November 18th , 2026, 5 PM
Pivotal Conference Room

I. **Approval of Agenda**: *Welcome & Preliminaries: the focus of our meeting.*

II. **Public Comment:** Guests *and visitors can comment, with a maximum of 3 minutes per person.*

III. **Frederick Construction/Diekema Hamann Building Project Update**

IV. **Consent Agenda** *Ratification and approval of minutes & non-debatable items* ** (L. Rosado)

a. **Meeting Minutes October 2026** pg 1
b. **Check Register October 2026** pg 4
c. **Contracts November 2026** pg 8

V. **Monitoring Reports** *Assuring Executive and Organizational Performance* (C. Bullock)

a. **Public Executive Limitations:** *Is the organization operating within the boundaries the Board sets? -N/A*

VI. **Performance on Ends:** *Is the organization on track with its vision?* (C. Bullock)

a. **Report on Ends Accomplishments** –Subpart IV pg 9
b. **Discussion on Implication of Ends Report** – N/A

VII. **Board Policy Review** *Do our existing policies reflect the board's current values (L. Rosado)*

a. **VI.02 – Governing Style** – Cathi A pg 12

VIII. **Board Decisions (Motions) Actions**: *Only the Board has the authority to make them. (L. Rosado)*

a. **MEND**** pg 14
b. **Board Calendar 2027*** pg 24

IX. **Board Work on Ends, Linkage Activities, and Board Education (***L. Rosado)*

a. **HIPAA/Corporate Compliance *** pg 25

X. **Communications:** *Keep the Board current on significant events and operations.* (C. Bullock)

a. **Director's Report November 2026** pg 38
b. **1020 Millard Street Update**

XI. **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 X 395). NEXT REGULAR BOARD MEETING: JANUARY 27th, 2027, PIVOTAL BOARD ROOM

MEETING MINUTES OF OCTOBER 27, 2026

Pivotal Conference Room

OFFICERS PRESENT: Cathi Abbs - Vice Chair, Kay Decker - Secretary

OFFICERS ABSENT: Luis Rosado – Chair

MEMBERS PRESENT: Amanda Miller, Stacy Linihan, Darci Skrzyniarz, Elisabeth Roberts, Damon Knapp, Raul Morales.

MEMBERS ABSENT: Zach Reed, Rick Shaffer

VISITORS: Representatives of DHAE, Todd Batts, project superintendent, and other representatives of Frederick Construction. Robert Tomlinson of Three Rivers Commercial News. Larry Hermann. Stacy Delmark.

CALL TO ORDER

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

APPROVAL OF AGENDA

The agenda was amended as follows and approved.

III. A. Larry Herman.
VIII. A. Health Insurance.
B. TextCare

GUESTS, VISITORS & PUBLIC COMMENTS

All present were given a guided tour of the new construction by representatives of DHAE and Frederick Construction.

LARRY HERMANN

Larry Herman spoke regarding SMART goals, performance reviews, and methods of evaluating compensation practices as they related to Carver governance. The board is in compliance.

BOARD TOUR

The board was able to tour the new building.

CONSENT AGENDA:

a. Meeting Minutes September 2026.
b. Check Register September 2026 - $2,658,882.60
c. Contracts October 2026.

A MOTION WAS MADE BY KNAPP, SUPPORTED BY DECKER, TO APPROVE THE CONSENT AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

MONITORING REPORTS

EL.V05 – Financial September - Preliminary

1. Cashflow - Versteeg, CFO, presented, with additional comment from Bullock, CEO.
2. Investments – Bullock, CEO, presented.

A MOTION WAS MADE BY LINIHAN, SUPPORTED BY KNAPP, TO APPROVE MONITORING REPORTS – EL.V.05- FINANCIAL/CASHFLOW FOR SEPTEMBER. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

EL.V.06 – Emergency CEO Succession

Bullock, CEO, presented, describing his chief executive committee as the chain of command at Pivotal in his absence.

A MOTION WAS MADE BY ROBERTS, SUPPORTED BY NACCARATO , TO APPROVE MONITORING REPORTS – EL.V.06 - EMERGENCY CEO SUCCESSION. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

EL.V.03 – Treatment of Staff – Bullock, CEO, presented.

A MOTION WAS MADE BY LINIHAN, SUPPORTED BY KNAPP, TO APPROVE MONITORING REPORTS – EL.V.03 - TREATMENT OF STAFF. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

PERFORMANCE ON ENDS

a. Report on Ends Accomplishments – N/A
b. Discussion on Implication of Ends Report - N/A

BOARD POLICY REVIEW

Monitoring Executive Performance – no noted changes needed to be made.

BOARD DECISIONS (MOTIONS) ACTIONS

a. Health Insurance – Bullock, CEO, presented options of various health insurance proposals. Board discussion ensued regarding options and benefits to staff.

A MOTION WAS MADE BY DECKER, SUPPORTED BY SKRZYNIARZ, TO APPROVE THE 11% INCREASE TO BOARD INSURANCE PAYMENTS FOR CALENDAR YEAR 2027. ROLL CALL VOTE. ALL IN FAVOR. NONE OPPOSED. MOTION CARRIED.

b. Textcare – Bullock, CEO, explained Textcare and its possible addition to the benefits package.

A MOTION WAS MADE BY SKRZYNIARZ, SUPPORTED BY KNAPP, TO APPROVE THE ADDITION OF TEXTCARE TO THE BENEFITS PACKAGE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

COMMUNICATIONS

a. Director's Report October 2026.
b. FY 26 Strategic Plan Completion.

Board Process Review and Adjourn

Meeting adjourned at 7:35 p.m.

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Kay Decker, Secretary **Date**

