



February 27th, 2024, 5:00 pm  
Pivotal Conference Room  
Centreville, MI

- I. **Approval of Agenda** *Welcome & preliminaries: the focus for our meeting. (Sandy)\**
- II. **Public Comment:** *Guests and Visitors can comment, 3 min max per person. (Sandy)*
- III. **Consent Agenda** *Ratification and approval of minutes & non-debatable items (Sandy)\*\**
  - a. January 2024 Check Register pg. 2
  - b. February 2024 Contracts pg. 5
  - c. January 2024 Meeting Minutes pg. 6
- IV. **Monitoring Reports** *Assuring Executive and Organizational Performance (C. Bullock)*
  - a. **Executive Limitations:** *Is the organization operating within the boundaries the Board sets?*
    - i. **V.01 – Global Executive Constraint \* pg. 10**
    - ii. **V.05 – Financial Conditions/Activity \* pg. 11**
- V. **Performance on Ends:** *Is the organization on track with its vision? (C. Bullock)*
  - a. Report on Ends Accomplishments – N/A
  - b. Discussion on Implication of Ends Report- Subpart 1
- VI. **Board Policy Review** *Do our existing policies reflect the board's current values?*
  - a. VI.07 Board Committee Principles – Amanda M pg. 17
  - b. VI.08 Board Committee Structure – Liz R. pg. 18
  - c. III.01 Global Governance Management – Damon K. pg. 19
- VII. **Board Work on Ends, Linkage Activities, and Board Education (5-10 min)**
  - a. Adult Case Management- Stacey D. and Rayshell L.
  - b. Adult CLS – Venice D.
- VIII. **Board Decisions (Motions) Actions:** *Only the Board has the authority to make them. (S. Hall)*
  - a. **QIP Plan FY 24 – C. Bullock .\* pg. 20**
- IX. **Communications:** *Keep the Board current on significant events and operations.*
  - a. Directors Report February 2024 pg. 36
  - b. CAC Meeting Minutes pg. 37
- X. **Board Process Review and Adjourn:** *How did we use our time, discuss relevant information, and make decisions according to our policies? What will we do in the next meetings to improve our preparation, debate, and process for decision making? \**

\*Motion required \*\*Roll Call Vote

Recess is Available upon request.

IF YOU ARE UNABLE TO ATTEND, PLEASE GET IN TOUCH WITH THE BOARD OFFICE (269-467-1001 x364)NEXT REGULAR MEETING: MARCH 26<sup>th</sup>, 2024, PIVOTAL CONFERENCE ROOM.

PIVOTAL  
Disbursements  
January 2024

\* Voided Checks

Check/EFT #	Vendor	Date	Amount	Description
64206	FRED'S PHARMACY	1/5/2024	439.58	Client Pharmacy
64213	ACUITY, A MUTUAL INSURANCE COM	1/5/2024	8,310.00	Agency Insurance
EFT000000000448	ADAPT INC	1/5/2024	116,612.24	Specialized Residential
EFT000000000449	AGAPE AFC HOME	1/5/2024	15,103.20	Specialized Residential
EFT000000000459	AIMS LLC	1/5/2024	500.00	Inpatient Doctor Services
EFT000000000461	AST - AUTISM SPECTRUM THERAPIE	1/5/2024	9,455.01	Autism Provider
EFT000000000473	AUTISM OF AMERICA LLC	1/5/2024	4,346.60	Autism Provider
64218	BCA - STONECREST CENTER	1/5/2024	5,190.00	Inpatient Doctor Services
EFT000000000447	BEACON SPECIALIZED LIVING SERV	1/5/2024	144.00	Specialized Residential
EFT000000000474	BROOKSIDE CARE LLC	1/5/2024	9,500.00	Specialized Residential
EFT000000000480	CHRISTINA MORRISON	1/5/2024	5,000.00	Tuition Reimbursement
EFT000000000441	CRETSINGER CARE HOMES LTD	1/5/2024	14,345.25	Specialized Residential
EFT000000000479	DEAR COUNTRY AFC	1/5/2024	7,617.60	Specialized Residential
EFT000000000452	DOCTORS NEUROPSYCHIATRIC HOSPI	1/5/2024	12,760.46	Inpatient Doctor Services
64212	FARMERS STATE BANK	1/5/2024	13,461.14	Mortgage-Jan
* 64216	FIDELITY SECURITY LIFE	1/5/2024	1,017.40	Employee Benefits
EFT000000000456	FLATROCK MANOR	1/5/2024	1,854.00	Specialized Residential
EFT000000000444	FOREST VIEW HOSPITAL	1/5/2024	9,522.00	Inpatient Doctor Services
EFT000000000460	GAGAN S PC	1/5/2024	16,171.00	Contract-Psychiatrist
EFT000000000477	GREAT LAKES CLEANING SERVICE	1/5/2024	920.00	Contract-Janitorial
64210	GRIFFIN PEST SOLUTIONS	1/5/2024	52.00	Pest Control
EFT000000000453	HARBOR OAKS HOSPITAL	1/5/2024	9,097.00	Inpatient Doctor Services
64217	HAVENWYCK HOSPITAL	1/5/2024	12,039.30	Inpatient Doctor Services
EFT000000000468	HEART 2 HEART AUTISM CENTER LL	1/5/2024	6,566.88	Autism Provider
64221	HENA'S AFC	1/5/2024	596.61	Specialized Residential
EFT000000000454	HR ALLIANCE 1 INC	1/5/2024	3,603.96	Fiscal Intermediary
EFT000000000472	IMAGINE MEDICAL GROUP P.A.	1/5/2024	8,496.00	Contract - SUD and Access
64222	ISABEL DETWILER	1/5/2024	800.00	Contract-After Hours Emergency
EFT000000000467	KARAH DENNELL JOHNSON	1/5/2024	150.00	Contract-After Hours Emergency
64220	KONICA MINOLTA PREMIER FINANCE	1/5/2024	1,875.25	Printers
EFT000000000478	KRISTI MERRILLS PLC	1/5/2024	1,380.00	Contract-After Hours Emergency
EFT000000000446	KSS ENTERPRISES	1/5/2024	197.36	Supplies
EFT000000000465	LAKESIDE CUSTOM BUILDERS LLC	1/5/2024	200.00	Door Handle Replacement
EFT000000000469	LIFETREE BEHAVIORAL HEALTH	1/5/2024	46,218.25	Autism Provider
EFT000000000466	LYDIA MARIE CHAPA	1/5/2024	1,960.00	Contract-Wraparound
EFT000000000481	LYNELLE GIRTON-THRASHER	1/5/2024	250.00	IMH Supervision
64207	MICHIGAN COUNCIL #25	1/5/2024	1,149.60	Union Dues
64211	MICHIGAN GAS UTILITIES	1/5/2024	158.21	Utilities
64208	MICHIGAN MUNICIPAL RISK MGMT A	1/5/2024	45,795.00	Authority Insurance Coverage
64219	NAVIA BENEFIT SOLUTIONS	1/5/2024	160.00	Employee Benefits
EFT000000000471	NYUMBANI AFC	1/5/2024	22,918.92	Specialized Residential
EFT000000000442	PINE REST CHRISTIAN MHS	1/5/2024	16,279.53	Inpatient Doctor Services
EFT000000000451	PLEASANT ACRES LLC	1/5/2024	39,005.75	Specialized Residential
EFT000000000458	PLEASANT PINES	1/5/2024	32,754.60	Specialized Residential
EFT000000000475	PROFESSIONAL REHABILITATION SE	1/5/2024	4,007.49	Client Services
EFT000000000464	RILEY PUMPKIN FARM	1/5/2024	1,038.00	Snow Removal
EFT000000000463	RIFFLE EFFECTS AUTISM LEARNING	1/5/2024	25,585.17	Autism Provider
64209	SEMCO ENERGY GAS COMPANY	1/5/2024	697.00	Utilities
EFT000000000443	ST JO CO UNITED WAY	1/5/2024	182.00	Employee Donations
* EFT000000000445	STUART WILSON, CPA PC	1/5/2024	23,228.24	Fiscal Intermediary
EFT000000000457	SUPERIOR CARE OF MICHIGAN	1/5/2024	8,660.16	Specialized Residential
EFT000000000476	SYNTHESIS ABA	1/5/2024	2,211.65	Autism Provider
EFT000000000450	THE MEADOWS	1/5/2024	38,608.20	Specialized Residential
EFT000000000462	THE TM GROUP INC	1/5/2024	500.00	IT
EFT000000000470	THE VESTIGE GROUP LLC	1/5/2024	709.80	Employee Alert Buttons
64214	UNITED STATES TREASURY	1/5/2024	1,351.45	Form 941-STD
EFT000000000455	UNITY GROUP II	1/5/2024	25,790.76	Specialized Residential
64215	VERIZON WIRELESS	1/5/2024	3,890.58	Utilities
EFT000000000488	ADAPT INC	1/12/2024	254,089.46	Specialized Residential
EFT000000000497	AST - AUTISM SPECTRUM THERAPIE	1/12/2024	7,161.40	Autism Provider
EFT000000000504	AUTISM OF AMERICA LLC	1/12/2024	4,256.60	Autism Provider
EFT000000000507	BRONSON-ACADIA JOINT VENTURE L	1/12/2024	46,250.00	Inpatient Doctor Services
64242	CARE FROM THE HEART	1/12/2024	10,436.77	Specialized Residential
64236	CERTASITE LLC	1/12/2024	900.00	Fire Safety
64233	CHASE CARD SERVICES	1/12/2024	20,139.95	Credit Card
64223	CITY OF THREE RIVERS	1/12/2024	141.29	Utilities
64227	COMCAST	1/12/2024	423.30	Utilities
EFT000000000490	COMMUNITY LIVING OPTIONS	1/12/2024	31,838.81	Specialized Residential

