 board meeting calendar since the committee meets on the same day as the full board.

7. Public Comment

There was no public comment.

8. Adjournment

The MSHN Board Policy Committee Meeting adjourned at 4:10 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, June 17, 2026, 4:00 p.m.
CMH Association of Michigan (CMHAM)
507 S. Grand Ave.
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:03 p.m. Mr. Kolk reminded members participating virtually may not participate in or vote on matters before the board unless absent due to military duty, disability, or health-related condition and also provided a reminder that only one vote is allowed per county for those counties that have the member and alternate present.

Board Member(s) Present:	Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Jacob Gross (Clare), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), Karen Link (Huron), Jim Moreno (Isabella), Pamela Schumacher (Bay), Kim Thalison (Eaton), Mike Visnaw (Gladwin)-joined at 4:08 p.m., and Dwight Washington (Clinton)
Board Member(s) Remote:	Emily Rayburn (Gratiot)-Ithaca, MI; Rachel Vallad (Arenac)-Standish, MI; and Ed Woods (Jackson)-Jackson, MI
Board Member(s) Absent:	Christina Harrington (Saginaw), Charlie Mahar (Montcalm), Alaynah Smith (Midland), Jerrilynn Strong (Mecosta), and David Turner (Osceola)
Alternate Member(s) Present:	Nicole Fickes (Clinton) and Christa Merritt (Montcalm)
Alternate Member(s) Remote:	-Lisa Salgat (Arenac)-Standish, MI
Staff Members Present:	Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Sarah Andreotti (Prevention Administrator), and Sherry Kletke (Executive Support Specialist)
Staff Members Remote:	Joe Sedlock (Chief Executive Officer), Sarah Surna (Prevention Specialist), and Cari Patrick (Prevention Specialist)
Public Present:	Aisha Mukhtar

2. Roll Call

   Mr. Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Bryan Kolk, that a quorum was present for board meeting business.

3. Approval of Agenda for June 17, 2026

   Board approval was requested for the Agenda of the June 17, 2026 Regular Business Meeting, as presented.

   MOTION BY PAM SCHUMACHER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE JUNE 17, 2026 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. Approval of Minutes from the April 15, 2026 Regular Business Meeting

   Board approval was requested for the draft meeting minutes of the April 15, 2026 Regular Business Meeting.

   MOTION BY BRUCE CASWELL, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE MINUTES OF THE APRIL 15, 2026, MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

5. Public Comment

   There was no public comment.

6. Board Chair Report

   Mr. Bryan Kolk welcomed Lisa Salgat, alternate member appointed from Arenac County.

   Mr. Kolk called for discussion and approval of the Fiscal Year 2027 Oversight Policy Board meeting calendar as presented.

   MOTION BY BRUCE CASWELL, SUPPORTED BY CHAR HEMMINGER, FOR APPROVAL OF THE FISCAL YEAR 2027 SUD OVERSIGHT POLICY BOARD MEETING CALENDAR, AS PRESENTED. MOTION CARRIED: UNANIMOUSLY.

7. Deputy Director Report

   Ms. Amanda Ittner provided an overview of the report included in the board meeting packet, and available on the MSHN website, highlighting:

   Regional Matters:

   - Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Procurement Update
   - MSHN Issues Rate Increase for SUD Treatment Providers
   - Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions
   - SUD Compliance Oversight Update

- MDHHS Division of Substance Use, Gambling and Epidemiology (SUGE) Site Review Results

State of Michigan/Statewide Activities:

- Michigan Overdose Data to Action: Surveillance Reports Available
- Bridge Michigan Announces: Michigan Cities, Counties, have Spent 18% of Opioid Settlement Funds

8. Chief Financial Officer Report

   Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

   - FY2026 PA2 Funding and Expenditures by County
   - FY2026 PA2 Use of Funds by County and Provider
   - FY2026 Substance Use Disorder (SUD) Financial Summary Report of April 2026

9. FY2026 Substance Use Disorder PA2 Contract Listing

   Ms. Leslie Thomas provided an overview and information on the FY26 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

   MOTION BY BRUCE CASWELL, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE FY26 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

10. Reduce Underage Drinking Presentation

    Mr. Michael MacLaren from the Michigan Coalition to Reduce Underage Drinking provided members with a presentation on the .05 Saves Lives initiative.

