



February 24th, 2026, 5:00 pm
Pivotal Conference Room

- I. **Approval of Agenda** *Welcome & Preliminaries: the focus for our meeting.*
- II. **Public Comment:** *Guests and visitors can comment, with a maximum of 3 mins. per person.*
- III. **Consent Agenda** *Ratification and approval of minutes & non-debatable items ** (L. Rosado)*
 - a. Contracts February 2026 pg 1
 - b. Check Register January 2026 pg 2
 - c. Meeting Minutes January 2026 pg 6
- IV. **Monitoring Reports** *Assuring Executive and Organizational Performance (C. Bullock)*
 - a. **Public Executive Limitations:** *Is the organization operating within the boundaries the Board sets?*
 1. EL V.01 – Global Executive Constraints * pg 9
 2. EL V. 05 – Financials* pg 10
 - a. Cashflow Analysis pg 16
- 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- SP1 – No Documents.
- VI. **Board Policy Review:** *Do our existing policies reflect the board’s current values (L. Rosado)*
 - a. VI.07 – Board Committee Principles – Cathi A. pg 17
 - b. VI.08 – Board Committee Structure – Kay D. pg 18
 - c. III.01 – Global Governance MGMT Connection – Darci S. pg 19
- VII. **Board Work on Ends, Linkage Activities, and Board Education (L. Rosado)**
 - a. Community Health Worker – Kallie Matthews – No Documents.
 - b. Autism Program pg 20
- VIII. **Board Decisions (Motions) Actions:** *Only the Board has the authority to make them. (L. Rosado)*
 - a. Board Date Change – April* - No Documents.
 - b. Quality Improvement Plan (QIP) FY 26* pg 23
- IX. **Communications:** *Keep the Board current on significant events and operations. (C. Bullock)*
 - a. Directors' Report February 2026 pg 43
 - b. MDHHS Conflict-Free Access and Planning Response pg 44
 - c. Hometown Health Heroes. pg 46
- X. **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 x 395). NEXT REGULAR MEETING: March 31st, 2026, 5 PM PIVOTAL BOARD ROOM.

PIVOTAL

Disbursements

January 2026

Voided	Check Date	Check/RM #	Vendor	Amount	Description
	01/02/26	RM-01780	BRANDI BELCHER	200.00	Contract-Access
	01/02/26	RM-01781	MICHIGAN ORGANIZING COMMITTEE 925	1,436.95	Union Dues
	01/02/26	RM-01782	HANNAH ROBERTS	1,680.00	Contract-Mobile Crisis
	01/02/26	RM-01783	ST JO CO UNITED WAY	204.00	Employee Donations
	01/02/26	RM-01784	RML3 LLC	1,980.00	Contract-Mobile Crisis
	01/02/26	RM-01785	JETSY BEAN LLC	960.00	Contract-Mobile Crisis
	01/02/26	RM-01786	TRAYBEE LLC	480.00	Contract-Mobile Crisis
	01/02/26	RM-01787	KIF LLC	1,500.00	Contract-Mobile Crisis
	01/02/26	RM-01788	MICHELLE CRITTENDEN LLC	1,895.40	Contract-Mobile Crisis
	01/02/26	RM-01789	KRISTI MERRILLS PLC	1,350.00	Contract-Mobile Crisis
	01/02/26	RM-01790	GREAT LAKES CLEANING SERVICE	900.00	Janitorial
	01/02/26	RM-01791	PETER CHANG ENTERPRISES INC	12,988.63	PCE
	01/02/26	RM-01792	REHMANN LLC	24,920.00	Contract-Billing
	01/02/26	065510	LRS, LLC	180.50	Utilities
	01/02/26	065511	VERIZON WIRELESS	3,556.73	Utilities
	01/02/26	065512	COMCAST	249.97	Utilities
	01/02/26	065513	MICHIGAN GAS UTILITIES	268.04	Utilities
	01/02/26	065514	CINTAS CORP	563.95	Supplies
	01/02/26	065515	FARMERS STATE BANK	816.33	Loan Interest-New Mortgage
	01/09/26	RM-01793	BRANDI BELCHER	400.00	Contract-Access
	01/09/26	RM-01794	CAMERON BULLOCK	949.00	Recruiting
	01/09/26	RM-01795	CAHIL KRAJNIAK	5,000.00	Tuition Reimbursement
	01/09/26	RM-01796	CRETSINGER CARE HOMES LTD	21,960.71	Specialized Residential
	01/09/26	RM-01797	PARMETER AFC	9,361.69	Specialized Residential
	01/09/26	RM-01798	JETSY BEAN LLC	1,940.00	Contract-Mobile Crisis
	01/09/26	RM-01799	TRAYBEE LLC	860.00	Contract-Mobile Crisis
	01/09/26	RM-01800	DEAR COUNTRY AFC	18,832.40	Specialized Residential
	01/09/26	RM-01801	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
	01/09/26	RM-01802	HIP PADDERS CATERING	1,400.00	All-Staff
	01/09/26	RM-01803	GIDDINGS AFC II	11,552.15	Specialized Residential
	01/09/26	RM-01804	AUTISM OF AMERICA LLC	4,429.50	Autism Provider
	01/09/26	RM-01805	NYUMBANI AFC	11,939.40	Specialized Residential
	01/09/26	RM-01806	KONICA MINOLTA PREMIER FINANCE	1,875.25	Printer/Copier Lease
	01/09/26	RM-01807	GIDDINGS AFC HOME LLC	12,300.00	Specialized Residential
	01/09/26	RM-01808	LIFETREE BEHAVIORAL HEALTH LLC	54,489.00	Autism Provider
	01/09/26	RM-01809	RILEY PUMPKIN FARM	837.00	Snow Removal
	01/09/26	RM-01810	RIPPLE EFFECTS AUTISM LEARNING CENTER	23,098.00	Autism Provider
	01/09/26	RM-01811	GAGAN S PC	7,314.00	Contract-Medical Director
	01/09/26	RM-01812	CEDAR CREEK HOSPITAL	1,107.00	Inpatient Services
	01/09/26	RM-01813	FOREST VIEW HOSPITAL	1,676.00	Inpatient Services
	01/09/26	RM-01814	HR ALLIANCE 1 INC	5,986.00	Fiscal Intermediary
	01/09/26	RM-01815	HARBOR OAKS HOSPITAL	10,256.00	Inpatient Services
	01/09/26	RM-01816	COMMUNITY LIVING OPTIONS	28,248.77	Specialized Residential
	01/09/26	RM-01817	PLEASANT ACRES LLC	39,264.60	Specialized Residential
	01/09/26	RM-01818	THE MEADOWS	37,149.93	Specialized Residential
	01/09/26	RM-01819	FALCO CORPORATION	10,218.84	Specialized Residential
	01/09/26	RM-01820	ADAPT INC	353,497.33	Specialized Residential
	01/09/26	RM-01821	AGAPE AFC HOME	16,776.27	Specialized Residential
	01/09/26	RM-01822	RELIAS LLC	2,405.57	Employee
	01/09/26	RM-01823	TWIN COUNTY COMMUNITY PROBATION CENTER	2,432.00	DRC Reimbursement
	01/09/26	RM-01824	STUART WILSON, CPA PC	22,360.68	Fiscal Intermediary
	01/09/26	RM-01825	KENDRICK STATIONERS INC	107.10	Supplies
	01/09/26	RM-01826	REBEKAH WAGAMAN	3,240.00	Contract-Mobile Crisis
	01/09/26	RM-01827	BRIDGETTE MULVANEY LMSW LLC	5,070.00	Contract-Mobile Crisis
	01/09/26	RM-01828	BRONSON-ACADIA JOINT VENTURE LLC	30,036.00	Inpatient Services
	01/09/26	RM-01829	QLER PHYSICIAN MEDICAL GROUP	7,375.00	Contract-Psychiatrist
	01/09/26	RM-01830	WINGS OF HOPE LLC	34,209.02	Autism Provider
	01/09/26	RM-01831	CORNERSTONE INC	4,250.00	Specialized Residential
	01/09/26	RM-01832	WINGS OF HOPE - STURGIS	22,003.07	Autism Provider