EFT00000000494	DATA GUARDIAN	1/12/2024	79.00	Utilities
EFT00000000491	DOCTORS NEUROPSYCHIATRIC HOSPI	1/12/2024	18,195.00	Inpatient Doctor Services
EFT00000000500	DONALD KITCHEN JR	1/12/2024	25.00	Committee Fee
64237	EVERSTREAM SOLUTIONS LLC	1/12/2024	500.00	Utilities
EFT00000000489	FALCO CORPORATION	1/12/2024	26,622.86	Specialized Residential
EFT00000000493	FLATROCK MANOR	1/12/2024	82,178.20	Specialized Residential
64231	FRONTIER	1/12/2024	490.44	Utilities
EFT00000000496	GAGAN S PC	1/12/2024	7,931.00	Contract-Psychiatrist
64229	GAIL LECOUNT	1/12/2024	44.50	Committee Fee
EFT00000000503	GIDDINGS AFC HOME LLC	1/12/2024	12,710.00	Specialized Residential
EFT00000000505	GIDDINGS AFC II	1/12/2024	11,444.89	Specialized Residential
EFT00000000506	GREAT LAKES CLEANING SERVICE	1/12/2024	2,150.00	Contract-Janitorial
64225	GRIFFIN PEST SOLUTIONS	1/12/2024	126.00	Pest Control
EFT00000000501	HEART 2 HEART AUTISM CENTER LL	1/12/2024	5,309.85	Autism Provider
EFT00000000492	HR ALLIANCE 1 INC	1/12/2024	3,182.04	Fiscal Intermediary
64226	INDIANA MICHIGAN POWER	1/12/2024	460.29	Utilities
64239	INSPIRATION STUDIO DESIGNS	1/12/2024	695.00	Supplies
64243	JDGO HOLDINGS LLC DBA LANGUAGE	1/12/2024	173.00	Interpreter-Documentation
64238	JENNIFER HENDRICKS	1/12/2024	25.00	Committee Fee
EFT00000000499	JERGENS PIPING CORPORATION	1/12/2024	150.00	Maintenance
EFT00000000487	KSS ENTERPRISES	1/12/2024	185.51	Supplies
EFT00000000502	LIFETREE BEHAVIORAL HEALTH	1/12/2024	17,375.59	Autism Provider
64241	LRS, LLC	1/12/2024	232.20	Utilities-Waste Service
EFT00000000482	PARMETER AFC	1/12/2024	9,330.69	Specialized Residential
EFT00000000483	PINE REST CHRISTIAN MHS	1/12/2024	12,400.00	Inpatient Doctor Services
64234	PROMEDICA COLDWATER REGIONAL H	1/12/2024	5,700.00	Inpatient Doctor Services
EFT00000000484	REHMANN	1/12/2024	13,280.00	Contract-Billing
64232	RESIDENTIAL OPPORTUNITIES INC	1/12/2024	17,475.00	Specialized Residential
EFT00000000498	RIPPLE EFFECTS AUTISM LEARNING	1/12/2024	19,914.89	Autism Provider
EFT00000000486	ST JOSEPH COMMUNITY CO-OP INC	1/12/2024	19,625.81	Specialized Residential
EFT00000000485	STUART WILSON, CPA PC	1/12/2024	8,635.62	Fiscal Intermediary
EFT00000000495	TINA BULLARD	1/12/2024	43.76	Committee Fee
64240	TRINITY HEALTH MUSKEGON HOSPIT	1/12/2024	23,218.00	Inpatient Doctor Services
64228	TWIN COUNTY COMMUNITY PROBATIO	1/12/2024	3,075.00	DRC
64224	WASTE MANAGEMENT OF MICHIGAN	1/12/2024	400.59	Utilities
64230	WAYNE SIMMONS	1/12/2024	26.34	Committee Fee
64235	WEX BANK	1/12/2024	783.86	Shell Gas
EFT00000000514	ADAPT INC	1/19/2024	64,156.07	Specialized Residential
64257	AETNA BETTER HEALTH PREMIER PL	1/19/2024	1,608.44	Overpayment Refund
64254	ALTERNATIVE CHOICES	1/19/2024	2,037.56	CLS
64256	ANTHEM BLUE CROSS	1/19/2024	71.87	Overpayment Refund
EFT00000000518	AST - AUTISM SPECTRUM THERAPIE	1/19/2024	3,001.52	Autism Provider
EFT00000000526	AUTISM OF AMERICA LLC	1/19/2024	2,766.44	Autism Provider
64258	BLUE CROSS BLUE SHIELD OF MI	1/19/2024	147.97	Overpayment Refund
64244	BLUE CROSS BLUE SHIELD OF MICH	1/19/2024	206,534.01	Employee Benefits
EFT00000000532	BRONSON-ACADIA JOINT VENTURE L	1/19/2024	3,750.00	Inpatient Doctor Services
EFT00000000527	BROOKSIDE CARE LLC	1/19/2024	4,500.00	Specialized Residential
64246	CENTRAL MANUFACTURING SERVICES	1/19/2024	5,665.00	Rent-TR
64248	CENTURYLINK	1/19/2024	106.99	Utilities
64245	CITY OF STURGIS	1/19/2024	1,429.27	Utilities
64252	CONLIN, MCKENNEY & PHILBRICK P	1/19/2024	280.50	Attorney Fees
EFT00000000533	DEAR COUNTRY AFC	1/19/2024	7,010.40	Specialized Residential
64255	DENISE RENEE BINGAMAN DBA JDBI	1/19/2024	1,193.30	Contract-After Hours Emergency
EFT00000000516	DOCTORS NEUROPSYCHIATRIC HOSPI	1/19/2024	6,065.00	Inpatient Doctor Services
EFT00000000517	GAGAN S PC	1/19/2024	8,446.00	Contract-Psychiatrist
EFT00000000530	GREAT LAKES CLEANING SERVICE	1/19/2024	1,000.00	Contract-Janitorial
EFT00000000508	GRYPHON PLACE	1/19/2024	984.62	After-Hours Emergency Answering Service
EFT00000000534	HENA'S AFC	1/19/2024	596.61	Specialized Residential
EFT00000000523	INNOVATEL TELESYCHIATRY LLC	1/19/2024	7,313.70	Contract - SUD and Access
EFT00000000535	ISABEL DETWILER	1/19/2024	150.00	Contract-After Hours Emergency
EFT00000000522	KARAH DENNELL JOHNSON	1/19/2024	800.00	Contract-After Hours Emergency
EFT00000000510	KENDRICK STATIONERS INC	1/19/2024	979.95	Supplies
EFT00000000513	KONICA MINOLTA BUSINESS SOLUTI	1/19/2024	60.00	Printers
EFT00000000531	KRISTI MERRILLS PLC	1/19/2024	170.00	Contract-OBRA Assessment
EFT00000000512	KSS ENTERPRISES	1/19/2024	343.47	Supplies
EFT00000000524	LIFETREE BEHAVIORAL HEALTH	1/19/2024	8,231.85	Autism Provider
EFT00000000521	LYDIA MARIE CHAPA	1/19/2024	1,610.00	Contract-Wraparound
EFT00000000536	LYNELLE GIRTON-THRASHER	1/19/2024	250.00	IMH Supervision
EFT00000000525	MAPLECREST LLC	1/19/2024	3,183.00	Rent-Sturgis
EFT00000000515	PETER CHANG ENTERPRISES INC	1/19/2024	12,927.98	PCE
64249	RESIDENTIAL OPPORTUNITIES INC	1/19/2024	18,640.00	Specialized Residential
EFT00000000520	RIPPLE EFFECTS AUTISM LEARNING	1/19/2024	33,850.95	Autism Provider
EFT00000000509	ST JO CO UNITED WAY	1/19/2024	182.00	Employee Donations
64250	STRATUS VIDEO LLC	1/19/2024	228.96	Interpreter-Verbal
EFT00000000511	STUART WILSON, CPA PC	1/19/2024	20,273.54	Fiscal Intermediary