Pivotal
Disbursements
October 2026

Date	Check/RM #	Vendor	Amount	Description
10/2/2026	RM-03031	PINE REST CHRISTIAN MHS	12,281.00	Inpatient Services
10/2/2026	RM-03032	HANNAH ROBERTS	3,240.00	Contract-Mobile Crisis
10/2/2026	RM-03033	RML3 LLC	2,100.00	Contract-Mobile Crisis
10/2/2026	RM-03034	MENTALLY HERE 4 YOU LLC	6,570.00	Contract-Mobile Crisis
10/2/2026	RM-03035	JETSY BEAN LLC	780.00	Contract-Mobile Crisis
10/2/2026	RM-03036	TRAYBEE LLC	600.00	Contract-Mobile Crisis
10/2/2026	RM-03037	BRYANN BOOKS	3,240.00	Contract-Mobile Crisis
10/2/2026	RM-03038	DEAR COUNTRY AFC	12,410.80	Specialized Residential
10/2/2026	RM-03039	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
10/2/2026	RM-03040	AMERICAN UNITED LIFE INSURANCE COMPANY	5,796.31	Employee Benefits
10/2/2026	RM-03041	PROFESSIONAL REHABILITATION SERVICES INC	600.00	Client Services
10/2/2026	RM-03042	AUTISM OF AMERICA LLC	4,716.00	Autism Provider
10/2/2026	RM-03043	LIFETREE BEHAVIORAL HEALTH LLC	62,022.00	Autism Provider
10/2/2026	RM-03044	WINDSWEPT THERAPEUTIC RIDING	1,695.00	CLS Provider
10/2/2026	RM-03045	CERTASITE LLC	751.03	Building Maintenance
10/2/2026	RM-03046	RIPPLE EFFECTS AUTISM LEARNING CENTER	40,914.00	Autism Provider
10/2/2026	RM-03047	AUTISM SPECTRUM THERAPIES LLC	957.00	Autism Provider
10/2/2026	RM-03048	GAGAN S PC	18,868.00	Contract-Medical Director
10/2/2026	RM-03049	FOREST VIEW HOSPITAL	2,760.46	Inpatient Services
10/2/2026	RM-03050	BCA - STONECREST CENTER	15,453.00	Inpatient Services
10/2/2026	RM-03051	HR ALLIANCE 1 INC	2,628.00	Fiscal Intermediary
10/2/2026	RM-03052	RESIDENTIAL OPPORTUNITIES INC	46,871.25	Specialized Residential
10/2/2026	RM-03053	SPECTRUM COMMUNITY SERVICES	8,201.10	Specialized Residential
10/2/2026	RM-03054	KONICA MINOLTA BUSINESS SOLUTIONS	12.00	Contract- Printer/Copiers
10/2/2026	RM-03055	ST JOSEPH COMMUNITY CO-OP INC	6,326.74	Specialized Residential
10/2/2026	RM-03056	STUART WILSON, CPA PC	13,670.96	Fiscal Intermediary
10/2/2026	RM-03057	REHMANN LLC	30,000.00	Contract-Billing
10/2/2026	RM-03058	BRONSON-ACADIA JOINT VENTURE LLC	96,688.00	Inpatient Services
10/2/2026	RM-03059	WINGS OF HOPE LLC	31,060.11	Autism Provider
10/2/2026	RM-03060	WINGS OF HOPE - STURGIS	45,580.56	Autism Provider
10/2/2026	RM-03061	KATHLEEN MORRILL	500.00	Contract-Supervision
10/2/2026	RM-03062	VENTURE RESOURCING LLC	1,159.74	Leadership Development
10/2/2026	RM-03063	TECHNOLOGY MANAGEMENT CONCEPTS	506.25	Consulting
10/2/2026	RM-03064	NICOLETTE COLE	53.77	Employee Reimbursement
10/2/2026	065806	SEMCO ENERGY GAS COMPANY	109.82	Utilities
10/2/2026	065807	LRS, LLC	269.86	Utilities
10/2/2026	065808	WESTERN MICHIGAN UNIVERISTY SCHOOL OF MEDICINE	1,560.00	Inpatient Services
10/2/2026	065809	VERIZON WIRELESS	4,200.72	Utilities
10/2/2026	065810	COMCAST	250.19	Utilities
10/2/2026	065811	FARMERS STATE BANK	11,166.84	Mortgage
10/2/2026	065812	MICHIGAN GAS UTILITIES	48.00	Utilities
10/2/2026	065813	CINTAS CORP	880.67	Supplies
10/9/2026	RM-03065	BRANDI BELCHER	37.50	Contract-UM
10/9/2026	RM-03066	CAROL NACCARATO	100.00	Board Member Per Diem
10/9/2026	RM-03067	HOLLY CERNY	481.59	Employee Reimbursement
10/9/2026	RM-03068	MICHIGAN ORGANIZING COMMITTEE 925	1,327.30	Employee Union Dues
10/9/2026	RM-03069	ST JO CO UNITED WAY	194.00	Employee Donations
10/9/2026	RM-03070	JETSY BEAN LLC	1,260.00	Contract-Mobile Crisis
10/9/2026	RM-03071	TRAYBEE LLC	615.00	Contract-DBT On-Call
10/9/2026	RM-03072	AMANDA MILLER	50.00	Board Member Per Diem
10/9/2026	RM-03073	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
10/9/2026	RM-03074	STACY LINIHAN	50.00	Board Member Per Diem
10/9/2026	RM-03075	LUIS ROSADO	124.32	Board Member Per Diem
10/9/2026	RM-03076	INSPIRATION STUDIO DESIGNS	1,831.76	Marketing/Supplies
10/9/2026	RM-03077	DAMON KNAPP	50.00	Board Member Per Diem
10/9/2026	RM-03078	AUNALYTICS INC	504.00	Subscription-IT
10/9/2026	RM-03079	ELISABETH ROBERTS	50.00	Board Member Per Diem
10/9/2026	RM-03080	GAGAN S PC	8,904.00	Contract-Medical Director
10/9/2026	RM-03081	DATA GUARDIAN	97.00	Utilities
10/9/2026	RM-03082	COVERED BRIDGE HEALTHCARE	120.00	New Hire Drug Screening
10/9/2026	RM-03083	CATHI ABBS	119.76	Board Member Per Diem
10/9/2026	RM-03084	KATHERINE DECKER	145.60	Board Member Per Diem
10/9/2026	RM-03085	RICHARD SHAFFER	150.00	Board Member Per Diem

10/9/2026	RM-03086	SPORTSARAMA INC	3,234.50	Supplies
10/9/2026	RM-03087	TWIN COUNTY COMMUNITY PROBATION CENTER	3,130.00	DRC
10/9/2026	RM-03088	REBEKAH WAGAMAN	3,960.00	Contract-Mobile Crisis
10/9/2026	RM-03089	QLER PHYSICIAN MEDICAL GROUP	7,375.00	Contract-Psychiatry
10/9/2026	RM-03090	Compsych Corporation	1,932.00	Employee Benefits
10/9/2026	RM-03091	IRIS TELEHEALTH MEDICAL GROUP	20,901.00	Contract-Outpatient
10/9/2026	RM-03092	HARDLINE SOLUTIONS LLC	1,255.00	Building Maintenance
10/9/2026	RM-03093	ZACHARY REED	150.00	Board Member Per Diem
10/9/2026	RM-03094	LOCUMTENENS.COM LLC	1,447.00	Contract-Outpatient
10/9/2026	065814	WASTE MANAGEMENT OF MICHIGAN	260.06	Utilities
10/9/2026	065815	PETTY CASH - ANNA FARLEY	157.12	ACT Petty Cash
10/9/2026	065816	CONLIN, MCKENNEY & PHILBRICK PC	1,111.50	Legal Fees
10/9/2026	065817	WEX BANK	2,249.38	Gas Cards
10/9/2026	065818	FRONTIER	492.64	Utilities
10/9/2026	065819	FIDELITY SECURITY LIFE (Eye Med)	1,166.74	Employee Benefits
10/9/2026	065820	BOLAND TIRE INC (Sturgis)	1,000.00	Vehicle Maintenance
10/9/2026	065821	COMCAST	419.70	Utilities
10/9/2026	065822	CINTAS CORP	259.28	Supplies
10/9/2026	065823	INTEGRATED SERVICES OF KALAMAZOO	8,830.00	Training
10/16/2026	RM-03095	GRYPHON PLACE	714.12	After-Hours Emergency
10/16/2026	RM-03096	TRAVIS KOHL	224.40	Employee Reimbursement
10/16/2026	RM-03097	TRAYBEE LLC	1,260.00	Contract-Mobile Crisis
10/16/2026	RM-03098	MICHELLE CRITTENDEN LLC	1,860.00	Contract-Mobile Crisis
10/16/2026	RM-03099	ISOLVED BENEFIT SERVICES	82.69	Employee Benefits
10/16/2026	RM-03100	KRISTI MERRILLS PLC	2,874.26	Contract-Mobile Crisis
10/16/2026	RM-03101	GREAT LAKES CLEANING SERVICE	1,000.00	Janitorial
10/16/2026	RM-03102	HIP PADDERS CATERING	1,500.00	All Staff Meeting
10/16/2026	RM-03103	KONICA MINOLTA PREMIER FINANCE	1,875.25	Contract- Printer/Copiers
10/16/2026	RM-03104	GAGAN S PC	8,904.00	Contract-Medical Director
10/16/2026	RM-03105	AMN HEALTHCARE LANGUAGE SERVICES INC	618.93	Translation Services
10/16/2026	RM-03106	STATE OF MICHIGAN (STATE INPATIENT)	6,519.05	Inpatient Services
10/16/2026	RM-03107	KONICA MINOLTA BUSINESS SOLUTIONS	60.00	Contract- Printer/Copiers
10/16/2026	RM-03108	MICHIGAN UNEMPLOYMENT INSURANCE	8,915.46	Employee Benefits
10/16/2026	RM-03109	REHMANN LLC	30,000.00	Contract-Billing
10/16/2026	RM-03110	FEI.com INC	4,030.00	Subscription-IT
10/16/2026	RM-03111	LOCUMTENENS.COM LLC	3,607.69	Contract-Outpatient
10/16/2026	RM-03112	BLUEBIRD MIDWEST LLC dba BLUEBIRD FIBER	3,229.24	Utilities
10/16/2026	RM-03113	FREDERICK CONSTRUCTION INC	230,494.58	Parking Lot Payment
10/16/2026	065824	FRED'S PHARMACY	382.51	ACT Clients Pharmacy
10/16/2026	065825	CLUBHOUSE MICHIGAN	500.00	Annual Dues
10/16/2026	065826	CHASE CARD SERVICES	28,696.14	Credit Card
10/16/2026	065827	VERIZON WIRELESS	274.09	Utilities
10/16/2026	065828	UNITED STATES TREASURY	540.90	Taxes
10/16/2026	065829	INDIANA MICHIGAN POWER	228.51	Utilities
10/16/2026	065830	VILLAGE OF CENTREVILLE	702.17	Utilities
10/16/2026	065831	CINTAS CORP	194.59	Supplies
10/23/2026	RM-03114	CRETSINGER CARE HOMES LTD	13,959.90	Specialized Residential
10/23/2026	RM-03115	PINE REST CHRISTIAN MHS	19,006.00	Inpatient Services
10/23/2026	RM-03116	QUILL CORPORATION	535.90	Supplies
10/23/2026	RM-03117	ST JO CO UNITED WAY	194.00	Employee Donations
10/23/2026	RM-03118	HOLLY LAGO LLC	3,240.00	Contract-Mobile Crisis
10/23/2026	RM-03119	ST JO CO TRANSPORTATION AUTHORITY	3,156.00	Clubhouse Transportation
10/23/2026	RM-03120	TRAYBEE LLC	300.00	Contract-Mobile Crisis
10/23/2026	RM-03121	DEAR COUNTRY AFC	10,626.00	Specialized Residential
10/23/2026	RM-03122	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
10/23/2026	RM-03123	GREATER HEIGHTS AFC	10,457.10	Specialized Residential
10/23/2026	RM-03124	ALTERNATIVE CHOICES	379.20	CLS Provider
10/23/2026	RM-03125	PROFESSIONAL REHABILITATION SERVICES INC	282.00	Client Services
10/23/2026	RM-03126	GIDDINGS AFC II	11,179.50	Speci
10/23/2026	RM-03127	WMU CENTER FOR DISABILITIES	1,610.05	Autism Provider
10/23/2026	RM-03128	AUTISM OF AMERICA LLC	198.00	Autism Provider
10/23/2026	RM-03129	MAPLECREST LLC	3,183.00	Lease-Sturgis
10/23/2026	RM-03130	GIDDINGS AFC HOME LLC	12,300.00	Specialized Residential
10/23/2026	RM-03131	LIFETREE BEHAVIORAL HEALTH LLC	68,178.45	Autism Provider
10/23/2026	RM-03132	WINDSWEPT THERAPEUTIC RIDING	140.00	CLS Provider
10/23/2026	RM-03133	MIRACLE'S LAWN SERVICE	540.00	Lawn Service
10/23/2026	RM-03134	ROSLUND, PRESTAGE & COMPANY, PC	5,050.00	Consulting