PIVOTAL

Disbursements

January 2026

01/09/26	RM-01833	IRIS TELEHEALTH MEDICAL GROUP	16,722.00	Contract-Outpatient
01/09/26	RM-01834	KINGDOM REST CENTER LLC	42,900.00	Specialized Residential
01/09/26	RM-01835	MRC INDUSTRIES INC	1,847.08	CLS Provider
01/09/26	065516	CITY OF THREE RIVERS	127.13	Utilities
01/09/26	065517	FRED'S PHARMACY	513.58	ACT Clients Pharmacy
01/09/26	065518	SEMCO ENERGY GAS COMPANY	963.60	Utilities
01/09/26	065519	RPG CARD SERVICES	6,016.02	Gas Cards
01/09/26	065520	WEX BANK	878.94	Agency Vehicles Gas
01/09/26	065521	HAVENWYCK HOSPITAL	2,862.00	Inpatient Services
01/09/26	065522	FIDELITY SECURITY LIFE (Eye Med)	1,062.40	Employee Benefits
01/09/26	065523	COMCAST	419.70	Utilities
01/09/26	065524	ACUITY, A MUTUAL INSURANCE COMPANY	8,670.00	Employee Benefits
01/09/26	065525	MEDICAL BEHAVIORAL HOSPITAL OF MICHIGAN LLC	5,850.00	Inpatient Services
01/16/26	RM-01836	BRANDI BELCHER	975.00	Contract-Access
01/16/26	RM-01837	ST JO CO UNITED WAY	204.00	Employee Donatlons
01/16/26	RM-01838	TRAYBEE LLC	1,280.00	Contract-Mobile Crisis
01/16/26	RM-01839	ISOLVED BENEFIT SERVICES	78.75	Employee Benefits
01/16/26	RM-01840	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
01/16/26	RM-01841	INSPIRATION STUDIO DESIGNS	1,117.37	Services/Supplies
01/16/26	RM-01842	AUNALYTICS INC	504.00	IT Subscriptions
01/16/26	RM-01843	AMN HEALTHCARE LANGUAGE SERVICES INC	489.92	Interpretor
01/16/26	RM-01844	STATE OF MICHIGAN (STATE INPATIENT)	1,834.49	Inpatient Services
01/16/26	RM-01845	KERWIN ELECTRIC INC	435.00	Utilities
01/16/26	RM-01846	CENTURYLINK	62.45	Utilities
01/16/26	RM-01847	ST JOSEPH COMMUNITY CO-OP INC	105.00	Specialized Residential
* 01/16/26	RM-01848	LAUREN SMITH	75.00	Employee Expense Reimbursement
01/16/26	RM-01849	LOCUMTENENS.COM LLC	15,000.00	Contract-Outpatient
01/16/26	065526	MICHIGAN MUNICIPAL RISK MGMT AUTH	57,483.50	Policy Instalment 1/3
01/16/26	065527	WASTE MANAGEMENT OF MICHIGAN	209.75	Utilities
01/16/26	065528	CONLIN, MCKENNEY & PHILBRICK PC	1,500.00	Legal
01/16/26	065529	CHASE CARD SERVICES	15,667.70	Credit Card
01/16/26	065530	FRONTIER	876.40	Utilities
01/16/26	065531	VERIZON WIRELESS	128.32	Utilities
01/16/26	065532	VILLAGE OF CENTREVILLE	670.85	Utilities
01/16/26	065533	CINTAS CORP	193.90	Supplies
01/23/26	RM-01850	BRANDI BELCHER	600.00	Contract-Access
01/23/26	RM-01851	GRYPHON PLACE	703.30	After-Hours Emergency
01/23/26	RM-01852	PINE REST CHRISTIAN MHS	30,427.00	Inpatient Services
01/23/26	RM-01853	QUILL CORPORATION	719.86	Supplies
01/23/26	RM-01854	HOLLY LAGO LLC	3,719.40	Contract-Mobile Crisis
01/23/26	RM-01855	MENTALLY HERE 4 YOU LLC	3,800.00	Contract-Mobile Crisis
01/23/26	RM-01856	ST JO CO TRANSPORTATION AUTHORITY	1,806.00	Clubhouse Transportation
01/23/26	RM-01857	JETSY BEAN LLC	480.00	Contract-Mobile Crisis
01/23/26	RM-01858	TRAYBEE LLC	665.00	Contract-Mobile Crisis
01/23/26	RM-01859	DEAR COUNTRY AFC	12,300.40	Specialized Residential
01/23/26	RM-01860	GREAT LAKES CLEANING SERVICE	1,050.00	Janitorial
01/23/26	RM-01861	GREATERT HEIGHTS AFC	10,457.10	Specialized Residential
01/23/26	RM-01862	WMU CENTER FOR DISABILITIES	1,323.35	Autism Provider
01/23/26	RM-01863	AUTISM OF AMERICA LLC	6,004.50	Autism Provider
01/23/26	RM-01864	MAPLECREST LLC	3,183.00	Rent-Sturgis
01/23/26	RM-01865	LIFETREE BEHAVIORAL HEALTH LLC	54,270.79	Autism Provider
01/23/26	RM-01866	DONALD LOUIS KITCHEN JR	45.88	Committee Member
01/23/26	RM-01867	MIRACLE'S LAWN SERVICE	4,090.00	Snow Removal
01/23/26	RM-01868	EVERSTREAM SOLUTIONS LLC	2,063.99	IT Subscriptions
01/23/26	RM-01869	RIPPLE EFFECTS AUTISM LEARNING CENTER	33,901.50	Autism Provider
01/23/26	RM-01870	THE TM GROUP INC	450.00	IT Consultations
01/23/26	RM-01871	AUTISM SPECTRUM THERAPIES LLC	7,144.50	Autism Provider
01/23/26	RM-01872	GAGAN S PC	16,960.00	Contract-Medical Director
01/23/26	RM-01873	CEDAR CREEK HOSPITAL	1,107.00	Inpatient Services
01/23/26	RM-01874	PLEASANT PINES	49,461.30	Specialized Residential