64253	STURGES-YOUNG CENTER FOR THE A	1/19/2024	1,525.00	All-Staff Meeting Location
64251	SUSAN PATTISON	1/19/2024	750.00	Guardianship Testing
EFT0000000000529	SYNTHESIS ABA	1/19/2024	1,413.74	Autism Provider
EFT0000000000519	THE TM GROUP INC	1/19/2024	500.00	IT
64247	VERIZON WIRELESS	1/19/2024	184.13	Utilities
EFT0000000000528	WMU CENTER FOR DISABILITIES	1/19/2024	3,748.23	Doctor Services
EFT0000000000542	ADAPT INC	1/26/2024	85,686.79	Specialized Residential
REMIT0000000000002	AIMS LLC	1/26/2024	0.00	
EFT0000000000547	AST - AUTISM SPECTRUM THERAPIE	1/26/2024	7,907.38	Autism Provider
EFT0000000000551	AUTISM OF AMERICA LLC	1/26/2024	3,024.80	Autism Provider
64264	BEACON MEDICAL GROUP BEHAVIORA	1/26/2024	800.00	Inpatient Doctor Services
EFT0000000000558	BRANDI BELCHER	1/26/2024	400.00	Contract-UM
EFT0000000000555	BRONSON-ACADIA JOINT VENTURE L	1/26/2024	3,750.00	Inpatient Doctor Services
EFT0000000000552	BROOKSIDE CARE LLC	1/26/2024	7,000.00	Specialized Residential
EFT0000000000545	CEDAR CREEK HOSPITAL	1/26/2024	44,075.00	Inpatient Doctor Services
EFT0000000000556	DEAR COUNTRY AFC	1/26/2024	2,925.60	Specialized Residential
64263	DELTA DENTAL	1/26/2024	7,438.00	Employee Benefits
EFT0000000000557	DENISE RENEE BINGAMAN DBA JDBI	1/26/2024	1,193.30	Contract-After Hours Emergency
EFT0000000000544	DOCTORS NEUROPSYCHIATRIC HOSPI	1/26/2024	14,943.00	Inpatient Doctor Services
64265	ELKHART GENERAL HOSPITAL	1/26/2024	5,754.00	Inpatient Doctor Services
64261	FARMERS STATE BANK	1/26/2024	13,461.14	Mortgage-Feb
EFT0000000000546	GAGAN S PC	1/26/2024	7,004.00	Contract-Psychiatrist
EFT0000000000553	GREAT LAKES CLEANING SERVICE	1/26/2024	1,150.00	Contract-Janitorial
64259	GRIFFIN PEST SOLUTIONS	1/26/2024	52.00	Pest Control
64267	HIP PADDERS CATERING	1/26/2024	720.00	Staff Training
EFT0000000000559	ISABEL DETWILER	1/26/2024	800.00	Contract-After Hours Emergency
64270	KALAMAZOO CHILD & FAMILY COUNS	1/26/2024	750.00	Staff Training
EFT0000000000554	KRISTI MERRILLS PLC	1/26/2024	616.40	Contract-After Hours Emergency
EFT0000000000550	LIFETREE BEHAVIORAL HEALTH	1/26/2024	15,863.26	Autism Provider
64269	NEUROBEHAVIORAL HOSP OF NW IND	1/26/2024	2,372.80	Inpatient Doctor Services
EFT0000000000537	PINE REST CHRISTIAN MHS	1/26/2024	55,800.00	Inpatient Doctor Services
64266	PROMEDICA COLDWATER REGIONAL H	1/26/2024	41,300.00	Inpatient Doctor Services
EFT0000000000549	RILEY PUMPKIN FARM	1/26/2024	4,710.00	Snow Removal
EFT0000000000548	RIPPLE EFFECTS AUTISM LEARNING	1/26/2024	24,214.95	Autism Provider
EFT0000000000543	SPECTRUM COMMUNITY SERVICES	1/26/2024	19,538.20	Specialized Residential
EFT0000000000538	ST JO CO TRANSPORTATION AUTHOR	1/26/2024	1,164.00	Client Transportation
EFT0000000000540	ST JOSEPH COMMUNITY CO-OP INC	1/26/2024	30,312.77	Specialized Residential
EFT0000000000541	STATE OF MICHIGAN	1/26/2024	1,476.26	State Inpatient
EFT0000000000539	STUART WILSON, CPA PC	1/26/2024	4,595.64	Fiscal Intermediary
64271	STURGIS GRIDIRON CLUB	1/26/2024	600.00	Prevention Grant-Advertising
64268	THE DOCTORS COMPANY	1/26/2024	2,532.63	Inpatient Doctor Services
64262	UNEMPLOYMENT INSURANCE AGENCY	1/26/2024	6,154.00	Annual Unemployment
64260	VILLAGE OF CENTREVILLE	1/26/2024	633.77	Utilities

Total Amount of Non-Void Checks & EFTs

2,175,408.83

Electronic Debit	PAYCOR INC	1/4/2024	170,978.50	Employee Payroll
Electronic Debit	PAYCOR INC	1/4/2024	59,152.69	Employee Payroll
Electronic Debit	PAYCOR INC	1/8/2024	2,172.90	Employee Payroll
Electronic Debit	OPTUM BANK	1/8/2024	12,088.94	Employee Benefits
Electronic Debit	OPTUM BANK	1/9/2024	10.00	Employee Benefits
Electronic Debit	EMPOWER	1/10/2024	9,831.93	Employee Benefits
Electronic Debit	EMPOWER	1/10/2024	7,130.22	Employee Benefits
Electronic Debit	EMPOWER	1/10/2024	14,543.90	Employee Benefits
Electronic Debit	TRANSFER TO BUSINESS SELECT ACCOUNT	1/18/2024	300.00	Interest Earned
Electronic Debit	PAYCOR INC	1/18/2024	167,361.84	Employee Payroll
Electronic Debit	PAYCOR INC	1/18/2028	56,376.96	Employee Payroll
Electronic Debit	OPTUM BANK	1/19/2024	12,504.86	Employee Benefits
Electronic Debit	EMPOWER	1/19/2024	9,808.09	Employee Benefits
Electronic Debit	EMPOWER	1/19/2024	6,824.30	Employee Benefits
Electronic Debit	EMPOWER	1/19/2024	14,011.25	Employee Benefits
Electronic Debit	PAYCOR INC	1/24/2024	1,276.00	Employee Payroll
Electronic Debit	CENTURY BANK ACH FEES	1/31/2024	29.48	ACH Initiation Fees

Total Amount of Electronic Debits

544,401.86

Total Disbursements

2,719,810.69

Contracts for Board Meeting 2/27/24

Clinical Contracts						
Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
Ripple Effect Inclusion Center	J. Cupp	CLS/Respite	H2015: \$3.00-\$7.50 T1005: \$3.00-\$7.00	New Provider	2/1/24-9/30/24	
Non-Clinical Contract						
Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
Griffin Pest Solutions	M. Crittenden	Pest Control	\$57 quarterly- Sturgis \$65 quarterly- Three Rivers \$40-\$65 Mowing	For Three Rivers and Sturgis	February 2024- February 2025	
Miracle Lawn Service	C. Bullock	Lawn care	\$200-400 Spring/Fall Clean Up \$55-\$90 Spring weed and feed	Lawn care	Spring, Summer, Fall 2024	



**MEETING MINUTES OF JANUARY 30 2024  
PIVOTAL CONFERENCE ROOM**

**OFFICERS**

**PRESENT:** Sandra Hall- Chair, Kathy Pangle- Vice Chair, Kay Decker- Secretary

**MEMBERS**

**PRESENT:** Cathi Abbs, Darci Skrzyniarz, Carol Naccarato, Rick Shaffer, Luis Rosado, Amanda Miller, Elisabeth Roberts, Stacey Linihan

**MEMBERS**

**ABSENT:** Damon Knapp

**VISITORS:**

**MINUTES**

**CALL TO ORDER**

Hall, Chair called the meeting to order at 5:00pm

**APPROVAL OF AGENDA**

Moving item VII Board Work on Ends, Linkage Activities and Board Education to after Consent Agenda

**A MOTION WAS MADE BY ABBS, SUPPORTED BY PANGLE, TO APPROVE THE AGENDA WITH MOVING ITEM VII BOARD WORKS ON ENDS, LINKAGE ACTIVITIES AND BOARD EDUCATION TO AFTER THE CONSENT AGENDA. ALL IN FAVOR/NON OPPOSED. MOTION CARRIED**

**GUEST, VISITORS, & PUBLIC COMMENTS**

**CONSENT AGENDA**

Check Register November 2023 \$1,981,268.55

Check Register December 2023 \$2,694,226.73

Contracts January 2024

Board Meeting Minutes November 2023

**A MOTION WAS MADE BY ROSADO, SUPPORTED BY PANGLE, TO APPROVE THE CONSENT AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NON OPPOSED. MOTION CARRIED**

## **BOARD WORK ON ENDS, LINKAGE ACTIVITIES, AND BOARD EDUCATION**

Medication Clinic Home Injection presentation by Kristine Kirsch

## **EXECUTIVE LIMITATIONS**

### **V.08 Compensation and Benefits**

Bullock, CEO presented Pivotal's hiring salary survey in comparison to 2022 CMHA salary survey's. This year is Union negotiation starting our 3 year negotiation in May or June. Bullock, CEO compensation benefits are in the CEO contract.

Bullock, CEO states he does not promise or imply permanent or guaranteed employment

Bullock, CEO, Noted leases are no longer than 1 year, with the exception, of the Three Rivers and Sturgis offices. Bullock, CEO, also included no unfunded liabilities, union contract and Union Employee Handbook clearly states union benefits while Management Handbook clearly states management benefits. Union and Management benefits are prorated if an employee works more than 30 hours but less than 40 hours.