    Board members shared high level information following the presentation for distribution to the board.

11. SUD Operating Update

    Dr. Dani Meier provided an overview of the written SUD Operations Report, highlighting the below and referenced the FY26 Q2 SUD County reports, both included in the board meeting packet:

    - Provider FY2027 Annual Plans and Budgets
    - MSHN Region Prevention Conference with Eaton RESA was held May 6-7, 2026
    - Revisions to Guidelines for Recovery Housing Providers

12. Other Business

    There was no other business.

13. Public Comment

    There was no public comment

14. Board Member Comment

    Board members provided information on community activities in their counties and provided updates on recent legislative activity.

15. Adjournment

    Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:15 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 07/20/2026

Members Present: Carol Mills; Julie Majeske; Tammy Warner; Kerry Possehn; Bryan Krogman; Sandy Lindsey; Sara Lurie, Cassie Watson
Members Absent: Chris Pinter; Michelle Stillwagon; Ryan Painter; Tracey Dore
MSHN Staff Present: Amanda Ittner; For applicable areas: Leslie Thomas, Kim Zimmerman, Skye Pletcher

Agenda Item	Action Required				
CONSENT AGENDA	Received, no further discussion Gwenda Summers – August 1st transition No word on FY27 contracts FY27-29 SUD Strategic Plan Due end of August				
	Acknowledge receipt of consent items	By Who	N/A	By When	N/A
MAY SAVINGS ESTIMATES	L. Thomas reviewed the May Savings Estimates; project to contribute to the savings 40m, 46.5 ISF March savings estimates indicated 40m savings, 57m ISF Leslie will review Lifeways reported Autism expense (march reported 91.m expenses, may 87.6m) Still unknown about CCBHC adjustment No mid-year rate adjustment expected as MSHN hasn't heard anything and its Mid-July FY27 included 116m adjustment for CCBHC; MSHN, DWHIN and LRE all reported concerns with the adjusted FY27 CCBHC amount. Eligible trending was also supposed to be included in the rate adjustment for mid-year and 27.				
	Acknowledge receipt of May Savings Estimate	By Who	N/A	By When	N/A
INPATIENT REGIONAL-CHANGE LOG; TRACKED CHANGES	L. Thomas reviewed inpatient regional contract change log – no material changes				
	Approved for regional use	By Who	L. Thomas	By When	8.1.26
FMS REGIONAL-CHANGE LOG; TRACKED CHANGES	L. Thomas reviewed FMS regional contract change log – added MEV requirements, other compliance language; updated reference to SD Technical Requirement and implementation guide; updated criminal background language. Carol and Bryan are concerned regarding the inclusion of the guideline. Recommend removal of attached A and language in SOW #1 referencing the guide.				
	Approved for regional use with the removal of the guideline attachment and related language.	By Who	L. Thomas	By When	8.1.26
ABA REGIONAL-CHANGE LOG; TRACKED CHANGES	L. Thomas reviewed ABA regional contract change log; updated background checks, expanded telemedicine.				