10/23/2026	RM-03135	RIPPLE EFFECTS AUTISM LEARNING CENTER	38,566.50	Autism Provider
10/23/2026	RM-03136	AUTISM SPECTRUM THERAPIES LLC	1,680.00	Autism Provider
10/23/2026	RM-03137	GAGAN S PC	12,322.00	Contract-Medical Director
10/23/2026	RM-03138	FOREST VIEW HOSPITAL	10,008.00	Inpatient Services
10/23/2026	RM-03139	FLATROCK MANOR	68,193.31	Specialized Residential
10/23/2026	RM-03140	HR ALLIANCE 1 INC	3,659.84	Fiscal Intermediary
10/23/2026	RM-03141	RESIDENTIAL OPPORTUNITIES INC	28,496.25	Specialized Residential
10/23/2026	RM-03142	COMMUNITY LIVING OPTIONS	27,482.60	Specialized Residential
10/23/2026	RM-03143	PLEASANT ACRES LLC	45,597.60	Specialized Residential
10/23/2026	RM-03144	THE MEADOWS	80,612.92	Specialized Residential
10/23/2026	RM-03145	FALCO CORPORATION	9,889.20	Specialized Residential
10/23/2026	RM-03146	WAYNE SIMMONS	25.00	Committee Member Per Dien
10/23/2026	RM-03147	PETER CHANG ENTERPRISES INC	13,010.73	EHR System
10/23/2026	RM-03148	ADAPT INC	280,477.20	Specialized Residential
10/23/2026	RM-03149	AGAPE AFC HOME	16,235.10	Specialized Residential
10/23/2026	RM-03150	GAIL LECOUNT	47.05	Committee Member Per Dien
10/23/2026	RM-03151	BEACON SPECIALIZED LIVING SERVICES INC	13,500.00	Specialized Residential
10/23/2026	RM-03152	ST JOSEPH COMMUNITY CO-OP INC	19,920.62	Specialized Residential
10/23/2026	RM-03153	STUART WILSON, CPA PC	17,975.46	Fiscal Intermediary
10/23/2026	RM-03154	Diekema Hamann Architecture, Inc.	6,426.00	Architecture
10/23/2026	RM-03155	BRONSON-ACADIA JOINT VENTURE LLC	41,080.00	Inpatient Services
10/23/2026	RM-03156	JENNIFER HENDRICKS	25.00	Committee Member Per Dien
10/23/2026	RM-03157	WINGS OF HOPE LLC	15,524.02	Autism Provider
10/23/2026	RM-03158	BLUE CARE NETWORK OF MICHIGAN	131,435.61	Employee Benefits
10/23/2026	RM-03159	RADIANT AFC	10,338.50	Specialized Residential
10/23/2026	RM-03160	WINGS OF HOPE - STURGIS	1,350.00	Autism Provider
10/23/2026	RM-03161	KINGDOM REST CENTER LLC	58,500.00	Specialized Residential
10/23/2026	RM-03162	MRC INDUSTRIES INC	1,834.55	CLS Provider
10/23/2026	RM-03163	GOD'S WILL AFC	21,900.00	Specialized Residential
10/23/2026	RM-03164	ISABELLA POWELL	25.00	Committee Member Per Dien
10/23/2026	RM-03165	TECHNOLOGY MANAGEMENT CONCEPTS	6,120.00	Subscription-IT
10/23/2026	065832	STATE OF MICHIGAN	6,000.00	Cash Transfer
10/23/2026	065833	HAVENWYCK HOSPITAL	71,029.00	Inpatient Services
10/23/2026	065834	COMMUNITY MENTAL HEALTH ASSOC OF MICHIGAN	15,561.00	Dues
10/23/2026	065835	SWICK BROADCASTING COMPANY	450.00	Marketing
10/23/2026	065836	STANLEY STEEMER GREAT LAKES INC	320.00	Janitorial
	Total Amount of Non-Void Checks/RMs		2,155,913.67	
10/1/2026	Electronic Debit	PAYCOR INC	9,677.44	Employee Payroll
10/1/2026	Electronic Debit	PAYCOR INC	3,911.07	Employee Payroll
10/2/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	96.29	Employee Benefits
10/5/2026	Electronic Debit	EMPOWER	1,488.00	Employee Benefits
10/5/2026	Electronic Debit	EMPOWER	1,240.26	Employee Benefits
10/6/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	44.00	Employee Benefits
10/7/2026	Electronic Debit	EMPOWER	24,874.55	Employee Benefits
10/7/2026	Electronic Debit	EMPOWER	19,361.61	Employee Benefits
10/7/2026	Electronic Debit	EMPOWER	10,615.16	Employee Benefits
10/7/2026	Electronic Debit	PAYCOR INC	3,248.12	Employee Payroll
10/8/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	57.85	Employee Benefits
10/8/2026	Electronic Debit	PAYCOR INC	217,337.06	Employee Payroll
10/8/2026	Electronic Debit	PAYCOR INC	71,278.37	Employee Payroll
10/8/2026	Electronic Debit	PAYCOR INC	1,329.97	Employee Payroll
10/8/2026	Electronic Debit	PAYCOR INC	515.41	Employee Payroll
10/9/2026	Electronic Debit	OPTUM BANK	8,468.98	Employee Benefits
10/13/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	31.80	Employee Benefits
10/14/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	35.00	Employee Benefits
10/15/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	38.00	Employee Benefits
10/20/2026	Electronic Debit	TRIZETTO PROV SO DIRECT PAY	939.92	ACH Fees
10/22/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	1,750.00	Employee Benefits
10/22/2026	Electronic Debit	PAYCOR INC	220,521.13	Employee Payroll
10/22/2026	Electronic Debit	PAYCOR INC	68,723.88	Employee Payroll
10/22/2026	Electronic Debit	EMPOWER	18,794.90	Employee Benefits
10/22/2026	Electronic Debit	EMPOWER	12,817.65	Employee Benefits
10/22/2026	Electronic Debit	EMPOWER	10,810.98	Employee Benefits
10/22/2026	Electronic Debit	PAYCOR INC	1,329.97	Employee Payroll

10/22/2026	Electronic Debit	PAYCOR INC	515.41	Employee Payroll
10/23/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	117.60	Employee Benefits
10/23/2026	Electronic Debit	OPTUM BANK	8,468.98	Employee Benefits
10/26/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	128.40	Employee Benefits
10/30/2026	Electronic Debit	CENTURY BANK ACH FEES	31.80	ACH Fees
	Total Amount of Electronic Debits		718,599.56	
	Total Disbursements		2,874,513.23	