Bullock CEO, believes he holds staff accountable and hold management higher. Bullock, CEO believes he does not have preferential treatment with regards to benefits and compensation

**A MOTION WAS MADE BY PANGLE, SUPPORTED BY SHAFFER, TO APPROVE V.08 COMPENSATION AND BENEFITS. ALL IN FAVOR/NON OPPOSED. MOTION CARRIED.**

### **V.05 Financial Condition/Activities**

Bullock, CEO present we currently have a deficit from Medicaid for \$1.5 million. The majority are from Specialized Residential. Not accounted for in our budget, direct care wage once again increased on 10-1-2023.

Versteeg, CFO presented the total assets is \$8.8 million with total liabilities at \$6.1 million. It does show due to Southwest Michigan Behavioral Health (SWMBH) for \$1 million. This was a cash advance that we got on our 2023 cash settlement from SWMBH. Once we receive our settlement it will switch to revenues. Bullock, CEO added we asked for a cash advance on the cash settlement owed to us so we had cash flow money.

Darci Skrzytniarz arrived at 5:32pm

Versteeg, CFO continued with Healthy Michigan Plan (HMP) is overspent by \$47,000. But we do have \$123,000 from client fees and insurance. Provider claims is overstated, we believe, by \$1.5 million as well due to PCE changes. Hopefully will be resolved in next month's financials. Versteeg, CFO added for the Quarter we are still under budget by \$162,000. Projecting for the full year being over \$596,000, much of it due to Specialized Residential cost. Lastly, Versteeg, CFO discussed CCHBC pre-payment being calculated differently with a smaller pre-payment at the beginning and an increase with the settlement towards the end.

**A MOTION WAS MADE BY ROSADO, SUPPORTED BY LINIHAN, TO APPROVE V.05 FINANCIAL CONDITION/ACTIVITIES. ALL IN FAVOR/NON OPPOSED. MOTION CARRIED.**

## **PERFORMANCE ON ENDS**

- A. Reports on Ends Accomplishments- Subpart 1
  - a. Three Locations
  - b. MMBPIS Data
  - c. CCHBC
  - d. Hospitalization
  - e. Medicaid Network Adequacy

- B. Discussion on Implication on Ends Report- N/A

**A MOTION WAS MADE BY LINIHAN, SUPPORTED BY PANGLE, TO APPROVE REPORTS ON ENDS ACCOMPLISHMENTS-SUBPART 1. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED**

### **BOARD POLICY REVIEW**

- A. VI.06- Board Members Code of Conduct
  - a. Presented by Sandy Hall

### **BOARD DECISIONS (MOTIONS) ACTIONS**

- A. Rehmann Billing Company
  - Bullock, CEO presented that Richard from Rehmann Billing Company's anticipated workload and client volume that we are currently at was not anticipated. Billing has doubled from 2022. Currently paying \$11,000 a month and they are asking for \$22,000 a month, 6-month contract.

**A MOTION WAS MADE BY PANGLE, SUPPORTED BY DECKER TO ACCEPT THE REHMANN BILLING COMPANY PAYMENT INCREASE FROM \$11,000 TO \$22,000 6 MONTH CONTRACT. ROLL CALL VOTE. ALL IN FAVOR/NON OPPOSED. MOTION CARRIED.**

Kathy Pangle left at 6:06

- B. Expansion Plan

Bullock, CEO discussed option for the growth of Pivotal all which would include an RFP

Option 1- Remodel Cube land and convert the end into 4 offices. 2 would be children based, 1 would be adults. Replace the remainder of carpet in the building and demolish the Administration side. Rough estimate: \$200,000

Option 2- Adding on to the building. roughly \$250 per square foot. Roughly \$750,000

Option 3- Roughly \$250 per square foot. Purchase land and build another facility. Bullock, CEO would like a training center where we could house all our meeting and not rent from other places.

Option 4- Remodel a building in Sturgis \$72000 plus renovations

Majority vote from board members raise of hands, in favor of adding on to the building. Bullock, CEO will start writing RFP for option 2, adding on to the building.

## **COMMUNICATIONS**

- A. Directors report December 2023/January 2024

Board members would like a written resolution directing the CEO to not accept PBIP funds at less than 100% from Southwest Michigan Behavioral Health (SWMBH).

**A MOTION WAS MADE BY SHAFFER, SUPPORTED BY MILLER TO HAVE A WRITTEN RESOLUTION DIRECTING THE CEO TO NOT ACCEPT PBIP FUNDS AT LESS THAN 100% OF FUNDS FROM SOUTHWEST MICHIGAN BEHAVIORAL HEALTH (SWMBH). HALL ABSTAINED FROM VOTING. ALL IN FAVOR. NON/OPOSED. MOTION CARRIES**

- B. Strategic Plan Q1 update
- C. Board Calendar
- D. MMBPIS QTR 4 appreciation letter
- E. Board Attendance for 2023
- F. CAC meeting minutes January 8, 2024

## **BOARD PROCESS REVIEW AND ADJOURNMENT**

**MEETING ADJOURNED AT 6:52PM**

Signature \_\_\_\_\_

Kay Decker, Secretary

\_\_\_\_\_

Date



## BOARD POLICY V.01

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 1
POLICY TITLE:	<b>GLOBAL EXECUTIVE CONSTRAINT</b>	EFFECTIVE:	09/28/2022
		REVIEWED:	02/27/2024

### **POLICY:**

The CEO will not cause or allow any organizational practice, activity, decision, or circumstance which is either unlawful, imprudent or in violation of commonly accepted business and professional ethics and practices.

*Executive Officer Response:* I have not allowed any organizational practice, activity, decision, or circumstance which is either unlawful, imprudent or in violation of commonly accepted business and professional ethics and practices.



## BOARD POLICY V.05

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 2
POLICY TITLE:	FINANCIAL CONDITIONS/ACTIVITIES (FEB 2024)	EFFECTIVE:	09/28/2022
		REVIEWED:	02/27/2024

### POLICY:

With respect to the actual, ongoing financial condition and activities, the CEO will not cause or allow the development of fiscal jeopardy or material deviation of actual expenditures from board priorities established in Ends policies.

The CEO will not

1. Expend more funds than have been received in the fiscal year to date, with the exception of federal, state, and local required services.

*Executive Officer Response:* The current Medicaid deficit is \$1.1 million. Down from last month's report of 1.5 million. Emily worked diligently to ensure that the error identified was fixed and helped reduce the reported Medicaid deficit. We are seeing areas of increased usage in Autism, CLS services, inpatient hospitalization, and a slight increase in Specialized residential. We are currently monitoring all cases for appropriateness and cost-effectiveness.

2. Use any long-term reserves.

*Executive Officer Response-* No long-term reserves have been expended.

3. Allow payroll and debts to be settled in an untimely manner.

*Executive Officer Response-* All debts have been settled in a timely manner.

4. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.

*Executive Officer Response-* Tax payments are paid for through Paycor as an automatic process.

5. Make a single purchase or commitment of greater than \$20,000. Splitting orders to avoid this limit is not acceptable.

*Executive Officer Response-* No purchases greater than \$20,000 occurred.

6. Acquire, encumber or dispose of real estate.

*Executive Officer Response-* No real estate transactions have taken place.

7. Allow receivables to be unpursued after a reasonable grace period.

*Executive Officer Response-* Policies of uncollected funds are being followed and adhered to. Should the board wish to pursue collections such as collection agencies aggressively, I will do so. But current practices are to bill repeatedly for 6 months, and if you are not able/or do not pay, the bill is then written off.



<b>Pivotal</b>			
<b>Statement of Position</b>			
Proprietary Funds			
January 31, 2024			
	<b>Operating Fund</b>	<b>Balance September 30 2023</b>	<b>Favorable (Unfavorable)</b>
<b>ASSETS</b>			
Cash position	\$ 2,305,185	\$ 2,015,398	\$ 289,787
Investments	1,422,756	1,389,636	33,120
Receivables:			
Accounts receivable	91,465	84,380	7,085
Due from State of Michigan	21,416	13,374	8,042
Due from SWMBH	1,820,296	456,490	1,363,806
Due from other governments	21,439	64,317	(42,878)
Prepaid items	221,439	177,320	44,119
Capital assets not being depreciated	-	-	-
Capital assets being depreciated, net	2,222,151	2,128,989	93,162
<b>Total assets</b>	<b>8,126,147</b>	<b>6,329,904</b>	<b>1,796,243</b>
<b>LIABILITIES</b>			
Accounts payable	2,274,078	2,218,126	55,952
Due to MDHHS	174,921	175,028	(107)
Due to SWMBH	1,000,000	-	1,000,000
Accrued liabilities	340,631	145,562	195,069
Unearned revenue	42,124	41,749	375
Long-term debt:			
Due within one year	-	-	-
Due in more than one year	847,890	894,370	(46,480)
Lease liability	569,170	489,626	79,544
Accrued sick and vacation	173,939	173,939	(0)
<b>Total liabilities</b>	<b>5,422,753</b>	<b>4,138,400</b>	<b>1,284,353</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,374,261	1,234,619	1,234,619
Unrestricted	1,329,133	956,885	372,248
<b>Total net position</b>	<b>\$ 2,703,394</b>	<b>\$ 2,191,504</b>	<b>\$ 511,890</b>