Agenda Item	Action Required				
	Approved for regional use	By Who	L. Thomas	By When	8.1.26
MEDICAID SUBCONTRACT-CHANGE LOG; TRACKED CHANGES	L. Thomas reviewed Medicaid subcontract change log; FY26 was an amendment so updates from FY25. Page 3 – remove Stop Work Order language. SD guidelines still needed to be removed. Note to ensure consistence language use of Provider, Delegate, Party, etc. Pg. 31 – add in accordance with payors approved policies and procedures. Pg. 50 – remove language after technical requirement… Pg. 51 – remove Waskul settlement agreement Pg. 54 – split up second row to ensure PHIP retained is correct – also same on other waivers Pg. 55 – "as a UM function" and "as applicable and/or if exemption approved under the only willing and qualified provider", Pg. 56 – unless approved under the only willing and qualified exemption				
	A.Ittner and L. Thomas will amend language as noted above and send out for review and approval by August 1, 2026.	By Who	L. Thomas	By When	8.1.26
CRISIS RESIDENTIAL-CHANGE LOG; TRACKED CHANGES	L. Thomas reviewed crisis residential contract change log - no material changes; updated insurance limits, links, etc.				
	Approved for regional use.	By Who	L. Thomas	By When	8.1.26
TRAINING GRID CHANGE LOG & TRACKED CHANGES	L. Thomas reviewed training grid change log.				
	Approved for regional use	By Who	L. Thomas	By When	8.1.26
FY27 OPERATIONS COUNCIL CALENDAR	A. Ittner reviewed the FY27 Operations Council Calendar				
	MSHN will send out meeting invites for FY27 dates	By Who	A.Ittner	By When	8.31.26
PERFORMANCE IMPROVEMENT PROJECT SELECTION CY26-29	K. Zimmerman reviewed the Performance Improvement Project selection for calendar year 26-29. No noted concerns or discussion.				
	Operations Council approved for MSHN PIP selection. MSHN will submit to MDHHS on August 14.	By Who	K. Zimmerman	By When	10.1.26
COFR IN SUD RECOVERY HOUSING	S. Pletcher reviewed the COFR Background and summary related to SUD Recovery Housing. Last independent setting, Recovery Housing viewed as independent but the location prior. Not even a COFR for in-region. Serve the person where they are at.				

Agenda Item	Action Required				
	Skye will share procedural update with UM.	By Who	S. Pletcher	By When	8.1.26
INTER-REGIONAL DIALOGS	A.Ittner and S. Lindsey provided updates on the inter-regional dialogs. Meeting today to review summaries of documentation analysis.				
	Discussion and updates	By Who	N/A	By When	N/A
FY27 RATES & BUDGET PLANNING	L. Thomas provided an updated on FY27 rates, related MDHHS meeting schedule and CFO Budget planning discussions. Draft rates were supposed to be received at the end of June. We still have not received anything. June meeting was cancelled, now expected August 7th. In August CMH/PHIPs are finalizing budgets; assumptions will now be used to finalize budget for board approvals. CFO's will be discussing assumptions. More information will be included in the August packet, along with the assumptions and most likely a reduction in revenue. Also concerns about DCW impact.				
	Discussion, information and planning only	By Who	L. Thomas	By When	8.15.26
RFP/PROCUREMENT UPDATE (IF ANY)	No further updates on RFP/Procurement. MSHN monitors twice daily				
	Informational only	By Who	N/A	By When	N/A
HUMANA/HIDE-SNP CONNECTION WITH CMHSP REQUESTED	A.Ittner included draft Humana contracts within the packet. Humana will be attending the August Operations Council meeting in preparation for HIDE-SNP expansion to MSHN region in January 2027.				
	Informational only	By Who	N/A	By When	N/A
WASKUL / SD Workgroup Update	New SD Users Group; Sandy emailed Dave Lowe for clarification. Short of the remediation activity in court, the group is bringing together the issues. SD workgroup finance met with CMHs and other PIHPs working on a template. Waiting on the Washtenaw piece before finalizing, so that statewide agreement could be reached on options to templates. CMHs confirm Lyne Doyle group beginning/start – contractor with CMHA.				
	Discussion and information sharing	By Who	N/A	By When	N/A

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 08/17/2026

Members Present: Chris Pinter; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Jeff Labun, Cassie Watson
Members Absent: Ryan Painter
MSHN Staff Present: Amanda Ittner; Leslie Thomas