Clinical Contracts

Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
Henry Ford Behavioral Health Hospital	J. Cupp	Inpatient	0100: $1018	Inpatient	10/1/26-9/30/27	
Trinity Health-Grand Rapids	J. Cupp	Inpatient	0100: $1310 0100:TG: $2199 0901: $1180	Inpatient	10/1/26-9/30/27	
Beacon: Bridge	J. Cupp	Specialized Residential	H2016: $300 T1020: $101.68	Specialized Residential	10/1/26-9/30/27	
Lakeland Hospital	J. Cupp	Inpatient	0100: $1268	Inpatient	10/1/26-9/30/27	
Michiana Behavioral Health Center	J. Cupp	Inpatient	0100: $1196	Inpatient	10/1/26-9/30/27	
Trinity Health Muskegon	J. Cupp	Inpatient	0100: $1203	Inpatient	10/1/26-9/30/27	
Havenwyck Hospital	J. Cupp	Inpatient	0100: $992	Inpatient	10/1/26-9/30/27	
Maple Heights Behavioral Heights	J. Cupp	Inpatient	0100: $1236 (10/1-12/31) 0100: $1248 (1/1-9/30)	Inpatient	10/1/26-9/30/27	
Bronson Behavioral Health	J. Cupp	Inpatient	0100: $1327 0912: $455 0100:TG: $2254 0901: $1236	Inpatient	10/1/26-9/30/27	
Healthsource Saginaw	J. Cupp	Inpatient	0100: $1114 (10/1-12/31) 0100: $1125 (1/1-9/30)	Inpatient	10/1/26-9/30/27	
Forestview Hospital	J. Cupp	Inpatient	0100: $1134 0912: $507	Inpatient	10/1/26-9/30/27	
Advisacare HealthCare Solutions, Inc	J. Cupp	Community Living, Overnight Health and Safety and Respite	H2015: $10.50 T1005: $9.75 T2027: $9.75	Community Living, Overnight Health and Safety and Respite	11/10/26-9/30/27	
McLaren Oakland	J. Cupp	Single Case	0100: $1300	Single Case for Hospitalization	9/10/26-9/18/26	

BOARD POLICY IV.01

AREA:	Governance		
POLICY TYPE:	Ends Statements	PAGE:	1 of 1
POLICY TITLE:	**ENDS FOR INDIVIDUALS SERVED (SP4 RESPONSE)**	EFFECTIVE: REVIEWED:	

MEGA END STATEMENT

Children, adults, and families in St. Joseph County will have access to quality behavioral health services that are trauma informed, person centered and results in improved quality of life.

Sub End Statements:

1. Individuals will have access to care
2. Individuals served will demonstrate improved functioning
3. Individuals served will demonstrate improved quality of life
4. Individuals will have access to a variety of effective treatment options

Pivotal offers a wide variety of services/treatment options for our clients at St. Joseph.

Evidence-based practices provided include, but are not limited to:

- Assertive Community Treatment (ACT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Dialectical Behavior Therapy – Adolescents (DBT-A) Cohort in process
- Eye Movement Desensitization and Reprocessing (EMDR)
- Infant Mental Health (IMH)
- Integrated Dual Disorder Treatment (IDDT)
- Motivational Interviewing (MI) for adults, children, and youth
- Motivational Enhancement Therapy (MET)
- Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Seeking Safety
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma Recovery and Empowerment Model (TREM)

Please see attached brochures for services provided.



SERVICES

WELLNESS, HOPE, RECOVERY

At Pivotal, we serve all ages with mild to moderate behavioral health concerns, not just those with severe or persistent needs, including individuals with private health insurance.

For those seeking wellness, hope, and recovery, please call 269-467-1000 and a member of our Access Team will be honored to assist you!

CRISIS AND ACCESS SERVICES

- **24/7 Crisis Care: 1-800-622-3967**

  24-hour, 7 days a week mental health crisis and emergency intervention services delivered by licensed and credentialed professionals.

- **24/7 Suicide & Prevention Lifeline: Dial or Text 988**
- **24/7 LGBTQ+ Trevor Lifeline: Text "START" to 678-678 or call 1-866-488-7386**

ADULT SERVICES

- **Assertive Community Treatment (ACT)**
- **Adult Peer Support**
- **Care Coordination**
- **Case Management**
- **Clubhouse (Affinity House) Psychosocial Rehabilitation**
- **Intensive Outpatient Program (IOP)**
- **Jail Diversion Services**
- **Medication Management**
- **Older Adult and OBRA Services**
- **Outpatient Therapy**
- **Primary Care Screenings**
- **Psychiatric Rehabilitation (CLS, Skill Building, Supported Employment)**
- **Psychiatric Services**
- **Recovery Coaching**
- **Respite Care**
- **Veteran's Services and Referrals**
- **Women's Specialty Services (WSS)**

CHILDREN SERVICES

- **Applied Behavior Analysis**
- **Children's Care Coordination**
- **Children's Case Management**
- **Children's Community Living Support**
- **Children's Respite Care**
- **Children's Wraparound Services**
- **Infant/Early Childhood Mental Health**
- **Outpatient Therapy**
- **Parent Support Partner**
- **Primary Care Screenings**
- **Psychiatric Rehabilitation (CLS, Skill Building, Supported Employment)**
- **Psychiatric Services**
- **Recovery Coaching**
- **Respite Care**
- **Youth Peer Support**
- **Youth Substance Use Disorder Prevention and Treatment Services**

SUBSTANCE USE DISORDER SERVICES

- **Assertive Community Treatment (ACT)**
- **Early Intervention Education**
- **Case Management**
- **Intensive Outpatient Program (IOP)**
- **Medication-Assisted Treatment (MAT)**
- **Prevention Services**
- **Outpatient Therapy**
- **Recovery Coaching**

RESIDENTIAL SERVICES

- **Adult Foster Care**
- **Specialized Residential**
- **Supportive Housing Program (SHP)**



RECOVERY IS POSSIBLE

LET US GUIDE YOU ON THE PATH

At Pivotal, we are committed to delivering Person-Centered Planning (PCP). We proudly work with you to develop a treatment and support plan that supports you on your journey to wellness and recovery. PCP is a protected right under the Michigan Mental Health Code.

YOUR WELLNESS MATTERS

LET US HELP YOU PRIORITIZE IT



Day-to-day stress and pressure can be intensified by the complexity of today's world resulting in depression, unusual behavior, or physical problems. When the support of family and friends just isn't enough, professional help can be the answer.

At Pivotal, we can help you find your strength through recovery and wellness. Our comprehensive programs offer a wide range of confidential services for children, teens, adults, and seniors.

CUSTOMER SERVICE

Customer Service is available to address concerns and assist in connecting you to other services and local resources. Please contact a Customer Service Representative toll free at 1-855-203-1730.

WELCOME TO PIVOTAL

At Pivotal, we 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.

Pivotal is proud to be St. Joseph County's premier Certified Community Behavioral Health Clinic (CCBHC). As a CCBHC, we provide an excellent system of care by focusing on wellness, hope, and recovery.

Main Office
677 E. Main Street
Centreville, MI 49032

Three Rivers Office
1020 Millard Street
Three Rivers, MI 49093

Sturgis Office
1555 E. Chicago Rd., Suite A
Sturgis, MI 49091

PivotalStJoe.org

Direct Phone: 269-467-1000
Customer Service: 1-855-203-1730
Crisis Line 24/7: 1-800-622-3967
Fax: 269-467-3075
TTY: Michigan Relay Service at 7-1-1
Life-threatening Emergency: 911
Suicide and Crisis Lifeline 24/7: 988

ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia con el idioma para usted. Lame al 1-855-203-1730 (TTY: 7-1-1)

We are accredited by Commission of Accreditation of Rehabilitation Facilities.

pivotal

Wellness • Hope • Recovery



TOGETHER WE HEAL, PROMOTING

Wellness, Hope, and Recovery in St. Joseph County

269-467-1000 • PivotalStJoe.org

BOARD POLICY VI.02

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	**GOVERNING STYLE**	EFFECTIVE: REVIEWED:	09/28/2022 11/24/2026

POLICY:

The board will govern lawfully with an emphasis on (a) outward vision rather than an internal preoccupation, (b) encouragement of diversity in viewpoints, (c) strategic leadership more than administrative detail, (d) clear distinction of board and chief executive roles, (e) collective rather than individual decisions, (f) future rather than past or present, and (g) proactivity rather than reactivity.

Accordingly:

1. The board will cultivate a sense of group responsibility. The board, not the staff, will be responsible for excellence in governing. The board will be the initiator of policy, not merely a reactor to staff initiatives. The board will not use the expertise of individual members to substitute for the judgment of the board, although the expertise of individual members may be used to enhance the understanding of the board as a body.

2. The board will direct, control and inspire the organization through the careful establishment of broad written policies reflecting the board's values and perspectives. The board's major policy focus will be on the intended long-term impacts outside the staff organization, not on the administrative or programmatic means of attaining those effects.

3. The board will enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuance of governance capability. Although the board can change its governance process policies at any time, it will observe those currently in force scrupulously.

4. Continual board development will include orientation of new board members in the board's governance process and periodic board discussion of process improvement.

5. The board will allow no officer, individual or committee of the board to hinder or be an

excuse for not fulfilling group obligations.