PIVOTAL

Disbursements

January 2026

01/23/26	RM-01875	FLATROCK MANOR	48,114.72	Specialized Residential
01/23/26	RM-01876	BCA - STONECREST CENTER	12,474.00	Specialized Residential
01/23/26	RM-01877	HR ALLIANCE 1 INC	4,419.04	Fiscal Intermediary
01/23/26	RM-01878	COVERED BRIDGE HEALTHCARE	240.00	New Hire Drug Testing
01/23/26	RM-01879	RESIDENTIAL OPPORTUNITIES INC	121,863.50	Specialized Residential
01/23/26	RM-01880	SPECTRUM COMMUNITY SERVICES	11,038.20	Specialized Residential
01/23/26	RM-01881	WAYNE SIMMONS	25.00	Committee Member
01/23/26	RM-01882	PETER CHANG ENTERPRISES INC	12,964.78	PCE
01/23/26	RM-01883	ADAPT INC	282,318.33	Specialized Residential
01/23/26	RM-01884	RELIAS LLC	832.44	Additional Users
01/23/26	RM-01885	GAIL LECOUNT	46.03	Committee Member
01/23/26	RM-01886	BEACON SPECIALIZED LIVING SERVICES INC	13,950.00	Specialized Residential
01/23/26	RM-01887	ST JOSEPH COMMUNITY CO-OP INC	5,758.82	Specialized Residential
01/23/26	RM-01888	STUART WILSON, CPA PC	13,026.52	Fiscal Intermediary
01/23/26	RM-01889	Diekema Hamann Architecture, Inc.	2,985.56	Architecture
01/23/26	RM-01890	REBEKAH WAGAMAN	3,090.00	Contract-Mobile Crisis
01/23/26	RM-01891	WINGS OF HOPE LLC	45,001.38	Autism Provider
01/23/26	RM-01892	BLUE CARE NETWORK OF MICHIGAN	127,075.74	Employee Benefits
01/23/26	RM-01893	RADIANT AFC	13,190.50	Specialized Residential
01/23/26	RM-01894	WINGS OF HOPE - STURGIS	4,230.00	Autism Provider
01/23/26	RM-01895	HARDLINE SOLUTIONS LLC	16,785.00	Maintenance
01/23/26	RM-01896	GOD'S WILL AFC	17,155.00	Specialized Residential
01/23/26	RM-01897	ISABELLA POWELL	25.00	Committee Member
01/23/26	RM-01898	HEATHER TEADT LLC	3,449.50	Contract-Mobile Crisis
01/23/26	RM-01899	AR ENGINEERING LLC	4,528.80	Parking Lot Schematics
01/23/26	RM-01900	LAUREN SMITH	75.00	Employee Expense Reimbursement
01/23/26	RM-01901	JULIA FRAME	5,000.00	Tuition Reimbursement
01/23/26	065534	CITY OF STURGIS	2,208.38	Utilities
01/23/26	065535	PROMEDICA COLDWATER REGIONAL HOSPITAL	24,475.00	Inpatient Services
01/23/26	065536	HAVENWYCK HOSPITAL	10,494.00	Inpatient Services
01/23/26	065537	DELTA DENTAL	7,859.50	Employee Benefits
01/23/26	065538	UNEMPLOYMENT INSURANCE AGENCY	3,258.00	Employee Benefits
01/23/26	065539	INDIANA MICHIGAN POWER	498.33	Utilities
01/23/26	065540	GRIFFIN PEST SOLUTIONS	132.00	Utilities
01/23/26	065541	CINTAS CORP	697.90	Supplies
01/30/26	RM-01902	BRANDI BELCHER	400.00	Contract-Access
01/30/26	RM-01903	LYNELLE GIRTON-THRASHER	250.00	Contract-Supervision
01/30/26	RM-01904	ST JO CO UNITED WAY	204.00	Employee Donations
01/30/26	RM-01905	RML3 LLC	1,500.00	Contract-Mobile Crisis
01/30/26	RM-01906	TRAYBEE LLC	300.00	Contract-Mobile Crisis
01/30/26	RM-01907	KIF LLC	1,200.00	Contract-Mobile Crisis
01/30/26	RM-01908	BRYANN BOOKS	2,700.00	Contract-Mobile Crisis
01/30/26	RM-01909	GREAT LAKES CLEANING SERVICE	1,000.00	Janitorial
01/30/26	RM-01910	AMERICAN UNITED LIFE INSURANCE COMPANY	5,473.11	Employee Benefits
01/30/26	RM-01911	RILEY PUMPKIN FARM	1,072.00	Snow Removal
01/30/26	RM-01912	GAGAN S PC	8,480.00	Contract-Medical Director
01/30/26	RM-01913	KENDRICK STATIONERS INC	49.01	Supplies
01/30/26	RM-01914	CLARK LOGIC CAPITAL LLC	6,460.63	Rent-Three Rivers
01/30/26	RM-01915	HEATHER TEADT LLC	3,540.00	Contract-Mobile Crisis
01/30/26	RM-01916	LAUREN SMITH	75.00	Employee Expense Reimbursement
01/30/26	065542	VERIZON WIRELESS	3,854.94	Utilities
01/30/26	065543	FARMERS STATE BANK	14,558.15	Mortgage + Loan Interest
		Total Amount of Non-Void Checks/RMs	2,189,348.31	
01/02/26	Electronic Debit	OPTUM BANK	12,891.43	Employee Benefits
01/02/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	51.00	Employee Benefits
01/05/26	Electronic Debit	EMPOWER	11,787.92	Employee Benefits
01/05/26	Electronic Debit	EMPOWER	8,882.04	Employee Benefits

PIVOTAL				
Disbursements				
January 2026				
01/05/26	Electronic Debit	EMPOWER	16,074.67	Employee Benefits
01/05/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	164.28	Employee Benefits
01/06/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	117.59	Employee Benefits
01/07/26	Electronic Debit	PAYCOR FEES	3,997.14	Employee Payroll
01/09/26	Electronic Debit	ISOLVED INC	78.75	Employee Benefits
01/15/26	Electronic Debit	PAYCOR INC	186,745.20	Employee Payroll
01/15/26	Electronic Debit	PAYCOR INC	60,097.97	Employee Payroll
01/15/26	Electronic Debit	PAYCOR INC	651.12	Employee Payroll
01/15/26	Electronic Debit	EMPOWER	11,917.71	Employee Benefits
01/15/26	Electronic Debit	EMPOWER	8,763.10	Employee Benefits
01/15/26	Electronic Debit	EMPOWER	16,149.77	Employee Benefits
01/15/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	96.00	Employee Benefits
01/16/26	Electronic Debit	OPTUM BANK	8,625.92	Employee Benefits
01/16/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	5.33	Employee Benefits
01/20/26	Electronic Debit	TRIZETTO PROV SO DIRECT PAY	1,002.62	ACH Fees
01/21/26	Electronic Debit	RETURN ITEM FEE	6.00	ACH Fees
01/22/26	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	20.00	Employee Benefits
01/26/26	Electronic Debit	RETURN ITEM FEE	6.00	ACH Fees
01/29/26	Electronic Debit	PAYCOR INC	191,365.40	Employee Payroll
01/29/26	Electronic Debit	PAYCOR INC	61,446.30	Employee Payroll
01/29/26	Electronic Debit	PAYCOR INC	651.12	Employee Payroll
01/29/26	Electronic Debit	EMPOWER	12,098.87	Employee Benefits
01/29/26	Electronic Debit	EMPOWER	8,933.92	Employee Benefits
01/29/26	Electronic Debit	EMPOWER	16,553.45	Employee Benefits
01/30/26	Electronic Debit	OPTUM BANK	8,425.92	Employee Benefits
01/30/26	Electronic Debit	CENTURY BANK ACH FEES	32.52	ACH Fees
		Total Amount of Electronic Debits	647,639.06	
		Total Disbursements	2,836,987.37	



MEETING MINUTES OF JANUARY 27, 2026

PIVOTAL CONFERENCE ROOM

OFFICERS

PRESENT: Luis Rosado - Chair (arrived 5:09), Cathi Abbs - Vice Chair

MEMBERS

PRESENT: Zach Reed, Damon Knapp, Amanda Miller, Stacy Linihan, Darci Skrzyniarz (arrived 5:30 pm), Carol Naccarato, Rick Shaffer

MEMBERS

ABSENT: Raul Morales, Kay Decker, Elisabeth Roberts

VISITORS: Stacey Delmark, Kallie Matthews, Jeannette Rigling, Mary Walsh, Greg Deeds, Jarret Cupp, Grae Miller, Emily Versteeg

CALL TO ORDER

Cathi Abbs, Vice Chair, called the meeting to order at 5:00 pm

APPROVAL OF AGENDA

A MOTION WAS MADE BY KNAPP, SUPPORTED BY NACCARATO, TO APPROVE THE AGENDA. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

GUESTS, VISITORS & PUBLIC COMMENTS

CONSENT AGENDA:

- a. Contracts January 2026
- b. Check Register November 2025 - \$2,320,685.34
- c. Check Register December 2025 - \$3,071,254.06
- d. Meeting Minutes November 2025
- e. Meeting Minutes September 2025 - Add Zach Reed to attendance

A MOTION WAS MADE BY LINIHAN, SECONDED BY SHAFFER, TO APPROVE THE CONSENT AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

EXECUTIVE LIMITATIONS

EL V .08 - COMPENSATION AND BENEFITS

EL V .05 - FINANCIALS- POLICY REVISION

Bullock CEO presented.