Agenda Item	Action Required				
CONSENT AGENDA	Received, no further discussion				
	Acknowledged receipt of consent items	By Who	N/A	By When	N/A
LOCAL FUNDS ACCOUNTING BHH & SUDHH	Leslie discussed the change in process since Substance Use Disorder (SUD) providers are now Behavioral Health Home (BHH) and CMHSPs are Substance Use Disorder (SUDHH). CMHs supported the process based on the existing Local Funds Accounting Procedure.				
	Support from CMHSPs as presented.	By Who	N/A	By When	N/A
INTER-REGIONAL DIALOGS (S. LINDSEY, B. KROGMAN, C. MILLS, C. WATSON, C. PINTER, M. STILLWAGON, A. ITTNER, J. SEDLOCK)	Sandy and others updated the group on the status of the joint representation agreement. Discussion regarding the purpose of the agreement. Group requested HR.1 and FY27 Rate assumptions for topics at the next meeting, occurring on August 20th (after the MDHHS rate setting meeting).				
	CMHSPs are reminded to sign and return the agreement sent by Miller Johnson.	By Who	CMHSP	By When	8.31.26
FY 27 RATES & BUDGET PLANNING	Leslie reported MDHHS anticipates releasing FY 27 draft rates by 8.20.26. If the draft rates are received, MSHN will develop revenue estimates within a few days and request CMHSP expense information. Finance Council (FC) members recommended a reduction of 5% in all revenue without draft rates, however Operations Council (OC) members only supported this reduction for the Healthy Michigan fund source.				
	A follow-up will be sent to Finance Council members	By Who	L. Thomas	By When	8.17.26
RFP/PROCUREMENT UPDATE (IF ANY)	Amanda reported no update on the release of an RFP. The RFP is still listed on the vendor opportunity website. In regards to the procurement lawsuit, the court of appeals denied MDHHS's motion to dismiss the case as moot. The case will now move forward. MDHHS has until September 8th to respond to the brief submitted by our attorney.				
	Informational update	By Who	N/A	By When	N/A

Agenda Item	Action Required				
HUMANA/HIDE-SNP CONNECTION W/CMHSP REQUESTED-TABLED TILL Q2 2027 DUE TO NO EXPANSION UNTIL OCTOBER 2027	Amanda reviewed with the group that the presentation schedule today with Humana to review the HIDE-SNP project was tabled till later next year. This was due to MDHHS' indication during the PIHP Operations meeting that they would not be expanding January 2027 as originally thought, postponing to FY28. Reminder that Humana provided a sample contract (included in the July packet) for review. Joe and Amanda plan to have a meeting with Humana in October to discuss project goals and objectives prior to rescheduling the presentation with Operations Council.				
	Informational update	By Who	N/A	By When	N/A
RHTP GRANT FUNDS	Amanda reported the MSHN's region applied for both grants. The region expects an announcement of the award by mid-September. One item to note – the recruitment and retention grant has over 100 applicants.				
	Discussion and update only	By Who	N/A	By When	N/A
FY27 PIHP CONTRACT	MSHN received the FY 27 contract last week and signature is requested by 9.10.26, it is on MSHN's September board listing. Amanda reviewed a few key changes in the contract. CMHSPs reported concern with the Standard Cost Allocation (SCA) language regarding the required attestation in the EQI instructions. Leslie noted this SCA language has been included in prior year contracts with MDHHS and MSHN has accepted it given MDHHS has not provided clarification on the SCA guidance.				
	MSHN will review attestation language and follow up with MDHHS	By Who	A.Ittner	By When	9.9.26
REGIONAL ABA CONTRACT	Leslie reported a change in the approved regional ABA contract from last month. The Coordination of Benefits language was updated in the ABA regional contract to reflect secondary payments should be paid based on the lesser of the third party's allowed amount or CMH contracted rate. This change was supported by Finance Council and Provider Network Management Committee members. The template has been posted to the MSHN website.				
	Operations Council members supported and accepted this change.	By Who	N/A	By When	N/A
SAVINGS ESTIMATES – PROJECTION FSR	Leslie shared the Savings Estimates based on MSHN's Projection FSR. The region estimates more than $40M in savings and nearly $58M in Internal Service Fund (ISF).				
	Acknowledged receipt of Projection FSR Savings Estimates	By Who	N/A	By When	N/A
MSHN PARTICIPATION – HBCS SITE REVIEWS	Chris inquired if MSHN planned to attend HBCS site visits along with CMHSP staff and voiced concern on this practice regarding value add. He stated reporting from the CMHSPs to MSHN is sufficient				
	Follow-up will occur with MSHN's HCBS team.	By Who	A. Ittner	By When	8.31.26

