



Detroit Wayne Integrated Health Network

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**Finance Committee Meeting
Wednesday, May 5, 2021
Virtual Conference (Zoom)
1:00 p.m.
AGENDA**

- I. Call to Order
- II. Roll Call
- III. Committee Member Remarks
- IV. Approval of Agenda
- V. Follow-Up Items
- VI. Approval of Minutes – April 7, 2021
- VII. Presentation of the FY20 Financial Statement, Single Audit and Compliance Examination Reports (Plante Moran Staff)
- VIII. Presentation of the Monthly Finance Report
- IX. 2021 Finance/IT Pillar Report
- X. Unfinished Business:
Staff Recommendations:
 - a. BA# 20-54 (Revision 3) - HEDIS/NCQA Professional Consultant Service (Joseph J. Barr)
 - b. BA# 20-59 (Revision 2) - Peter Chang Enterprises (PCE)
 - c. BA# 21-25 (Revision 3) - DWIHN FY 2020-2021 Operating Budget
- XI. New Business:
Staff Recommendations: None

Board of Directors

William T. Riley, III, Chairperson
Dorothy Burrell
Kevin McNamara

Angelo Glenn, Vice Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
Kenya Ruth

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch



XII. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time for no more than two minutes. (The Board Liaison will notify the Chair when the time limit has been met.) Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XI. Adjournment

FINANCE COMMITTEE

MINUTES

APRIL 7, 2021

1:00 P.M.

**VIRTUAL
CONFERENCE(BLUEJEANS)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair called the meeting to order at 1:09 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair – Finance Committee
NOTE TAKER	Nicole Smith, Management Assistant
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Mr. Angelo Glenn Ms. Dorothy Burrell Commissioner Jonathan C. Kinloch</p> <p>Committee Members Excused:</p> <p>Board Members Present: Chief William T. Riley, III, Chairperson</p> <p>Board Members Excused: None</p> <p>Staff: E. Doeh, Interim CEO/COO; S. Durant, CFO; B. Blackwell, Chief of Staff; Yolanda Turner, Deputy Chief Legal Counsel; Ebony Reynolds, Clinical Officer; Judy Davis, Interim Director of SUD; Jean Mira, Procurement Administrator; Steve Zawisa, Fiscal Informatics & Analytics Administrator</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.
III. Committee Member Remarks	The Chair, Ms. Brown, called for any Committee remarks. There were no remarks from committee members.
IV. Approval of Agenda	The Chair, Ms. Brown called for any amendments to the agenda. There were no changes requested to the agenda. The Chair called for a motion. Motion: It was moved by Mr. Glenn and supported by Mr. McNamara approval of the agenda. Motion carried.
V. Follow-up Items:	A. Provide a report that shows financial impact of transitioning to code 2015. Report should have its own section on financial report. CFO Durant noted the report will only cover 30 days of billings. It was also noted the report should be given on a monthly basis. April 7,

2021 meeting (S. Durant) The CFO deferred this item and reported during the presentation of the Monthly Finance Report.

B. Quarterly Procurement Report- Provide on a quarterly basis the percentage of total purchases that come to the Board for approval compared to those that do not need Board approval. April 7, 2021 meeting (J. Mira)

Staff J. Mira, Procurement Administrator presented the 1st Quarter Procurement Report during the reporting of the follow-up item. The report and transmittal letter were provided to the Finance Committee meeting and is included in the agenda packet for informational purposes. Noteworthy information includes purchasing percentages, which include the Committee request for percentages of total purchases: Contract Percentage for Wayne County is 24.94% and Out of County is 75.06%; Funding Percentage w/o IT for Wayne County is 34.97% and Out of County is 65.03%; Overall purchases for Under 50K & Cooperative Purchases is 0.89% and all other purchases is 99.11%.

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, March 3, 2021. **Motion:** It was moved by Mr. Glenn and supported by Ms. Burrell approval of the Finance Committee minutes from the meeting of Wednesday, March 3, 2021. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. A written report for five months ending February 28, 2021 was provided for the record. Authority Finance accomplishments and noteworthy items were as follows:

1. Last month a revised board action for the FY21 budget was presented and approved for \$43 million. CFO has since learned that approximately \$11 million of the \$43 million related to the first quarter FY21 DCW was for hazard pay. Therefore, \$32 million would be reported in reserves opposed to \$43 million. Discussion ensued. The committee requested a board action be presented at the Full Board meeting noting the changes.

2. DWIHN has concluded its audit for the fiscal year ended September 30, 2020. DWIHN has no reported findings. The following is a financial summary:

-DWIHN has no Medicaid ISF

-Received \$22.2 million in DCW revenue and passed through \$17.6 million to providers. Total lapsed amount \$4.7 million. CFO has allotted \$250,000 as a contingency for claims lag etc.;

-HMP Medicaid savings of \$21.7 million; per contract the savings is the first spent in FY21;

-PA2 balance of \$4,619,781; there was an increase of \$1,317,855 compared to prior year balance;

-General Fund FY20 carryover of \$5,433,928; 5% cap is \$1,747,173 however waiver assumed; \$3,686,755 in additional carryover; DWIHN awaiting approval for further action;

-Unspent SUD Treatment block grant totaled \$3.6 million; total allocation was \$11.8 million and expenses totaled \$8.2 million;

-Administrative costs increased by \$2 million as compared to prior year however \$7.2 million less than pre- Systems Transformation.

A summary of FY19 and FY20 comparison of revenues and expenses for DCW and HRA was presented and was noted in the month report.

Cash and Investments – comprise of funds held by three (3) investment managers, First Independence CDARS, Comerica, and Flagstar accounts. In addition, MDHHS remitted the

January and February DCW hazard pay totaling approximately \$8 million. There is a corresponding increase in Accounts payable to reflect the payments not yet made to providers.

Due from other governments/ Accounts Receivable – comprise various local, state and federal amounts due to DWIHN primarily related to PBIC for \$4.7 million and \$5.0 million due from MDHHS for 2 months of HRA revenue, respectively.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims paid through January 2021, including COVID-19 impact, was approximately \$275.2 million however actual payments were approximately \$236.7 million. The difference represents claims incurred but not reported of \$38.5 million.

Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$4.6 million for DCW overpayment at 9/30/20.

Federal revenue/grant program expenses – variance due to timing of incurred expenses related to SUD, PASSAR and HUD grants.

State revenue and contracts - \$8 million of the \$32 million budget verse actual variance due to receipt of January and February DCW hazard pay not currently included in budget. The remaining \$24 million relates to the additional revenue in reserve account.

Local grants and contracts – variance due to PA2 revenue. DWIHN does not receive 1st quarter PA2 however budget is based on 25% of total budgeted amounts.

Autism, SUD, Adult, and Children services – \$18 million variance due to impact of COVID on certain lines of business and timing in services.

The Chair, Ms. Brown called for a motion on the Monthly Finance Report. **Motion:** It was moved by Mr. McNamara and supported by Ms. Burrell to accept the Monthly Finance Report. There was no further discussion. **Motion carried.**

VIII. 1st Quarter Procurement Report & Transmittal Letter

The Chair, Ms. Brown called for a motion to accept and file the previously presented 1st Quarter Procurement Report. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to accept and file the 1st Quarter Procurement Report. **Motion carried**

IX. 2021 Workforce Pillar Report

E. Reynolds, Clinical Officer presented the 2021 Workforce Pillar report to the Committee, on behalf of M. Moody Chief Clinical Officer. A data report was presented and provided for the record. Workforce is one of two pillars governed by the Finance Committee. As of the presentation date, the Workforce Pillar is at 60% completion of the 12 identified goals.

The Chair, Ms. Brown called for a motion to accept the 2021 Workforce Pillar Report. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to accept the 2021 Workforce Pillar Report. **Motion carried.**

X. Unfinished Business – Staff Recommendations:

a. **Board Action #20-32 (Revised): Scripps Media.** Staff request approval to increase the initial \$210,000 allocation to \$227,965, an increase of \$17,965 for the year ended September 30, 2020. Due to additional services requested during the fiscal year, an outstanding amount of \$17,965 remains unpaid to Scripps. There is available FY20 SUD block grant funding to cover the additional costs. The board action was presented by staff J. Davis, Interim Director of SUD. The Chair, Ms. Brown called for a motion on Board Action #20-32 (Revised).

Motion. It was moved by Mr. Glenn and supported by Mr. McNamara approval of Board Action #20-32 (Revised). **Motion carried.**

XI. New Business – Staff Recommendations:

a. **Board Action #21-59: Public Affairs Associates** – Staff requests board approval for a three-year contract of the lobbyist services of Public Affairs Associates (PAA) from October 1, 2020 - September 30, 2023 with a one year option to renew for a total contracted amount of \$144,000 (\$48,000/yr). PAA would continue to work in conjunction with DWIHN staff and board members for government and legislative services. The Board Action was presented by staff B. Blackwell, Chief of Staff. Discussion ensued regarding the terms of the contract. The Committee requested legal advice from Y. Turner, Chief Legal Counsel. The Committee recommended accepting the Board Action with an amendment to the contract terms for one year. The Chair Ms. Brown called for a motion on Board Action #21-59 as amended. **Motion.** It was moved by Mr. McNamara and supported by Mr. Glenn approval of Board Action #21-59 with amendment. **Motion carried.**

XII. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public to address the committee.

XIII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. McNamara and supported by Mr. Glenn to adjourn the meeting. **Motion carried.**

The meeting adjourned at 3:09 p.m.

**FOLLOW-UP
ITEMS**

March 22, 2021

To the Board of Directors
Detroit Wayne Integrated Health Network

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and have issued our report thereon dated March 22, 2021. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated October 5, 2020, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities. Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free of material misstatement.

As part of our audit, we considered the internal control of DWIHN. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Our audit of Detroit Wayne Integrated Health Network's financial statements has also been conducted in accordance with *Government Auditing Standards*, issued by the Comptroller General of the United States. Under *Government Auditing Standards*, we are obligated to communicate certain matters that come to our attention related to our audit to those responsible for the governance of DWIHN, including compliance with certain provisions of laws, regulations, contracts, and grant agreements; certain instances of error or fraud; illegal acts applicable to government agencies; and significant deficiencies in internal control that we identify during our audit. Toward this end, we issued a separate letter dated March 22, 2021 regarding our consideration of DWIHN's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our meeting about planning matters on January 22, 2021.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by DWIHN are described in Note 2 to the financial statements.

No new accounting policies were adopted, and the application of existing policies was not changed during the year ended September 30, 2020.

We noted no transactions entered into by DWIHN during the year for which there is a lack of authoritative guidance or consensus.

We noted no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive estimate affecting the financial statements was management's estimate of the unearned revenue, which is based on the cost settlement with the State at year end. We evaluated the key factors and assumptions used to develop this estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For the purpose of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report.

We are pleased to report that no such disagreements arose during the course of our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We did not detect any misstatements as a result of audit procedures.

Significant Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting DWIHN, and business plans and strategies that may affect the risks of material misstatement, with management each year prior to our retention as DWIHN's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition of our retention.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 22, 2021.

To the Board of Directors
Detroit Wayne Integrated Health Network

March 22, 2021

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a second opinion on certain situations. If a consultation involves application of an accounting principle to DWIHN's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

This information is intended solely for the use of the board of directors and management of Detroit Wayne Integrated Health Network and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Plante & Moran, PLLC

A handwritten signature in cursive script that reads "Chad J. Schafer".

Chad J. Schafer, CPA



Detroit Wayne Integrated Health Network

**Financial Report
with Supplemental Information
September 30, 2020**

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March 22, 2021

Board of Directors
Detroit Wayne Integrated Health Network
Detroit, Michigan

Ladies and Gentlemen:

I am pleased to present the financial statements for the Detroit Wayne Integrated Health Network (DWIHN) for the fiscal year ended September 30, 2020 along with the Independent Auditors Report. This report is prepared for the purposes of disclosing DWIHN's financial condition and is prepared in accordance with U.S. generally accepted accounting principles (GAAP), as established by the Governmental Accounting Standards Board (GASB) and meets all requirements of the state finance law of the State of Michigan.

All local units of government within the State of Michigan must comply with the Uniform Budgeting and Accounting Act, Public Act 2 of 1968, as amended, which requires an annual audit of the financial records and transactions of DWIHN by independent certified public accountants, within six months of the close of each fiscal year.

Management assumes full responsibility for the completeness, accuracy and fairness of the information contained in the report. Plante Moran, PLLC has issued an unmodified ("clean") opinion on DWIHN. The independent Auditor's Report is located at the front of the financial section of this report. Management believes the information presented is materially accurate and that its presentation fairly shows the financial position and results of operations of DWIHN and that the disclosures will provide the reader with an understanding of DWIHN's affairs.

DWIHN has prepared its financial reporting requirements as prescribed by the GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis-for State and Local Governments* (GASB 34). This GASB Statement requires that management provide a narrative introduction, overview, and analysis that accompany the Basic Financial Statements in the form of a Management Discussion and Analysis (MD&A). This letter of transmittal is designed to complement the MD&A and should be read in conjunction. The MD&A can be found immediately following the report of the independent auditors.

Profile and Demographics of DWIHN

DWIHN serves over seventy-three thousand (73,000) consumers located within the Charter County of Wayne (the County) in the State of Michigan with an approximate population of 1.8 million in the county. The County is the most populous county in the State of Michigan and the 19th most populous county in the nation. The County encompasses approximately 620 square miles and is made up of thirty-four (34) cities, including the City of Detroit, nine (9) townships and thirty-three (33) school districts. The following chart provides additional demographic information regarding persons served in FY20:

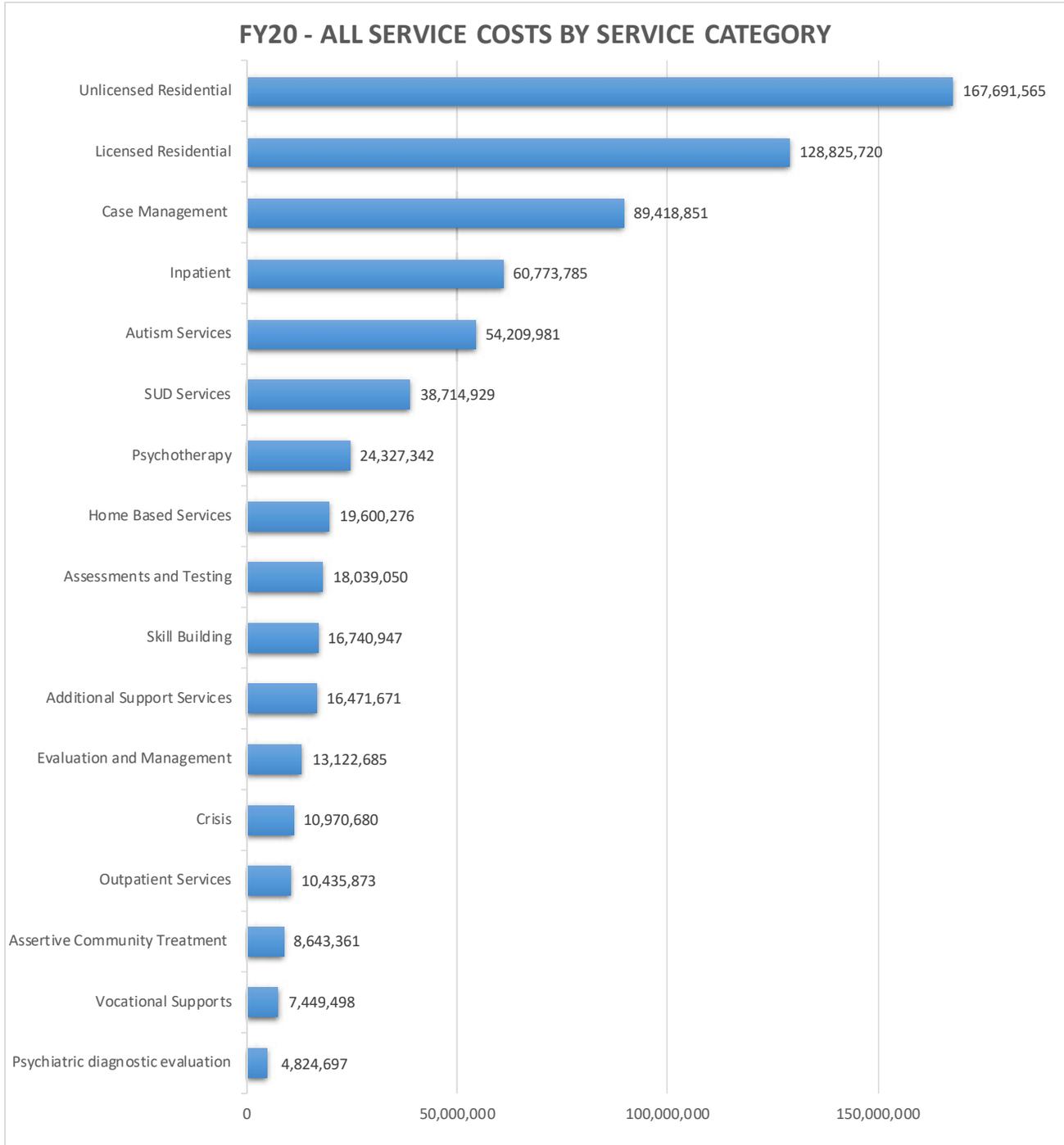
Population by Race	Population	Percentage
Black/African American	39,024	55%
White	22,623	31%
Other race	8,147	11%
Unreported	2,152	3%

Population by Service Area		Percentage
Detroit	35,887	52%
Out-County	33,413	48%

Population by Age	Population	Percentage
Children (under 18)	15,070	22%
Adults (18-21)	3,490	5%
Adults (22-50)	30,648	45%
Adults (51-64)	15,231	22%
Adults (over 65)	5,557	8%

By Disability Designation	Population	Percentage
Adults with MI	40,396	64%
Children with SED	10,801	17%
Individuals with an I/DD	11,488	18%
SUD -Served (co-occurring with other populations)	11,382	

Insurance	Consumers	Percentage
Medicaid	43,709	62%
Healthy Michigan Plan	15,063	22%
General Fund/Spend-down	6,684	10%
MiHealthLink	4,540	6%



Note: SUD = Substance Use Disorder

The Mental Health Code: Public Act 258 of 1974 (as amended)

Michigan’s Mental Health Code is the compilation of state laws governing the management and delivery of mental health services. The law was first established in 1974 and has since been amended, most significantly in 1996. There are currently forty-six (46) community mental health service programs (CMHSP). The law requires the board consist of twelve (12) members appointed

by county commissioners for three year staggering terms. The law also requires the CMH board approve an annual budget after holding a public meeting to obtain community input.