A MOTION WAS MADE BY REED, SECONDED NACCARATO, TO APPROVE EL V .08 COMPENSATION AND BENEFITS. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED

A MOTION WAS MADE BY SHAFFER, SECONDED BY KNAPP, TO APPROVE EL V. 05, FINANCIALS AND FINANCIALS- POLICY REVISION. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

PERFORMANCE ON ENDS

REPORT ON ENDS ACCOMPLISHMENTS - SUBPART 1

DISCUSSION ON IMPLICATION OF ENDS REPORT- N/A

Bullock, CEO, presented.

A MOTION WAS MADE BY LINIHAN, SECONDED BY MILLER, TO APPROVE POE, REPORT ON ENDS ACCOMPLISHMENTS, Subpart 1 . ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

BOARD POLICY REVIEW

VI.06 BOARD CODE OF CONDUCT - LUIS ROSADO

BOARD WORK ON ENDS, LINKAGE ACTIVITIES AND BOARD EDUCATION
FY 26 STRATEGIC PLAN UPDATE

Bullock, CEO, presented.

BOARD DECISIONS (MOTIONS) ACTIONS

REHMANN CONTRACT

Bullock CEO, and Versteeg, CFO, presented.

Discussion regarding increased charges on invoices and whether to continue paying each invoice with that month's extra charges or to pay a standard fee each month. Board decided paying a set monthly fee was preferrable, and to explore options in the meantime.

A MOTION WAS MADE BY ABBS, SECONDED BY REED, TO APPROVE THE SET MONTHLY INCREASE WHILE EXPLORING OTHER OPTIONS. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

PARKING LOT RFP

Bullock, CEO, presented. Greg Deeds from Frederick Construction spoke on issues presented and responded to Board's questions including delays in construction, timely communication and the merits of contracting with Frederick Construction to manage the parking lot renovation.

A MOTION WAS MADE BY SHAFFER, SECONDED BY ABBS, TO CONTINUE WITH FREDERICK CONSTRUCTION FOR THE CONSTRUCTION OF THE NEW PARKING LOT. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

COMMUNICATIONS

Bullock, CEO, presented the following from the board packet:

- a. Director's report – December 2025/January 2026
- b. 2025 Board Attendance
- c. Lawsuit Update.
- d. Fiscal Year End 2024 CMH Compliance Examination.
- e. SWMBH Information Request
- f. Q4 Medicaid Audit 2025
- g. SWMBH Newsletter.

MEETING ADJOURNED AT: 18:27

Signature _____
Kay Decker, Secretary

Date



BOARD POLICY V.01

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 1
POLICY TITLE:	GLOBAL EXECUTIVE CONSTRAINT	EFFECTIVE:	09/28/2022
		REVIEWED:	02/24/2026

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 report full compliance with this policy. Since the last reporting period, I have ensured that Pivotal adheres strictly to legal, fiscal, and ethical standards. My oversight is maintained through the following internal controls:

Legal & Regulatory Adherence: We continue to operate in full alignment with state and federal statutes governing Certified Community Behavioral Health Clinics (CCBHCs). This includes maintaining rigorous HIPAA compliance, meeting all Medicaid/Medicare billing requirements, and adhering to Michigan's mental health code. Our internal auditing processes are designed to identify and correct any potential deviations before they escalate into legal concerns.

Financial & Operational Prudence: In managing the organization's assets, particularly as we advance our current building projects, I have prioritized long-term sustainability. Decisions on capital expenditures and resource allocation are vetted through a risk-management lens to ensure we are not only solvent but also protecting the organization from unnecessary financial exposure or "imprudent" risk.

Ethical & Professional Standards: Our clinical and administrative staff adhere to the highest ethical standards set by professional licensing boards and national behavioral health associations.

I remain committed to ensuring that every executive-level decision serves the best interests of our clients, our staff, and Pivotal's long-term health.



BOARD POLICY V.05

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 2
POLICY TITLE:	FINANCIAL CONDITIONS/ACTIVITIES FEB '26)	EFFECTIVE:	09/28/2022
		REVIEWED:	02/24/2026

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: Currently underspent in Medicaid of \$1,1130,378, and currently underspent in Healthy Michigan, of around \$125,138, for a total due back to SWMBH of \$1,255,516. We have worked hard to contain costs, and we are hopeful that the surplus Medicaid funds from FY 26 will be used to cover the FY 25 deficits. We expect to receive approximately \$2.8 million in Medicaid overspend from last year. This situation continues to be watched and monitored regionally.

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 aggressively pursue collections, such as collection agencies, I will do so. However, current practices require you to bill repeatedly for 4 months, and if you can't or don't pay, the bill is then written off.

Pivotal

January 2026

Board Report

Pivotal			
Statement of Position			
Proprietary Funds			
January 31, 2026			
	Operating Fund	Balance September 30 2025	Favorable (Unfavorable)
ASSETS			
Cash position	\$ 3,481,174	\$ 4,061,913	\$ (580,739)
Investments	6,102,114	6,054,752	47,362
Receivables:			
Accounts receivable	45,453	44,685	768
Due from State of Michigan	1,213,988	7,872	1,206,116
Due from SWMBH	325,646	286,881	38,765
Due from other governments	21,439	64,317	(42,878)
Prepaid items	291,226	257,555	33,671
Capital assets not being depreciated	-	-	-
Capital assets being depreciated, net	2,246,695	2,289,525	(42,830)
Total assets	13,727,735	13,067,500	660,235
LIABILITIES			
Accounts payable	579,541	2,140,243	(1,560,702)
Due to MDHHS	-	-	-
Due to SWMBH	1,174,208	(71,493)	1,245,701
Accrued liabilities	162,211	206,224	(44,013)
Unearned revenue	18,296	15,976	2,320
Long-term debt:			
Due within one year	-	-	-
Due in more than one year	560,298	609,183	(48,885)
Lease liability	213,770	255,536	(41,766)
Accrued sick and vacation	534,042	534,042	0
Total liabilities	3,242,366	3,689,710	(447,344)
NET POSITION			
Net investment in capital assets	1,686,397	1,680,342	1,680,342
Unrestricted	8,798,972	7,697,449	1,101,523
Total net position	\$ 10,485,369	\$ 9,377,790	\$ 1,107,579

Pivotal				
Statement of Activities				
October 1, 2025 through January 31, 2026				
	Operating Fund	Projected Total Activities	Prior Year Total Activities	Favorable (Unfavorable)
Operating revenue				
SWMBH Funding				
Medicaid capitation	\$ 6,224,130	\$ 18,672,390	\$ 19,122,295	\$ (449,905)
Medicaid capitation - Settlement	(1,130,378)	(3,391,134)	-	(3,391,134)
MIHealth Link	-	-	-	-
MIHealth Link - Settlement	-	-	-	-
Healthy Michigan Plan	574,898	1,724,694	2,290,308	(565,614)
Healthy Michigan Plan - Settlement	(125,138)	(375,414)	-	(375,414)
CCBHC prepayment	-	-	5,043,004	(5,043,004)
CCBHC - Settlement	3,749,546	11,248,638	-	11,248,638
SUD Block Grant	36,138	108,414	78,969	29,445
Federal & State Sources				
State general fund	347,520	1,042,560	1,042,561	(1)
State general fund - Settlement	-	-	-	-
Federal and state grants	196,800	590,400	794,952	(204,552)
Local revenue				
County appropriation	85,756	257,268	257,268	-
Client fees	139,642	418,926	410,087	8,839
Performance Based Incentive Program	-	-	817,404	(817,404)
Rent revenue	4,760	14,280	9,960	4,320
Other revenue	65,414	196,242	113,865	82,377
Total operating revenue	10,169,088	30,507,264	29,980,673	526,591
Operating expenses				
Administration	1,705,035	5,115,105	4,730,862	384,243
Internal Services	2,183,778	6,551,334	6,113,513	(437,821)
Provider claims	4,757,906	14,273,718	16,867,826	2,594,108
Grant expenses	150,188	450,564	796,626	346,062
Vehicles	20,565	61,695	53,759	(7,936)
Facilities	244,037	732,111	600,356	(131,755)
Total operating expenses	9,061,509	27,184,527	29,162,943	2,746,902
Change in net position	1,107,579	3,322,737	817,730	2,505,007
Net position, beginning of year	9,377,790	9,377,790	8,560,060	
Net position, end of year	\$ 10,485,369	\$ 12,700,527	\$ 9,377,790	