Agenda Item	Action Required					
PREDICTIVE MODELING UPDATE	Chris requested an update on this project. Amanda reported that CLC/UM continues to review and provide feedback on a few cases and the workflows, to implement by October 1, 2026. As a reminder, the below communication was sent to CLC/UMC in July. CMHSPs should inform MSHN if they want MSHN to take the lead on this project for their population. **June – September 2026:** MSHN is requesting each CMHSP review 2-3 cases in ICDP based on the highest risk/propensity factor over the next few months for the purpose of providing MSHN with feedback. We will use that feedback to refine the model, further define follow-up action categories, and finalize the recommended care pathways. No additional action with the beneficiary is requested of the CMHSPs at this time. **October 1, 2026 – September 2027**: MSHN would like to implement actions with beneficiaries as defined by CLC via the care pathways for approximately 10 cases per month per CMH. We can discuss less or more based on CMH size. MSHN is also willing to take the lead for a CMH or multiple CMHs if they wish to assign it to our staff.					
	Discussion and update provided	By Who	N/A	By When	N/A	

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Michigan Mission Based Performance Indicator System		
Policy: ☒ Procedure: ☐ Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance & Quality Officer	Adopted Date: 09.02.2014 Review Date: 03.04.2025	Related Policies: Quality Management Required Reporting

Purpose

To ensure Mid-State Health Network (MSHN) through its Provider Network is monitoring performance in the area~~s~~ of access~~, efficiency, and outcomes~~ through standardized performance indicators in accordance with the Michigan Department of Health and Human Services (MDHHS) established measures. To identify causal factors that may interfere with the provision of care and implement a quality improvement program to improve the healthcare received by those individuals served.

Policy

A. MSHN is responsible for meeting the standards established by MDHHS for access~~, efficiency and outcomes,~~ through an effective performance monitoring and quality improvement program.
B. MSHN will report/submit to MDHHS, all data, as required, in accordance with the MDHHS/Prepaid Inpatient Health Plan (PIHP) Contract and the Michigan Mission Based Performance Indicator System (MMBPIS) Codebook.
C. The Provider Network will collect and report accurate data to MSHN for all performance indicators as specified by MSHN and MDHHS.
D. MSHN will provide a regional analysis demonstrating the performance of the Provider Network.
E. Remediation efforts will occur at the regional level for indicators that exhibit performance below the standard for the quarter. These remediation discussions and interventions will occur with the MSHN Quality Improvement Council.
F. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access~~, efficiency, and outcomes~~ of services provided by the Provider Network participant as monitored through the performance indicator system or through Network Adequacy reporting. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.
G. Noncompliance with the ~~above~~ indicators and related improvement plans will be addressed per the contract provisions.
H. Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.
I. The Performance Indicator ~~s~~ for FY26 as defined by MDHHS that will be submitted to REMI is:
    1. **Access:**
        ~~1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.~~
        1. MDHHS Indicator #2 (Access- Timeliness/First Request): The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service~~.~~ [Mental Illness (MI) Adults, MI Children, Intellectual/Developmentally Disabled (IDD) Adults, IDD Children].
            - ~~*~~*Rates for this indicator are calculated by the PIHP from REMI (MSHN's Regional Electronic Medical Record).
J. In addition to the MDHHS Indicator 2, MDHHS Indicator 1 will no longer be collected via REMI and submitted to MDHHS on a quarterly basis; rather, the Provider Network is responsible for

ensuring this data is collected and reported out during annual Network Adequacy reporting.

1. MDHHS Indicator #1: The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.

~~2.~~

~~3. The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within the 14 calendar days of a non-emergency request for service for persons with Substance use Disorders (SUD) (Persons approved for SUD services) **~~

~~4. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, IDD Adults, IDD Children).~~

~~5. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days (All children and all adults (MI, IDD).~~

~~(b) The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven (7) days (All Medicaid SUD*).~~

~~6. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/IDD Adults/IDD children, and SUD).**~~

~~**2. Adequacy/Appropriateness:**~~

~~1. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. **~~

~~**3. Efficiency:**~~

~~1. The percent of total expenditures spent on managed care administrative function for PIHPs. **~~

~~**4. Outcomes**:~~

~~1. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/IDD adults served by the CMHSP who are in competitive employment. **~~