DWMHA Board of Directors

Bernard Parker, Chairperson
 Dr. Iris Taylor, Vice-Chairperson
 Timothy Killeen, Treasurer
 Ghadda Abdallah , Secretary
 Kenya Ruth
 Dorothy Burrell
 Dora Brown-Richards
 Kevin McNamara
 Angelo Glenn
 William Riley
 Dr. Lynn Carter
 Dr. Cynthia Tauveg

DWMHA Substance Use Oversight Policy Board

Angelo Glenn, Chairperson
 Dr. Cynthia Arfken. Vice Chair
 Thomas Adams
 Ghadda Abdallah
 Jewel Ware
 Thomas Fielder
 Jim Perry
 Monique Stanton
 William Riley
 William Ventola
 Margo Martin
 Kevin McNamara

The Reporting Entity and Its Services

In December of 2012, Governor Rick Snyder signed Public Acts 375 and 376 of 2012 that required Wayne County to establish its community mental health services program as an independent governmental entity, separate and distinct from the County functions. These acts mandated a change in governance from a Mental Health Agency to a Mental Health Authority. On June 6, 2013, Wayne County Commission approved the Enabling Resolution 2013-392 which created the new Authority. During this same period, the Application for Participation (AFP), which enabled DWIHN to maintain its designation as a Prepaid Inpatient Health Plan (PIHP) as well as its eligibility to contract for Medicaid funds, was successfully completed and approved by the Michigan Department of Health and Human Services (MDHHS) formerly Michigan Department of Community Health.

In addition, effective October 1, 2014, House Bills 4862 and 4863 signed December 28, 2012 transferred the duties of the Coordinating Agencies (CA) to the PIHP. CA’s were responsible for the administration of substance use disorders (SUD) services to Detroit and Wayne County residents; the prior Wayne County CA’s were the City of Detroit (via Institute for Population Health) and Southeastern Michigan Coordinating Agency (SEMCA).

The purpose of DWIHN is to ensure support, care and treatment services to adults with severe mental illness (SMI), individuals with intellectual and/or developmental disabilities (IDD), children with serious emotional disturbances (SED) and persons with substance use disorders (SUD) and their families so they can make choices in care, live in the community and achieve desired outcomes through individualized health goals.

Adult Mental Health Services Program

The purpose of the Adult Mental Health Services Program is to provide individualized psychiatric outpatient, residential, case management, hospital, and emergency treatment and supportive services to adults and families at risk of or experiencing a mental illness so they can achieve psychiatric stability and/or a stable living environment.

Intellectual/Developmental Disability Services Program

The purpose of the Intellectual/Developmental Disability Services Program is to provide screening/referral and specialized supports and services including skill building, community living services and personal care to children, adolescents and adults with intellectual/developmental disabilities so they can obtain their personal optimal level of independence. IDD are a group of conditions due to an impairment in physical, learning, language, or behavior areas that start in childhood.

Children's Mental Health Services Program

The purpose of the Children's Mental Health Services Program, in collaboration with community partners, is to provide individualized and family-centered psychiatric outpatient, home-based, crisis intervention and prevention services to children, adolescents, and their families at risk of experiencing a serious emotional disturbance so they can live within the community. The services are community-based, family centered, youth guided, culturally and linguistically responsive and trauma informed.

Substance Use Disorder Services Program

The purpose of the Substance Use Disorder Services Program is to provide assessment/eligibility determination, outpatient treatment, residential, referral and medication management services to children, adolescents and adults with substance abuse disorders so they can obtain and sustain individual recovery and participate fully in the community. With over seventy-five providers, our continuum of care consists of prevention, treatment and recovery services.

Mental Health Access Center Program

The purpose of the Mental Health Access Center Program is to provide screening, eligibility, enrollment information, emergency telephone referral and counseling services to service providers and individual callers with mental health concerns so they can receive an eligibility determination, choice of provider, program enrollment or requested/needed services or information within a timely manner.

Rights and Customer Supports Program

The purpose of the Rights and Customer Supports Program is to provide the legally mandated rights protection and consumer affairs (investigation of complaints and grievances; monitoring sites of service; training system staff and consumers; family subsidy; information; referrals), so consumers and their families can receive appropriate mental health services in accordance with the Federal, State and Local laws, rules, guidelines and policies.

Mental Health Oversight/Monitoring Program

The purpose of the Mental Health Oversight/Monitoring Program is to provide oversight and management of services that assure access, adequacy and appropriateness of services, efficiency and outcomes for individuals with mental illness, serious emotional disturbance, developmental disability and substance use disorders so they can obtain recovery and self-determination. As the public mental

health system, DWIHN offers a culturally diverse network of community mental health programs, clinics, private therapists, psychologists and psychiatrists to provide mental health services. We do our best to match consumers with the services needed at a location that is close to them.

DWIHN provides services in coordination and collaboration with over three hundred fifty (350) providers and contractors.

Threats to the Behavioral Health System

Medicaid Work Requirements

On January 1, 2020, Healthy Michigan Plan (HMP) beneficiaries were required to start completing a combination of work or other activities for eighty (80) hours per month unless they are exempt. Persons are exempt if they have a medical condition, or disabled, or pregnant or other approved extenuating factors. This requirement could cause significant harm to consumers receiving Medicaid covered services and/or cause a disruption in Medicaid coverage until MDHHS approves their exemption status.

COVID-19 Pandemic

On March 10, 2020, Governor Whitmer, acting under the Michigan Constitution of 1963 and Michigan law, declared a state of emergency across the State of Michigan and issued a “Stay at Home” order that caused the shutdown of non-essential services. Not unlike other states, the pandemic plagued Michigan resulting in thousands of deaths that left families coping with isolation, trauma and uncertainty.

On March 27, 2020, the President of the United States signed the Coronavirus Aid, Relief and Economic Security (CARES) Act into law. It was the third COVID-19 focused relief package and by far the largest in terms of scope and cost. In June 2020 and December 2020, two additional COVID-19 relief bills were enacted into law. In conjunction with the CARES Act, on June 5, 2020, the Paycheck Protection Program (PPP) Flexibility Act was signed into law. The CARES and PPP Acts provided much needed financial resources to our provider network system.

As of the date of the transmittal letter, the COVID-19 pandemic continues to affect the behavioral health system as DWIHN has seen an increase in crisis related services, suicides and suicidal thoughts, depression, anxiety and substance use disorders amongst all socio-economic backgrounds and ages.

Major Initiatives and Achievements

As one could imagine, the nationwide COVID-19 pandemic was the focal point of fiscal year 2020. Deploying additional resources and services to the citizens of Wayne County was essential to adjusting to the “new normal”. In addition, DWIHN has over three hundred employees and business had to continue despite the pandemic in an effort to continue to serve the 70,000 consumers in our system. DWIHN in conjunction with its provider network system, implemented the following initiatives:

- Expanded our psychiatric urgent care services to two provider sites located in the Downriver area and the City of Detroit. The provider sites offered extended hours, same day access and

- intake, peer support specialist and pharmacy services;
- Expanded our Crisis Stabilization Unit (CRU) to another provider site located in the City of Detroit. The CSU was 24/7 walk in crisis screening, medication management, psychiatric evaluations and a 23 hour hold safe location to stabilize the individuals;
 - Established ReachUSDetroit.org, a “warmline” where people can call, text and talk with trained clinicians about their struggles due to pandemic;
 - Established COVID Recovery Homes for persons with substance use disorders while COVID-19 positive or experiencing symptoms;
 - Established COVID temporary residential homes for COVID-19 positive (or experiencing symptoms) consumers that reside in Adult Foster Homes;
 - Expanded Telehealth services across most services as mandated by Center of Medicaid and Medicare Services (CMS);
 - Deployed over a million dollars in Personal Protection Equipment (PPE) to hundreds of consumers, providers and employees;

Despite the pandemic and its related restrictions, DWIHN continued many initiatives such as but not limited to: (1) School Success Initiative – worked with eleven (11) community mental health agencies and served over 12,000 students; and (2) Summer Youth Employment program – employed over 1,000 youth in Wayne County primarily through remote work sites.

DWIHN had several new programs and initiatives during the year – (1) Med Drop Program - supports the transition of consumers in Assertive Community Treatment (ACT) and is a community-based intervention that focuses on improving the medication adherence for adults and children directly in the consumers home 365 days a year. Those who participate generally have a 90% or better medication adherence rate, which results in few visits to psychiatric hospitals or other crisis services; and (2) Habilitation Supports Waiver (HSW) Incentive program – incentivizes providers to identify consumers that meet the medical and behavioral criteria to qualify for the special waiver program through the State of Michigan. Over the past several years, due to the shorter life span of the highly complex developmental needs of the consumers, DWIHN had difficulty meeting the minimum enrollment requirements, which could have put the statewide program at risk; and (3) DWIHN issued a Request for Proposal (RFP) for the entire Substance Use Disorder program. Prior to the RFP, the provider system was a carryover from House Bills 4862 and 4863 signed December 28, 2012, which transferred the duties of the Coordinating Agencies to the PIHP. The RFP resulted in DWIHN contracting with fifty-nine (59) providers (down from seventy-four) and allowed four (4) new providers in the SUD network.

The preparation of the basic financial statements were made possible by the dedicated service of the entire staff of the Finance Department. Each member of the Department has our sincere appreciation for the contributions made in the preparation of this report. We would also like to express our appreciation to other DWIHN staff for their continued support of the policies of this Department.

Respectfully submitted

Stacie L. Durant
Chief Financial Officer

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network

Report on the Financial Statements

We have audited the accompanying financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise Detroit Wayne Integrated Health Network's basic financial statements, as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of Detroit Wayne Integrated Health Network as of September 30, 2020 and the respective changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

To the Board of Directors
Detroit Wayne Integrated Health Network

Required Supplemental Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplemental information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Detroit Wayne Integrated Health Network's basic financial statements. The budgetary comparison schedule and transmittal letter are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The transmittal letter (pages 1-7) and budgetary information schedule (page 30) have not been subjected to the auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or provide any assurance on them.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 22, 2021 on our consideration of Detroit Wayne Integrated Health Network's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Detroit Wayne Integrated Health Network's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Detroit Wayne Integrated Health Network's internal control over financial reporting and compliance.



March 22, 2021

These financial statements are the responsibility of the management of the Detroit Wayne Integrated Health Network (DWIHN). We offer this narrative overview and analysis for the fiscal year ended September 30, 2020. We encourage readers to consider the information presented here in conjunction with the additional information furnished in the financial statements and notes to the financial statements.

Financial Highlights

Total net position	\$68,047,244
Change in total net position	\$11,825,576
Installment debt outstanding	5,697,709
Liquidity ratio	1.30

Background

On December 14, 2012, the Michigan Legislature approved and the Governor signed Public Acts 375 and 376 of 2012, a Mental Health Authority bill. Effective October 1, 2013, the new law transferred management and control to a separate legal entity (DWIHN). The new Authority is comprised of twelve (12) board members; the County Executive and the Mayor of the City of Detroit each recommended six (6) members. The appointments of the twelve (12) board members are subject to confirmation by the Wayne County Commission. Prior to the Public Acts, DWIHN, previously the Detroit Wayne County Community Mental Health Agency (the Agency), was reported in the Charter County of Wayne (the County) Comprehensive Annual Financial Report as a special revenue fund.

In accordance with Governmental Accounting Standards Board (GASB) Statement No. 61, *The Financial Reporting Entity: Omnibus, an amendment of GASB Statements Nos. 14 and 34*, DWIHN is not a discretely presented component unit of Wayne County.

DWIHN does not provide direct services to the community rather contracts with hundreds of network providers.

Dual Eligible Pilot Program (MI Health Link/MHL)

The State of Michigan selected DWIHN as one (1) of four (4) Prepaid Inpatient Health Plans to participate in the Dual-Eligible demonstration pilot project (aka MI Health Link) that began in May 2015 and extended to December 31, 2022. The pilot was designed to integrate primary care with mental health and substance use disorder treatment to improve overall health care outcomes, create greater efficiencies in the delivery of services, and reduce costs. The integrated care model organizes the coordination of the Medicare and Medicaid benefits, and requires collaboration between the Integrated Care Organizations (ICOs), DWIHN, and its privileged provider network. The project requires the reconfiguration of several operational areas at DWIHN. It also involved developing and negotiating five (5) contracts with ICO's.

Overview of the financial statements

This discussion and analysis are intended to serve as an introduction to DWIHN's financial statements, which include the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position, Statement of Cash Flows, Notes to the Financial Statements, and Other Supplemental Information - Statement of Revenues, Expenses and Changes in Net Position – Budget to Actual.

In addition, DWIHN will present its financial statements as a proprietary fund.

Financial Analysis

Net position may serve over time as a useful indicator of an organizations financial position. The following depicts DWIHN net position at September 30, 2020 and 2019, respectively:

	<u>2020</u>	<u>2019</u>
Current and other assets	\$ 189,079,362	\$ 141,973,577
Noncurrent assets- restricted	2,167,990	2,150,179
Capital assets, net	<u>13,162,855</u>	<u>13,808,246</u>
Total Assets	204,410,207	157,932,002
Current liabilities	131,127,710	96,012,566
Notes Payable	<u>5,235,253</u>	<u>5,697,768</u>
Total Liabilities	136,362,963	101,710,334
Net position:		
Invested in capital assets, net of related debt	7,465,146	7,598,373
Restricted	4,619,781	3,349,191
Unrestricted	<u>55,962,317</u>	<u>45,274,104</u>
Total net position	\$ 68,047,244	\$ 56,221,668

DWIHN current assets comprise of \$143.7 million in cash and investments held at three (3) financial institutions. In addition, approximately \$19.5 million due from the federal and state government for federal and state revenue outstanding at year end. Non-current assets consist of \$17.4 million in investments and restricted assets comprising of a collateralized construction loan related to the administrative building. Capital assets primarily relate to the acquisition of the administration building, furniture and computer equipment.

Current liabilities comprise \$83.0 million in accounts payable due to providers and vendors for services rendered but unpaid at year end. In addition, \$14.9 million due to other governments related to the direct care wage hazard pay cost settlement and federal Office of Inspector General death audit recoupment. Lastly, approximately \$28.7 million for unearned revenue related to the Medicaid savings, State General Fund carryover, and MHL pilot program.

Restricted net position relates to the PA2 funds held for substance use disorders. Unrestricted net position relates to the accumulation of local resources on hand at year end.

The Statement of Revenues, Expenses and Changes in Net Position serve to report the cumulative revenue and expenses received and/or incurred for the organization.

	<u>2020</u>	<u>2019</u>
Revenues		
Federal grants and contracts	\$ 18,904,151	\$ 20,671,787
State grants and contracts	781,666,671	759,932,265
Local grants and contracts	27,030,894	26,764,911
Charges for services	9,216,182	7,543,994
Interest revenue	1,172,446	1,648,084
Other revenue	116,556	-
Total revenues	<u>838,106,900</u>	<u>816,561,041</u>
Expenses		
Mental health operating	38,621,135	36,167,504
Substance use disorders	49,119,358	57,222,829
Autism services	54,652,937	61,601,219
MI HealthLink	10,016,598	7,561,523
Adult services	274,127,063	272,393,065
Children services	71,139,975	75,530,597
Intellectually Disabled	301,102,502	305,146,852
Grant programs	7,039,221	6,951,177
State of Michigan	20,238,444	20,627,268
Interest paid on debt	224,091	241,793
Total expenses	<u>826,281,324</u>	<u>843,443,827</u>
Change in Net Position	11,825,576	(26,882,786)
Net position - beginning of year	<u>56,221,668</u>	<u>83,104,454</u>
Net position - end of year	<u>\$ 68,047,244</u>	<u>\$ 56,221,668</u>

State grants and contracts comprise \$578.9 million, \$102.3 million, \$63.7 million, and \$31.4 million, in Medicaid, Healthy Michigan, Autism Medicaid, and State General fund, respectively. The \$21.7 million increase in State grants and contract revenue compared to prior year primarily relates to Governor Gretchen Whitmer's mandated \$2.00/hr. direct care worker hazard pay as a result of the pandemic; the hazard pay was effective April 1, 2020 through September 30, 2020 and amounted to \$17.6 million. Local grants and contracts comprise of the local match requirement mandated in the Mental Health Code in

addition to the PA2 substance use disorder revenue. Charges for services relates to funds received from the ICO's for the MHL pilot program; the pilot was extended to December 31, 2022.