Pivotal				
Statement of Activities				
Budget to Actual - October 1, 2025 through January 31, 2026				
	Original Budget	YTD Budget	YTD Actual	Over (Under) Budget
Operating revenue				
SWMBH Funding				
Medicaid capitation	\$21,525,540	\$ 7,175,180	\$ 6,224,130	\$ (951,050)
Medicaid capitation - Settlement	-	-	(1,130,378)	(1,130,378)
MIHealth Link	-	-	-	-
MIHealth Link - Settlement	-	-	-	-
Healthy Michigan Plan	2,309,457	769,819	574,898	(194,921)
Healthy Michigan Plan - Settlement	-	-	(125,138)	(125,138)
CCBHC prepayment	6,057,205	2,019,068	-	(2,019,068)
CCBHC - Settlement	-	-	3,749,546	3,749,546
SUD Block Grant	78,968	26,323	36,138	9,815
Federal & State Sources				
State general fund	1,042,560	347,520	347,520	-
State general fund - Settlement	-	-	-	-
Federal and state grants	758,742	252,914	196,800	(56,114)
Local revenue				
County appropriation - St Joseph County	257,268	85,756	85,756	-
Client fees	401,842	133,947	139,642	5,695
Performance Based Incentive Program	-	-	-	-
Rent revenue	2,160	720	4,760	4,040
Other revenue	225,000	75,000	65,414	(9,586)
Total operating revenue	32,658,742	10,886,247	10,169,088	(717,159)
Operating expenses				
Administration	5,400,000	1,800,000	1,705,035	(94,965)
Internal Services	6,700,000	2,233,333	2,183,778	(49,555)
Provider claims	19,000,000	6,333,333	4,757,906	(1,575,427)
Grant expenses	758,742	252,914	150,188	(102,726)
Vehicles	200,000	66,667	20,565	(46,102)
Facilities	600,000	200,000	244,037	44,037
Total operating expenses	32,658,742	10,886,247	9,061,509	(1,824,738)
Change in net position	-	-	1,107,579	1,107,579
Net position, beginning of year	9,377,790	9,377,790	9,377,790	-
Net position, end of year	\$ 9,377,790	\$ 9,377,790	\$ 10,485,369	\$ 1,107,579



BOARD POLICY VI.07

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	BOARD COMMITTEE PRINCIPLES	EFFECTIVE:	09/28/2022
		REVIEWED:	02/24/2026

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:	BOARD COMMITTEE STRUCTURE	EFFECTIVE:	09/28/2022
		REVIEWED:	02/24/2026

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:	GLOBAL GOVERNANCE-MANAGEMENT CONNECTION	EFFECTIVE:	09/28/2022
		REVIEWED:	2/24/2026

POLICY:

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

Understanding Autism Spectrum Disorder (ASD)

Autism is a lifelong developmental disability that affects how a person perceives the world and interacts with others. It is described as a "spectrum" because it affects every individual differently. While some people with autism may require significant support in their daily lives, others live entirely independently with highly specialized skills.

Core Characteristics:

While every person's experience is unique, most individuals with autism share challenges in two main areas:

- **Communication and Social Interaction:** This can range from being completely non-verbal to having high-level language skills but struggling with social cues. Challenges often include understanding body language, maintaining eye contact, or navigating the "unwritten rules" of social conversation.
- **Patterns of Behavior and Interests:** Many individuals find comfort in routines and may become distressed by unexpected changes. This often includes repetitive physical movements or a deep, intense focus on specific topics of interest.

Sensory Processing Individuals on the spectrum often experience the world more intensely or less intensely than others. Common sounds, lights, or textures (like the hum of a fluorescent bulb or the feel of a specific fabric) can be physically overwhelming or even painful.

The "Neurodiversity" Perspective.

In clinical practice, we focus on support and skill-building, but it is also important to recognize that many in the autism community view autism as a different way of thinking rather than a "problem" to be fixed. At Pivotal, our goal as a CCBHC is to provide tools and therapies, such as ABA, that help individuals overcome barriers to independence while honoring their unique perspectives.

Why Early Intervention Matters

Because the brain is most adaptable in early childhood, identifying autism as early as possible (often by age 2) allows us to start services that significantly improve long-term outcomes for communication, social skills, and school readiness.

Executive Summary: Autism Services in St. Joseph County

St. Joseph County utilizes a multi-tiered approach to autism support, blending public behavioral health services, educational interventions, and private specialized centers. As the local Community Mental Health (CMH) authority and a CCBHC, Pivotal serves as the primary hub for residents, particularly those with Medicaid, while the St. Joseph County Intermediate School District (ISD) handles educational and early intervention needs. Private insurances must be utilized first if able, and we would help coordinate the care in that instance if necessary.

Pivotal's Role and Services

As a CCBHC, Pivotal provides a "no wrong door" approach, ensuring that individuals with autism receive integrated care regardless of their ability to pay.

- **Diagnostic & Clinical Services:** Pivotal offers screenings, assessments, and formal diagnostic evaluations to verify ASD.
- **Applied Behavior Analysis (ABA):** For children and youth, Pivotal coordinates intensive ABA services, focusing on communication, social interaction, and adaptive living skills. These are provided both in-home and at clinic locations.
- **Person-Centered Planning (PCP):** Services are driven by the individual's goals, with a heavy emphasis on community inclusion and independence.

Educational and Early Intervention (SJC ISD)

The St. Joseph County ISD is the lead agency for age-based developmental and educational supports.

- **Early On (Birth to 3 Years):** Provides evaluations and service coordination for infants and toddlers with developmental delays.
- **Early Childhood Special Education (Ages 3–6):** Specialized classroom support and therapies for preschool-aged children.
- **Pathfinder Educational Center:** A centralized facility for students ages 3–26 who require more intensive life-skills training and specialized educational environments.
- **Transition Services:** Programs focused on helping young adults move from the school environment into vocational or independent living settings.

Community and Private Partners

Community and Private Partners

- A network of specialized providers complements public services, often focusing on clinic-based ABA and social skills development.

Local Centers

Provider	Primary Location
Ripple Effects Autism Learning Center	Centreville / Sturgis
Heart 2 Heart Autism Center	Three Rivers
Wings of Hope	Sturgis/Three Rivers
Lifetree	Three Rivers
Magnet ABA Therapy in Michigan	Sturgis

Accessing the Benefit: The Care Pathway

For most families in St. Joseph County, the process follows a standardized four-step path:

1. **Screening:** Utilizing tools like the M-CHAT for toddlers to identify potential risks.
2. **Diagnostic Evaluation:** Formal testing (such as the ADOS-2) to confirm a diagnosis.
3. **Individual Plan of Service (IPOS):** A collaborative meeting at Pivotal (or at the Autism Center) to determine medical necessity and set specific goals.
4. **Service Delivery:** Implementation of ABA, speech therapy, or respite care through Pivotal or a contracted partner.