6. The board will monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.

mend

Quote **#20260506-160256730** Prepared May 6, 2026 · Valid through **December 31, 2026**

PREPARED FOR PIVOTAL

More access for patients. Less overhead for you.

We believe in what you're doing, and we believe we can make it more sustainable. We've loved our conversations so far. Here is what we propose.

Geoffrey Gibson
geoffrey.gibson@mend.com

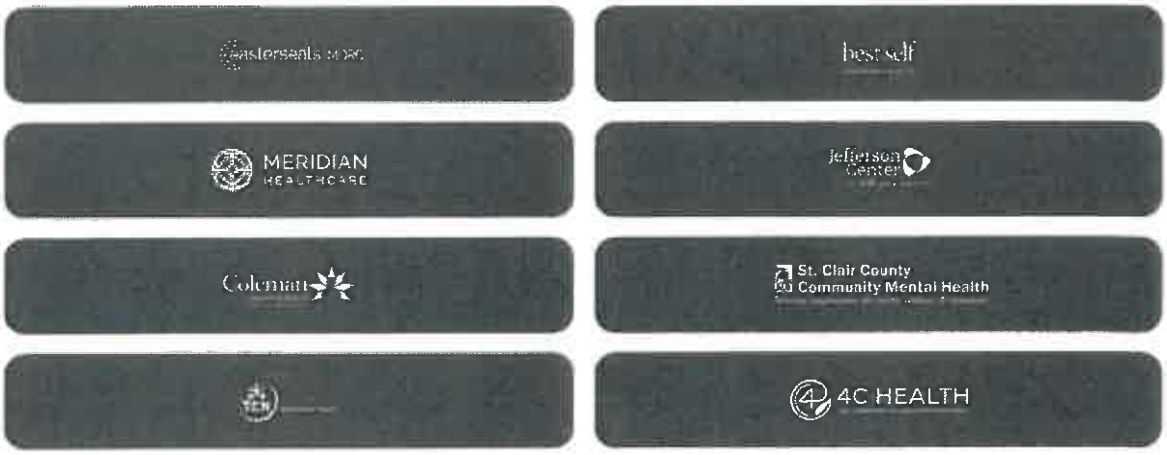
01 — WHO MEND IS

We make access to behavioral healthcare convenient for all.

Mend is Behavioral Health's AI-powered operations partner.

Most behavioral health organizations run on two systems: the EHR that documents care, and the improvised layer of phone calls, paper forms, and front-desk heroics that actually makes care happen. We replaced that second system.

Mend automates everything between scheduling and showing up, so your team can focus on care, not coordination. CCBHCs, CMHCs, and outpatient organizations across the country run on Mend:



40M+

Patient visits handled by Mend

7.4%

Average no-show rate (industry: 36%)

94%

Patient adoption (portal average: 47%)

91%

Form completion rate

02 — THE PROBLEMS WE SOLVE

It's not an EHR problem. It's an operations problem.

Three forces are squeezing community behavioral health at once. None of them are solved by customizing your EHR, buying another portal, or hiring more staff.

25–40%

No-show rates across community-based mental health orgs

Every empty chair is care not delivered and revenue not billed

$1 Trillion

Medicaid coverage reductions

Fewer covered patients means fewer billable visits. Every kept appointment matters more.

135,000 min

Intake administration, per year

An average CCBHC admits 3,000 new patients and spends 45 minutes of admin on each

What's been tried doesn't work. EHR customization is expensive, slow, and breaks with every update. Patient portals go unused: fewer than half of patients ever adopt them. Hiring more staff is costly and doesn't scale.

EHRs document. Mend engages. The gap between the two is where your revenue is leaking, and closing it is the entire reason Mend exists.

03 — THE MEND PLATFORM

Four products. One system. Built only for behavioral health.

Access fills your schedule. Engage makes sure patients arrive prepared and ready to pay. Coordinate acts on every risk the platform sees. And Signal is the engine that sees everything. It all works inside the EHR your team already uses. No new tabs. No switched screens.

Access

Recover open capacity. Fill schedules.

Patient self-scheduling on your website, smart waitlist management that fills gaps, and real-time backfill that keeps providers productive when the day changes.

1.2%

no-show rate on appointments booked through Access

Engage

Patients show up. And they're fully prepared.

Automates everything between scheduling and the visit: confirmations, digital check-in, consent forms, screeners, and copay collection. No portal. No app. No friction.

5.0%

no-show rate on confirmed appointments, past 24 months

Coordinate

Ask it anything. Then let it act.

Reads every signal across your organization, answers questions in plain language, then acts on your behalf: re-engaging at-risk patients and filling gaps before they cost you.

40M+

appointments and 160M patient interactions

Signal

Not a dashboard. The brain.

Ingests every scheduling, attendance, engagement, and outcome signal in your organization. Surfaces no-show risk, utilization pressure, and revenue gaps in real time, and powers Measurement-Based Care.

370,000

MBC screeners completed, past 24 months

Available add-ons: Telehealth, Same-Day Access, and Crisis Care.

04 — CUSTOMER PROOF

No-shows mean patients missing care and you missing revenue.

Here is what closing that gap looked like in the first month for an organization like yours:

Organizations like yours are already doing it.

easterseals MORC

First 30 days on Mend

More patients served	Reduction in no-shows	Revenue recovered
3,000+	**43%**	**$200k**
Without adding provider headcount	From 16% to 9% over 45,000 appointments	Scheduling became a competitive advantage

05 — THE PROPOSAL

Per-provider pricing. Platform intelligence included.

Your configuration, sized to your provider count. Implementation, EHR integration, and training are all accounted for below. No surprise fees later.

CORE PRODUCTS

Mend Engage 40% OFF

~~$61,920~~ **$37,152 / yr**

$1,548 per provider / yr × 40, less 40%

PLATFORM INTELLIGENCE

Mend Coordinate 40% OFF

~~$20,000~~ **$12,000 / yr**

List $20,000, less 40%

Mend Signal and Fusion INCLUDED

$0 / yr

Included with every deployment

INTEGRATION & LAUNCH

EHR Integration

$6,500 / yr

Implementation 50% OFF

~~$28,000~~ **$14,000 one-time**

Your partnership discount

$32,768 / yr	**$14,000**

Annual subscription

$55,652

All recurring products and integration

One-time fees

$14,000

Covers your guided launch, integration, and training

Year one total

$69,652

06 — WHAT HAPPENS NEXT

From proposal to provable results.

Align

1

We review this proposal together, tune the scope, and answer every question.

Agree

2

MSA, BAA, and Service Order follow for signature whenever you're ready.

Launch

3

Guided implementation: EHR integration, workflow configuration, and training.

Measure

4

We track no-show rate, adoption, and recovered revenue against your baseline, and review the results with you.

07 — ACCEPTANCE

Ready when you are.

Should you decide to move forward with a partnership, we kindly ask that you respond by the expiration date of this quote to initiate a discussion around next steps, your internal decision-making process, and anticipated timeline. Upon confirmation, we will draft a contract package that includes our Master Services Agreement, BAA, and Service Order.

Please note that the pricing above is based on our standard minimum term of three years. For organizations interested in a longer-term partnership of five years or more, we welcome the opportunity to discuss additional incentives that may be available.

This quote expires December 31, 2026. Questions? Reply to Geoffrey or book time directly.





Pivotal Conference Room
677 E Main Street
Centreville, MI 49032
5:00 PM

BOARD MEETINGS 2027

January 26, 2027

February 23, 2027

March 30, 2027

April 27, 2027

May 25, 2027

June 29, 2027

July – Board Retreat - TBD

August 31, 2027

September 28, 2027 – Public Hearing

October 26, 2027

November 30, 2027

December – No meeting

IF YOU ARE UNABLE TO ATTEND, PLEASE CONTACT THE BOARD OFFICE (269-467-1001 x395)



CORPORATE COMPLIANCE PROGRAM

FY 26-27

CORPORATE COMPLIANCE PROGRAM

I. INTRODUCTION

It is the responsibility of Pivotal to manage its Medicaid and CCBHC program in full compliance with all laws and regulations, including operating all services within the boundary of ethical integrity and legal practice. As such, it is the duty of each board member, director, employee, contractor, subcontractor or agent operating within the Pivotal provider network to always render services in an ethical and legal manner, and to immediately report any person (or entity) who knowingly presents (or causes to be presented) a false or fraudulent claim for payment, or who falsifies a record or statement in order to get a claim paid.

II. PURPOSE

Pivotal is committed to identifying and complying with local, state, and federal laws and regulations. The purpose of this Compliance Program is to outline the ways in which Pivotal employees and partners can ensure their provider network operates in compliance with applicable laws and regulations. We recognize that some areas of health care law, including certain statutes and regulations, may be contradictory or unclear. Pivotal will use reasoned review and seek assistance from regulatory authorities when appropriate and available. As guidance on these laws and regulations continues to unfold, Pivotal will respond in a manner that fosters legal and ethical compliance.