Mental Health operating expenses comprise the salaries and fringe benefits for DWIHN staff (\$25.1 million) and other operating costs including but not limited to the ACCESS center contract (\$7.1 million), depreciation expense (\$1.3 million), and the Electronic Medical Record (EMR) system (\$1 million).

Substance Use Disorders services comprise all services and funding sources related to the treatment and prevention of persons with substance use disorders in Wayne County. The \$8.1 million decrease in services primarily relates to the decline in service delivery due to the pandemic. However, in addition, to the pandemic, there were budgeted reductions in certain rates. Autism services comprise of all services related to the treatment of children 0-21 years of age that qualified for the enhanced benefit. The \$6.9 million decrease in services primarily relates to the decline in service delivery due to the pandemic despite a financial stability payment to certain qualified providers. Adult services comprise of treatment and prevention services with our Clinically Responsible Service Providers (CRSP), inpatient hospital costs, consumers in the Wayne County Jail, hospital rate adjustment, and the COPE contract. In addition, a portion of the \$17.6 million in hazard pay is encompassed in the costs.

Children services comprise of all services related to the treatment and prevention of children with serious emotional disturbance (SED) administered by the children's CRSP, school-based initiatives, and summer youth employment program. The \$4.4 million decrease in services as compared to prior year relates to the decline in service delivery due to the pandemic. Intellectually Developmental Disabled (IDD) services comprise of all treatment services administered through the CRSP, including services administered through Community Living Services for consumers under self-determination. In addition, a portion of the \$17.6 million in hazard pay is encompassed in the costs. The \$4.0 million decrease in services relates to the decline in service delivery due to the pandemic despite a financial stability payment to certain qualified providers.

Payments to the State of Michigan totaled \$20.2 million and comprise the local match payment to drawdown federal funds, local state hospital costs and the Insurance Provider Assessment Act (IPPA) tax payments.

The following shows a comparison of the final amended budget to actual results in the Statement of Revenue, Expenses, and Changes in Net Position:

	Final Amended Budget	Actual	Increase (Decrease)
Operating revenues			
Federal grants and contracts	\$ 22,442,339	\$ 18,904,151	\$ (3,538,188)
State grants and contracts	777,542,352	781,666,671	4,124,319
Local grants and contracts	22,089,636	27,030,894	4,941,258
Charges for services	7,611,523	9,216,182	1,604,659
Total operating revenues	829,685,850	836,817,898	7,132,048
Operating expenses			
Salaries and fringes	\$ 27,852,906	25,077,695	(2,775,211)
Substance use disorders	53,903,846	49,119,358	(4,784,488)
Autism services	61,585,478	54,652,937	(6,932,541)
MI HealthLink	7,561,523	10,016,598	2,455,075
Adult services	257,211,163	274,127,063	16,915,900
Children services	76,727,599	71,139,975	(5,587,624)
Intellectually Disabled	302,594,270	301,102,502	(1,491,768)
Grant programs	8,118,341	7,039,221	(1,079,120)
State of Michigan	20,650,188	20,238,444	(411,744)
Operating costs	12,975,536	12,216,129	(759,407)
Depreciation	1,545,000	1,327,311	(217,689)
Total operating expenses	\$ 830,725,850	\$ 826,057,233	(4,668,617)
Operating income (loss)	(1,040,000)	10,760,665	11,800,665
Non-operating revenue (expense)			
Interest expense	(260,000)	(224,091)	35,909
Gain on sale of assets	-	116,556	116,556
Investment earnings	1,300,000	1,172,446	(127,554)
Total non-operating revenue	1,040,000	1,064,911	24,911
Change in net position	\$ -	11,825,576	\$ 11,825,576
Net position - beginning of year		56,221,668	
Net position - end of year		<u>\$ 68,047,244</u>	

Budgetary Highlights

DWIHN adopted an annual operating budget by October 1 of the previous year. The budgetary comparison schedule has been provided to demonstrate compliance with this budget. During the year, there were several significant changes from the original to the final amended budget. The changes are as follows:

	Adopted Budget	Final Amended Budget	Variance Over (Under)
Federal grants and contracts	\$ 21,492,016	\$ 22,442,339	\$ 950,323
State grants and contracts	756,444,772	777,542,352	21,097,580
Local grants and contracts	21,726,986	22,089,636	362,650
Other operating revenue	5,703,189	7,611,523	1,908,334
Total operating revenues	805,366,963	829,685,850	24,318,887
Salaries and related fringes	\$ 27,136,547	\$ 27,852,906	\$ 716,359
Substance use disorders	55,097,052	53,903,846	(1,193,206)
Autism services	48,840,741	61,585,478	12,744,737
MI HealthLink	11,268,090	7,561,523	(3,706,567)
Adult Services	249,031,529	257,211,163	8,179,634
Children Services	70,171,851	76,727,599	6,555,748
Intellectually Disabled	302,028,034	302,594,270	566,236
Grant Programs	8,289,357	8,118,341	(171,016)
State of Michigan	20,650,188	20,650,188	-
Operating costs	12,348,574	12,975,536	626,962
Depreciation	1,545,000	1,545,000	-
Total operating expenses	\$ 806,406,963	\$ 830,725,850	\$ 24,318,887
Nonoperating Revenue (expense)			
Interest paid on debt	(260,000)	(260,000)	-
Investment earnings	1,300,000	1,300,000	-
	1,040,000	1,040,000	-
Change in net position	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Economic Factors and Next Year's Budget

- On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus a pandemic. First identified in late 2019 and now known as COVID-19, the outbreak has impacted millions of individuals worldwide. While the COVID-19 pandemic

could have an adverse effect on DWIHN's operations over time, no impairments were recorded as of the statement of net position date, as no triggering events or changes in circumstances had occurred as of year-end; however, due to significant uncertainty surrounding the situation, management's judgment regarding this could change in the future. DWIHN continues to evaluate the impact of COVID-19, but the extent of the impact cannot be reasonably estimated at this time.

- There has been a significant migration from Disabled Aged and Blind (DAB) to Temporary Assistance for Needy Families (TANF) and Healthy Michigan Plan (HMP) enrollments. This migration has resulted in approximately \$67 million in lost Medicaid. When a consumer's Medicaid lapses, the State of Michigan Bridges System automatically enrolls the consumer in HMP despite the consumer being previously considered disabled (DAB). In addition, there is a belief that DHS workers are steering consumers to TANF and HMP enrollment given the cumbersome DAB process.
- Several years ago, MDHHS established a workgroup amongst the Community Mental Health Services Program (CMHSP) to review and make recommendations on how State General Fund will be allocated between the CMHSP's; the workgroup's recommendation included a \$22 million reduction to DWIHN appropriation over five years; FY20 was the third year of the plan. The Governor's FY20 recommended budget included the workgroups recommendation; however, the legislation provided a one-time partial supplemental that lessened the reduction and provided a one-year reprieve; the future of DWIHN's general fund is unknown.

Requests for Information

This financial report is designed to provide a general overview of DWIHN's finances. Questions concerning any of the financial information or requests for additional financial information, should be addressed to the following:

Detroit Wayne Integrated Health Network
Chief Financial Officer
707 W. Milwaukee
Detroit, Michigan 48202

Detroit Wayne Integrated Health Network

Statement of Net Position

September 30, 2020

Assets

Current assets:

Cash and cash equivalents (Note 3)	\$ 140,477,411
Investments (Note 3)	3,267,393
Receivables: (Note 5)	
Accounts receivable	8,065,863
Due from other governmental units	19,507,716
Prepaid expenses and other assets	329,553

Total current assets 171,647,936

Noncurrent assets:

Restricted cash (Note 2)	2,167,990
Investments (Note 3)	17,431,426
Capital assets: (Note 6)	
Assets not subject to depreciation	1,016,746
Assets subject to depreciation - Net	12,146,109

Total noncurrent assets 32,762,271

Total assets 204,410,207

Liabilities

Current liabilities:

Accounts payable	83,066,178
Due to other governmental units	14,896,899
Due to Charter County of Wayne, Michigan	1,846,425
Accrued wages and benefits	364,408
Unearned revenue	28,708,840
Compensated absences (Note 7)	1,782,504
Current portion of long-term debt (Note 7)	462,456

Total current liabilities 131,127,710

Noncurrent liabilities - Long-term debt (Note 7) 5,235,253

Total liabilities 136,362,963

Net Position

Net investment in capital assets	7,465,146
Restricted for substance abuse disorder PA2	4,619,781
Unrestricted	55,962,317

Total net position \$ 68,047,244

Detroit Wayne Integrated Health Network

Statement of Revenue, Expenses, and Changes in Net Position

Year Ended September 30, 2020

Operating Revenue	
State grants and contracts	\$ 781,666,671
Charges for services	9,216,182
Local grants and contracts	27,030,894
Federal grants and contracts	18,904,151
Total operating revenue	<u>836,817,898</u>
Operating Expenses	
Personnel	18,367,157
Fringe benefits	6,710,538
Substance disorder services	49,119,358
Autism services	54,652,937
MI Health Link	10,016,598
Adult services	274,127,063
Children services	71,139,975
Intellectually disabled	301,102,502
Grant programs	7,039,221
State of Michigan	20,238,444
Operating costs	12,216,129
Depreciation	1,327,311
Total operating expenses	<u>826,057,233</u>
Operating Income	10,760,665
Nonoperating Revenue (Expense)	
Investment income	1,172,446
Gain on sale of assets	116,556
Interest expense	(224,091)
Total nonoperating revenue	<u>1,064,911</u>
Change in Net Position	11,825,576
Net Position - Beginning of year	<u>56,221,668</u>
Net Position - End of year	<u><u>\$ 68,047,244</u></u>

Detroit Wayne Integrated Health Network

Statement of Cash Flows

Year Ended September 30, 2020

Cash Flows from Operating Activities

Cash received from state and federal sources	\$ 827,034,008
Cash received from local sources	32,877,522
Payments to providers and suppliers	(776,914,063)
Payments to employees	<u>(28,370,419)</u>

Net cash provided by operating activities 54,627,048

Cash Flows from Capital and Related Financing Activities

Proceeds from sale of assets	183,456
Net purchase of capital assets	(748,820)
Principal and interest paid on capital debt	<u>(736,255)</u>

Net cash used in capital and related financing activities (1,301,619)

Cash Flows from Investing Activities

Interest received on investments	1,172,446
Purchases of investment securities	<u>4,671,234</u>

Net cash and cash equivalents provided by investing activities 5,843,680

Net Increase in Cash and Cash Equivalents

59,169,109

Cash and Cash Equivalents - Beginning of year

83,476,292

Cash and Cash Equivalents - End of year

\$ 142,645,401

Classification of Cash and Cash Equivalents

Cash and investments	\$ 140,477,411
Restricted cash	<u>2,167,990</u>

Total cash and cash equivalents \$ 142,645,401

Reconciliation of Operating Income to Net Cash from Operating Activities

Operating income	\$ 10,760,665
Adjustments to reconcile operating income to net cash from operating activities:	
Depreciation	1,327,311
Changes in assets and liabilities:	
Account receivable	811,840
Due from other governmental units	2,561,476
Prepaid and other assets	326,984
Accrued wages and benefits	(78,641)
Accounts payable	4,895,604
Accrued wages and compensated absences	825,757
Unearned revenue	22,865,929
Due to Charter County of Wayne, Michigan	426,710
Due to other governmental units	<u>9,903,413</u>

Net cash provided by operating activities \$ 54,627,048

September 30, 2020

Note 1 - Nature of Business

The financial statements of the Detroit Wayne Integrated Health Network (DWIHN) have been prepared in conformity with generally accepted accounting principles (GAAP), as applicable to governmental units. The more significant of DWIHN's accounting policies are described below.

Reporting Entity

Under the provisions of the Michigan Legislature Public Acts 375 and 376 of 2012, and effective October 1, 2013, Detroit Wayne Integrated Health Network was created for the purpose of providing a comprehensive array of mental health and substance use services for the Charter County of Wayne, Michigan (the "County") residents, such as, but not limited to, inpatient, outpatient, partial day, residential, case management, prevention, consultation, and education. DWIHN was previously a department within the County. DWIHN is a separate legal entity and is not considered a related organization or component unit of the County.

Pursuant to House Bills 4862 and 4863, effective October 1, 2014, the duties and responsibilities of substance use disorders were transferred to the Prepaid Inpatient Health Plans (PIHP), which is DWIHN. The duties were previously performed by the City of Detroit, Michigan and SEMCA, referred to as the "Coordinating Agencies."

Program Operations

DWIHN's operations are governed under the provisions of Act 258 of the Public Act of Michigan of 1974, commonly known as the Mental Health Code (the "Code"). Pursuant to the Code, a board of directors (the "Board") was established to govern DWIHN. DWIHN is subject to federal government and Michigan Department of Health and Human Services (MDHHS) rules and regulations and the Code. DWIHN contracts with over 350 organizations. DWIHN provides administrative oversight and very little direct services to consumers.

Board of Directors

The board consists of 12 members, 6 recommended by the mayor of the City of Detroit, Michigan and 6 recommended by the county executive. The recommendations are subject to the approval of the Wayne County Commission. Each board member is appointed for a three-year term.

Funding Sources

DWIHN receives its primary funding from the State through Medicaid and state General Fund contracts. The County provides local match funding in accordance with the Mental Health Code, which is used by DWIHN to leverage federal dollars and 10 percent of certain services incurred by uninsured consumers.

Changes in Funding Formula

In an effort to deinstitutionalize mental health services, state funding for public mental health services has evolved. Prior to October 1, 1998, Michigan mental health agency programs billed Medicaid on a fee-for-service (FFS) basis.

Effective for services provided on and after October 1, 1998, the Health Care Financing Administration (HCFA) approved Michigan's 1915(b) waiver request to implement a managed-care plan for Medicaid-reimbursed mental health services. These managed-care plans allowed Community Mental Health Services Programs (CMHSP) to manage, provide/arrange, and pay for Medicaid mental health services covered by the CMHSP. In addition, the CMHSP receives a capitated rate on a per member per month basis to provide services and is responsible for directly reimbursing the service providers who render these services. In the fiscal year ended September 30, 2000, DWIHN and MDHHS entered into a Specialty Services and Supports Managed Care Contract (the "Managed Care Contract").

In 2002, CMHSPs were required to submit an application for participation (AFP) for scoring by the MDHHS in order to be considered eligible to qualify as Prepaid Inpatient Health Plan (PIHP) entity capable of administering the managed specialty services under the waiver program.

September 30, 2020

Note 2 - Significant Accounting Policies

Report Presentation

This report includes the fund-based statements of DWIHN. In accordance with government accounting principles, a government-wide presentation with program and general revenue is not applicable to special purpose governments engaged only in business-type activities.

DWIHN adopted Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements and Management's Discussion and Analysis - for State and Local Governments*. Under GASB No. 34, DWIHN is classified as a special purpose government and is required to present statements required for enterprise funds. DWIHN reports its operations in the basic financial statements in an enterprise fund. The Medicaid Risk Reserve Fund is governed by the contract with the MDHHS and is restricted for cost overruns related to the Medicaid contract. The net position in the Medicaid Risk Reserve Fund at September 30, 2020 was \$0.

Proprietary funds distinguish operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from providing services in connection with a proprietary fund's principal ongoing operations. The principal operating revenue of DWIHN is charges related to serving its consumers (including primarily per member per month capitation and state and county appropriations). Operating expenses for DWIHN include cost of services, administrative expenses, and depreciation on capital assets. All revenue and expenses not meeting this definition are reported as nonoperating revenue and expenses.

Basis of Accounting

Basis of accounting refers to when revenue and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurement made, regardless of the measurement focus applied.

The operations of the fund are accounted for with a separate set of self-balancing accounts that comprise its assets, liabilities, net position, revenue, and expenses, as appropriate. Government resources are allocated to and accounted for in individual funds based upon the purpose for which they are to be spent and the means by which spending activities are controlled. For the basic financial statements, there is one generic fund type and broad fund category as follows:

Proprietary Fund - Enterprise Fund - The fund is used to account for those activities that are financed and operated in a manner similar to private business. Proprietary funds use the economic resources measurement focus and the full accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. This means that all assets and all liabilities (whether current or noncurrent) associated with their activity are included on the statement of net position. Proprietary fund-type operating statements present increases (revenue) and decreases (expenses) in total net position. This enterprise fund of DWIHN accounts for its general operations and also reports amounts restricted for the Medicaid Risk Reserve allowed by the contract with MDHHS.

When both restricted and unrestricted resources are available for use, it is DWIHN's policy to use restricted resources first and then unrestricted resources as they are needed.

Cash and Cash Equivalents

DWIHN's cash and cash equivalents are held in depository accounts, institutional money market accounts, and short-term investments with a maturity of three months or less when acquired.

Investments

Investments are reported at fair value or estimated fair value. Short-term investments are reported at cost, which approximates fair value.

Note 2 - Significant Accounting Policies (Continued)

Accounts Receivable and Due from Other Governmental Units

Accounts receivable represent balances due from the integrated care organizations (ICOs) related to the MI Health Link program. In addition, DWIHN cost-settles with certain providers for amounts in excess of payments and costs incurred for services. The amounts of overpayment are determined through audits and/or cost reconciliation. An allowance for uncollectibles has been established based on management's estimate using historical trends. Management considers all accounts receivable collectible, and, therefore, an allowance for uncollectibles has not been recorded at September 30, 2020. Due from other governmental units represents revenue not yet received from the state and federal government.