QUALITY
IMPROVEMENT
PLAN
FY 2026

CQI Committee Approval: 2-6-2026

CQI Board Approved: 2-24-26

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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) which 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 description that follows provides the QIP for the Pivotal for fiscal year 2024/25.

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 directly or indirectly affect customer functioning and evaluates performance concerning meeting key 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 employees and other stakeholder recommendations and participation in quality improvement processes through training, discussions, and program evaluation.
- E. Utilize ongoing customer 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 cost 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 active involvement 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. Our activities will be guided by those organizational values 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 serves as 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., recommendations 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 continuously improve its quality of care.

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 serious and persistent mental illness, serious emotional disturbance, developmental disabilities, and substance use disorders.

Pivotal Board of Directors

The ultimate responsibility for the quality of organizational services is retained by the Pivotal Board of Directors. The role of the Board is to support and promote ongoing improvement in organizational processes and outcomes. The Board's 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 of 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 strategic planning and operational functions of the organization 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 management of the QIP, which includes implementation, monitoring, and revision.

Medical Director

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

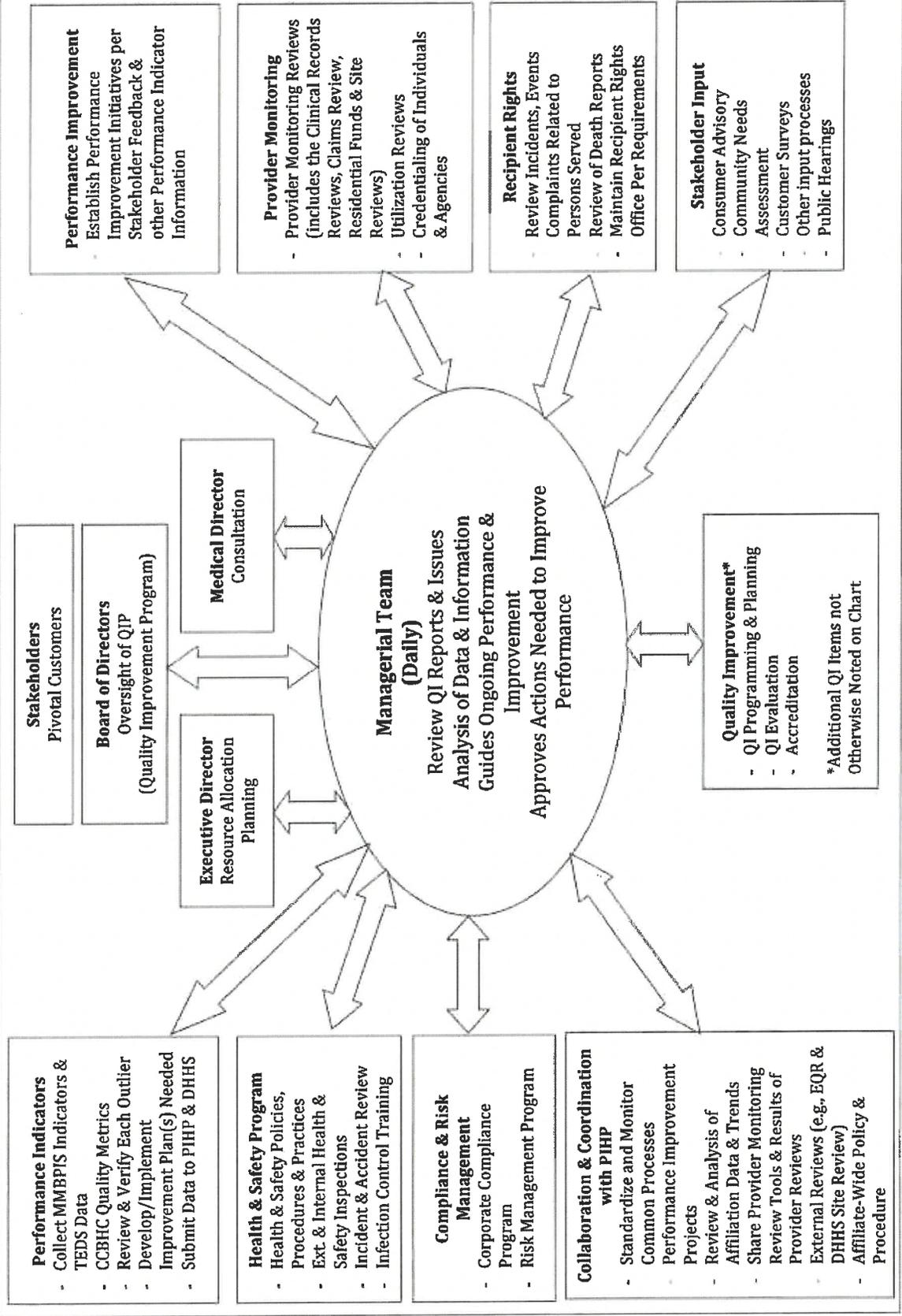
Chief Clinical Officer

The Chief Clinical Officer has overall responsibility for the implementation of the QIP and provides delegated oversight and leadership for the QIP. Under the Chief Clinical Officer's leadership, an integrated, interdivisional approach is taken to improve Pivotal services and systems.

Managerial Team

The Managerial Team includes the Chief Executive Officer, Medical Director, Chief Clinical Officer, Director of CCBBHC and Med Clinic Services, Director of Access/Emergency Services & Utilization Management, Chief Compliance Officer, Director of Adult Services, Director of Children's Services, Director of SUD and Outpatient Services, Chief Financial Officer, 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 as established by the Board, including setting priorities for improvement efforts throughout the agency. Managerial Team is responsible for monitoring and reporting progress toward established goals at Board Meetings. Last, Managerial Team is accountable to ensure that agency staff have 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 who directly receive the services offered by Pivotal. The satisfaction of people receiving services with our agency will be greatly enhanced when we involve those customers in identifying and prioritizing areas for improvement. ***We must always listen to our customers' input towards 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, the Manager/Supervisor Committee, the Customer Advisory Committee, satisfaction and needs assessment surveys, focus groups, participation on Project Teams, feedback given to clinicians, SWMBH run customer service surveys, etc.

Stakeholders

In addition to customers, stakeholders are those individuals or organizations that have 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' input and satisfaction shall be monitored on an ongoing basis.

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 also 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' 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 CQIC is to provide oversight of the QIP by supporting and guiding the implementation of quality improvement activities. Participants of CQIC include the CEO, Directors of Clinical Programs, the IS Director, the Compliance Officer, and other clinical staff. Other topics covered at CQIC include system-wide trends and patterns of key 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, Director of Adult Services, Recipient Rights Officer, and Registered Nurse (RN). 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 the use of 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 does so by overseeing the development and review of applicable policies, procedures, and emergency response plans. In addition, the committee monitors state and federal regulatory standards 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, and 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 appropriate legal business standards and practices are maintained and enforced throughout the organization. The committee is composed of compliance staff throughout the agency, including the Compliance Officer, CFO, Human Resource Director, Director of Recipient Rights, CMHSP Board Member, Chief Clinical Officer, and clinical staff.

Trauma Workgroup

The Trauma Workgroup is comprised of staff throughout the agency, including clinical directors, clinical staff, and other members of the Managerial Team. The goal of the Trauma Workgroup is to make Pivotal a trauma-informed care organization and ensure that Pivotal utilizes 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.

Affinity House Advisory Board

The Affinity House Advisory Board is comprised of community members, professionals, and program members who provide guidance, support, and advocacy for mental health Clubhouse programs. They focus on key areas such as employment development, legal, financial, and fundraising efforts to support the organization's mission and international accreditation. These boards ensure that the Clubhouse operates in accordance with its goals and provides valuable input to staff and members.