A. Context

Establishing the Pivotal *Compliance Program* is a response to federal requirements to ensure the agency operates its specialty behavioral healthcare network within the legal framework and intent of the law. In developing the enclosed *Compliance Program,* reference was made to the Office of Inspector General (OIG) and later new mandates under the Affordable Care Act of 2010 (P.L. 111-148 and P.L. 111-152), as an entity under direct federal contract, which operationalizes the provisions of the Deficit Reduction Act of 2005 (DRA).

Under the Affordable Care Act (ACA) section 6401(a)(7), providers and suppliers enrolled in federal healthcare programs are required to create and maintain compliance programs as a condition of their continued participation. The DRA requires any entity that has a direct federal contract and that annually receives or pays out more than $5.0 million in Medicaid/Medicare federal funds establish written policies that provide information about the Federal False Claims Act, the administrative remedies for false claims and statements, applicable state laws that provide civil or criminal penalties for making false claims and statements, the "whistleblower" protections afforded under such laws and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs. Entities shall establish these written policies for all employees (including management), and for any contractor or agent of the entity.

In short, under the ACA, compliance is now required of all healthcare providers and the DRA requires that employees and contracted providers be educated on fraud, waste, abuse, Federal False Claims Act and Whistleblower provisions.

Efforts to uncover fraudulent practices in the healthcare industry and to encourage public reporting of them were originally mandated in the 1996 Health Insurance Portability and Accountability Act (HIPAA). Following findings of fraud in several locations by the Office of the Inspector General (OIG), the components of a Corporate Compliance program acceptable to the Federal government were articulated in several OIG Advisories and subsequently promulgated into law under the aforementioned DRA and the ACA. The purposes and elements of regulatory compliance programs are similarly articulated in all advisories and form the basis of Pivotal's Compliance Program. These elements are:

- Designating a Chief Compliance Officer to oversee the Compliance Program
- Designating a Compliance Committee to assist the Chief Compliance Officer in managing the program
- Implementing written policies, procedures, and standards of conduct
- Conducting effective training and education
- Developing open lines of communication
- Enforcing standards through well-publicized disciplinary guidelines
- Conducting internal monitoring and auditing
- Conducting external monitoring and auditing of contracted providers post-payment
- Responding promptly to detected offenses and developing corrective action

B. Values

To facilitate continuous compliance with legal, ethical, and accreditation standards applicable to its activities, Pivotal hereby formally states its mission, vision, and values as a member of the health care community:

MISSION:
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:
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*

Pivotal's values reflect our concern for our Regional Partners, our provider network, our communities, and our commitment to clinical practices that follow high standards of legal, moral, and ethical integrity. These values serve as the foundation for our corporate business

decisions and relationships, as well as the guiding tenets of our Compliance Program. To achieve this end, Pivotal will take immediate steps to correct any violation of the Compliance Program, including reporting as appropriate, refunding overpayments, implementing indicated systemic changes, and taking any necessary disciplinary action.

C. Code of Ethics

It is in accordance with the following ethical principles that:

1. Ethical Principles

All Pivotal business shall be carried out using the following ethical principles:

a. *Honesty* – we will be truthful in all our endeavors, to be honest and forthright with one another and with our consumers, service providers, and community partners.
b. *Respect* – we will treat one another with dignity and fairness, appreciating the diversity within our community and the uniqueness of each individual. Staff will use language that communicates respect.
c. *Trust* – we will build confidence through teamwork and open, candid communication at all levels of the organization.
d. *Responsibility* – we will speak up and allow others to speak without fear of retribution and report concerns within the organization, including any violation of law, regulation, ethical standard, and Pivotal policy.
e. *Citizenship* – we will obey the laws of the land, work to make our community more productive, and act with pride and confidence as a representative of Pivotal.
f. *Competency* – we will have and maintain the required competencies and credentials for carrying out job responsibilities (for clinical staff, refer to policies 2.05 Credentialing and Re-credentialing of Individual Providers and the current MDHHS Behavioral Health Code Set, Charts and Provider Qualificatios).

2. The Pivotal employee ethical code of conduct has been established using the six principles noted above. Policy **10.08** on Code of Ethics and Exhibit A Employee Code of Ethics details the specific Pivotal code of ethics.

D. Reporting Violations

Employees are expected to report violations or suspected violations of this or any policy or the Code of Ethics to their supervisor, Chief Compliance Officer, Recipient Rights Officer or the Human Resources Director for investigation. Employees reporting violations, participating in hearings, investigations, legislative inquiries, or court actions are protected, and there is to be no retaliation or retribution against the employee. If the individual also believes the alleged unethical conduct violates state or federal law, he or she should report this immediately to the Chief Compliance Officer, but may file a complaint with the proper authorities (i.e., law enforcement, Recipient Rights, MDDHS, violator's certifying professional board/organization, etc.) See **10.09** Ethics Complaint policy. Suspected violations may be reported to Pivotal's Chief Compliance Officer via email, phone, in person, or anonymously via the black boxes in each

office. They may also be reported directly to SWMBH Compliance at 800-783-0914 (swmbhcompliance@swmbh.org), or OIG (800) HHS-TIPS [(800) 447-8477].

Pivotal and other CCBHCs who receive Medicaid and/or other public funding are required to adhere to Program Integrity policies, procedures and processes that are designed to detect, report, and prevent fraud, waste, and abuse activities as detailed in 42 CFR 422.503; 42 CFR Part 455; the Michigan Medicaid False Claim Act (400.601 et.al.); the 60 MDHHS/Health Services Version 3.1 April 2026 Michigan Penal Code, Section 752.1003; the Michigan Whistleblowers' Protection Act; and provisions of the Social Security Act. For persons served who are receiving CCBHC services only, the CCBHC is required to promptly report potential fraud, directly to the MDHHS Office of Inspector General. Referrals of potential fraud to MDHHS OIG should not be shared with the provider(s) in question. Allegations of fraud can be reported at 855-MI-FRAUD or in writing to: MDHHS Office of Inspector General P.O. Box 30062 Lansing, MI 48909 Or report online: Report Medicaid Fraud and Abuse Instances of identified overpayments linked to waste or abuse should have claims with MDHHS voided and/or adjusted accordingly. Pivotal will follow internal processes to pursue applicable actions with the provider, including but not limited to, recovery, corrective action plans, and/or education. For persons served receiving services through both a CCBHC and a PIHP, Program Integrity/OIG reporting responsibilities will follow the service. For example, if a provider identifies a suspicion of fraud (with an overpayment over $5,000) where the service was billed to/paid by the PIHP, the PIHP is responsible for presenting the case to OIG/Medicaid Fraud Control Unit (MFCU). If the service was provided by the CCBHC, then the CCBHC is responsible for reporting as described above. For purposes of PIHP OIG quarterly reporting, only services provided by the PIHP should be included on the quarterly report.

III. AGENCY RESPONSE TO A REPORT OF SUSPECTED VIOLATION

A. All reports of suspected ethics violations will be investigated. The type of violation will determine the procedures for the suspected violation. Recipient Rights issues will be investigated by the Office of Recipient Rights (as per Recipient Rights policies and/or procedures in sections 24, 25 & 26). Regulatory Management (i.e., Medicaid Fraud and Abuse) issues will be investigated by the Chief Compliance Officer (as Corporate Compliance policies and procedures in section 10). The Chief Compliance Officer will also investigate any Code of Conduct violations. If any reports of suspected ethical violations are brought against the Chief Compliance Officer the investigation shall be handled by the Pivotal Compliance Committee minus the Chief Compliance Officer, or the PIHP; currently Southwest Michigan Behavioral Health.

B. At a minimum, such an investigation will involve a review of written documentation and supervisory interviews with the complainant, alleged violator, and witness. The investigation and report will be completed according to the guidelines with the applicable Recipient Rights or Corporate Compliance policies and procedures. When no timelines are established, the investigation and report will be completed within 30 calendar days of the reported violation.

C. If the investigation finds that an ethics violation did occur, the agency may report such a violation to the violator's certifying professional board or organization. Such a report will

be made if the employee's misconduct is considered severe or if there is a pattern of repeated violations.

D. The agency will, within the limits of state and federal law, cooperate with any investigation that may be conducted by the police, other local, state, or federal agency, certifying board, or organization.

E. Compliance in all areas of business is a subject we take seriously. We encourage open communication with our employees and suggest to them: "When in doubt, ask". Whenever they have a question or concern, are unsure about what the appropriate course of action is, or believe that a violation of the law has occurred, ask your immediate supervisor or any member of management with whom you feel comfortable.