~~2. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). **~~

~~3. The percent of MI and IDD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.~~

~~4. The percent of adults with an intellectual developmental disability served who live in a private residence alone or with spouse or non-relative(s). **~~

~~5. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non-relative(s). **~~

~~* Calculated by the PIHP from REMI. (MSHN's Regional Electronic Medical Information~~Record)

~~** MDHHS Calculates. The PIHP does not submit data through this process.~~

Applies to:

☒All Mid-State Health Network Staff

☐ Selected MSHN Staff, as follows:

☒MSHN's CMHSP Participants: ☐Policy Only ☒Policy and Procedure

☒Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Plan

IDD: Intellectual Developmental Disability

HSW: Habilitation Supports Waiver

MDHHS: Michigan Department of Health and Human Services

MI: Mental Illness
MMBPIS: Michigan Mission Based Performance Indicator System
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan
MMBPIS: Michigan Mission Based Performance Indicator System
Provider Network: refers to a CMHSP Participant and Substance use Treatment Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.
REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)
SUD: Substance Use Disorder

Other Related Materials

References/Legal Authority
Medicaid Contract
MDHHS FY25_PIHP_MMBPIS_Code Book

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual review and update to MDHHS	Director of Compliance, Customer Service and Quality Improvement
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
04.2020	Deleted Indicator 2 and 3. Replaced with new Indicators 2, 2a, and 3.	Director of Compliance, Customer Service and Quality
10.2022	Biennual Review	Quality Manager
12/2024	Biennial Review – removed two indicators that are no longer required)	Chief Compliance and Quality Officer
10/25/2026	Deleted all Indicators no longer required by MDHHS for collection	Quality Manager

MSHN
Mid-State Health Network

POLICY & PROCEDURE MANUAL

Chapter:	**Service Delivery**		
Title:	**Clinical Practice Guidelines and Evidence-Based Practices**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle: Biennial** **Author:** Chief Compliance Officer	**Adopted Date: 11.04.2014** **Review Date:** 11.12.2024	**Related Policies:** Quality Management

Purpose

To establish service provision parameters and expectations of the Community Mental Health Services Program (CMHSP) Participants and the Substance Use Disorder Prevention and Treatment Provider System of the Mid-State Health Network (MSHN) region regarding the network-wide use of nationally accepted or mutually agreed upon clinical practice guidelines and evidence-based practices (EBP).

Policy

MSHN supports and requires the use of nationally accepted and mutually agreed clinical practice guidelines including EBPs to ensure the use of research-validated methods for the best possible outcomes for service recipients as well as best value in the purchase of services and supports. Practice guidelines include clinical standards, evidence-based practices, practice-based evidence, best practices, and promising practices that are relevant to the individuals served.

While MSHN does support the use of promising and emerging practices, interventions that are considered experimental or indicate risk of harm to human subjects are not supported within the Prepaid Inpatient Health Plan (PIHP) region unless approved in accordance with MSHN's Research Policy and by the Michigan Department of Health and Human Services (MDHHS).

Standards:

CMHSP Participants and the Substance Use Disorder Prevention and Treatment Provider System under contract to provide prevention and/or treatment services for mental health and/or substance use disorders will deliver services in a manner which reflects the values and expectations contained in nationally accepted or mutually agreed upon practice guidelines.

A. The guidelines should include but are not limited to the following practice guidelines:
    1. Access Standards
    2. Behavior Treatment Plans Technical Requirement
    3. Inclusion Practice Guideline
    4. Housing Practice Guideline
    5. Consumerism Practice Guideline
    6. Personal Care in Non-specialized Residential Settings
    7. Family Driven and Youth Guided Policy and Practice Guideline
    8. Employment Works! Policy
    9. Person-Centered Planning Policy
    10. School to Community Transition
    11. Self-Directed Services Technical Requirements

12. Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with Serious Emotional Disturbance (SED) ~~Children~~ and Intellectual and/or Developmental Disabilities (I/DD)
13. Trauma Policy