Prepaid Expenses

Payments made to vendors for services that will benefit future periods are recorded as prepaid expenses in the accompanying statement of net position.

Capital Assets

Capital assets are defined by DWIHN as assets with an individual cost of more than \$5,000 and an estimated useful life in excess of one year. All assets are recorded at historical costs, and donated assets are recorded at acquisition value at the time of the donation. Capital assets are depreciated using the straight-line method over a period of 5-20 years.

Buildings, equipment, and vehicles are depreciated using the straight-line method over the following useful lives:

	Depreciable Life - Years
Buildings and improvements	20
Office equipment	5-7
Vehicles	5-7
Software	10
Computers	5-7
Leasehold improvements	4-5

Restricted Cash

The restricted cash balance of \$2,167,990 is maintained per DWIHN's construction loan agreements.

Due to Charter County of Wayne, Michigan

Amounts due to the Charter County of Wayne, Michigan include amounts owed to the jails, Third Circuit Court, and Children and Family Services for services rendered.

Accounts Payable and Due to Other Governmental Units

Accounts payable balances include final expenditures due to service providers for the current fiscal year. Due to other governments represents amounts owed to the State of Michigan.

September 30, 2020

Note 2 - Significant Accounting Policies (Continued)

Compensated Absences

Employees earn paid time off (PTO) benefits based, in part, on length of service. PTO is fully vested when earned. Upon separation from service, employees are paid accumulated PTO based upon the nature of separation (death, retirement, or termination). Certain limitations have been placed on the hours of PTO leave that employees may accumulate and carry over for payment at termination, retirement, or death. Unused hours exceeding these limitations are forfeited.

Unearned Revenue

DWIHN reports unearned revenue in connection with resources that have been received but not yet earned. Unearned revenue includes amounts of \$28,708,840 of MDHHS contract funding for Healthy Michigan savings and General Fund carryover that was unearned at September 30, 2020 and will be carried over to be expended in the subsequent fiscal year.

State Grants and Contracts Revenue

DWIHN's primary funding source was from the State of Michigan through Medicaid (traditional and Healthy Michigan) and state General Fund contracts totaling approximately \$744.9 million and \$31.4 million, respectively, for the year ended September 30, 2020; this includes prior years' saving and carryovers. The remaining balance was composed of various other state grant contracts.

Direct Contracts

Direct contracts would consist of mental health, substance use disorders, autism services, MI HealthLink, adult services, children services, and intellectually disabled programs. DWIHN contracts with various community-based organizations to deliver mental health and substance use disorder (SUD) services to adults, individuals with developmental disabilities, and children with serious emotional disturbances. In addition, DWIHN contracts with several county departments to administer mental health services, including but not limited to the jails, Children and Family Services, and Third Circuit Court.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Upcoming Accounting Pronouncements

In January 2017, the Governmental Accounting Standards Board issued Statement No. 84, *Fiduciary Activities*. This statement establishes criteria for identifying fiduciary activities of all state and local governments. An activity meeting the criteria should be reported in a fiduciary fund in the basic financial statements. DWIHN is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement were originally effective for DWIHN's financial statements for the year ended September 30, 2020 but were extended to September 30, 2021 with the issuance of GASB Statement No. 95, *Postponement of the Effective Date of Certain Authoritative Guidance*.

September 30, 2020

Note 2 - Significant Accounting Policies (Continued)

In June 2017, the Governmental Accounting Standards Board issued Statement No. 87, *Leases*, which improves accounting and financial reporting for leases by governments. This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources. DWIHN is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement were originally effective for DWIHN's financial statements for the year ending September 30, 2021 but were extended to September 30, 2022 with the issuance of GASB Statement No.95, *Postponement of the Effective Date of Certain Authoritative Guidance*.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including March 22, 2021, which is the date the financial statements were available to be issued.

Note 3 - Deposits and Investments

Michigan Compiled Laws Section 129.91 (Public Act 20 of 1943, as amended) authorizes local governmental units to make deposits and invest in the accounts of federally insured banks, credit unions, and savings and loan associations that have offices in Michigan. The law also allows investments outside the state of Michigan when fully insured. The local unit is allowed to invest in bonds, securities, and other direct obligations of the United States or any agency or instrumentality of the United States; repurchase agreements; bankers' acceptances of United States banks; commercial paper rated within the two highest classifications that matures no more than 270 days after the date of purchase; obligations of the State of Michigan or its political subdivisions that are rated as investment grade; and mutual funds composed of investment vehicles that are legal for direct investment by local units of government in Michigan.

DW IHN has designated three banks for the deposit of its funds. The investment policy adopted by the board in accordance with Public Act 196 of 1997 has authorized investments in any securities allowed under the act. DW IHN's deposits and investment policies are in accordance with statutory authority.

DW IHN's cash and investments are subject to several types of risk, which are examined in more detail below:

Custodial Credit Risk of Bank Deposits

Custodial credit risk is the risk that, in the event of a bank failure, DW IHN's deposits may not be returned to it. At year end, DW IHN had approximately \$140,000,000 of bank deposits (certificates of deposit and checking and savings accounts) that were uninsured and uncollateralized. DW IHN believes that, due to the dollar amounts of cash deposits and the limits of Federal Deposit Insurance Corporation (FDIC) insurance, it is impractical to insure all deposits. As a result, DW IHN evaluates each financial institution it deposits funds with and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Interest Rate Risk

Interest rate risk is the risk that the value of investments will decrease as a result of a rise in interest rates. DW IHN's investment policy does not have specific limits in excess of state law on investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

September 30, 2020

Note 3 - Deposits and Investments (Continued)

At year end DWIHN had the following investments and maturities:

Investment	Carrying Value	Less Than 1 Year	1-5 Years
Municipal obligations	\$ 6,054,463	\$ 856,610	\$ 5,197,853
U.S. federal agencies	5,083,552	-	5,083,552
U.S. government obligations	2,568,755	-	2,568,755
Negotiable certificates of deposit	1,188,603	497,721	690,882
Inflation index bonds	306,679	-	306,679
Collateralized mortgage obligations	3,181,923	1,423,760	1,758,163
Mortgage-backed securities	2,314,844	489,302	1,825,542
Total	<u>\$ 20,698,819</u>	<u>\$ 3,267,393</u>	<u>\$ 17,431,426</u>

Credit Risk

State law limits investments to specific government securities, certificates of deposit and bank accounts with qualified financial institutions, commercial paper with specific maximum maturities and ratings when purchased, bankers acceptances of specific financial institutions, qualified mutual funds, and qualified external investment pools, as identified in the list of authorized investments above. DWIHN’s investment policy does not have specific limits in excess of state law on investment credit risk. As of year end, DWIHN’s investments were rated as follows:

Investment	Fair Value	Rating	Rating Organization
Municipal obligations	\$ 6,054,463	Aa1	Moody's
U.S. federal agencies	5,083,552	Aaa	Moody's
U.S. government obligations	2,568,755	Aaa	Moody's
Negotiable certificates of deposit	1,188,603	N/R	N/A
Inflation index bonds	306,679	Aaa	Moody's
Collateralized mortgage obligations	3,181,923	Aaa	Moody's
Mortgage-backed securities	2,314,844	N/R	N/A
Total	<u>\$ 20,698,819</u>		

Concentration of Credit Risk

State law limits allowable investments but does not limit concentration of credit risk, as identified in the list of authorized investments above. DWIHN’s investment policy specifies that no more than 40 percent of the total investment portfolio will be invested in a single security type, and no more than 40 percent of the total investment portfolio shall be invested in assets issued or managed by a single financial institution. At September 30, 2020, DWIHN had all investments held in various certificates of deposit and other securities.

Note 4 - Fair Value Measurements

DWIHN categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the assets. Level 1 inputs are quoted prices in active markets for identical assets, Level 2 inputs are significant other observable inputs, and Level 3 inputs are significant unobservable inputs. Investments that are measured at fair value using net asset value per share (or its equivalent) as a practical expedient are not classified in the fair value hierarchy.

Note 4 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels in the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. DWIHN's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

DWIHN has the following recurring fair value measurements as of September 30, 2020:

	<u>Assets Measured at Fair Value on a Recurring Basis</u>		
	<u>Quoted Prices in</u>		
	<u>Active Markets</u>	<u>Significant Other</u>	<u>Significant</u>
	<u>for Identical</u>	<u>Observable</u>	<u>Unobservable</u>
<u>Assets</u>	<u>Inputs</u>	<u>Inputs</u>	
<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
Assets			
Debt securities:			
Municipal obligations	\$ -	\$ 6,054,463	\$ -
U.S. federal agencies	-	5,083,552	-
U.S. government obligations	-	2,568,755	-
Negotiable certificates of deposit	-	1,188,603	-
Inflation index bonds	-	306,679	-
Collateralized mortgage obligations	-	3,181,923	-
Mortgage-backed securities	-	2,314,844	-
Total assets	<u>\$ -</u>	<u>\$ 20,698,819</u>	<u>\$ -</u>

The fair value of DWIHN's investments at September 30, 2020 was determined primarily based on Level 2 inputs. DWIHN estimates the fair value of these investments using the matrix pricing model, which includes inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Note 5 - Accounts Receivable and Due from Other Governmental Units

DWIHN cost settles with the certain providers for amounts in excess of payments and costs incurred for services. The accounts receivable balance at September 30, 2020 was approximately \$8.1 million, of which approximately \$4.6 million is due from certain providers for cost settlements; \$0.2 million is due from an ICO; \$0.7 million is due from Wayne County, Michigan for Public Act 2 funds; and an additional \$2.6 million in miscellaneous other receivables.

The due from other governmental units balance at September 30, 2020 was approximately \$19.5 million. This consists of \$18.9 million due from the State of Michigan and \$0.6 million due from the federal government.

September 30, 2020

Note 6 - Capital Assets

Capital asset activity of DWIHN was as follows:

Business-type Activities

	Balance October 1, 2019	Additions	Disposals and Adjustments	Balance September 30, 2020
Capital assets not being depreciated:				
Land	\$ 858,000	\$ -	\$ (18,000)	\$ 840,000
Construction in progress	26,981	149,765	-	176,746
Subtotal	884,981	149,765	(18,000)	1,016,746
Capital assets being depreciated:				
Buildings and improvements	13,345,621	76,300	(72,000)	13,349,921
Computers	1,262,051	328,283	-	1,590,334
Vehicles	5,806	-	-	5,806
Office equipment	1,611,959	-	-	1,611,959
Software	2,535,929	212,472	-	2,748,401
Leasehold improvements	126,249	-	-	126,249
Subtotal	18,887,615	617,055	(72,000)	19,432,670
Accumulated depreciation:				
Buildings and improvements	2,112,474	666,224	(5,100)	2,773,598
Computers	873,739	186,862	-	1,060,601
Office equipment	1,067,620	303,461	-	1,371,081
Software	1,881,548	128,681	-	2,010,229
Leasehold improvements	28,969	42,083	-	71,052
Subtotal	5,964,350	1,327,311	(5,100)	7,286,561
Net capital assets being depreciated	12,923,265	(710,256)	(66,900)	12,146,109
Net capital assets	\$ 13,808,246	\$ (560,491)	\$ (84,900)	\$ 13,162,855

Note 7 - Long-term Debt

On August 28, 2014 and last amended on June 10, 2016, DWIHN signed a seven-year term and a seven-year construction note payable (20-year amortization period) with Flagstar Bank totaling \$6.96 million for the construction phase on the new headquarters, which matures in 2023. On the same day, DWIHN also entered into a five-year equipment note with Flagstar for \$1.24 million for the purchase of the office furniture and fixtures, which matures in 2021. As of September 30, 2020, DWIHN's long-term debt was as follows:

	Interest Rate Ranges	Principal Maturity Ranges	Beginning Balance	Additions	Reductions	Ending Balance	Due within One Year
Direct borrowings and direct placements -							
General obligations	3.3% - 3.8%	\$7,326 - \$3,297,000	\$ 6,209,873	\$ -	\$ 512,164	\$ 5,697,709	\$ 462,456
Accumulated compensated absences			956,747	1,443,117	617,360	1,782,504	1,782,504
Total			\$ 7,166,620	\$ 1,443,117	\$ 1,129,524	\$ 7,480,213	\$ 2,244,960

Note 7 - Long-term Debt (Continued)

Debt Service Requirements to Maturity

Annual debt service requirements to maturity for the above liability are as follows:

Years Ending September 30	Principal	Interest	Total
2021	\$ 462,456	\$ 204,785	\$ 667,241
2022	273,631	191,841	465,472
2023	4,961,622	580,642	5,542,264
Total	<u>\$ 5,697,709</u>	<u>\$ 977,268</u>	<u>\$ 6,674,977</u>

The Flagstar construction note payable requires certain financial covenants and reporting requirements. DWIHN management asserts that they are in compliance with the debt service ratio requirement for the year ended September 30, 2020.

Note 8 - Risk Management

DWIHN is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee injuries (workers' compensation), as well as medical benefits provided to employees. DWIHN has purchased commercial insurance policies to cover property, torts, employee injuries, and medical benefits. Accruals for claims, litigation, and assessments are recorded by DWIHN when those amounts are estimable and probable at year end.

Note 9 - Defined Contributions Pension Plan

DWIHN provides pension benefits to all of its full-time employees through a defined contribution plan administered by the Michigan Employees' Retirement System (MERS). In a defined contribution plan, benefits depend solely on amounts contributed to the plan plus investment earnings. Employees are required to contribute. The plan provides for the employee to contribute up to a 2 percent pretax contribution and up to an 8 percent employer match. Union employees are fully vested after three years of service, and employees at will are fully vested after one year of service.

The employee and employer contributions for the defined contribution plan were \$367,284 and \$1,469,830, respectively, for the year ended September 30, 2020.

Note 10 - Commitment and Contingent Liabilities

Amounts received or receivable from grantor/contract agencies are subject to audit and potential adjustment by those agencies, principally the state and federal governments. As described in Note 2, DWIHN receives the majority of its funding through MDHHS. MDHHS uses a compliance examination and cost settlement process to determine disallowed costs and final receivable and payable balances of DWIHN. Historically, the cost settlement process has taken two or more years for MDHHS to complete. Any disallowed costs, including amounts already collected, may constitute a liability of DWIHN. The amount, if any, of costs that may be disallowed by the grantor or contract agencies cannot be determined at this time, although DWIHN expects such amounts, if any, to be immaterial.

DWIHN is periodically a defendant in various lawsuits. Although the outcome of such lawsuits currently pending or threatened, if any, is not presently determinable, it is the opinion of DWIHN's management and counsel that resolution of these matters will not have a material adverse effect on the financial condition of the government.

Other Supplemental Information

Detroit Wayne Integrated Health Network

Other Supplemental Information

Statement of Revenue, Expenses, and Changes in Net Position Budgetary Comparison Year Ended September 30, 2020

	Original Budget	Amended Budget	Actual	Variance with Amended Budget
Operating Revenue				
State grant and contracts	756,444,772	777,542,352	781,666,671	4,124,319
Charges for services	5,703,189	7,611,523	9,216,182	1,604,659
Local grants and contracts	21,726,986	22,089,636	27,030,894	4,941,258
Federal grants and contracts	21,492,016	22,442,339	18,904,151	(3,538,188)
Total operating revenue	805,366,963	829,685,850	836,817,898	7,132,048
Operating Expenses				
Personnel	19,851,539	20,375,586	18,367,157	2,008,429
Fringe benefits	7,285,008	7,477,320	6,710,538	766,782
Substance disorder services	55,097,052	53,903,846	49,119,358	4,784,488
Autism services	48,840,741	61,585,478	54,652,937	6,932,541
MI Health Link	11,268,090	7,561,523	10,016,598	(2,455,075)
Adult services	249,031,529	257,211,163	274,127,063	(16,915,900)
Children services	70,171,851	76,727,599	71,139,975	5,587,624
Intellectually disabled	302,028,034	302,594,270	301,102,502	1,491,768
Grant programs	8,289,357	8,118,341	7,039,221	1,079,120
State of Michigan	20,650,188	20,650,188	20,238,444	411,744
Operating costs	12,348,574	12,975,536	12,216,129	759,407
Depreciation	1,545,000	1,545,000	1,327,311	217,689
Total expenses	806,406,963	830,725,850	826,057,233	4,668,617
Operating (Loss) Revenue	(1,040,000)	(1,040,000)	10,760,665	11,800,665
Nonoperating Revenue (Expense)				
Investment income	1,300,000	1,300,000	1,172,446	(127,554)
Gain on sale of assets	-	-	116,556	116,556
Interest paid on debt	(260,000)	(260,000)	(224,091)	35,909
Total nonoperating revenue	1,040,000	1,040,000	1,064,911	24,911
Change in Net Position	\$ -	\$ -	\$ 11,825,576	\$ 11,825,576



Detroit Wayne Integrated Health Network

Federal Awards Supplemental Information
September 30, 2020

Independent Auditor's Reports

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Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements. We issued our report thereon dated March 22, 2021, which contained an unmodified opinion on the financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to March 22, 2021.

The accompanying schedule of expenditures of federal awards is presented for the purpose of additional analysis, as required by the Uniform Guidance, and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements as a whole.

Plante & Moran, PLLC

March 22, 2021

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of
Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

To Management and the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the basic financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements, and have issued our report thereon dated March 22, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered DWIHN's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DWIHN's internal control. Accordingly, we do not express an opinion on the effectiveness of DWIHN's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of DWIHN's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DWIHN's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

To Management and the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of DWIHN's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering DWIHN's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance
Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

Report on Compliance for Each Major Federal Program

We have audited Detroit Wayne Integrated Health Network's (DWIHN) compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement that could have a direct and material effect on each of the major federal programs for the year ended September 30, 2020. DWIHN's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of DWIHN's major federal programs based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about DWIHN's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of DWIHN's compliance.