F. This Compliance Program applies to all Pivotal employees, directors, and officers, including the Chief Executive Officer, and also all provider organizations. It is the intent that every person working for or within the Pivotal provider network and its specialty healthcare system be aware of this Compliance Program and abide by it.

IV. FOUNDATION AND LEGAL BASIS FOR PROGRAM

A. Legal Foundation

The Pivotal Corporate Compliance Program is founded on a) the ethical principles that are the basis of corporate culture, b) a body of laws that defines actions that constitute criminal behavior and establish civil and criminal penalties, and c) regulations that implement Federal and State law and prescribe financial sanctions, and/or civil and criminal penalties for violation.

- The **Affordable Care Act** (2010). This Act requires Pivotal to have a written and operable Compliance Program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse internally and across its provider network. All programs funded by Pivotal, including sub-contract provider organizations, practitioners, board members, and others involved in rendering Medicaid program services, fall under the purview and scope of the Pivotal's compliance program.

- The **Federal False Claims Act** (1863; 1986). This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal Government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; Conspires with other to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government (or its designated entity). The Act also permits individuals to bring action against parties that have defrauded the government and provides for an award of ½ the amount recovered. The Act provides protection from recrimination against those who report, testify, or assist in the investigation of alleged violations, and it provides a broad definition of 'knowingly' billing Medicaid or Medicare for services that were not provided, were not provided according to requirements for receiving payment, or were unnecessary.

- The **Michigan False Claims Act** (Act 72 of 1977). An ACT to prohibit fraud in the obtaining of benefits or payments in conjunction with the Medicare/Medicaid assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the attorney general of the state of Michigan to investigate alleged violations of this Act.

- The **Anti-Kickback Statute** prohibits the offer, solicitation, payment or receipt of remuneration , in cash or in kind, in return for or to induce a referral for any service paid for or supported by the federal government or for any good or service paid for in connection with consumer service delivery.

- The **Stark Laws (Self-Referral Prohibitions)** prohibit referral by physicians to entities in which the physician or immediate family has a financial interest.

- **HIPAA (1996)** expands the definition of 'knowing and willful conduct' to include instances of 'deliberate ignorance' such as failure to understand and correctly apply billing codes.

B. Federal and State Regulations

There are numerous federal and state regulations that impact the Compliance Program. Some of these laws not referenced above include but are not limited to:

- Regulations implementing the **Balanced Budget Act of 1997** with respect to the Management of Medicaid Managed Care Programs, especially the federal **Code of Regulations** 42 CFR § 438
- **Social Security Act**, specifically 1903(m)(95)(i)
- **Civil False Claims Act of 1863** (Amended 1986)
- **Michigan False Claims Act** (Act 72 of 1977)
- **Whistleblowers Protection Act** of 1980
- **Sarbanes – Oxley Act** of 2002
- **Civil Monetary Penalties Law** of 1981
- **HITECH Act** of 2009
- **Healthcare Fraud and Abuse Commission Act** of 1993
- **Michigan Medical Records Access Act,** Public Act 47 of 2004
- **Rehabilitation Act** of 1973
- **Americans with Disabilities Act** of 1990
- **HHS-OIG Advisories** issued by the HHS Office of the Office of Inspector General (OIG) for the conduct of Fraud and Abuse Compliance Programs
- **Guidelines for Addressing Medicaid Fraud and Abuse in Managed Care,** issued by the Department of Health and Human Services
- **Michigan Mental Health Code (1974;1996)**
- **MDHHS Mental Health Administrative Rules**, as promulgated by the State of Michigan

V. COMPLIANCE PROGRAM PURPOSE

A. Pivotal *Compliance Program* is designed to provide safeguards to ensure both the agency and the provider network compliance with laws and regulations relating to fraud and abuse, as well as to

prevent members of management, employees, contractors, subcontractors and agents from (i) using their positions for purposes that are, or giving the appearance of being, motivated by a desire for private financial gain or themselves or others such as those whom they have family, business or other ties; and (ii) from violating their duty to the agency from disclosing confidential information.

B. In this context, the overall purpose of the Corporate Compliance Program is:
   1. To prevent noncompliance with applicable laws, whether accidental or intentional
   2. To detect any noncompliance initiative(s) which may occur
   3. To ensure the discipline of individuals and entities when involved in non-compliance, including the institution of formal sanctions and/or disbarment when warranted
   4. To prevent the recurrence of noncompliance

VI. PROGRAM SCOPE

A. The scope of the *Compliance Program* extends to all activities funded by the agency. Compliance is a job duty for all employees. Each employee, provider, contractor, subcontractor, and/or agent operating with the provider network is expected, through its direct employment by the agency or contractual involvement in the provider network, to initiate corporate compliance activities.

B. Pursuant to OIG advisories, all health care entities (regardless of size) are subject to the laws and regulations that form the focus of compliance programs. There is an explicit division of responsibilities to ensure that activities carried out are comprehensive, but not duplicative, and that the risk assumed by Pivotal is appropriately managed.

C. At the provider-level, each health care entity is required to have internal compliance processes and safeguards that ensure compliance with all of Pivotal's compliance program, including all policies, processes, and staff training requirements. All organizational provider compliance practices and processes must be integrated into the Pivotal program for compliance reporting, monitoring and correction purposes.

D. Compliance Responsibilities

1. Chief Compliance Officer

   Pivotal shall directly employ a **Chief Compliance Officer**. The Chief Compliance Officer shall have direct access to the Board and its Executive Director.

   The **Chief Compliance Officer** shall oversee and coordinate all compliance activities for the agency and its provider network, including:

   - Serve as the primary point of contact for all corporate compliance activities and issues for the provider network
   - Overseeing and monitoring the implementation of the Compliance Program
   - Establishing methods, such as periodic audits, to improve the efficiency and quality of services, and to reduce the vulnerability to fraud and abuse

- Periodically revising the *Compliance Program* in light of changes in the needs of the agency, or changes in the law and in the standards and procedures of public sector payor health plans
- Ensuring the development of a *Compliance Plan* for the Pivotal and annually reviewing it for updates as needed.
- Developing necessary compliance program *Policies and Procedures* for the agency.
- Developing, coordinating, and participating in a compliance program Training Program that focuses on the components of the compliance and risk management program; seek to ensure that training materials are appropriate and that training is aligned with the OIG initiative to be Ongoing, Innovative, and Effective.
- Ensuring that all current and new employees are informed of their compliance duties and are screened against the OIG's list of Excluded Individuals and Entities, Michigan's OIG list of Excluded Individuals, and the System for Awards Management (SAM's) List of Parties Debarred from Federal Programs
- Investigating any report or allegation concerning possible unethical behavior or improper business practices, and monitoring subsequent corrective action and/or compliance

2. Compliance Committee

   The **Compliance Committee** will advise the Chief Compliance Officer and assist in the implementation of the Compliance Program, including:

   - Identifying areas of risk
   - Monitoring audits and investigations, and Privacy/Security breaches
   - Developing Policies and Procedures
   - Implementing the Compliance Program
   - Developing Compliance Strategies
   - Reviewing resources devoted to compliance to ensure adequacy for maintaining the Compliance Program's overall effectiveness

   The Chief Compliance Officer shall ensure the Compliance Committee meets at least quarterly, or more frequently if necessary, to review and resolve compliance issues and advise regarding its compliance program.

3. The Chief Compliance Officer at Pivotal may also have other duties or job titles in addition to Chief Compliance Officer. In these instances, any investigations into the Chief Compliance Officer's other job functions shall be handled by either 1) the Corporate Compliance Committee at Pivotal or 2) the local PIHP; currently, Southwest Michigan Behavioral Health. This is done to ensure proper firewalls and safeguards remain in place and to minimize any potential conflict of interest.

4. Compliance Plan

Corporate Compliance is a functional program. As such, the Chief Compliance Officer is charged with developing, reviewing the plan annually, and revising the Compliance Plan as needed. This including specific outcome goals and compliance improvement/assessment activities to be undertaken either by the Chief Compliance Officer, Compliance Committee, or providers. The Compliance Committee shall have involvement in the devleopement of the compliance plan as well. The Compliance Plan is ultimately finalized and approved by the Board.