B. ~~Adoption, d~~Development, adoption, and implementation of practice guidelines

1. MSHN shall use the appropriate councils, committees, and workgroups for the review, approval, and adoption of clinical practice guidelines and related policies and procedures in accordance with the Governance and General Management Chapter of its policies and procedures:
    i CMHSP Participants: Clinical Leadership Committee shall be responsible for addressing clinical practice guidelines, policies, and procedures in the public behavioral health system as identified in this policy.
    ii Substance Use Disorder Service Provider (SUDSP) Participants: MSHN SUD Leadership, ~~and the Substance Use Disorder Oversight Policy Board~~ in consultation with the regional SUDS Directors, MSHN's Medical Director, and MSHN's contracted SUD prevention, treatment and recovery providers, shall be responsible for addressing clinical practice guidelines, policies, and procedures in the public substance use disorder prevention and treatment provider system as identified in this policy.
    iii MSHN councils, committees, and workgroups shall ensure that the relevant minutes reflect the discussion, including title of document, summary of changes, key discussion points, questions/concerns, proposed revisions, and outcome (i.e., approval, further edits, etc.).

~~1.~~2. Key concepts of recovery and resilience, wellness, person-centered planning/individual treatment planning and choice, self-determination, and cultural competency are critical to the success of implementation of practice guidelines or treatment.

~~2.~~3. Practices will appropriately match the presenting clinical and/or community needs as well as demographic and diagnostic characteristics of the individuals to be served.

3. Programs will ensure the presence of foundational practice skills including motivational interviewing, trauma informed care, and positive behavioral supports.
4. Practices which are not evidence-based should be replaced with practices that are, where feasible.
5. Promising or emerging EBPs may be conditionally explored or supported where appropriate to meet the needs of person served.
6. CMHSP Participants and ~~Substance Use Disorder Service Providers (~~SUDSP~~)~~ Participants will review service and clinical practices for EBP endorsement, offering an array of EBPs which best meet the needs of the persons served.
7. Evidence for EBP prevention programs must come from one of these sources: a) Federal Registries; b) Peer Reviewed Journals; c) Community Based Process Best-Practices; or d) Other sources of documented effectiveness.

C. Monitoring and Evaluation

1. Oversight of practice guidelines and EBPs will be provided by the responsible contractor and will be reviewed as part of the MSHN site review and monitoring process.
2. Contractors must report to MSHN any practices being used to support and/or provide clinical interventions for/with individuals.
3. Evidence-based practices will be monitored, tracked, and reported, including summary information provided to MSHN through the annual assessment of Network Adequacy.
4. Requisite staff training, supervision/coaching, certifications and/or credentials for specific clinical practices as needed will be required, verified, and sustained as part of the credentialing, privileging and/or contracting processes.
5. Fidelity reviews shall be conducted and reviewed as part of local quality improvement programs or as required by MDHHS

D. Communication

1. Persons served as well as other key stakeholders will be routinely provided with practice guidelines relevant for their services and supports.
2. Practice Guideline expectations will be included in contracts.

Applies to:

☐ All Mid-State Health Network Staff

☐ Selected MSHN Staff, as follows:

☒MSHN's CMHSP Participants: ☒Policy ☐ Policy and Procedure

☒Other: Sub-contract Providers

Definitions:

Clinical Practice Guidelines: The Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options."

CMHSP: Community Mental Health Services Program; A program operated under Chapter 2 of the Michigan Mental Health Code-Act 258 of 1974 as amended.

Evidence Based Practices (EBP): treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study

I/DD: Intellectual and/or Developmental Disabilities

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network; A regional entity formed for the purpose of carrying out the provisions of Section 1204b of the Mental Health Code relative to serving as the prepaid inpatient health plan to manage Medicaid specialty supports and services.

PIHP: An organization that manages Medicaid specialty services under the state's approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401, as amended, regarding Medicaid managed care.

SED: Serious Emotional Disturbance

SUDSP: Substance Use Disorder Service Provider

References/Legal Authority:

Medicaid Managed Specialty Supports and Services Contract

MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
11.2014	New Policy	Chief Compliance Officer
11.2015	Policy Review	Chief Clinical Officer
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager

10.2020	Biennial Review	Quality Manager
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer
03.2026	Align with HSAG Recommendation	Chief Behavioral Health Officer