Certified Community Behavioral Health Clinic (CCBHC) Workgroups (Ad Hoc)

Pivotal has utilized various CCBHC workgroups to address and move forward 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 Managerial Team is responsible for performing quality improvement functions and ensuring that program improvements are made within the organization. The Managerial Team operates in partnership with stakeholders, including consumers, advocates, contract providers, Pivotal staff, and other relevant stakeholders. The Managerial Team is responsible for implementing and monitoring the QIP.

Performance Improvement Activities

Pivotal Management System (PMS) – Lean Management

Pivotal applies Lean principles to systematically identify and eliminate waste within our processes to maximize value for our clients. This philosophy empowers staff at all levels to actively participate in improving workflows, reducing inefficiencies, and minimizing delays in service delivery.

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 Managerial Team 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 Clinical Director of Adult Services have taken a lead role in the facilitation and organization of 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 the 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 that is facilitated by the Managerial Team. Sentinel events are reported to SWMBH and CARF.

Zero Suicide Workgroup

PIVOTAL has implemented the Zero Suicide evidence-based practice across all programs that is managed by an implementation workgroup. The workgroups goal is reducing the incidents of

suicide and suicide attempts through adherence to the evidence-based model. The workgroup is composed of administration, clinicians, peers, and those with lived experience. This workgroup meets monthly to ensure fidelity to the model.

Medicaid Event Verification

Pivotal partners with SWMBH to conduct regular audits of billed service events to verify that they are in alignment 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 on a quarterly basis. Utilization Management meets with the clinical program to analyze the data, identify areas for improvement, and develop a plan to address the issues identified.

Provider Monitoring

Contracted providers are regularly monitored through the Managerial Team or provider network. Annually, the Managerial Team 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 Managerial Team oversees and monitors this process in collaboration 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 validation activities for the Prepaid Inpatient Health Plans (PIHPs) 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 full monitoring and evaluation process of Pivotal. This process consists of the utilization of 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 the standards MDHHS has set for these programs.

Quantitative and Qualitative Assessments

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

Community Health Needs Assessment

The purpose of a Certified Community Behavioral Health Clinic (CCBHC) community needs assessment is to ensure that the clinic's services are responsive to the unique behavioral health needs of the population it serves. Specifically, it is intended to:

1. Identify unmet behavioral health needs in the community, including gaps in access, services, and support for individuals with mental health and substance use disorders.
2. Inform service planning and delivery, ensuring that the CCBHC develops and maintains a service array that reflects community priorities and meets the needs of diverse populations, including those who are underserved or at higher risk (e.g., veterans, individuals experiencing homelessness, people involved in the criminal justice system, children with serious emotional disturbance, etc.).
3. Engage stakeholders, including consumers, family members, community partners, and local providers, to gather input and foster collaboration in shaping the clinic's programs.
4. Support cultural and linguistic responsiveness by identifying the demographic and cultural characteristics of the population and ensuring services are accessible and appropriate for all community members.
5. Drive data-informed decisions related to staffing, outreach, partnerships, and resource allocation, helping the CCBHC meet federal and state performance expectations.
6. Fulfill federal and state certification criteria, as SAMHSA and Michigan Department of Health and Human Services require CCBHCs to conduct a community needs assessment as part of their certification process and ongoing quality improvement.

Consumer Satisfaction Survey

As part of Pivotal's quality improvement efforts, a consumer satisfaction survey is conducted annually among service recipients. The purpose of this survey is to help the agency gauge the level of satisfaction among consumers who are currently receiving services and identify areas for improvement to better serve consumers. The results of the survey help to measure the quality of services, and the evaluation report summarizes the levels of satisfaction consumers have with their services. CQIC reviews this.

The Youth Services Survey (YSS), Recovery Self-Assessment-revised survey (RSA-r), Motivational Interviewing Measure of Staff Interaction survey (MIMSI), and Mental Health Statistics Improvement Program (MHSIP) survey are administered to a random selection of Pivotal Consumers. While the CMHSPs in the region are responsible for administering the survey, the PIHP collects and maintains the data and survey findings.

Prevalence Report

Pivotal utilizes the Prevalence Report to ensure services align with community needs and population health standards. The Quality Improvement team compiles data on service penetration, acuity, and health disparities to evaluate access and cultural relevance. Leadership analyzes these findings to justify resource allocation, identify barriers, and develop targeted interventions within the Quality Improvement Plan to address gaps in care.

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 inform strategic planning, legislative reports, and prioritize quality improvement initiatives.

Staff Satisfaction Survey

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

Organizational Performance Initiatives

CARF

The Managerial Team staff apply for reaccreditation through CARF every three years. CARF is the accrediting body for all administrative programs at PIVOTAL and a varying number of 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 review of documentation. In 2023, CARF conducted a digitally enabled site survey and granted PIVOTAL the standard three-year accreditation. The next 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 utilized by MDHHS. Through both resources, the Managerial Team reviews data as required by SWMBH and MDHHS and at the request of clinical programs.

Annual Submission to MDHHS

Annually, the Managerial 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 includes a needs assessment and planned action.

State Recertification

Every three years, the Managerial Team submits required documentation to MDHHS to recertify Pivotal as a CMHSP and a CCBHC. 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 Pivotal's provider network. Pivotal was recertified as a CMHSP in November of 2023. Pivotal was recertified as a CCBHC in 2024.

HCBS Support for the Agency

Members of the Managerial Team, specifically the Compliance Officer, act as independent verifiers to ensure that internal oversight of MDHHS and SWMBH plans of correction are conflict-free. Activities include coordinating with SWMBH and MDHHS on survey processes; supporting provider plan-of-correction development; facilitating plan-of-correction follow-up; conducting on-site verification; facilitating communication with SWMBH and MDHHS; and providing ongoing support for education and documentation improvement.

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, Chapter 7 and 7A, which provides a system for determining whether, in fact, 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 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 the Recipient Rights Advisory Committee and staff. MDHHS routinely conducts site reviews. Annual reports from Pivotal's Recipient Rights Office are submitted to MDHHS as required by Chapter 7 of the Michigan Mental Health Code. 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 for retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management, as deemed appropriate by the directors.

Risk Assessment Plan

The Managerial 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 of how to identify and minimize them.

Certified Community Behavioral Health Clinic (CCBHC)

Certified Community Behavioral Health Clinics (CCBHC) demonstration aims to improve the behavioral health for all Michiganders by increasing access to high-quality care, coordination between behavioral health and physical health care, promoting the use of evidence-based practices, and establishing standardization and consistency with a set criterion of all certified clinics to follow.

In September 2021, Pivotal was also awarded provisional certification of its Certified Community Behavioral Health Clinic through MDHHS. In April of 2022, Pivotal was fully certified as a CCBHC. The certification is valid for two years. The CCBHC portion of the Quality Improvement Plan focuses on improved patterns of care delivery, including reductions in the emergency department use, rehospitalization, and repeated crisis episodes.