<b>Pivotal</b>				
<b>Statement of Activities</b>				
October 1, 2023 through January 31, 2024				
	Operating Fund	Projected Total Activities	Prior Year Total Activities	Favorable (Unfavorable)
<b>Operating revenue</b>				
SWMBH Funding				
Medicaid capitation	\$ 5,961,833	\$ 17,885,499	\$17,310,793	\$ 574,706
Medicaid capitation - Settlement	1,039,366	3,118,098	-	3,118,098
MIHealth Link	-	-	-	-
MIHealth Link - Settlement	-	-	-	-
Healthy Michigan Plan	790,580	2,371,740	3,397,534	(1,025,794)
Healthy Michigan Plan - Settlement	67,350	202,050	-	202,050
CCBHC prepayment	1,057,266	3,171,798	3,017,272	154,526
CCBHC - Settlement	455,392	1,366,176	-	1,366,176
SUD Block Grant	-	-	78,969	(78,969)
Federal & State Sources				
State general fund	347,520	1,042,560	792,561	249,999
State general fund - Settlement	-	-	-	-
Federal and state grants	257,049	771,147	1,030,607	(259,460)
Local revenue				
County appropriation	85,756	257,268	257,268	-
Client fees	123,331	369,993	162,671	207,322
Performance Based Incentive Program	-	-	133,017	(133,017)
Rent revenue	2,160	6,480	9,610	(3,130)
Other revenue	37,739	113,217	83,017	30,200
<b>Total operating revenue</b>	<b>10,225,342</b>	<b>30,676,026</b>	<b>26,273,319</b>	<b>4,402,707</b>
<b>Operating expenses</b>				
Administration	1,315,212	3,945,636	3,632,432	313,204
Internal Services	1,924,145	5,772,435	5,174,438	(597,997)
Provider claims	6,111,888	18,335,664	16,769,534	(1,566,130)
Grant expenses	207,544	622,632	794,985	172,353
Vehicles	8,434	25,302	34,771	9,469
Facilities	146,229	438,687	556,822	118,135
<b>Total operating expenses</b>	<b>9,713,452</b>	<b>29,140,356</b>	<b>26,962,983</b>	<b>(1,550,966)</b>
<b>Change in net position</b>	<b>511,890</b>	<b>1,535,670</b>	<b>(689,664)</b>	<b>2,225,334</b>
<b>Net position, beginning of year</b>	<b>2,191,504</b>	<b>2,191,504</b>	<b>2,881,168</b>	
<b>Net position, end of year</b>	<b>\$ 2,703,394</b>	<b>\$ 3,727,174</b>	<b>\$ 2,191,504</b>	

<b>Pivotal</b>				
<b>Statement of Activities</b>				
Budget to Actual - October 1, 2023 through January 31, 2024				
	Original Budget	YTD Budget	YTD Actual	Over (Under) Budget
<b>Operating revenue</b>				
SWMBH Funding				
Medicaid capitation	\$ 12,517,716	\$ 4,172,572	\$ 5,961,833	\$ 1,789,261
Medicaid capitation - Settlement	-	-	1,039,366	1,039,366
MIHealth Link	-	-	-	-
MIHealth Link - Settlement	-	-	-	-
Healthy Michigan Plan	2,733,523	911,174	790,580	(120,594)
Healthy Michigan Plan - Settlement	-	-	67,350	67,350
CCBHC prepayment	9,867,475	3,289,158	1,057,266	(2,231,892)
CCBHC - Settlement	-	-	455,392	455,392
SUD Block Grant	78,968	26,323	-	(26,323)
Federal & State Sources				
State general fund	1,042,561	347,520	347,520	(0)
State general fund - Settlement	-	-	-	-
Federal and state grants	1,359,938	453,313	257,049	(196,264)
Local revenue				
County appropriation - St Joseph County	257,268	85,756	85,756	-
Client fees	149,200	49,733	123,331	73,598
Performance Based Incentive Program	-	-	-	-
Rent revenue	9,960	3,320	2,160	(1,160)
Other revenue	40,000	13,333	37,739	24,406
<b>Total operating revenue</b>	<b>28,056,609</b>	<b>9,352,203</b>	<b>10,225,342</b>	<b>873,139</b>
<b>Operating expenses</b>				
Administration	4,100,791	1,366,930	1,315,212	(51,718)
Internal Services	5,538,105	1,846,035	1,924,145	78,110
Provider claims	16,386,575	5,462,192	6,111,888	649,696
Grant expenses	1,359,938	453,313	207,544	(245,769)
Vehicles	30,000	10,000	8,434	(1,566)
Facilities	641,200	213,733	146,229	(67,504)
<b>Total operating expenses</b>	<b>28,056,609</b>	<b>9,352,203</b>	<b>9,713,452</b>	<b>361,249</b>
Change in net position	-	-	511,890	511,890
<b>Net position, beginning of year</b>	<b>2,191,504</b>	<b>2,191,504</b>	<b>2,191,504</b>	<b>-</b>
<b>Net position, end of year</b>	<b>\$ 2,191,504</b>	<b>\$ 2,191,504</b>	<b>\$ 2,703,394</b>	<b>\$ 511,890</b>



## BOARD POLICY VI.07

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	<b>BOARD COMMITTEE PRINCIPLES</b>	EFFECTIVE:	09/28/2022
		REVIEWED:	02/27/2024

### POLICY:

Board committees, when used, will be assigned so as to reinforce the wholeness of the board's job and so as never to interfere with delegation from board to CEO.

Accordingly:

1. Board committees are to help the board do its job, not to help or advise the staff. Committees ordinarily will assist the board by preparing policy alternatives and implications for board deliberation. In keeping with the board's broader focus, board committees will normally not have direct dealings with current staff operations.
2. Board committees may not speak or act for the board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the CEO.
3. Board committees cannot exercise authority over staff. Because the CEO works for the full board, he or she will not be required to obtain approval of a board committee before an executive action.
4. Committees will be used sparingly and ordinarily in an *ad hoc* capacity.
5. This policy applies to any group which is formed by board action, whether or not it is called a committee and regardless whether the group includes board members. It does not apply to committees formed under the authority of the CEO.



## BOARD POLICY VI.08

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	<b>BOARD COMMITTEE STRUCTURE</b>	EFFECTIVE:	09/28/2022
		REVIEWED:	02/27/2024

### **POLICY:**

A committee is a board committee only if its existence and charge come from the board, regardless of whether board members sit on the committee. The only board committees are those which are set forth in this policy. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

#### **1. Executive Committee**

##### **A. Product:**

A meeting of the Executive Committee can be called by the Chairperson or the CEO. The Executive Committee acts as a liaison between the board and the CEO in between Board meetings.

##### **B. Authority:**

Unless specific actions are given by the board as a whole to the committee, then the Committees' authority is limited to an advisory role only.



## BOARD POLICY III.01

AREA:	Governance		
POLICY TYPE:	Board-Management Delegation	PAGE:	1 of 1
POLICY TITLE:	<b>GLOBAL GOVERNANCE-MANAGEMENT CONNECTION</b>	EFFECTIVE:	09/28/2022
		REVIEWED:	02/27/2024

### **POLICY:**

The board's sole official connection to the operational organization, its achievements and conduct will be through a Chief Executive Officer, titled CEO.



QUALITY  
IMPROVEMENT  
PLAN  
FY 2024

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# Section 1: Overview

## Introduction

The Michigan Department of Health & Human Services (DHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a quality assessment and performance improvement program (QAPIP) that meets the specified standards in the PIHP contract with DHHS. The Southwest Michigan Behavioral Health (SWMBH) (in which Pivotal is one of eight county members) is responsible for meeting the requirements of the QAPIP. In addition to the QAPIP, DHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). The following description provides the QIP for the Pivotal for fiscal year 2024.

## PURPOSE

To further support Pivotal's efforts in Quality Assessment and Performance Improvement, the following goals are identified:

A. Conduct a comprehensive and ongoing Quality Assessment and Performance Improvement Plan (QAPIP) that:

- Identifies areas for improvement
- Designs, measures, and evaluates the performance of clinical and support processes
- Assigns priority to the opportunities for improvement

B. Maintain a program that targets processes that impact either directly or indirectly on customer functioning and evaluates performance with regards to meeting critical aspects of service delivery, including:

- Access to services
- Person-Centered Planning
- Coordination of Care
- Health and Safety
- High levels of customer satisfaction
- Compliance with the Michigan Department of Health and Human Services (MDHHS) and Southwest Michigan Behavioral Health (SWMBH) requirement of performance improvement projects and other accrediting standards

C. Conduct appropriate follow-up, with corrective action if needed, based on results and continued efforts to improve the quality of clinical care.

