



Year Ended
September 30,
2015

Community Mental
Health (CMH)
Compliance
Examination

Detroit Wayne Mental Health Authority

Table of Contents

	<u>Page</u>
Independent Accountants' Report on Compliance for the Medicaid, General Fund, and Community Mental Health Services Block Grant Programs	1
Examined Medicaid Contract Settlement Worksheet	4
Examined Medicaid Contract Reconciliation and Cash Settlement	5
Examined Financial Status Report Schedule - Medicaid	6
Examined Financial Status Report Schedule - Healthy Michigan	7
Examined Financial Status Report - MI Health Link	8
Examined Financial Status Report - Health Home Services	9
Examined Financial Status Report and CRCS - Autism Benefit	10
Examined Financial Status Report Schedule - Substance Use Disorder Services	11
Examined Supplemental Financial Status Report - SUD Services	12
Examined PA2 Fund Balance Activity	13
Examined Internal Service Fund	14
Examined Shared Risk Calculation & Risk Financing	15
Examined Financial Status Report - All Non Medicaid	16
Examined General Fund Contract Reconciliation and Cash Settlement	24
Examined General Fund Contract Settlement Worksheet	25
Schedule of Findings and Questioned Costs	26



INDEPENDENT ACCOUNTANTS' REPORT ON COMPLIANCE FOR THE
MEDICAID, GENERAL FUND, AND
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT PROGRAMS

June 29, 2016

Board of Directors
Detroit Wayne Mental Health Authority
Detroit, Michigan

Report on Compliance for Each Program

We have examined the compliance of the *Detroit Wayne Mental Health Authority* (the "Authority") with the types of compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services, that could have a direct and material effect on its Medicaid, General Fund, and Community Mental Health Services Block Grant programs for the year ended September 30, 2015.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its Medicaid, General Fund, and Community Mental Health Services Block Grant programs.

Independent Accountants' Responsibility

Our responsibility is to express an opinion on compliance of the Authority's Medicaid, General Fund, and Community Mental Health Services Block Grant programs based on our examination of the compliance requirements referred to above. We conducted our examination of compliance in accordance with attestation standards established by the American Institute of Certified Public Accountants. An examination includes examining, on a test basis, evidence supporting the Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our examination provides a reasonable basis for our opinions on compliance for the Medicaid, General Fund, and Community Mental Health Services Block Grant programs. However, our examination does not provide a legal determination of the Authority's compliance.

Basis for Qualified Opinion on GF program

As described in item 2015-CE-01 in the accompanying schedule of findings and questioned costs, the Authority did not comply with the Rate Setting and Ability to Pay requirement applicable to its General Fund program. Compliance with this requirement is necessary, in our opinion, for the Authority to comply with the requirements applicable to that program.

Qualified Opinion on GF program

In our opinion, except for the noncompliance described in the Basis for Qualified Opinion paragraph, the Authority complied, in all material respects, with the requirements referred to above that could have a direct and material effect on its General Fund program for the year ended September 30, 2015.

Unmodified Opinion on Each of the Other Programs

In our opinion, the Authority 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 its other programs for the year ended September 30, 2015.

Other Matters

The results of our examination procedures disclosed another instance of noncompliance, which is required to be reported in accordance with Compliance Examination Guidelines and which is described in the accompanying schedule of findings and questioned costs as item 2015-CE-02. Our opinion on each program is not modified with respect to this matter.

The Authority's response to the noncompliance finding identified in our examination is described in the accompanying schedule of findings and questioned costs. The Authority's response was not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on it.

Report on Internal Control Over Compliance

Management of the Authority 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 examination of compliance, we considered the Authority's internal control over compliance with the types of requirements that could have a direct and material effect on the Medicaid, General Fund, and Community Mental Health Services Block Grant programs to determine the examination procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each program, 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 the Authority's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified a certain deficiency in internal control over compliance that we consider to be a material weakness, and another that we consider to be a significant deficiency.

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 the Medicaid, General Fund, and Community Mental Health Services Block Grant 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 reasonable possibility that material noncompliance with a type of compliance requirement of the Medicaid, General Fund, and Community Mental Health Services Block Grant programs will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2015-CE-01 to be a material weakness.

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 the Medicaid, General Fund, and Community Mental Health Services Block Grant 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. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2015-CE-02 to be a significant deficiency.

The Authority's responses to the internal control over compliance findings identified in our examination are described in the accompanying schedule of findings and questioned costs. The Authority's responses were not subjected to the procedures applied in the examination of compliance and, accordingly, we express no opinion on them.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our consideration of internal control over compliance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "Lehmann Lobson LLC". The signature is written in a cursive, flowing style.

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

1. Specialty Managed Care - Medicaid	State Plan (b)	1915(b)(3)	HSW	HMP	MI CHILD	Total	FY Indicator
a. Current Fiscal Year - Medicaid Revenue rec'd thru 9/30	255,793,573	185,698,622	73,538,139	82,580,047	998,935	\$ 598,609,316	FY 15
b. Current Fiscal Year - Medicaid Revenue Accruals	2,308,883	528,457	573,921	-	-	\$ 3,411,261	FY 15
b1. DHS Incentive Payments (B)	1,682,920					\$ 1,682,920	FY 15
b2. Other Incentive Payments (B)	-					\$ -	FY 15
b3. Autism Training payments (B)	137,000					\$ 137,000	FY 15
c. Sub-Total Current Fiscal Year Medicaid Revenue:	\$ 259,922,376	\$ 186,227,079	\$ 74,112,060	\$ 82,580,047	\$ 998,935	\$ 603,840,497	
d. Prior Fiscal Year 1 - Accrual Adjustment - Net			482,483			\$ 482,483	FY 14
e. Prior Fiscal Year 2 - Accrual Adjustment - Net			(61,256)			\$ (61,256)	FY 13
f. Other Adjustments (DCH Approval Required)	(16,639)		-			\$ (16,639)	Describe Below
g. Sub-Total - Prior Year Accrual Adjustments:	\$ (16,639)	\$ -	\$ 421,227	\$ -	\$ -	\$ 404,588	
h. Total Medicaid Revenue - Current Year Settlement:	\$ 259,905,737	\$ 186,227,079	\$ 74,533,287	\$ 82,580,047	\$ 998,935	\$ 604,245,085	
i. Explanation of Accrual Adjustments							

Medicaid revenue accrual represents withholds and TANF adjustment (1st and 2nd quarters). DHS incentive reported on an accrual basis; reported FY14 (\$16,639) done in 9/15.