5. Compliance Program versus Contract Compliance

It must be noted that while the methods used to prevent, detect, and remediate corporate compliance issues are similar to the methods used to promote Contract Compliance and/or Quality Improvement, there are significant differences between Contract Compliance, Quality Improvement, and Corporate Compliance. These differences may be summarized as follows:

- Corporate Compliance deals with the prevention, detection, and disposition of violations of law or regulations that have the force of law. Consequently, contract compliance issues between Pivotal and its PIHP, Pivotal and MDHHS or between Pivotal and its contracted providers, are corporate compliance issues only when the statute or regulation is specifically the issue.
- Corporate Compliance issues may involve civil or criminal penalties as provided for within specific laws. These penalties are frequently applied to individual employees and may involve substantial financial penalties and/or prison sentences. Quality Improvement issues, on the other hand, generally involve negotiated improvement activities or, ultimately, contract-specific financial penalties to the organization or termination of the contract itself.

VII. PROGRAM FUNCTIONS

The functions of the Compliance Program shall operate on the basis of the **seven (7)** fundamental elements of an effective compliance program identified by the OIG. This includes ongoing activities in the following areas.

A. Assessment of Risk and Establishing Audit Priorities

The Chief Compliance Officer is responsible for ensuring that practices within the agency and its contracted Medicaid service providers are conducted in a manner that understands and minimizes the risk of fraud and abuse. The Chief Compliance Officer begins this activity by identifying areas within the agency and provider networks that pose potential legal exposure. This function involves an ongoing assessment of both existing and planned activities to identify potential risks and their levels. Many areas of risk begin as failures to perform under existing contracts adequately, or policies and procedures; however, if not stopped or when combined

with other undesirable practices, they may be considered fraud. Significant areas of potential risk for Pivotal include an assessment of the following:

- Written policies and procedures and their claims submission practices. In particular, the Chief Compliance Officer should pay close attention to contracting issues, including the potential that subcontractors have inadequate or falsified provider credentials, have falsified solvency requirements, engage in bid rigging or collusion among providers, or violate standards related to conflicts of interest or principal-agent requirements. Pivotal is also at risk of having a service array that has inadequate capacity to provide the scope, intensity, and duration of services required by Medicaid regulations, or of paying for services at rates that have inadequate economic justification.

- Inappropriate Utilization issues. When practices result in a pattern of denying eligible persons necessary services on a timely basis, it may be considered Medicaid waste or abuse. Examples include delay in providing services, defining 'appropriate care' in a manner not consistent with standards of care, inappropriate Utilization Review Guidelines, inhibiting the appeal process for beneficiaries, an ineffective grievance process, unreasonable prior authorization standards, provider incentives to limit care, and routine denial of claims. If such issues arise, investigations into inappropriate utilization issues shall be handled by Pivotal's Compliance Committee or the regional PIHP compliance team.

- Claims Submission and Billing Procedures. Examples include up-coding or inflating claims, double-billing, billing for ineligible consumers or for services not rendered, and billing for unnecessary services.

- Artificial Intelligience (AI). Examples include new system upgrades that automate clericail work work releasing records, or compliance software for audit and monitoring that still require human oversight or staff using non-HIPAA compliant AI tools to generate notes.

- Failure to meet other requirements of Federal or State law and regulations, including the Balanced Budget Act, and HIPAA.

Although embezzlement and theft are clear violations of the law, they are generally not within the scope of the compliance program unless one of the risk areas defined above is the mechanism for carrying out the embezzlement/theft.

Both the Chief Compliance Officer and Compliance Committee will assess the effectiveness of the *Compliance Program* to identify areas of risk and, if necessary, identify measures to address them.

Functional Responsibilities will include conducting an annual risk assessment across the agency under the direction of the Chief Compliance Officer.

B. Monitoring Audits and Investigations

The Compliance Office, with input and review from the Compliance Committee, monitors the results of both internal and external audits to identify potential risk areas and recommends and

implements appropriate follow-up actions, incorporating these activities into its annual Compliance Plan.

- Internal Audit Reports to be reviewed by the Chief Compliance Officer and/or Compliance Committee include but are not limited to: Risk Assessment Audit (Annual); Utilization Review (UR) reports (i.e. case-record reviews); Service Authorizatoin Logs (SAL) (i.e. proper code usage); Compliant Management System Reports (Quarterly/Annual); ORR system reports; IT Compliance Reports (i.e. HIPAA security assessments; ISCATs, etc); Critical Incident Report including Sentinel Events; QM Reports; Claims Review (CR) reports; Credentialing/Profiling (Suspension/Revocation) reports; HR system performance issue reports, and other risk management monitoring functions identified by the Compliance Committee.

- External Reports may include, but not be limited to: MDHHS Audit Reports; Accreditation Body Report; PIHP monitoring reports of Pivotal, etc.

Additionally, the Compliance Committee should review the outcomes of any compliance investigations and, if necessary, make recommendations for future detection and prevention.

C. Policy and Procedure Review, Revision, and Development

Pivotal shall be the responsible entity to develop corporate compliance policies, processes, protocols, and forms to be used across the provider network to ensure adherence to this Compliance Program.

Policies and procedures are subject to the provider network's initial and ongoing organizational assessment and are thus considered high-risk areas.

D. Prevention Activities (Training Staff and Dissemination of Information Regarding Corporate Compliance Program and Expectations)

The Chief Compliance Officer conducts initial orientation and annual compliance training.

The Chief Compliance Officer organizes ongoing training sessions to ensure all employees receive the necessary Corporate Compliance training. Gaps and issues are communicated to the Chief Compliance Officer for follow-up. Each new employee shall be afforded the required training and, if requested, provided with written information; otherwise, digital information, and discussion as part of the new employee orientation. Annual compliance training will be conducted inmass at All Staff meetings. Staff who miss this training will be required to complete their annual training online.

The Compliance Program is a value-based, ethics-oriented program. Consequently, training and orientation programs focus not only on the content of law and regulation but on conducting business in a manner that results in doing what is right for consumers and the community.

E. Ensuring that Information regarding Current Law and Regulations is disseminated

The Chief Compliance Officer, with the assistance of the Compliance Committee and other experts, is responsible for reviewing all new compliance-related laws, regulations, and official interpretations issued by State and Federal agencies for the network. The Chief Compliance Officer shall take the lead in disseminating any new regulatory laws, rules, and guidelines to the internal staff and Pivotal's provider network.

Regulatory review shall be conducted through regular monitoring of websites such as those of the Centers for Medicare & Medicaid Services, the Office of the Inspector General, and the Michigan Department of Health and Human Services, and through Policy Alerts to employees and to the Executive Director and/or Chief Compliance Officer. PIHP Compliance relevant alerts are also issued as necessary.

VIII. APPROVAL

As per the board, the Corporate Compliance Program was subsequently reviewed and approved at a regular meeting on April 30th, 2026.

Directors Report November 2026

Administrative

- CARF survey happened Monday through Wednesday
- Met with DH for the Med Clinic Planning
- Met with the Executive Coach
- Attended Sturgis Area Chamber of Commerce Executive Board Meeting
- Attended OAC
- Attended HSC
- Attended Mend Overview Meeting
- Reviewed Security Upgrades – Meetings still ongoing for pricing and options
- COAD meeting
- CETA demo for MI Clinics
- SWMBH Board meeting

Clinical

- **CARF**
  - Out of the 1,794 standards we were reviewed against, we had a 98% compliance rate.
  - **Organizational Strengths**
    - The leadership team demonstrates cohesive collaboration, open communication, and accessible support across direct service and administrative departments.
    - The Chief Executive Officer provides hands on, transparent leadership by remaining actively engaged with daily operations, board members, staff, and consumers.
    - The agency has successfully embraced the lean management framework into its daily culture, keeping employees informed and aligned with organizational targets.
    - External funders and referral partners express high confidence in the agency, highlighting staff responsiveness, compassion, and high service quality.
    - The workforce exhibits remarkable stability and longevity, allowing the organization to preserve institutional knowledge and maintain steady continuity of care.
    - Staff describe an inclusive culture where input is welcomed, suggestions are acted upon, and employees share authentic ownership of quality improvements.
    - The agency offers an extensive continuum of care with wraparound supports that effectively serve individuals presenting with complex, multifaceted needs.
    - The Clubhouse model earned special praise for meaningful member empowerment, particularly through member operated banking and

essential business tasks such as billing, census reporting, and clerical work.
        - Consumers consistently reported feeling treated like family and valued partners rather than patients, expressing deep appreciation for both staff and executive leadership.
        - Members are actively encouraged to step into advocacy roles, help lead orientations, participate on internal committees, and have an authentic voice in service decisions.
    - A few easily fixed recommendations, but we will wait until we get the official report back prior to working on the QIP plan.

Human Resources

Open Positions:

- Outpatient Therapist
- Access Care Manager II
- Youth Peer Support (New Position)
- MI/DD Case Manager (New Position)

Pending:

Transfers:

- Centralized Care Coordinator (New Position) James Alderson – (TBD)
- Jessica Quintera – WSS Coordinator (TBD)

Resignations:

- **N/A**