Opinion on Each Major Federal Program

In our opinion, DWIHN complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of the major federal programs for the year ended September 30, 2020.

Report on Internal Control Over Compliance

Management of DWIHN is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered DWIHN's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DWIHN's internal control over compliance.

To the Board of Directors
Detroit Wayne Integrated Health Network (formerly
known as Detroit Wayne Mental Health Authority)

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

Detroit Wayne Integrated Health Network

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2020

Federal Agency/Pass-through Agency/Program Title	CFDA Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
U.S. Department of Housing and Urban Development				
Direct funded - Continuum of Care	14.267		\$ 1,624,486	\$ 1,649,310
U.S. Department of Treasury - Coronavirus Relief Fund Passed through the Michigan Department of Health and Human Services -				
COVID-19 - Coronavirus Relief Fund	21.019	20204029-002	-	501,586
U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services				
Passed through the Regents of The University of Michigan - Health Resources and Service Administration	93.243	1M01HP31331-01-00	-	49,830
Passed through the Michigan Department of Health and Human Services - Partnerships for Success	93.243	20202505-001	-	<u>243,272</u>
Total Substance Abuse and Mental Health Services			-	293,102
U.S. Department of Health and Human Services				
COVID-19 - Emergency Grants to Address Medical and Substance Use Disorders	93.665	20203992-001	-	233,472
Passed through the Regents of the University of Michigan - Medicaid Cluster - Medical Assistance Program - Michigan Child Collaborative Care (MC3) Program	93.778	3005939984	63,186	64,476
Passed through the Michigan Department of Health and Human Services - Medicaid Cluster - Medical Assistance Program - Pre-Admission Screening Annual Resident Reviews	93.778	20202653-00	<u>1,433,943</u>	<u>1,447,021</u>
Total Medicaid Cluster			1,497,129	1,511,497
Opioid State Targeted Response	93.788	20202487-001	-	981,723
Opioid State Response	93.788	20202509-001	-	1,167,780
Opioid State Targeted Response Supplemental	93.788	20193402-00	-	<u>299,533</u>
Total Opioid State Response			-	2,449,036

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2020

Federal Agency/Pass-through Agency/Program Title	CFDA Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
U.S. Department of Health and Human Services - Block Grants for Community Mental Health Services				
Passed through the Michigan Department of Health and Human Services:				
Drop-In Centers	93.958	20203584-00, 20203586-00	\$ -	\$ 9,067
Clubhouse Engagement	93.958	20203587-00	-	75,253
Veteran's Systems Navigator	93.958	20202685-00	-	75,749
Jail Diversion	93.958	20202693-00	-	175,000
System of Care	93.958	20202070-00	<u>753,800</u>	<u>907,819</u>
Total Block Grants for Community Mental Health Services			753,800	1,242,888
U.S. Department of Health and Human Services - Block Grants for Treatment and Prevention of Substance Abuse -				
Passed through the Michigan Department of Health and Human Services:				
Infant and Early Child Mental Health Consultation Administration	93.959	20202391-001	161,511	161,511
Administration	93.959	20203920-00	-	877,173
Community Grant	93.959	20202798-00	-	5,696,875
Women's Specialty Services	93.959	20203606-00	-	1,079,171
Prevention	93.959	20202681-001	<u>-</u>	<u>3,208,530</u>
Total Block Grants for Treatment and Prevention of Substance Abuse			<u>161,511</u>	<u>11,023,260</u>
Total U.S. Department of Health and Human Services			<u>2,412,440</u>	<u>16,519,783</u>
Total Coronavirus Relief			<u>-</u>	<u>735,058</u>
Total federal awards			<u>\$ 4,036,926</u>	<u>\$ 18,904,151</u>

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2020

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of Detroit Wayne Integrated Health Network (DWIHN) under programs of the federal government for the year ended September 30, 2020. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of DWIHN, it is not intended to and does not present the financial position, changes in net position, or cash flows of DWIHN.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement, except for expenditures related to CFDA 21.019, Coronavirus Relief Fund (CRF). CRF does not apply the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, but rather applies the U.S. Department of Treasury's guidance. Pass-through entity identifying numbers are presented where available.

DWIHN has elected to use the 10 percent *de minimis* indirect cost rate to recover indirect costs, as allowed under the Uniform Guidance.

Schedule of Findings and Questioned Costs

Schedule of Findings and Questioned Costs

Year Ended September 30, 2020

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported
- Noncompliance material to financial statements noted? _____ Yes X None reported

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported
- Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? _____ Yes X No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster	Opinion
93.778	Medicaid Cluster	Unmodified
93.959	Substance Abuse Prevention and Treatment Block Grant	Unmodified
14.267	Continuum of Care	Unmodified

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? X Yes _____ No

Section II - Financial Statement Audit Findings

None

Section III - Federal Program Audit Findings

None



Detroit Wayne Integrated Health Network

Compliance Examination

September 30, 2020

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In Relation to Opinion on Schedules
Independent Auditor's Report

To the Board of Directors
Detroit Wayne Integrated Health Network

We have audited the financial statements of Detroit Wayne Integrated Health Network (DWIHN) as of and for the year ended September 30, 2020 and the related notes to the financial statements, which collectively comprise DWIHN's basic financial statements. We have issued our report thereon dated March 22, 2021, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to March 22, 2021.

The accompanying examined financial status report and cost settlement schedules, as identified in the table of contents, are presented for the purpose of additional analysis, as required by the Michigan Department of Health and Human Services, and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Except for the contract reconciliation and settlement data, the information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, these schedules are fairly stated in all material respects in relation to the basic financial statements as a whole.

The contract reconciliation and settlement data have not been subjected to the auditing procedures applied in the audit of the basic financial statements, and, accordingly, we do not express an opinion or provide any assurance on them.

Plante & Moran, PLLC

March 22, 2021

Report on Compliance; Report on Internal Control Over Compliance

Independent Auditor's Report

To the Board of Directors and Management
Detroit Wayne Integrated Health Network

Report on Compliance

We have examined Detroit Wayne Integrated Health Network's (DWIHN) compliance with the specified requirements and specified criteria (i.e., compliance requirements A-K) contained in the Community Mental Health (CMH) 2019 Compliance Examination Guidelines issued by the Michigan Department of Health and Human Services (MDHHS) during the year ended September 30, 2020. Management is responsible for Detroit Wayne Integrated Health Network's compliance with the specified requirements. Our responsibility is to express an opinion on Detroit Wayne Integrated Health Network's compliance with the specific requirements listed above based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Detroit Wayne Integrated Health Network complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Detroit Wayne Integrated Health Network complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

Our examination does not provide a legal determination on Detroit Wayne Integrated Health Network's compliance with the specified requirements.

Opinion

In our opinion, Detroit Wayne Integrated Health Network complied, in all material respects, with the specified requirements listed above during the year ended September 30, 2020.

Report on Internal Control Over Compliance

Management of Detroit Wayne Integrated Health Network is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements related to the Medicaid, General Fund, and Community Mental Health Services Block Grant (MHBG) programs. In planning and performing our examination of compliance, we considered Detroit Wayne Integrated Health Network's internal control over compliance with the types of compliance requirements that could have a direct and material effect on the Medicaid, General Fund, and MHBG programs, as specified in the MDHHS Compliance Examination Guidelines, to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for these programs and to test and report on internal control over compliance in accordance with the Community Mental Health (CMH) Compliance Examination Guidelines, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Detroit Wayne Integrated Health Network's internal control over compliance.

To the Board of Directors and Management
Detroit Wayne Integrated Health Network

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of specified compliance requirement of the aforementioned programs on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of specified compliance requirement of the aforementioned programs will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of specified compliance requirement of the aforementioned programs that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Michigan Department of Health and Human Services Community Mental Health Compliance Examination Guidelines. Accordingly, this report is not suitable for any other purpose.

Plante & Moran, PLLC

March 22, 2021

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
CONCURRENT WAIVER PROGRAMS
MEDICAID CONTRACT SETTLEMENT WORKSHEET**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Specialty Managed Care - Medicaid	Medicaid	Healthy MI Plan	Children's Waiver	SED	HSW	DHIP	Total	FY Indicator
a. Current Fiscal Year - Medicaid Revenue rec'd thru 9/30	554,803,418	112,695,117	1,527,352	1,160,334	69,884,887	844,538	\$ 740,915,646	FY 20
b. Current Fiscal Year - Medicaid Revenue Accruals						820,181	\$ 820,181	FY 20
c. Less Direct Care Wage Revenue	(16,238,749)	(1,228,346)	(79,907)	(22,879)	(4,189,630)		\$ (21,759,511)	FY 20
d. Sub-Total Current Fiscal Year Medicaid Revenue:	\$ 538,564,669	\$ 111,466,771	\$ 1,447,445	\$ 1,137,455	\$ 65,695,257	\$ 1,664,719	\$ 719,976,316	FY 20
e. Prior Fiscal Year 1 - Accrual Adjustment - Net					339,137		\$ 339,137	FY 19
f. Prior Fiscal Year 2 - Accrual Adjustment - Net							\$ -	FY 18
g. Other Adjustments (DHHS Approval Required)							\$ -	Describe Below
h. Sub-Total - Prior Year Accrual Adjustments:	\$ -	\$ -	\$ -	\$ -	\$ 339,137	\$ -	\$ 339,137	
i. Total Medicaid Revenue - Current Year Settlement:	\$ 538,564,669	\$ 111,466,771	\$ 1,447,445	\$ 1,137,455	\$ 66,034,394	\$ 1,664,719	\$ 720,315,453	
Total Current Fiscal Year Performance Bonus Incentive Pool (PBIP) Withheld (enter as a positive amount)	4,160,444						\$ 4,160,444	
k. Total Retro-active adjustment			36,617	80	614,865		\$ 651,562	
l. Explanation of Accrual Adjustments	1a (column D) includes a reduction of \$8,020,668 related to OIG death audit recoupment. 1j represents HSW accrual at 9/30/20 received subsequent to 9/30/20.							

2. MDHHS - Direct Care Wage Revenue	Medicaid	Healthy MI Plan	Children's Waiver	SED	HSW	Total
a. Direct Care Wage - (April - June) (as of 9/30)	8,132,726	625,635	40,550	11,302	2,110,357	10,920,570
b. Direct Care Wage - (July - September) (as of 9/30)	8,106,023	602,711	39,357	11,577	2,079,273	10,838,941
c. Direct Care Wage - (April - June) (after 9/30)	34,530	7,520	-	1,977	(4,344)	39,683
d. Direct Care Wage - (July - September) (after 9/30)	153,952	50,550	116	1,167	158,994	364,779
e. Totals	\$ 16,427,231	\$ 1,286,416	\$ 80,023	\$ 26,023	\$ 4,344,280	\$ 22,163,973

2.1 MDHHS - Direct Care Wage Settlement	Revenue	Expenditures	Lapse	Cost Above Authorizations
a. Direct Care Wage - (April - June)	10,960,253	8,452,764	(2,507,489)	-
b. Direct Care Wage - (July - September)	11,203,720	9,118,878	(2,084,842)	-
c. Totals	\$ 22,163,973	\$ 17,571,642	\$ (4,592,331)	\$ -
d. Explanation:				

3. Medicaid Savings / Medicaid Lapse Calculation	Amount		
a. Specialty Managed Care - Medicaid Capitation	725,127,459		
1. Band # 1 (95 - 100%)	5% 36,256,373 PIHP retains		
2. Band # 2 (90 - 95%)	5% 36,256,373 Shared PIHP / MDHHS		
b. Balance Available for Savings (from Medicaid FSR)	-		
b1. Balance Available for Savings (from Healthy Michigan FSR)	22,185,806		
b2. Total Available for Savings	22,185,806		
	Total Lapse	Total Earned Savings	Total Savings Corridor
c. 1. Band # 1	22,185,806	22,185,806	22,185,806
2. Sub-Total - Band # 1	-	-	-
3. Band # 2	-	-	-
4. Sub-Total - Band # 2	-	-	-
5. Band # 3	-	-	-
6. Totals	\$ -	\$ 22,185,806	\$ 22,185,806

4. Summary of Total Savings / Lapse	Total Lapse	Total Earned Savings	Total Savings Corridor	% of Savings by Funding
1. Total Disposition of Medicaid Savings / Lapse			-	0%
2. Total Disposition of Healthy Michigan Savings / Lapse		22,185,806	22,185,806	100%
3. Total Savings / Lapse	\$ -	\$ 22,185,806	\$ 22,185,806	100%

5. Medicaid Savings - Prior Year Earnings to Expend	FY	FY	FY	FY	Total
a. Prior Year Medicaid Savings Earned - Medicaid					-
b. Current Year Expenditures - Medicaid					-
c. Prior Year Medicaid Savings Earned - HMP					-
d. Current Year Expenditures - HMP					-
e. Balance of Medicaid Savings:	\$ -	\$ -	\$ -	\$ -	\$ -

6. Narrative: Both CRCS and Contract Settlement Worksheet

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
CONCURRENT WAIVER PROGRAMS
MEDICAID/HMP CONTRACT RECONCILIATION AND CASH SETTLEMENT**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
PERIOD COVERED: YE Final
SUBMISSION DATE: 3/31/2021

		PIHP Contract Cost Settled
1. Medicaid Services - Available Resources		
a.	Total Managed Care Capitation (Medicaid & Healthy Michigan Plan) incl DCW	\$ 742,479,426
b.	1st & 3rd Party Collections - Medicaid (FSR A 121)	-
c.	1st & 3rd Party Collections - HMP (FSR AI 121)	-
d.	Prior Year Medicaid Savings (FSR A 123 + FSR AI 123)	-
e.	ISF Abatement - Medicaid / HMP(FSR A 124 + FSR AI 124)	-
f.	Psych Hospital HRA (FSR A 125 + FSR AI 125)	29,217,170
g.	Redirected FROM CMHSP to CMHSP Contracts (FSR A 302 + FSR AI 302)	-
h.	Redirected FROM Non-MDHHS Earned Contracts (FSR A 303 + FSR AI 303)	-
i.	Redirected FROM Restricted Fund Balance (FSR A 315 + AI 315 + AK 315)	-
j.	Sub-Total Other Medicaid Services - Resources	\$ 29,217,170
k.	Total Medicaid Services - Available Resources	\$ 771,696,596

2. Medicaid Services - Expenditures		
a.	PIHP Insurance Provider Assessment (IPA) Tax (FSR A 201 + FSR AI 201)	9,251,417
b.	Medicaid Services (incl DCW) (FSR A 202 + A 206 - A 122 - A 325)	584,105,712
b.1	Healthy Michigan Plan Services (incl DCW) (FSR AI 202 + AI 205 - AI 122 - AI 325)	84,775,445
b.2	MI Health Link Medicaid Services (FSR A 205)	37,568,715
c.	Deposits - ISF Medicaid / HMP (FSR A 203 + FSR AI 203)	-
d.	Psych Hospital HRA (FSR A 204 + FSR AI 204)	29,217,170
e.	Sub-Total Medicaid Services - Expenditures	\$ 744,918,459
f.	Redirected TO CMHSP to CMHSP Contracts (FSR A 301 + FSR AI 301)	-
h.	Redirected TO MI Health Link (FSR A 301c)	-
i.	Sub-Total Medicaid Services - Redirected Expenditures	\$ -
j.	Total Medicaid Services - Expenditures	\$ 744,918,459

3. Net Medicaid Services Surplus / (Deficit)		
a.	Medicaid Funding Surplus / (Deficit)	26,778,137
b.	Less: Direct Care Wage Surplus / (Deficit) (Medicaid worksheet 2.1.c)	4,592,331
c.	Net Medicaid Services Surplus / (Deficit)	\$ 22,185,806

4. Disposition		Amount
a.	Surplus	
1.	Transfer to Fund Balance - Medicaid Savings Earned	(22,185,806)
2.	Lapse to MDHHS - Contract Settlement	-
3.	Total Disposition - Surplus	\$ (22,185,806)

b.	Deficit	
1.	Redirected from General Fund (FSR A 331 + AI 331 + AK 331)	-
2.	Redirected from Local (FSR A 332 + AI 332 + AK 332)	-
3.	Redirected Risk Corridor - PIHP Share (FSR A 333 + AI 333)	-
4.	Redirected Risk Corridor - MDHHS Share (FSR A 334 + AI 334)	-
5.	Redirected from Restricted Fund Balance (FSR A 335 + AI 335 + AK 335)	-
6.	Total Disposition - Deficit	\$ -

4.1 Medicaid Savings Transferred To/From		Amount
PIHP receiving transferred Medicaid savings		Total Transferred
a.		
b.		
c.		
d.		
e.		
f.	Total	\$ -

5. Cash Settlement: (Due MDHHS) / Due PIHP		Amount
a.	Forced Lapse to MDHHS	(4,592,331)
b.	Lapse to MDHHS - Contract Settlement	-
c.	Risk Corridor - MDHHS Share	-
d.	Return of Prior Year Medicaid Savings	-
e.	Misc (please explain)	
f.	Misc (please explain)	
g.	Total Cash Settlement: (Due MDHHS) / Due PIHP	\$ (4,592,331)

6. Medicaid MDHHS Commitment		Amount
a.	MDHHS / PIHP Medicaid Funded Expenditures	698,129,647
b.	Earned Medicaid Savings	22,185,806
c.	Sub-Total MDHHS Commitment	\$ 720,315,453
d.	Risk Corridor - MDHHS Share	-
e.	Total MDHHS Medicaid Commitment	\$ 720,315,453
f.	General Fund Supplement for Unfunded Medicaid	-

7. Report Certification
This is to certify accuracy and completeness of this report.

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 7.7.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:

This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 7.7.1.1 REPORT SUBMISSIONS form.