The CCBHC portion QIP plan report will track:

1. Deaths by suicide or suicide attempts of people receiving services.
2. Fatal and non-fatal overdoses.
3. All-cause mortality among people receiving CCBHC services; and
4. 30-day hospital readmissions for psychiatric or substance use reasons.
5. Initiation and Engagement of Substance Use Disorder Treatment (IET)
6. Glycemic Status Assessment for Patients with Diabetes (GSD-AD)
7. Plan All-Cause Readmissions Rate (PCR-AD)
8. Follow-Up After Hospitalization for Mental Illness, (FUH-CH) (FUH-AD)

Pivotal also reports on the CCBHC-collected clinical quality measures, including:

1. Time to Services (I-SERV)
2. Tobacco use: Screening and Cessation (TSC)
3. Alcohol Use: Screening and brief counseling (ASC)
4. Suicide Risk Assessment Child (SRA-BH-C)
5. Suicide Risk Assessment Adult (SRA-A)

6. Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
7. Depression Remission at Six Months (DEP-REM-6)
8. Screening for Social Drivers of Health (SDOH)

Section 4: Evaluation of QIP

Annual Review of this Plan

An evaluation of the QIP plan is completed at the end of each calendar year. The evaluation summarizes the activity that occurred around the goals and objectives of the Pivotal Quality Improvement Program Plan and the 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 2026

- A. BH-TED Encounter Match Rate at or above 95% for both MH and SUD consumers.
- B. Monitor CCBHC Clinical Quality Metrics for both CCBHC-reported and State-reported metrics required in the CCBHC Handbook.
- C. Successfully implement the Pivotal Strategic Plan developed by Managerial Team.
- D. Ensure conformance and timeliness of required quality management data and reports to SWMBH and MDHHS.
- E. Ensure adequate monitoring of contracted service providers via monthly claims audits.
- F. Ensure clients in LTSS are reviewed bi-monthly by the BTC committee
- G. UM to ensure appropriate care is provided in the least restrictive settings.
- H. Reduction in clients not seen in 60, 90, 120 days and unseen to ensure appropriate care and follow up with clients engaged in the Pivotal service array.

- I. Review of Service Activity Logs to ensure appropriate codes are used with corresponding documentation to ensure accurate billing.
- J. Expand augmented intelligence (AI) (Eleos) utilization to include compliance features to increase adherence to documentation timeliness standards as well as capture relevant information for CCBHC documentation requirements and Evidence-Based Practice monitoring, as well as ensuring non-fraudulent documentation practices.
- K. Utilize A3 Strategies for CEO, CFO and CCO.
- L. Implement and track utilization of EBPs such as IDDT, MAT, SBIRT, and IOP.

February 2026

Administrative

- Attended SWMBH Board meeting.
- Attended the St. Joseph County CTA board meeting.
- Met with Eleos for implementation of our compliance program. We will be slightly delayed as we work on PCE, data entry in the compliance section, and data exchange. PCE is working with another CMH, and once finalized, we will use their process to implement ours.
- Met with Judge Kane to improve communications and collaboration between agencies.
- ERC met to come up with Plans for the coming year.
- Attended Statewide Disaster Mental Health Workgroup
- Met with the union as the start of a new quarterly meeting workgroup session.

Clinical

- CARF survey that was scheduled for March/April is now being pushed back to August/September.

Human Resources

Open Positions:

- Outpatient Therapist
- Outpatient Therapist (Casual/Part Time)
- Home-Based Therapist
- Adult Case Manager (replace transfer)
- Adult Case Manager (New Position)
- Support Staff

Pending:

- Children's Case Manager
- Customer Service (New Position)

Transfers:

- BHUC Nurse – Stacy Delmark

Resignations:

- Support Staff



February 18th, 2026

Response to MDHHS Regarding Conflict-Free Access and Planning (CFA&P)

Subject: Legal and Operational Concerns Regarding Proposed Revisions to HCBS Conflict-Free Access and Planning Standards

Dear MDHHS Health Services Administration Program Policy Division,

On behalf of Pivotal, I am writing to formally address the Michigan Department of Health and Human Services' (MDHHS) current reevaluation of Conflict-Free Access and Planning (CFA&P) policies. As a Certified Community Behavioral Health Clinic (CCBHC) and a primary service hub, we have significant concerns regarding the Department's position that person-centered planning must be removed from the Community Mental Health Service Programs (CMHSPs).

It is believed the current proposed shift is both legally unnecessary and operationally counterproductive for the following reasons:

Statutory Responsibility and Governmental Status

Under the Michigan Mental Health Code, the responsibility for the person-centered planning process is explicitly assigned to the "responsible mental health agency," which is the CMHSP. Furthermore, as a CMHSP, we are a governmental unit created specifically to carry out service delivery on behalf of the state under MCL 330.1116(2)(b) and the Michigan Constitution.

The suggestion of a conflict of interest in this context fundamentally misunderstands our role as a public safety net provider. Our function is akin to a police or fire department; just as those departments determine if a crime has occurred or a fire exists and then take the necessary action to address the situation, we assess medical necessity and provide the required response. In a government safety-net system, the primary motivation is fulfilling a public mandate, not pursuing profit.

Misalignment of Financial Incentives

The suggestion that delegating planning to Prepaid Inpatient Health Plans (PIHPs) would resolve conflict concerns is flawed, as PIHP leadership is largely composed of appointees from the CMHSPs they oversee.

Furthermore, the financial argument for this change does not apply to our mandated system. In Michigan, we are legally required to provide services to any individual who meets the medical necessity criteria. There is no financial incentive to deny services to save costs; by contract, any surplus funds beyond the 7.5% allowed for internal reserves must be returned to the State of Michigan. Because we do not retain these savings, our sole motivation remains ensuring that the populations we serve receive the care they require.



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Interference with CCBHC Expectations and Management

As a CCBHC, Pivotal is held to federal standards that emphasize integrated, high-quality care coordination. Removing the planning component from our clinical management creates several critical issues:

Fragmentation of Care: CCBHCs are designed to be integrated service centers. Forcing an external entity to handle the planning process separates clinical assessment from service delivery, directly contradicting the goal of seamless care coordination.

Operational Management: Managing a CCBHC requires real-time adjustments to person-centered plans based on clinical outcomes. Outsourcing this function adds administrative bureaucracy that slows down service delivery and interferes with our ability to manage the health of our population effectively.

Accountability: Under the CCBHC model, our organization is held accountable for consumer outcomes. If the planning process—which dictates interventions—is moved to an external entity, it creates a gap in accountability between the planner and the provider.

Compliance via Existing Regulatory Exceptions

Federal regulations (42 C.F.R. § 441.301 and § 441.730) provide an exception to CFA&P requirements when a state demonstrates that the only willing and qualified entity in a geographic area provides both case management and HCBS. Michigan's previously approved 1915(i) State Plan Amendment already uses this exception, establishing that internal "firewalls," such as separating staff who perform assessments from those who provide services, are sufficient to mitigate conflicts.

We maintain that Michigan's current "firewall" policies adequately address the intent of federal CFA&P rules. These protections allow CCBHCs like Pivotal to continue providing high-quality, integrated care without the disruption that a formalistic restructuring would cause. We request that the Department provide a reasoned analysis for this policy reversal and allow for meaningful stakeholder engagement before finalizing any changes.

Sincerely,

Cameron Bullock, MBA
Chief Executive Officer

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Charles Stewart Mott
Department of Public Health
MICHIGAN STATE UNIVERSITY



HEALTH PROFESSIONS
PUBLIC HEALTH
CENTRAL MICHIGAN UNIVERSITY

Michigan Public Health Week Partnership

February 2, 2026

Cameron Bullock
677 East Main St.
Centerville, MI 49032

Dear Mr. Bullock:

The Michigan Public Health Week Partnership is pleased to announce you have been chosen as a recipient of the Hometown Health Hero award for 2026. This award recognizes individuals and organizations across the state working tirelessly to improve the health of their local communities.

It gives us great pleasure to present you with this award for your accomplishments and dedication to your community's health and well-being through Pivotal.

You are invited to attend the award ceremony, which will be held on **March 18** in the Mackinac Room of the State House Office Building in Lansing at 11:30 am. This is a special event to recognize all of Michigan's Hometown Health Heroes.

Immediately following the event, please join us at a luncheon in the Mackinac Room. You will be joined by health officers from local health departments as they are in town to discuss the value of public health policy with elected leaders. Please RSVP for yourself and up to 1 guest by **February 27** to kovalj@michigan.gov.

Thank you for all that you do to improve the health of your community and congratulations on receiving this award!

Warm Regards,

James F. Koval, MDiv, MPA, Coordinator
Michigan Public Health Week Partnership
c/o Public Health Administration
Michigan Department of Health and Human Services
Cell Phone: 517-749-1321
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