- D. Create and encourage an organizational culture that invites employee and other stakeholders' recommendations and participation in quality improvement processes through training, discussions, and program evaluation.
- E. Utilize ongoing satisfaction surveys from SWMBH completed by customers and/or guardians, providers, and other applicable stakeholders. The information derived from this is utilized in the improvement and planning process and is shared with these group(s).
- F. Quarterly clinical record reviews are conducted to ensure compliance with documentation standards and verify the delivery of Medicaid services from both internal and external providers.
- G. In keeping with accrediting and regulatory mandates, Pivotal will identify and respond appropriately to all Critical, Risk, and Sentinel Events occurring in the organization or associated with services that Pivotal provides. Proper responses include conducting a timely and thorough root cause analysis as needed, implementing improvements to reduce risk, and monitoring the effectiveness of those improvements.
- H. Conduct monthly in-depth case reviews targeted at high utilizers, hospitalizations, and costs to develop strategies for improvement.
- I. Utilize Performance Indicators to pinpoint risks from a global perspective and recommend actions for resolution and future prevention.
- J. Provide quality improvement and documentation training to all new staff.
- K. Continue actively with relevant committees, such as the Clinical/Leadership Team, Customer Advisory Committee, and Recipient Rights.
- L. With the implementation of CCBHC, Pivotal will collect data and develop new quality improvement projects specifically for this demonstration. This includes both demonstration sites and state-reported clinical quality measures.

## Organizational Values

This Quality Improvement Program and Plan is tailored to help achieve the agency's mission and vision. Those organizational values will guide our activities we believe to be critical to our success.

### **MISSION**

*At Pivotal, our mission is to enhance the lives of the individuals we serve by delivering integrated services that jointly address medical and behavioral health needs, including substance use disorder and primary care screening services.*

### **VISION**

*At Pivotal, our vision is to enhance the lives of the citizens we serve by providing a range of individualized mental health, substance abuse, wellness, and recovery services.*

## STATEMENT OF ORGANIZATIONAL VALUES

*We will ensure that services are delivered in a manner that is:*

- *Customer centered.*
- *Community based.*
- *Welcoming and accessible*
- *Outcome-based and valued by customers.*
- *Offered by competent, friendly, and helpful employees.*
- *Respectful of, and responsive to cultural diversity*
- *Trauma Informed*

## SCOPE

The scope of the QIP includes Pivotal and its contractors. It identifies the essential processes and aspects of care, both clinical and non-clinical, required to ensure quality support and services for recipients. Pivotal assures that all demographic groups, care settings, and types of services, including consumers, advocates, contract providers, and community groups, are included in the scope of the QIP and quality improvement processes using a continuous quality improvement (CQI) perspective.

The QIP plan is an ongoing monitoring and evaluation tool that measures Pivotal's processes and outcomes to influence practice-level decisions for consumer care. It is intended to address several functions, including but not limited to:

- Improve consumer health (clinical) outcomes that involve both process outcomes (e.g., recommendation for screening and assessments) and health outcomes (e.g., reduced morbidity and mortality, integration of behavioral and physical health).
- Improve efficiencies of managerial and clinical processes.
- Improve processes and outcomes relevant to high-priority health needs.
- Reduce waste and cost associated with system failures and redundancy.
- Avoid costs associated with process failures, errors, and poor outcomes.
- Implement proactive processes that recognize and solve problems before they occur.
- Ensure that the system of care is reliable and predictable.
- Promote a culture that seeks to improve its quality of care continuously.

## Section 2: Organization Structure

### Governance

#### Michigan Department of Health and Human Services (MDHHS)

The department carries out responsibilities specified in the Michigan Mental Health Code and the Michigan Public Health Code and administers Medicaid Waivers for people with developmental disabilities, severe and persistent mental illness, serious emotional disturbance, and substance use disorders.

### **Prepaid Inpatient Health Plan (PIHP)**

MDHHS appoints regional PIHPs to work with CMHSPs. The regional PIHP that partners with Pivotal is Southwest Michigan Behavioral Health (SWMBH). SWMBH provides oversight on standards, requirements, and regulations from MDHHS and is responsible for maintaining high-quality service delivery systems for persons with severe and persistent mental illness, serious emotional disturbance, developmental disabilities, and substance use disorders.

### **Pivotal Board of Directors**

The Pivotal Board of Directors retains the ultimate responsibility for the quality of organizational services. The role of the Board is to support and promote ongoing improvement in administrative processes and outcomes. The Board responsibilities for the Quality Improvement Program (QIP) include:

- Oversight of the QIP, including documentation that the Board has approved the overall QIP and annual QI plan.
- Review QIP reports, including actions taken, progress in meeting QI objectives, and improvements made.
- Assures that action has been taken where indicated and directs the operational QIP be modified to accommodate review findings and issues of concern within PIVOTAL.

## **Pivotal Management and Staff**

### **Chief Executive Officer**

The Chief Executive Officer links the organization's strategic planning and operational tasks with the QIPs, assures coordination among organizational leaders to maintain quality and consumer safety, allocates adequate resources for the QIP, and designates a person to be the leader responsible for the QIP. The Director of Quality, Customer Service, and Recipient Rights is the leader responsible for the daily QIP management, including implementation, monitoring, and revision.

### **Medical Director**

The Medical Director provides clinical oversight on the quality and utilization of services through case supervision, participation in Root-Cause Analyses (RCA), review of clinical incidents, and participation in relevant committees.

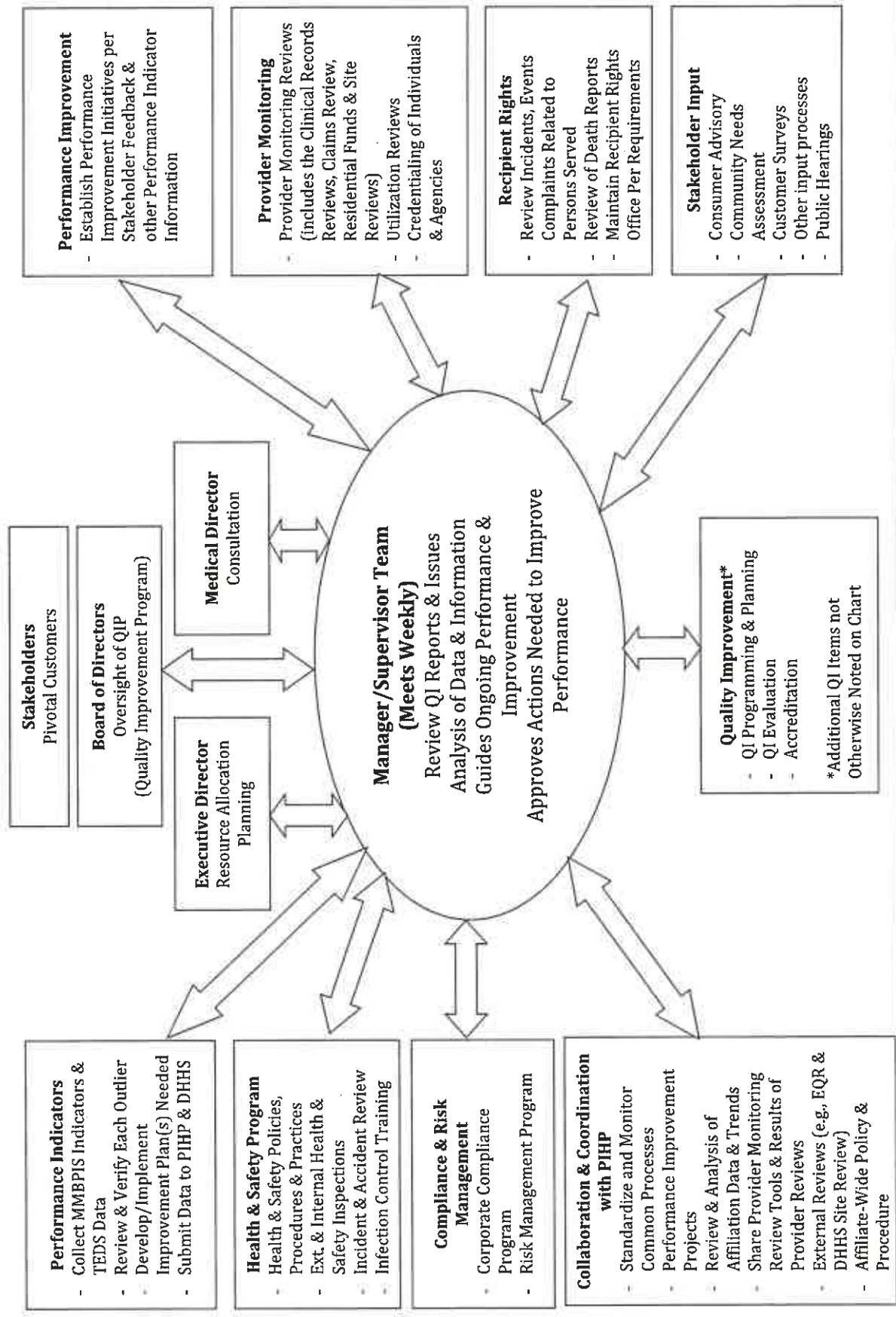
### **Information Systems Director and Quality Manager**

The IS Director and Quality Manager have overall responsibility for the implementation of the QIP and provide delegated oversight and leadership for the QIP. Under the director's leadership, an integrated, interdivisional approach is taken to improve Pivotal services and systems.