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - MEDICAID**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board
	SUBMISSION DATE:	3/31/2021	
1	PIHP or CMHSP		PIHP Grand Total page 1 & 2
			DWIHN

MEDICAID SERVICES - PIHP USE ONLY			
A	100	REVENUE	
A	101	Specialty Managed Care Medicaid Revenue	608,848,682
A	115	Medicaid Managed Care - Affiliate Contracts	-
A	116	Direct Care Wage	20,877,557
A	120	Subtotal - Current Period Medicaid Services Revenue	629,726,239
A	121	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Rptng Bd	-
A	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	-
A	123	Prior Year Medicaid Savings (Funding Current Year Expenses)	-
A	124	ISF Abatement	-
A	125	Psych Hospital Rate Adjuster (HRA)	17,631,686
A	140	Subtotal - Other Medicaid Revenue	17,631,686
A	190	TOTAL REVENUE	647,357,925
A	200	EXPENDITURE	
A	201	PIHP Insurance Provider Assessment (IPA) Tax	6,603,331
A	202	Medicaid Services	567,537,326
A	203	Payment into Medicaid ISF	-
A	204	Psych Hospital Rate Adjuster (HRA)	17,631,686
A	205	MI Health Link - Medicaid Services	37,568,715
A	206	Direct Care Wage	16,568,386
A	290	TOTAL EXPENDITURE	645,909,444
A	295	SUBTOTAL NET MEDICAID SERVICES SURPLUS (DEFICIT)	1,448,481
A	300	Redirected Funds (To) From	
A	301	(TO) CMHSP to CMHSP Earned Contracts - J304	-
A	301a	Intentionally left blank	-
A	301b	(TO) Healthy MI Plan - A1310	-
A	301c	(TO) MI Health Link Services (Medicare) - AK310	-
A	302	FROM CMHSP to CMHSP Earned Contracts - J301 (explain - section AB)	-
A	303	FROM Non-MDHHS Earned Contracts - K301 (explain - section AB)	-
A	310a	FROM Healthy MI Plan - A1301a	2,860,690
A	315	FROM Restricted Fund Balance - RES 1.c	-
A	325	Info only - Affiliate Total Redirected Funds - I390	-
A	330	Subtotal Redirected Funds rows 301 - 325	2,860,690
A	331	FROM General Fund - Redirected to Unfunded Medicaid Costs - B301	-
A	332	FROM Local Funds - M301	-
A	333	FROM Risk Corridor - PIHP Share - N301	-
A	334	FROM Risk Corridor - MDHHS Share - N302	-
A	335	FROM Restricted Fund Balance - Risk Financing RES 1.c	-
A	390	Total Redirected Funds	2,860,690
A	400	BALANCE MEDICAID SERVICES	-
A	401	BALANCE MEDICAID DIRECT CARE WAGE SERVICES	4,309,171

AB	REMARKS
AB	Remarks may be added about any entry or activity on the report for which additional information may be useful.
AB	

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - Healthy Michigan**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A	I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board	PIHP Grand Total page 1 & 2
	SUBMISSION DATE:	3/31/2021		
1	PIHP or CMHSP		DWIHN	

AI	HEALTHY MICHIGAN SERVICES - PIHP USE ONLY			
AI 100	REVENUE			
AI 101	Healthy Michigan Plan		111,466,771	111,466,771
AI 115	Healthy Michigan Managed Care - Affiliate Contracts		-	-
AI 116	Direct Care Wage		1,286,416	1,286,416
AI 120	Subtotal - Current Period Healthy Michigan Services Revenue		112,753,187	112,753,187
AI 121	1st & 3rd Party Collections - HMP Consumers - Rptng Bd			-
AI 122	1st & 3rd Party Collections - HMP Consumers - Affiliate			-
AI 123	Prior Year Healthy MI Plan Savings (Funding Current Year Expenses)		-	-
AI 124	ISF Abatement HMP			-
AI 125	Psych Hospital Rate Adjuster (HRA)		11,585,484	11,585,484
AI 140	Subtotal - Other Healthy Michigan Revenue		11,585,484	11,585,484
AI 190	TOTAL REVENUE		124,338,671	124,338,671
AI 200	EXPENDITURE			
AI 201	PIHP Insurance Provider Assessment (IPA) Tax Healthy Michigan Plan		2,648,086	2,648,086
AI 202	Healthy Michigan Plan Services		83,772,189	83,772,189
AI 203	Payment into Healthy Michigan Plan ISF		-	-
AI 204	Psych Hospital Rate Adjuster (HRA)		11,585,484	11,585,484
AI 205	Direct Care Wage		1,003,256	1,003,256
AI 290	TOTAL EXPENDITURE		99,009,015	99,009,015
AI 295	SUBTOTAL NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)		25,329,656	25,329,656
AI 300	Redirected Funds (To) From			
AI 301	(TO) CMHSP to CMHSP Earned Contracts - J304.1		-	-
AI 301a	(TO) Medicaid - A310a		(2,860,690)	(2,860,690)
AI 302	FROM CMHSP to CMHSP Earned Contracts - J301.1 (explain - section AJ)			-
AI 303	FROM Non-MDHHS Earned Contracts - K301.1 (explain - section AJ)			-
AI 310	FROM Medicaid - A301b			-
AI 315	FROM Restricted Fund Balance - RES 1.g		-	-
AI 325	Info only - Affiliate Total Redirected Funds - I390			-
AI 330	Subtotal Redirected Funds rows 301 - 325		(2,860,690)	(2,860,690)
AI 331	FROM General Fund - Redirected to Unfunded Healthy Michigan Costs - B301.1			-
AI 332	FROM Local Funds - M301.1			-
AI 333	FROM Risk Corridor - PIHP Share - N301.1		-	-
AI 334	FROM Risk Corridor - MDHHS Share - N302.1			-
AI 335	FROM Restricted Fund Balance - Risk Financing RES 1.g		-	-
AI 390	Total Redirected Funds		(2,860,690)	(2,860,690)
AI 400	BALANCE HEALTHY MICHIGAN PLAN SERVICES		22,185,806	22,185,806
AI 401	BALANCE HEALTHY MICHIGAN PLAN DIRECT CARE WAGE SERVICES		283,160	283,160

AJ	REMARKS
AJ	Remarks may be added about any entry or activity on the report for which additional information may be useful.
AJ	

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT
WAIVER PROGRAMS CONTRACT
FINANCIAL STATUS REPORT - MI Health Link**

PIHP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	YEAR TO DATE REPORTING	
	FISCAL YEAR:	FY 19 / 20	A I
	SUBMISSION TYPE:	YE Final	Regional Authority / Reporting Board
	SUBMISSION DATE:	3/31/2021	
1	PIHP or CMHSP	DWIHN	PIHP Grand Total page 1 & 2

AK	MI HEALTH LINK SERVICES - PIHP USE ONLY		
AK 100	REVENUE		
AK 101	MI Health Link	9,216,182	9,216,182
AK 102	ICO - Risk Financing / (ICO - Shared Savings)		-
AK 115	MI Health Link - Affiliate Contracts	-	-
AK 120	Subtotal - Current Period MI Health Link Services Revenue	9,216,182	9,216,182
AK 121	1st & 3rd Party Collections - MI Health Link Consumers - Rptng Bd		-
AK 122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate		-
AK 140	Subtotal - Other MI Health Link Revenue	-	-
AK 190	TOTAL REVENUE	9,216,182	9,216,182
AK 200	EXPENDITURE		
AK 202	MI Health Link Services	9,216,182	9,216,182
AK 290	TOTAL EXPENDITURE	9,216,182	9,216,182
AK 295	SUBTOTAL NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)	-	-
AK 300	Redirected Funds (To) From		
AK 301	(TO) CMHSP to CMHSP Earned Contracts - J304.3	-	-
AK 302	FROM CMHSP to CMHSP Earned Contracts - J301.3 (explain - section AL)		-
AK 303	FROM Non-MDHHS Earned Contracts - K301.3 (explain - section AL)		-
AK 310	FROM Medicaid - A301c		-
AK 315	FROM Restricted Fund Balance - RES 1.h	-	-
AK 325	Info only - Affiliate Total Redirected Funds - ID390		-
AK 330	Subtotal Redirected Funds rows 301 - 325	-	-
AK 331	FROM General Fund - Redirected to Unfunded MI Health Link Costs - B301.5		-
AK 332	FROM Local Funds - M301.5		-
AK 335	FROM Restricted Fund Balance - Risk Financing RES 1.h	-	-
AK 336	(TO) Local funds - M313.3	-	-
AK 390	Total Redirected Funds	-	-
AK 400	BALANCE MI HEALTH LINK SERVICES (must = 0)	-	-

AL	REMARKS
AL	Remarks may be added about any entry or activity on the report for which additional information may be useful.
AL	

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
RESTRICTED FUND BALANCE ACTIVITY**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK

FISCAL YEAR: FY 19 / 20

SUBMISSION TYPE: YE Final

SUBMISSION DATE: 3/31/2021

1.	Restricted Fund Balance Activity	PA2	PA2 - (Risk Financing)	Performance Bonus Incentive Pool (PBIP)	Performance Bonus Incentive Pool (PBIP) - (Risk Financing)	Restricted Fund Balances / Current Activity
a.	Restricted Fund Balance @ Beginning of Fiscal Year	\$ 3,301,926				\$ 3,301,926
b.	Current Period Deposits	\$ 4,409,017				\$ 4,409,017
c.	Current Period Financing Medicaid					\$ -
d.	Current Period Financing SUD Non-Medicaid	\$ (3,091,162)				\$ (3,091,162)
e.	Current Period Financing Opioid Health Homes Behavioral Health					\$ -
f.	Current Period Financing Health Homes Behavioral Health					\$ -
g.	Current Period Financing Healthy MI Plan					\$ -
h.	Current Period Financing MI Health Link					\$ -
i.	Current Period Financing Behavioral Health System					\$ -
j.	Restricted Fund Ending Balance		\$ 4,619,781	\$ -		\$ 4,619,781

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
INTERNAL SERVICE FUND**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Internal Service Fund Fiscal Year Activity		ISF Balance @ Beginning of Fiscal Year	Current Period ISF Contributions Interest Earned	Current Period ISF Contributions Deposits	Current Period ISF Reduction (Abatement)	Current Period ISF Financing Medicaid (Risk)	Current Period ISF Financing HMP (Risk)	ISF Ending Balance
a.	ISF Balances / Current Activity	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Specialty Managed Care			\$ -	\$ -			\$ -
c.	Healthy Michigan Plan			\$ -	\$ -			\$ -

1.1 PIHP Transferred To/From ISF balances		Total Transferred
a.		
b.		
c.		
d.		
e.		
f.	Total Transferred to/from PIHPs	\$ -
g.	Final balance after transfers	\$ -
h.	Specialty Managed Care portion of balance	\$ -
i.	Healthy Michigan Plan portion of balance	\$ -

2. PIHP Maximum Allowable Funding of ISF	Amount
a. Specialty Managed Care - Medicaid Capitation (FSR Medicaid - A 101 + FSR HMP - AI 101 + Medicaid Worksheet - 1.i PBIP Withhold + Medicaid Worksheet - 1.j. Retro-active Adjustment)	\$ 725,127,459
b. % of Current Year Medicaid Capitation	7.5%
c. Maximum Allowable Funding of Med ISF	\$ 54,384,559

3. Disposition of ISF Ending Balance	Amount	Narrative of Resolution if ISF Over Funded
a. Maximum Allowable Funding of Medicaid ISF	\$ 54,384,559	
b. Medicaid ISF Ending Balance	\$ -	
c. Within Maximum Allowable Limit / (Overfunded)	\$ 54,384,559	

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT
SHARED RISK CALCULATION & RISK FINANCING**

PIHP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. Shared Risk Calculation		Medicaid Amount	HMP Amount	PBIP Amount	Retro Adj Amount	Total Amount
a1.	Specialty Managed Care - Medicaid Capitation (FSR Medicaid - A 101 + FSR HMP - AI 101 + Medicaid Worksheet - 1.i PBIP Withhold + Medicaid Worksheet - 1.j. Retro-active Adjustment)	\$ 608,848,682	\$ 111,466,771	\$ 4,160,444	\$ 651,562	\$ 725,127,459
a2.	Band # 1 (100 - 105%)			36,256,373		Full PIHP Responsibility
a3.	Band # 2 (105 - 110%)			36,256,373		Shared State / PIHP Responsibility
b.	Total Risk			-		

				State Risk	Local Risk	Total Risk Corridor
c1.	Band # 1 Liability			-	-	-
c2.	Sub-Total - Band # 1			-		
c3.	Band # 2 Liability			-	-	-
c4.	Sub-Total - Band # 2			-		
c5.	Band # 3 Liability			-	-	-
c6.	Total Risk Responsibility			\$ -	\$ -	\$ -

2. Disposition of Risk		State Risk	Local Risk	Total Risk Corridor
a.	Stop/Loss Insurance (FSR - Non-Medicaid Line N 101)		-	-
b.	Medicaid / HMP for PIHP Share Risk Corridor (FSR - Non-Medicaid Line N 102)		-	-
c.	Local Funds / Local Fund Balance - Medicaid / HMP Services (FSR - Non-Medicaid Line M 301, M 301.1)		-	-
d.	Restricted Funds / Restricted Fund Balance - Medicaid / HMP Services (FSR - Non-Medicaid Line N 104)		-	-
e.	General Fund Redirect for Unfunded Medicaid / HMP Costs - MDHHS Approved ONLY (FSR - Non-Medicaid Line B 301, B301.1)		-	-
f.	Due PIHP From MDHHS (FSR - Non-Medicaid Line N 103)		-	-
g.	Total Risk Corridor Funding	\$ -	\$ -	\$ -

3. Summary of Total Risk / Funding		State Risk	Local Risk	Total Risk Corridor
a.	Total Risk	-	-	-
b.	Total Disposition of MDHHS / Local Risk - Medicaid			-
b1.	Total Disposition of MDHHS / Local Risk - Healthy Michigan Plan			-
c.	Balance of Risk Corridor (Must = \$0)	\$ -	\$ -	\$ -

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021
		Column A	Column B

A		MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)	
A	190	TOTAL REVENUE	647,357,925
A	290	TOTAL EXPENDITURE	645,909,444
A	295	NET MEDICAID SERVICES SURPLUS (DEFICIT)	1,448,481
A	390	Total Redirected Funds	2,860,690
A	400	BALANCE MEDICAID SERVICES (A 400 + A 401)	4,309,171

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AE		OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services	
AE	190	TOTAL REVENUE	-
AE	290	TOTAL EXPENDITURE	-
AE	295	NET SURPLUS (DEFICIT)	-
AE	390	Total Redirected Funds	-
AE	400	BALANCE OPIOID HEALTH HOME SERVICES	-

AG		HEALTH HOME SERVICES - Summary From FSR - Health Home Services	
AG	190	TOTAL REVENUE	-
AG	290	TOTAL EXPENDITURE	-
AG	295	NET HEALTH HOME SERVICES SURPLUS (DEFICIT)	-
AG	390	Total Redirected Funds	-
AG	400	BALANCE HEALTH HOME SERVICES	-

AI		HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)	
AI	190	TOTAL REVENUE	124,338,671
AI	290	TOTAL EXPENDITURE	99,009,015
AI	295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	25,329,656
AI	390	Total Redirected Funds	(2,860,690)
AI	400	BALANCE HEALTHY MICHIGAN SERVICES (AI 400 + AI 401)	22,468,966

AK		MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link	
AK	190	TOTAL REVENUE	9,216,182
AK	290	TOTAL EXPENDITURE	9,216,182
AK	295	NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)	-
AK	390	Total Redirected Funds	-
AK	400	BALANCE MI HEALTH LINK SERVICES	-

RES		RESTRICTED FUND BALANCE ACTIVITY	
RES	180	Beginning Restricted Fund balance	3,301,926
RES	190	TOTAL REVENUE (Deposits)	4,409,017
RES	290	TOTAL EXPENDITURE (PBIP & SUD NON-MEDICAID only)	3,091,162
RES	390	Total Redirected Funds	-
RES	400	BALANCE RESTRICTED FUND	4,619,781

B		GENERAL FUND	
B	100	REVENUE	
B	101	CMH Operations	34,943,453
B	120	Subtotal - Current Period General Fund Revenue	34,943,453
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services	
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services	
B	123	Prior Year GF Carry Forward	1,865,565
B	140	Subtotal - Other General Fund Revenue	1,865,565
B	190	TOTAL REVENUE	36,809,018
B	200	EXPENDITURE	
B	201	100% MDHHS Matchable Services / Costs	4,019,982
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap	-
B	203	90% MDHHS Matchable Services / Costs	30,394,564
B	290	TOTAL EXPENDITURE	31,375,090
B	295	NET GENERAL FUND SURPLUS (DEFICIT)	5,433,928