**Manager/Supervisor Team (MST)**

The Manager/Supervisor Team (MST) includes the Chief Executive Officer, Medical Director, Director of Access, Chief Compliance Officer & UM Director, IS Director, Director of Adult Services, Director of Children Services, Chief Financial Officer, Billing Coordinator, and Recipient Rights Officer. The role of the Management Team includes the function of the organization's Quality Management/Utilization Management Committee. In this role, the Manager/Supervisor Team will operationalize the Quality Improvement Plan established by the Board, including setting priorities for improvement efforts throughout the agency. MST monitors and reports progress toward established goals at Board Meetings. Last, the MST is accountable to ensure that agency staff has the capacity (training, encouragement, etc.) to address prioritized improvement opportunities successfully.

## PIVOTAL QUALITY IMPROVEMENT STRUCTURE



## Committees and Advisory Bodies

### Customers

Customers are those individuals or families that directly receive the services offered by Pivotal. The satisfaction of people receiving services with our agency will be enhanced when we involve those customers in identifying and prioritizing improvement opportunities. ***We must always listen to our customers' input toward improvement opportunities.*** Likewise, we must continually measure trends in customer satisfaction levels. Customer input is collected in a variety of ways, including active submission of membership on the Board of Directors, public forums during board meetings, Manager/Supervisor Committee, the Customer Advisory Committee, satisfaction and needs assessment surveys, focus groups, participation in Project Teams, feedback given to clinicians, SWMBH run customer service surveys, etc.

### Stakeholders

In addition to customers, stakeholders are those individuals or organizations with a valid interest in the agency's processes and outcomes. Some of our most important stakeholders are staff members, funding sources, regulatory bodies, and fellow human service agencies in our community. Funding sources usually outline performance standards in written documents such as contracts and standards manuals. Input from staff and fellow human service agencies will be collected via surveys, suggestion boxes, etc. Staff and stakeholders' feedback and satisfaction shall be monitored continuously.

### Customer Advisory Committee

The Customer Advisory Committee (CAC) is responsible for providing input (improvement suggestions, etc.) to the Manager/Supervisor Team based on the review of qualitative and quantitative performance information. The CAC will review draft planning and policy items, such as the agency's strategic plan. In the future, the CAC members may serve as agency liaisons with external auditors, legislators, community stakeholders, etc.

### SWMBH Regional Quality Management Committee

SWMBH's Regional Quality Management Committee was established as a mechanism for oversight and advice related to quality improvement matters. The Committee is led by the Director of QAPI at SWMBH. Committee membership includes quality and performance representatives for each of the region's participating CMHSPs.

### Continuous Quality Improvement Committee (CQIC)

The purpose of the CQIC is to provide an oversight of the QIP by supporting and guiding the implementation of quality improvement activities. Participants of CQIC include the CEO, Directors of Clinical Programs, IS Director, Compliance Officer, and other clinical staff. Other topics covered at CQIC include system-wide trends and patterns of critical indicators, opportunities for improvement, discussion of results from chart reviews, agency policies and procedures, and establishment of organizational/program goals and objectives.

**Behavior Treatment Committee (BTC)**

The BTC consists of a psychiatrist (currently the Medical Director), a BCBA, a Director of Adult Services, and a Recipient Rights Officer. Other members of the BTC include clinical and QI staff. BTC reviews and approves or disapproves any plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of physical harm. As part of this review, the committee evaluates the effectiveness of behavior treatment plans and behavioral interventions.

**Safety Committee**

The Safety Committee ensures that the work environment is maintained adequately and that protection from potential hazards is in place. It oversees the development and review of applicable policies, procedures, and emergency response plans. In addition, the committee monitors state and federal regulatory and accreditation standards.

The committee also reviews and monitors performance on various safety-related components of the environment. They include environmental concerns related to employee and consumer infections, environmental concerns related to reported employee accidents, incidents and illnesses, safety, and facility inspections at Pivotal sites and group homes, as well as emergency drills. When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues.

**Compliance and Credentialing Committee**

Pivotal is committed to upholding all applicable healthcare laws, regulations, and third-party payer requirements as they apply to state and federal governmental programs. The Compliance Committee ensures the organization maintains and enforces appropriate legal business standards and practices. The committee comprises compliance staff throughout the agency including the Compliance Officer, CEO, IS Director, CFO, Human Resource Director, Director of Recipient Rights, CMHSP Board Member, and clinical staff.

**Trauma Workgroup**

The Trauma Workgroup comprises staff throughout the agency including clinical directors, clinical staff, and other members of the MST. The goal of the Trauma Workgroup is to make Pivotal a trauma-informed care organization and ensure that Pivotal is utilizing trauma-informed systems of care. This includes creating and maintaining a safe, calm, and secure environment with supportive care, a system-wide understanding of trauma prevalence and impact, recovery and trauma-specific services, and recovery-focused, consumer-driven services.

### **Certified Community Behavioral Health Clinic (CCBHC) Workgroups**

Pivotal has utilized various CCBHC workgroups to address and move forward with the agency's goal of becoming a successful Certified Community Behavioral Health Clinic. Pivotal Directors meet regularly to discuss CCBHC implementations and requirements.

## **Section 3: Quality and Performance Improvement and Activities**

The Manager/Supervisor Team (MST) is responsible for performing quality improvement functions and ensuring that program improvements occur within the organization. The Manager/Supervisor Team (MST) operates in partnership with stakeholders, including consumers, advocates, contract providers, Pivotal staff, and other relevant stakeholders. The MST is responsible for implementing and monitoring the QIP.

### **Performance Improvement Activities**

#### **Michigan Mission Based Performance Indicators**

MDHHS, in compliance with federal mandates, establishes measures in the areas of access, efficiency, and outcomes. Data is abstracted regularly, and monthly reports are compiled and submitted to the PIHP for analysis and regional benchmarking and to MDHHS. If Pivotal's performance is below the identified goal; the MST will facilitate the development of a Corrective Action Plan (CAP). The CAP will include a summary of the current situation, including causal/contributing factors, a planned intervention, and a timeline for implementation. CAPs are submitted to the PIHP for review and final approval.

#### **Behavior Treatment Plans and Interventions**

The Behavior Treatment Review Committee reviews and tracks restrictive techniques in plans. The Recipient Rights Officer, BCBA and Clinical Supervisors have taken a lead role in facilitating and organizing the Behavior Treatment Committee (BTC). In addition to state reporting requirements for Behavior Plans, Pivotal reviews behavioral incidents of all consumers and monitors progress at BTC.

#### **Denials, Grievances, and Appeals**

Currently, the monitoring process for denials, grievances, and appeals focuses on our ability to provide evidence of timeliness of communication (e.g., various notices sent). As our capacity for evaluation and analysis increases, Pivotal will approach this monitoring activity in a manner that helps to explore any patterns in occurrence and identify process or policy changes to resolve organizational challenges.

**Incident Reporting**

Incident Reporting requirements are outlined in Pivotal Policy 3.07. Critical incidents include suicide, non-suicide death, emergency medical treatment due to injury/medication error, hospitalization due to injury/medication error, and arrests. Critical incidents are captured through the organization's incident reporting process.

**Sentinel Event Review**

Processes to identify sentinel events, understand the cause, and take necessary action to reduce the probability of future reoccurrence. Sentinel events are reviewed through a root cause analysis (RCA) process facilitated by the MST. Sentinel events are reported to SWMBH and CARF.

**Medicaid Event Verification**

Pivotal partners with SWMBH to conduct regular audits of billed service events to verify that they align with the documents submitted.

**Chart and Utilization Management Review**

Pivotal regularly monitors clinical performance to ensure organizational and professional standards are upheld. Compliance and Utilization Management compiles the aggregate data and meets with the clinical programs to review results every quarter. Utilization Management meets with the clinical program to assist in analyzing the data, determine areas of improvement, and develop a plan to address the issues identified.

**Provider Monitoring**

Contracted providers are regularly monitored through the MST or provider network. Annually, the MST conducts Quality and Compliance, Recipient Rights, and Home and Community Based Services Review, as applicable, at each contracted AFC home, CLS provider, ABA provider, Hospital, and Fiscal Intermediary. Equivalent reviews are also completed at all directly run locations.

**Policy and Procedure Review**

Each policy and procedure in the agency are reviewed annually. The MST oversees and monitors this process with clinical directors and administrators.

**Health Services Advisory Group (HSAG)**

State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), conducts the Prepaid Inpatient Health Plans (PIHPs) validation activities that provide mental health and substance abuse services to Medicaid-eligible recipients. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements. CMHSPs of SWMBH provide data and assist in SWMBH's HSAG review.

### **SWMBH Audit**

Every year, SWBMH conducts a complete monitoring and evaluation process of Pivotal. This process consists of utilizing uniform standards and measures to assess compliance with federal and state regulations and PIHP contractual requirements.