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	3/31/2021	REPORTING
			Column A	Column B
B	300	Redirected Funds (To) From		
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - A331 (PIHP use only)		-
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - AI331 (PIHP use only)		-
B	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services AE331 (PIHP use only)		-
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services AG331 (PIHP use only)		-
B	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - AK331 (PIHP use only)		-
B	309	(TO) Allowable GF Cost of Injectable Medications - G301		-
B	312	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)		-
B	313	FROM CMHSP to CMHSP Earned Contracts - J302		
B	314	FROM Non-MDHHS Earned Contracts - K302		
B	330	Subtotal Redirected Funds rows 301 - 314		-
B	331	FROM Local Funds - M302		
B	332	FROM Risk Corridor - N303		
B	390	Total Redirected Funds		-
B	400	BALANCE GENERAL FUND (cannot be < 0)		5,433,928

OTHER GF CONTRACTUAL OBLIGATIONS

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FEE FOR SERVICE MEDICAID

D		TARGETED CASE MANAGEMENT - (GHS Only)		
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G INJECTABLE MEDICATIONS

G	190	Revenue		
G	290	Expenditure		
G	295	NET INJECTABLE MEDICATIONS (cannot be > 0)		-
G	300	Redirected Funds (To) From		
G	301	FROM General Fund - B309		
G	302	FROM Local Funds - M309		
G	390	Total Redirected Funds		-
G	400	BALANCE INJECTABLE MEDICATIONS (must = 0)		-

OTHER FUNDING

H MDHHS EARNED CONTRACTS

H	100	REVENUE		
H	101	Comprehensive Services for Behavioral Health		20,705,400
H	102	Housing and Homeless Services		1,649,310
H	103	Pilot Programs for Juvenile Justice Diversion		-
H	104	Mental Health Diversion Council		-
H	105	Projects for Assistance in Transition from Homelessness		-
H	106	Regional Perinatal Collaborative		-
H	107	Substance Abuse & Mental Health COVID-19 Grant Program		233,472
H	108	Coronavirus (COVID-2019) Community Mental Health Support Program		501,586
H	150	Other MDHHS Earned Contracts (describe):		-
H	151	Other MDHHS Earned Contracts (describe):		-
H	190	TOTAL REVENUE		23,089,768
H	200	EXPENDITURE		
H	201	Comprehensive Services for Behavioral Health		20,705,400
H	202	Housing and Homeless Services		1,649,310
H	203	Pilot Programs for Juvenile Justice Diversion		-
H	204	Mental Health Diversion Council		-
H	205	Projects for Assistance in Transition from Homelessness		-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	3/31/2021	REPORTING
			Column A	Column B
H	206	Regional Perinatal Collaborative		-
H	207	Substance Abuse & Mental Health COVID-19 Grant Program		233,472
H	208	Coronavirus (COVID-2019) Community Mental Health Support Program		501,586
H	250	Other MDHHS Earned Contracts (describe):		-
H	251	Other MDHHS Earned Contracts (describe):		-
H	290	TOTAL EXPENDITURE		23,089,768
H	400	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)		-

I PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY

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IB PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY

IC PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY

ID PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY

J CMHSP to CMHSP EARNED CONTRACTS

J	190	Revenue		
J	290	Expenditure		
J	295	NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)		-
J	300	Redirected Funds (To) From		
J	301	(TO) Medicaid Services - A302 (PIHP use only)		-
J	301.1	(TO) Healthy Michigan - A1302 (PIHP use only)		-
J	301.3	(TO) MI Health Link - AK302 (PIHP use only)		-
J	302	(TO) General Fund - B313		-
J	304	FROM Medicaid Services - A301 (PIHP use only)		
J	304.1	FROM Healthy Michigan - A1301 (PIHP use only)		
J	304.3	FROM MI Health Link - AK301 (PIHP use only)		
J	305	FROM General Fund - B312		
J	307	FROM Local Funds - M310		
J	390	Total Redirected Funds		-
J	400	BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)		-

K NON-MDHHS EARNED CONTRACTS

K	190	Revenue		154,160
K	290	Expenditure		154,160
K	295	NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)		-
K	300	Redirected Funds (To) From		
K	301	(TO) Medicaid Services - A303 (PIHP use only)		-
K	301.1	(TO) Healthy Michigan - A1303 (PIHP use only)		-
K	301.3	(TO) MI Health Link - AK303 (PIHP use only)		-
K	302	(TO) General Fund - B314		-
K	304	(TO) Local Funds - M315		-
K	305	FROM Local Funds - M311		
K	390	Total Redirected Funds		-
K	400	BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)		-

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M LOCAL FUNDS

M	100	REVENUE		
M	101	County Appropriation for Mental Health		17,686,452
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds		
M	103	Section 226 (a) Funds		-
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)		
M	105	Medicaid Fee for Service Adjuster Payments		203,599
M	106	Local Grants		509,140

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:	FY 19 / 20
			SUBMISSION TYPE:	YE Final
			SUBMISSION DATE:	3/31/2021
			Column A	Column B
M	107	Interest		1,172,446
M	109	SED Partner		
M	110	All Other Local Funding		
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding		4,160,443
M	190	TOTAL REVENUE		23,732,080
M	200	EXPENDITURE		
M	201	GF 10% Local Match		3,039,456
M	202	Local match cap amount		
M	203	GF Local Match Capped per MHC 330.1308		-
M	204	Local Cost for State Provided Services		6,956,747
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)		4,030,280
M	207	Local Match to Grants and MDHHS Earned Contracts		
M	209	Local Only Expenditures		330,953
M	290	TOTAL EXPENDITURE		14,357,436
M	295	NET LOCAL FUNDS SURPLUS (DEFICIT)		9,374,644
M	300	Redirected Funds (To) From		
M	301	(TO) Medicaid Services - A332 (PIHP use only)		-
M	301.1	(TO) Healthy Michigan - AI332 (PIHP use only)		-
M	301.5	(TO) MI Health Link - AK332 (PIHP use only)		-
M	302	(TO) General Fund - B331		-
M	309	(TO) Injectable Medications - G302		-
M	310	(TO) CMHSP to CMHSP Earned Contracts - J307		-
M	311	(TO) Non-MDHHS Earned Contracts - K305		-
M	313	(TO) Activity Not Otherwise Reported - O302		-
M	313.3	FROM MI Health Link (Medicare) - AK336 - (PIHP use only)		
M	315	FROM Non-MDHHS Earned Contracts - K304		
M	390	Total Redirected Funds		-
M	400	BALANCE LOCAL FUNDS		9,374,644

N	RISK CORRIDOR			
N	100	REVENUE		
N	101	Stop/Loss Insurance		
N	102	Medicaid ISF for PIHP Share Risk Corridor		-
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor		
N	104	Restricted Fund balance for PIHP Share Risk Corridor		-
N	190	TOTAL REVENUE		-
N	300	Redirected Funds (To) From		
N	301	(TO) Medicaid Services - PIHP Share - A333 (PIHP use only)		-
N	301.1	(TO) Healthy Michigan - PIHP Share - AI333 (PIHP use only)		-
N	301.2	(TO) Restricted Fund balance for PIHP Share - A335 & AI335 (PIHP use only)		-
N	302	(TO) Medicaid Services - MDHHS Share - A334 (PIHP use only)		-
N	302.1	(TO) Healthy Michigan - MDHHS Share - AI334 (PIHP use only)		-
N	303	(TO) General Fund - B332		-
N	390	Total Redirected Funds		-
N	400	BALANCE RISK CORRIDOR (must = 0)		-

O	ACTIVITY NOT OTHERWISE REPORTED			
O	100	REVENUE		
O	101	Other Revenue (describe): Gain on sale of assets		179,024
O	102	Other Revenue (describe):		
O	103	Other Revenue (describe):		
O	190	TOTAL REVENUE		179,024
O	200	EXPENDITURE		
O	201	Other Expenditure (describe):		
O	202	Other Expenditure (describe):		
O	203	Other Expenditure (describe):		
O	290	TOTAL EXPENDITURE		-
O	295	NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)		179,024
O	300	Redirected Funds (To) From		
O	302	FROM Local Funds - M313		
O	390	Total Redirected Funds		-
O	400	BALANCE ACTIVITY NOT OTHERWISE REPORTED		179,024

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	DETROIT WAYNE INTEGRATED HEALTH NETWORK	FISCAL YEAR:	FY 19 / 20
		SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021
		Column A	Column B

P		GRAND TOTALS	
P	190	GRAND TOTAL REVENUE	869,285,845
P	290	GRAND TOTAL EXPENDITURE	826,202,257
P	390	GRAND TOTAL REDIRECTED FUNDS (must = 0)	-
P	400	NET INCREASE (DECREASE)	43,083,588

Q	REMARKS
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q	B400 reflects MDHHS letter dated 7/20/20 requesting waiver of 5% cap on carryover. Due to lack of response to letter, numerous emails and inclusion in the FY21 Risk Management Strategy Report and a meeting with MDHHS leadership, DWIHN assumes approval.
Q	
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MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)

FINANCIAL STATUS REPORT - ALL NON-MEDICAID - SUPPLEMENTAL

CMHSP:		DETROIT WAYNE INTEGRATED HEALTH NETWORK		FISCAL YEAR:		FY 19 / 20		YEAR TO DATE REPORTING	
				SUBMISSION TYPE:		YE Final			
				SUBMISSION DATE:		3/31/2021			
				Column A		Column B		Column C	
H MDHHS EARNED CONTRACTS									
H	Grant Program Code	Grant Program Title	Project Code	Project Title	REVENUE	EXPENDITURES	BALANCE		
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services	104,101	104,101	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans	92,931	92,931	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans	38,214	38,214	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CG	Community Grant	8,142,394	8,142,394	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement	75,253	75,253	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRMG	Care Management	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care	907,819	907,819	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Our Place Drop In Center	802	802	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Perfect Place Drop In Center	3,273	3,273	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**	Harvest Retreat Drop In Center	4,992	4,992	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	GRT	Gambling Residential Treatment	220,470	220,470	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services	185,754	185,754	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IHC	Continuation and Expansion of Integrated Healthcare for CMHCM	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IMH	Health Innovation in Manistee and Benzie Counties	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	JLDV	Jail Diversion	175,000	175,000	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	LSHP	Lead Safe Home Program Medicaid Outreach Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MGDPP	Michigan Gambling Disorder Prevention Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHFA	Mental Health First Aid	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJSE	Mental Health and Juvenile Justice Screening Expansion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJSP	Mental Health Juvenile Justice Screening Project	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MSOR	Michigan State Opioid Response	1,167,780	1,167,780	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MYTIE	Michigan Youth Treatment Improvement & Enhancement PIHP	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prqms	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	1,929,362	1,929,362	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHI	Opioid Health Home Implementation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHSO	Opioid Health Home Service Optimization	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PA2	Prevention	3,208,530	3,208,530	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultation to Primary Care Practices	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PFS	Partnership for Success	243,272	243,272	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PRTS	PMTO Regional Training and Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.	161,511	161,511	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SDA	State Disability Assistance	730,593	730,593	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORAPP	State Opioid Response-Opioid Abuse Prevention Fund	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORS	State Opioid Response Supplemental	299,533	299,533	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	STR	State Targeted Response	981,723	981,723	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDADM	Substance Use Disorder - Administration (ADM)	877,173	877,173	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDT	Substance Use Disorder Services - Tobacco	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TBR	Technology-Based Recovery Support	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCC	Trauma Focused CBT Coordination & Training	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon	-	-	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	VE* [†]	Veteran Navigator	75,749	75,749	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	WSS	Substance Use Disorder Services - Womens' Specialty Services	1,079,171	1,079,171	-	Must = 0	
H	SUBTOTAL Comprehensive Services for Behavioral Health				20,705,400	20,705,400	-	Must = 0	
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus	1,649,310	1,649,310	-	Must = 0	
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing	-	-	-	Must = 0	
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing	-	-	-	Must = 0	
H	SUBTOTAL Housing and Homeless Services				1,649,310	1,649,310	-	Must = 0	
H	JJDPP	Pilot Programs for Juvenile Justice Diversion	JJDPP	Pilot Programs for Juvenile Justice Diversion	-	-	-	Must = 0	
H	SUBTOTAL Pilot Programs for Juvenile Justice Diversion				-	-	-	Must = 0	
H	MHDC	Mental Health Diversion Council Pilot Program	MHDC	Mental Health Diversion Council Pilot Program	-	-	-	Must = 0	
H	MHDCS	Mental Health Diversion Council Special Initiatives	MHDCS	Mental Health Diversion Council Special Initiatives	-	-	-	Must = 0	
H	SUBTOTAL Mental Health Diversion Council				-	-	-	Must = 0	
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness	-	-	-	Must = 0	
H	SUBTOTAL Projects for Assistance in Transition from Homelessness				-	-	-	Must = 0	
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative	-	-	-	Must = 0	
H	SUBTOTAL Regional Perinatal Collaborative				-	-	-	Must = 0	
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	233,472	233,472	-	Must = 0	
H	SUBTOTAL Substance Abuse & Mental Health COVID-19 Grant Program				233,472	233,472	-	Must = 0	
H	CVMCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	CVMCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	501,586	501,586	-	Cannot be < 0	
H	SUBTOTAL Coronavirus (COVID-2019) Community Mental Health Support Program				501,586	501,586	-	Cannot be < 0	
H	Other MDHHS Earned Contracts (describe):				-	-	-	Must = 0	
H	Other MDHHS Earned Contracts (describe):				-	-	-	Must = 0	
H	SUBTOTAL Other MDHHS Earned Contracts				-	-	-	Must = 0	
H	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)				23,089,768	23,089,768	-	Cannot be < 0	

Q	REMARKS
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	
Q	

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT**

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. General Fund Services - Available Resources		Funding Resources
a.	CMH Operations (FSR B 101)	34,943,453
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	\$ 34,943,453
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	-
f.	Prior Year GF Carry-Forward (FSR B 123)	1,865,565
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	\$ 1,865,565
k.	Local 10% Associated to 90/10 Services (FSR M 201)	3,039,456
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	\$ 3,039,456
n.	Total General Fund Services - Resources	\$ 39,848,474

3. Summary of Resources / Expenditures		Amount
a.	Total General Fund Services - Resources	39,848,474
b.	Total General Fund Services - Expenditures	34,414,546
c.	Sub-Total General Fund Services Surplus (Deficit)	\$ 5,433,928
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	\$ 5,433,928

4. Disposition:		Amount
Surplus		
a.	Transfer to Fund Balance - GF Carry-Forward Earned	(1,747,173)
b.	Lapse to MDHHS - Contract Settlement	(3,686,755)
c.	Total Disposition - Surplus	\$ (5,433,928)

Deficit		
d.	Redirected from Local (FSR B 331)	-
e.	Redirected from risk corridor (FSR B 332)	-
f.	Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDHHS) / Due CMHSP		Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(3,686,755)
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain): Per 7/23/20 MDHHS letter to waive 5% cap	3,686,755
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ -

2. General Fund Services - Expenditures		90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		4,019,982
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	30,394,564	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	30,394,564
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		\$ 34,414,546
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	Intentionally left blank		
k.	GF Supplement for Unfunded Opioid Health Home Services (PIHP use only) (FSR B 301.3)		-
l.	GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m.	GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.5)		-
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
x.	Sub-Total General Fund Services Supplement - Expenditures		\$ -
y.	Total General Fund Services - Expenditures		\$ 34,414,546

6. General Fund MDHHS Commitment		
a.	MDHHS / CMHSP Contract Funded Expenditures	29,509,525
b.	Earned General Fund Carry-Forward	1,747,173
c.	Total MDHHS General Fund Commitment	\$ 31,256,698

7. Report Certification

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:
 This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT SETTLEMENT WORKSHEET**

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	34,943,453	34,943,453		34,943,453	-
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 34,943,453	\$ 34,943,453	\$ -	\$ 34,943,453	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	34,943,453	
b. Total Current Year Maximum Carry-Forward	\$ 34,943,453	\$ 1,747,173

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned	1,865,565	
b. Prior Year GF Carry-Forward (FSR B 123)	1,865,565	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

5. Narrative: Both CRCS and Contract Settlement Worksheet

SPECIAL FUND ACCOUNT
For Recipient Fees and Third-Party Reimbursement
 As Added to Mental Health Code per PA 423, 1980

CMHSP: DETROIT WAYNE INTEGRATED HEALTH NETWORK
FISCAL YEAR: FY 19 / 20
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 3/31/2021

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level

1. County Funding - 1979/1980	
2. County Funding - Current Fiscal Year	

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections
Year to Date by Service Category and Source

Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total
1. Inpatient Services				\$ -
2. Residential Services				\$ -
3. Community Living Services				\$ -
4. Outpatient Services				\$ -
5. Total	\$ -	\$ -	\$ -	\$ -

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections
Quarterly Summary

1. First Quarter	
2. Second Quarter	
3. Third Quarter	
4. Fourth Quarter	
5. Total	\$ -

Certification

This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

Questions should be directed to:

This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.

section 7.2.4 Special Fund Account of the CMHSP contract

MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS

PIHP:	DETROIT WAYNE INTEGRATED HE	FISCAL YEAR:	FY 19 / 20
CMHSP:	DETROIT WAYNE INTEGRATED HE	SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021

An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.