### **MDHHS Audits**

Every year, MDHHS audits the three waiver programs (Serious Emotional Disturbance Waiver, Children's Waiver Program, and Habilitation Support Waiver). MST works with the clinical departments to meet MDHHS's standards for these programs.

## **Quantitative and Qualitative Assessments**

Pivotal is committed to providing our consumers with timely and high-quality care and services. Reaching out to the individuals we serve, contract with, or work with for feedback is vital to providing these high-quality services.

### **Consumer Satisfaction Survey**

As part of Pivotal's quality improvement efforts, a consumer satisfaction survey is administered annually to people receiving services. This survey aims to help the agency gauge the level of satisfaction among consumers who are currently receiving services and determine ways to improve practices to serve consumers better. The results of the survey help measure the quality of services, and the evaluation report summarizes the levels of satisfaction consumers have with their services. The CQIC reviews this.

The Youth Services Survey (YSS) and Mental Health Statistics Improvement Program (MHSIP) survey are administered randomly to Pivotal Consumers. While the CMHSPs in the region are responsible for administering the survey, the PIHP collects and maintains the data and survey findings.

### **Stakeholder Survey**

Pivotal is required to assess the mental health needs of our community. The assessment must involve public and private providers, school systems, and other key community partners and stakeholders. Stakeholders are asked to share the trends and needs they identify that may be related to, or indicative of, mental health needs in our community. Pivotal leadership reviews the survey results to develop priority needs and planned actions for the agency.

### **National Core Indicators (NCI) Survey**

The NCI Survey is a collaboration between participating states, the Human Services Research Institute, and the National Association of State Directors of Developmental Disabilities Services. Information about specific 'core indicators' is gathered to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including employment, rights, service planning, community inclusion, choice, and health and safety. The NCI survey aims to assess family and *Long-Term Services of Support (LTSS)* consumer perceptions of satisfaction with their

community mental health system and services. Consumers are randomly selected and asked if they would like to participate in the in-person survey. Data gathered through this survey is intended to assist in informing strategic planning, legislative reports, and prioritizing quality improvement initiatives.

### **Staff Satisfaction Survey**

Pivotal staff are asked to complete an annual Staff Satisfaction Survey that measures the contentment level of personnel regarding the various components of their job. The survey aims to provide actionable data to improve the employee experience. The CEO and Director of Human Resources administer this survey.

## **Organizational Performance Initiatives**

### **CARF**

MST staff apply for reaccreditation through CARF every three years. CARF is the accrediting body for all administrative programs at PIVOTAL and various clinical programs. The triennial CARF survey determines PIVOTAL's conformance to all applicable CARF standards on-site through the observation of services, interviews with persons served and other stakeholders, and documentation review. In 2023, CARF conducted a digitally enabled site survey and granted PIVOTAL the standard three-year accreditation. The following CARF survey will be conducted in the spring or summer of 2026.

### **Data Reporting through Relias Population Health/CC360**

PIVOTAL has access to Medicaid claims data through two sources. Relias Population Health is a tool utilized by SWMBH. Care Connect 360 (CC360) is the tool used by MDHHS. Through both resources, the MST reviews data as required by SWMBH and MDHHS and at the request of the clinical programs.

### **Annual Submission to MDHHS**

Annually, the MST team submits the required data to MDHHS. This data includes estimated workforce changes for the fiscal year, a summary of service requests, and waiting list information. Every other year, the annual submission consists of a needs assessment and planned action.

### **State Recertification**

The MST team submits required documentation to MDHHS every three years to recertify Pivotal as a CMHSP. Information prepared for submission includes accreditation information for Pivotal and applicable contract providers, lists of all contracts with other agencies or organizations that provide mental health services under the auspices of Pivotal, including services provided, and identification of any changes to the Pivotal provider network. Pivotal was recertified as a CMHSP in November of 2023.

### **HCBS Support for the Agency**

Members of the MST, specifically the Compliance Officer, act as independent verifiers to ensure that internal oversight of MDHHS and SWMBH plans of correction are conflict-free. Activity includes coordination with SWMBH and MDHHS on survey processes, supporting provider plan of correction development, facilitating plan of correction follow-up, on-site verification, facilitation of communication with SWMBH and MDHHS, and ongoing support of education and documentation improvement processes.

### **Enrollee Rights and Responsibilities**

Pivotal is committed to treating members in a manner that acknowledges their rights and responsibilities. It is the policy of PIVOTAL to monitor and ensure that a recipient of mental health services has all of the rights guaranteed by state and federal law, in addition to those guaranteed by P.A. 258, 1974, Chapters 7 and 7A, which provides a system for determining whether violations have occurred; and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. The CEO, in collaboration with the Recipient Rights Officer ensures that Pivotal has written policies and procedures for the operations of the rights system on file with the Michigan Department of Health and Human Services (MDHHS) – Office of Recipient Rights. Education and training in recipient rights policies and procedures are provided to its Recipient Rights Advisory Committee and staff. MDHHS routinely conducts site reviews. Annual reports from the Pivotal's Recipient Rights Office are submitted to MDHHS as Chapter 7 of the Michigan Mental Health Code requires. Additionally, procedures have been established to address the complaints and appeals processes through Pivotal's Corporate Compliance Officer.

### **Utilization Management**

Utilization Management monitors the agency's resources through regular review and the collection and analysis of data. Pivotal utilizes and follows SWMBH's Utilization Management Plan. The utilization plan components address practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by directors.

### **Risk Assessment Plan**

The MST team worked with staff across the agency to develop an agency-wide Risk Management Plan. The Risk Management Plan will assist the agency in addressing risks and increasing awareness about identifying risk and minimizing it.

## Section 4: Evaluation of QIP

### ANNUAL REVIEW OF THIS PLAN

The QIP plan is evaluated at the end of each calendar year. The review summarizes activity that occurred around the goals and objectives of the Pivotal Quality Improvement Program Plan and progress made toward achieving the goals and objectives. The evaluation will describe the quality improvement activities conducted during the past year related to the goals and objectives.

## Section 5: QIP Goals and Objectives

### QUALITY IMPROVEMENT GOALS FOR FY 2024

- Successful implementation of My CEHR patient portal from PCE for Consumer record access.
- BH-TED Encounter Match Rate at or above 95% for both MH and SUD consumers.
- Monitor CCBHC Clinical Quality Metrics for both CCBHC reported and State reported metrics required in CCBHC Handbook
- Successfully implement Pivotal's Strategic Plan developed by MST.
- Ensure conformance and timeliness of required quality management data and reports to SWMBH and MDHHS.
- Ensure adequate monitoring of contracted service providers via monthly claims audits.
- Ensure clients in LTSS are reviewed quarterly by the BTC committee and UM to ensure appropriate care is provided in the least restrictive settings.

## Directors Report February 2024

### Administrative

- Washington, D.C., for a Legislative and Policy Conference. Very informative and helpful. While not beneficial, it was interesting to see and know we are not the only ones struggling with admin burden.
- Attended Costing and Coding
- Attended Suicide Prevention Taskforce
- Attended the CMHA winter conference with Kay D.
- Attended Union meeting, new leadership.
- Attended 2<sup>nd</sup> year interviews for the Health Sciences program for CTE.
- Attended SWMBH Board with Cathi A and Carol N. Lots of moving pieces there. Not sure what to tell you all other than they are reviewing PBIP with Ops Comm. Questions regarding their use of Local Monies.
- Attended Covered Bridge Board and Finance Meeting
- Attended Access to Healthcare meeting
- Met with Safehouse Allegan's CAC to see if they would be willing to partner with the county
- Working with Erin Goff on getting our buildings walked through for Active Shooter Drills and training
- Attended HSC Executive Committee
- Attended CQI Meeting

### Clinical

- Attended TF-CBT Training as required for our cohort; this should be the last one I have to attend.
- Attended SWMBH Board with Cathi A and Carol N. Lots of moving pieces there. Not really sure what to tell you all other than they are reviewing PBIP with Ops Comm. Questions regarding their use of Local Monies.
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### HR

- I played HR for the month of February while our director was on Vacation. It makes you appreciate people way more than those who aren't available for all the fun questions. People got paid, and people were hired, so that's about as much as I can hope for in this situation.
- **New Hires**
  - Alexis Flowers – Access Care Manager II – Part-Time
  - Lori Wilson – Case Management
- **Open Positions**
  - Home and Community-Based Worker (Masters) x 2
  - St Joseph County Sherriff's Dept Liaison (Masters)
  - Access Care Manager II (Masters)

# Customer Advisory Committee

2-12-24

- 3 Members Present: Wayne S., Tina B., and Jennifer H.
- Members completed stipend vouchers
- Check-in with CAC Members
  - Wayne S. created a new hobby of making chess pieces
  - Jen H. will be presenting to an audience to explain Affinity House and what they do.
  - Tina B. is currently looking for new housing in Calhoun County.
- Groups update: Marie C. will be starting a new group for women having difficulty with depression after childbirth. Peer led and open to the community.
- Goal for the group for the next few months – To streamline the CAC application process and make it a little less complicated and wordy.
- Members receive current paperwork for others who might want to join the CAC.
- The meeting adjourned at 12pm.
- CAC Members to meet next on March 11<sup>th</sup>, 2024.