General Fund - Non Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Special Fund Account - Section 226a				
Financial Status Report (FSR) - All Non-Medicaid	X	Stacie Durant	313.344.9874	sdurant@dwihh.org
Financial Status Report (FSR) - All Non-Medicaid Supplemental	X	Stacie Durant		
Contract Reconciliation and Cash Settlement	X	Stacie Durant		
Contract Settlement Worksheet	X	Stacie Durant		
Year End Accrual Schedule	X	Stacie Durant		

Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Financial Status Report (FSR) - Medicaid	X	Stacie Durant	313.344.9874	sdurant@dwihh.org
Financial Status Report (FSR) - Healthy Michigan	X	Stacie Durant		
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - Opioid Health Homes				
Financial Status Report (FSR) - MI Health Link	X	Stacie Durant		
RES Fund Balance	X	Stacie Durant		
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing	X	Stacie Durant		
Contract Reconciliation and Cash Settlement	X	Stacie Durant		
Contract Settlement Worksheet	X	Stacie Durant		
Year End Accrual Schedule	X	Stacie Durant		

CERTIFICATION

The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate documentation is available and will be maintained for the required period to support the revenues and expenditures reported.

Contact Information

Name & Title	Date	Telephone #	Email Address
Stacie Durant, CFO	March 22, 2021	313.344.9874	sdurant@dwihh.org

**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM
CONTRACT
AND
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT BUNDLE**

PIHP:	DETROIT WAYNE INTEGRATED H	FISCAL YEAR:	FY 19 / 20
CMHSP:	DETROIT WAYNE INTEGRATED H	SUBMISSION TYPE:	YE Final
		SUBMISSION DATE:	3/31/2021

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

Column Instructions:	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

Detroit Wayne Integrated Health Network
Notes to the Schedules
Year Ended September 30, 2020

1. Basis of Accounting

The schedules were prepared on the accrual basis of accounting in accordance with the standards of the Governmental Accounting Standards Board. Revenue is recorded when earned.

2. Basis of Presentation and Significant Accounting Policies

The examined financial status report and examined cost settlement schedules were prepared for the purpose of complying with the provisions of the Community Mental Health Compliance Examination Guidelines, issued by the Michigan Department of Health and Human Services (MDHHS). Expenditures reported on the schedules are reported on the same basis of accounting as the basic financial statements. In addition, expenditures reported on the schedules are recognized following cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Because these schedules present only a selected portion of the operations of Detroit Wayne Integrated Health Network, they are not intended to, and do not, present the financial position, changes in net position, or cash flows, if applicable, of Detroit Wayne Integrated Health Network.

**Detroit Wayne Integrated Health Network
Schedule of Findings and Questioned Costs
Year Ended September 30, 2020**

Section I - Summary of Accountant's Results

Schedules

Type of accountant's report issued: Fairly stated in relation to Detroit Wayne Integrated Health Network's basic financial statements taken as a whole

Type of accountants' report issued on compliance: Unmodified

Internal control:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified not considered to be material weaknesses? Yes None reported

Material noncompliance with provisions of laws, regulations, or contracts identified? Yes No

Known fraud Yes No

Section II - Findings and Questioned Costs

None

Section III - Examination Adjustments

As a result of our procedures, we noted no examination adjustments to the amended financial status report submitted to MDHHS.

Section IV - Comments and Recommendations

We have no additional comments or recommendations.

**DWIHN Division of Management and Budget
Monthly Finance Report
For the six months ended March 31, 2021**

Authority Finance accomplishments and noteworthy items:

1. CFO is presenting a revised board action to certified additional funds as follows: (a) \$26.2 million (net) in Medicaid and HMP for the DCW hazard pay approved by the Governor for the nine months January -September 30, 2021; (b) \$2.4 million in ICO revenue and expenses; and (3) Projected Autism Medicaid based on actual cash receipts through March 2021.
2. Plante Moran will present the three (3) audit reports mandated by the State of Michigan and federal government.

Financial analysis- (refer to Authority balance sheet and income statement)

- Cash flow is very stable and should continue to remain stable throughout the year as liquidity ratio = 2.41.

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Authority	1.29	1.47	1.48	1.90	2.08	1.90	2.01	2.50	2.25	2.11	2.29	2.41

- (A) Cash and Investments – comprise of funds held by three (3) investment manager, First Independence CDARS, Comerica, and Flagstar accounts. In addition, in February, MDHHS remitted the January and February DCW hazard pay totaling approximately \$7.2 million. There is a corresponding increase in Accounts payable to reflect the payments not yet made to providers. The payment was disbursed to DWIHN providers on April 20, 2021; CLS is expected to disburse funds to their providers by the end of the April 2021.
- (B) Due from other governments/ Accounts Receivable – comprise various local, state and federal amounts due to DWIHN primarily related to PBIC for \$4.7 million and \$11.5 million due from MDHHS for 3 months of HRA revenue, respectively.
- (C) IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through March 2021, including COVID-19 impact, was approximately \$332.6 million however actual payments were approximately \$290.8 million. The difference represents claims incurred but not reported and paid of \$41.9 million.
- (D) Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$4.6 million for DCW overpayment at 9/30/20. In addition, the amount includes \$2.3 million IPA tax payment incurred but due on April 30, 2020.
- (E) Federal revenue/grant program expenses – variance due to timing of incurred expenses related to SUD, PASSAR and HUD grants. In addition, SUD BG grant expenses are well underbudget due to the pandemic.
- (F) State revenue and contracts – The \$40.6 million budget verse actual variance is due to (1) approximately \$9 million in additional Autism revenue received through March (refer to revised budget board action under old business); (2) January and February \$7.2 million

DCW hazard pay received in February; and (3) \$16 million of the \$32 million in reserves approved with the March 2021 revised budget board action.

(G) Autism, SUD, Adult, and Children services – \$20 million variance due to impact of COVID on certain lines of business and timing in services (i.e. summer programs).

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Statement of Net Position

As of March 31, 2021

Assets

Cash and investments	\$ 218,526,444	A
Other cash and investments	1,000	
Receivables		
Due from other governmental units	19,951,313	B
Accounts receivable	4,849,246	
Prepayments and deposits	49,719	
Total current assets	<u>243,377,722</u>	
Capital assets, net of accumulated depreciation	<u>12,627,392</u>	
Total Assets	<u><u>\$ 256,005,114</u></u>	

Liabilities and Net Position

Liabilities

Accounts payable	\$ 25,799,111	
IBNR Payable	41,864,200	C
Due to Wayne County	4,786,051	
Due to other governments	16,000,420	D
Accrued wages and benefits	212,557	
Unearned revenue	275,102	
Accrued compensated balances	1,782,504	
Total current liabilities	<u>90,719,945</u>	
Notes Payable	5,433,520	
Total Liabilities	<u>96,153,465</u>	
Net Position		
Net investment in capital assets	7,193,872	
Restricted - PA2 funds	4,619,781	
Unrestricted	<u>148,037,996</u>	
Total Net Position	<u>159,851,649</u>	
Liabilities and Net Position	<u><u>\$ 256,005,114</u></u>	

Cash remaining if all liabilities were paid with no consideration of the sell of capital assets	\$ 118,772,979
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DETROIT WAYNE INTEGRATED HEALTH NETWORK
Statement of Revenues, Expenses and Changes to Net Position
For the Six Months Ending March 31, 2021

	March 2021			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
Operating Revenues						
Federal grants	\$ 1,774,767	\$ 967,970	\$ (806,797)	\$ 10,648,600	\$ 5,588,865	\$ (5,059,735) E
State grants and contracts	67,536,918	75,612,021	8,075,103	405,221,506	445,903,984	40,682,478 F
Prior year carryover and savings	-	-	-	-	27,375,157	27,375,157
MI Health Link	623,844	515,342	(108,502)	3,743,061	6,055,497	2,312,436
Local grants and contracts	1,886,636	1,160,434	(726,202)	11,319,818	11,627,620	307,802
Other charges for services	3,333	3,142	(191)	20,000	22,980	2,980
Total Operating Revenues	71,825,498	78,258,909	6,433,411	430,952,985	496,574,103	65,621,118
Operating Expenses						
Salaries	\$ 1,879,866	\$ 1,710,557	\$ 169,309	\$ 11,279,198	\$ 9,489,222	\$ 1,789,976
Fringe benefits	727,353	580,752	146,601	4,364,116	3,924,722	439,394
Substance abuse services	4,413,940	3,195,481	1,218,459	26,483,640	20,189,381	6,294,259 G
Autism Services	5,108,970	5,311,228	(202,258)	30,653,821	27,222,051	3,431,770 G
MI HealthLink	623,010	900,795	(277,785)	3,738,062	4,969,548	(1,231,486)
Adult Services	23,216,331	23,453,958	(237,627)	139,695,599	134,416,198	5,279,401 G
Children Services	6,749,748	5,158,815	1,590,933	40,498,486	32,924,077	7,574,409 G
Intellectual Developmental Disabled	25,647,137	24,043,053	1,604,084	153,882,822	153,834,364	48,458
Grant Programs	703,080	560,876	142,204	4,218,480	2,436,631	1,781,849
State of Michigan	1,736,682	1,618,446	118,236	10,420,094	9,643,001	777,093
Depreciation	147,233	326,393	(179,160)	883,397	653,076	230,321
Other operating	955,481	497,430	458,051	5,335,270	5,174,901	160,369
Total Operating Expenses	71,908,831	67,357,784	4,551,047	431,452,985	404,877,172	26,575,813
Operating Revenues over (under) Expenses	(83,333)	10,901,125	1,882,364	(500,000)	91,696,931	92,196,931
Non-operating Revenues (Expenses)						
Investment Earnings	83,333	3,361	(79,973)	500,000	107,475	(392,525)
Total Non-operating Revenues (Expenses)	83,333	3,361	(79,973)	500,000	107,475	(392,525)
Change in Net Position	-	10,904,486	1,802,391	-	91,804,406	91,804,406
Net Position - Beginning of year					68,047,243	68,047,243
Net Position - End of Year	\$ -	\$ 10,904,486	\$ 1,802,391	\$ -	\$ 159,851,649	\$ 159,851,649

DETROIT WAYNE INTEGRATED HEALTH NETWORK
Statement of Cash Flows
For the Six Months Ending March 31, 2021

Cash flows from operating activities	
Cash receipts from the state and federal governments	\$ 459,263,974
Cash receipts from local sources and customers	11,649,411
Payments to suppliers	(401,802,757)
Payments to employees	(13,653,076)
	<u>55,457,551</u>
Net cash provided by (used in) operating activities	55,457,551
Cash flows from capital and related financing activities	
Acquisition of capital assets	(117,613)
Principle and interest paid on capital debt	(264,189)
	<u>(381,803)</u>
Net cash provided by (used in) capital and related financing activities	(381,803)
Cash flows from investing activities	
Interest received on investments	107,475
Proceeds from sale of assets	-
	<u>107,475</u>
Net cash provided by investing activities	107,475
Net increase (decrease) in cash and cash equivalents	55,183,223
Cash and investments - beginning of period	163,344,220
Cash and investments - end of period	<u>\$ 218,527,444</u>
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities	
Operating income (loss)	\$ 91,696,931
Adjustments to reconcile operating income (loss) to net cash used in operating activities:	
Depreciation	653,076
Decreases (increases) in current assets:	
Accounts receivable	3,222,018
Prepayments and deposits	279,835
Due from other governmental units	(448,998)
Due from Wayne County	
Other assets	
Increases (decreases) in current liabilities:	
Accounts and contracts payable	(57,156,178)
IBNR Payable	41,864,200
Accrued wages	(151,850)
Due to Wayne County	2,939,626
Due to other governmental units	992,630
Unearned revenue	(28,433,739)
	<u>55,457,551</u>
Net cash provided by (used in) operating activities	<u>\$ 55,457,551</u>



May 5, 2021

Strategic Plan - Finance/IT Pillar

Finance Committee Status Report

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To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Finance and Workforce pillars, and how Information Technology goals impact in the areas that matter most to our stakeholders.

Pillar Summary



DWIHN FY 2020 – 2022 Strategic Plan Pillar



There are two (2) pillars under the governance of the Finance Committee: Finance and Workforce as well as reporting out the status of Information Technology goals and objectives.

Summary of Pillar Status

Workforce Pillar reporting falls under the leadership of the Chief Clinical Officer, Melissa Moody. Overall, we are at 75% completion on this pillar. There are two (2) high-level organizational goals under this pillar. Create Happy, Healthy and Engaged Workforce and to Create a learning health system.

Title	Completion
Create a happy, healthy and engaged workforce: 100 unit by 30th Sep 2022	90%
Create a learning health system by 30th Sep 2022	60%

Information Technology reporting falls under the leadership of the Chief Information Officer, Manny Singla. The IT update provided by the CIO indicates we are at 86% overall

achievement in addressing 31 targeted objectives across all Pillars. Key initiatives being addressed are in Developing and Implementing an Automated Provider Scorecard, collaborating with Finance in developing a financial forecasting model, currently at 54% and 50% respectively. A significant initiative for DWIHN that is now at 95% complete is the implementation of Vital Data. The system is scheduled to go live with our health plan partners in May 2021 and will be piloting it with couple of providers to extend the care coordination across the network. Since the last report out on this Pillar, IT completed the project with Utilization Management to develop a system to track over/under utilization. Also, IT successfully reached a critical goal focused on achieving our aim to be on our TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year.

Finance is under the leadership of Stacie Durant, CFO. Overall, we are at 49 % completion on this pillar. There are three (3) high-level goals. They range from 22% - 74% completion.

Pillar		49%
Finance		
Title	Completion	
Ensure Facilities Management by 31st Dec 2021	74%	
Ensure fiscal accountability internally and of partners: 100% by 31st Dec 2021	22%	
Maximize efficiencies/control costs by 30th Sep 2022	50%	

The detailed reports for this pillar will follow.

Finance Pillar
Detailed Dashboard
Finance Committee Meeting

May 5, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-54R(3) Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Barr, Joseph J.

Contract Title: HEDIS/NCQA Professional Consultant Services

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 5/5/2021

Proposed Contract Term: 7/1/2021 to 12/31/2021

Amount of Contract: \$ 187,940.00 Previous Fiscal Year: \$ 146,470.00

Program Type: Continuation

Projected Number Served- Year 1: 0 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 8/19/2019

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This Board Action is to request an extension of contractual Professional IT services for the period from 7/1/21 - 12/31/21, at the amount of \$41,470.00 for a total amount of \$187,940.

We would like Mr. Barr to continue assisting on a part-time basis with helping us generate HEDIS measures which is one of the prime requirements from data standpoint when it comes to both state reporting and NCQA compliance. Mr Barr has been instrumental in developing Risk Matrix and is continuing to help us extend the functionality and rollout to entire network.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Multiple	\$ 187,940.00	\$ 187,940.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 187,940.00	\$ 187,940.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, April 22, 2021

Signed: Thursday, April 22, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-59R2 Revised: Y Requisition Number: 11,624

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Peter Chang Enterprises

Contract Title: PCE/MHWIN Maintenance Contract Extension #2 (Funding Modification Rev1)

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 5/5/2021

Proposed Contract Term: 3/1/2021 to 2/28/2022

Amount of Contract: \$ 1,164,048.00 Previous Fiscal Year: \$ 870,034.00

Program Type: Modification

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 3/17/2017

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Revision request to add \$828.00 to funding source. Previous contract was incorrect version. \$1,163,220 was invalid amount.

Correct funding total for 1 yr extension for MHWIN System maintenance is not to exceed **\$1,164,048.00**, which includes:

- **One-time payment \$258,000.00** (for billable out-of-scope work performed during prior contract years especially as part of System Transformation related changes in the system.)

FY 20/21: **\$528,528** (3/1/21-9/30/21) + (\$258,000.00 one time payment) = **\$786,523**

FY 21/22 (5 months): **\$377,520.**

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
	\$ 1,164,048.00	\$ 1,164,048.00
	\$ 0.00	\$ 0.00
Total Revenue	\$	\$ 1,164,048.00

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.817000.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Sunday, April 25, 2021

Signed: Friday, April 23, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-25 R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2020-2021 Operating Budget

Address where services are provided: 707 W.Milwaukee Detroit, MI 48202 United States

Presented to Finance Committee at its meeting on: 5/5/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 937,630,796.00 Previous Fiscal Year: \$ 833,066,765.00

Program Type: Continuation

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network staff is requesting board approval to amend BA 21-25 R3 per budget adjustment #21-35-018 -- certification of Medicaid revenue of \$42,227,389 (includes Autism Medicaid of \$15,937,046) per the revenue projection of actual receipts as of March 31, 2021. Additionally, the certification of Medicare revenue of \$2,400,000 per a projection, also as of 03/31/2021. The board action certifies additional revenue totaling \$44,627,389.

Additional Medicaid revenue of \$26,290,343 will fund the estimated Hazard Pay for Direct Care Workers in DWIHN's Provider Network for the remaining nine (9) months of fiscal 2021. This amount takes into consideration the net Medicaid amount (reduced for excess Medicaid received). The additional Autism Medicaid will be added to the Medicaid Internal Service Fund. Additional Medicare dollars will fund FY21 MI Health Link expenses.

The revised FY 2021 operating budget of \$937,630,796 includes revenue of \$30,449,269 (State General Funds); \$733,969,787 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB); \$9,886,123 (MI Health Link); \$114,952,550 (Healthy MI - Mental Health and Substance Abuse); \$17,686,447 (Wayne County Local Match Funds); \$3,507,941 (State Grant portion of SUD and OBRA); \$21,735,490 (Federal Grants/Federal Block Grants/SUD); \$4,403,189 (PA2, Local Grant Revenue); \$1,000,000 (Interest Income); and \$40,000 (Misc Revenue)

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 937,630,796.00	\$ 937,630,796.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 937,630,796.00	\$ 937,630,796.00

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Friday, April 23, 2021

Signed: Friday, April 23, 2021