2. Forced Lapse to MDCH	Reported	Adjustment	Examined
a. Medicaid Specialty Managed Care Forced Lapse (enter as negative)	-	-	-
1. Explanation of Forced Lapse:			

3. Medicaid Savings / Medicaid Lapse Calculation	
a. Specialty Managed Care - Medicaid Capitation	604,245,085

1. Band # 1 (95 - 100%)	5%	30,212,254	PIHP retains
2. Band # 2 (90 - 95%)	5%	30,212,254	Shared PIHP / MDCH

b. Balance Available for Savings (from Medicaid FSR)	9,269,672
b1. Balance Available for Savings (from Healthy Michigan FSR)	35,617,039
b2. Total Available for Savings	44,886,711

Total Lapse	Total Earned Savings	Total Savings Corridor
-------------	----------------------	------------------------

c. 1. Band # 1	30,212,254
2. Sub-Total - Band # 1	14,674,457
3. Band # 2	14,674,457
4. Sub-Total - Band # 2	-
5. Band # 3	-
6. Totals	-

	30,212,254	30,212,254
	7,337,228	14,674,457
	-	-
	\$ 7,337,228	\$ 37,549,483

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	-	9,269,672	9,269,672	25%
2. Total Disposition of Healthy Michigan Savings / Lapse	7,337,228	28,279,811	35,617,039	75%
3. Total Savings / Lapse	\$ 7,337,228	\$ 37,549,483	\$ 44,886,711	100%

5. Medicaid Savings - Prior Year Earnings to Expend	FY	FY	FY	FY	FY	Total
a. Prior Year Medicaid Savings Earned - Medicaid	-	-	-	-	-	-
b. Current Year Expenditures - Medicaid	-	-	-	-	-	-
c. Prior Year Medicaid Savings Earned - HMP	9,271,820	-	-	-	-	9,271,820
d. Current Year Expenditures - HMP	9,271,820	-	-	-	-	9,271,820
e. Balance of Medicaid Savings:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

6. Narrative: Both CRCS and Contract Settlement Worksheet

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
CONCURRENT WAIVER PROGRAMS
EXAMINED MEDICAID CONTRACT RECONCILIATION AND CASH SETTLEMENT
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

1. Medicaid Services - Available Resources	PIHP Contract Cost Settled
a. State Plan (b) (FSR A 101)	258,102,456
a.1 DHS Incentive Payments (B) (FSR A 101 a)	1,666,281
a.2 Other Incentive Payments (B) (FSR A 101b)	-
a.3 Autism Training Payments (B) (FSR A 101c)	137,000
b. State Plan (b3) (FSR A 102)	186,227,079
c. Habilitation Support Waiver (c) (FSR A 103)	74,533,287
d. MICHild (FSR A 104)	998,935
e. Healthy Michigan Plan (FSR AI 120)	82,580,047
f. Total Managed Care Capitation	\$ 604,245,085

g. 1st & 3rd Party Collections - Medicaid (FSR A 121)	-
g.1 1st & 3rd Party Collections - HMP (FSR A 121)	-
h. Prior Year Medicaid Savings (FSR A 123 + FSR AI 123)	9,271,820
i. ISF Abatement - Medicaid / HMP (FSR A 124 + FSR AI 124)	-
j. Redirected CMHSP to CMHSP Contracts (FSR A 302 + FSR AI 302)	-
k. Redirected Non-MDCH Earned Contracts (FSR A 303 + FSR AI 303)	-
l. Sub-Total Other Medicaid Services - Resources	\$ 9,271,820

m. Total Medicaid Services - Available Resources	\$ 613,516,905
--	----------------

2. Medicaid Services - Expenditures	
a. PIHP HICA/USE Tax (FSR A 201)	32,795,536
a.1 PIHP HICA/USE Tax Healthy Michigan Plan (FSR AI 201)	5,180,824
b. Medicaid Services (incl MI Child) (FSR A 202 - A 122 - A 325)	451,560,417
b.1 Healthy Michigan Plan Services (FSR AI 202 - AI 122 - AI 325)	51,054,004
b.2 MI Health Link Medicaid Services (FSR A 205)	7,327,328
c. Deposits - ISF Medicaid / HMP (FSR A 203 + FSR AI 203)	10,535,621
d. Psych Hospital HRA (FSR A 204)	10,176,464
e. Sub-Total Medicaid Services - Expenditures	\$ 568,630,194

f. Redirected CMHSP to CMHSP Contracts (FSR A 301 + FSR AI 301)	-
g. Redirected to MI Health Link (FSR A 301b)	-
h. Sub-Total Medicaid Services - Redirected Expenditures	\$ -

i. Total Medicaid Services - Expenditures	\$ 568,630,194
---	----------------

3. Net Medicaid Services Surplus / (Deficit)	
a. Medicaid Funding Surplus / (Deficit)	44,886,711
b. Less: Forced Lapse to MDCH (Medicaid worksheet 2.a)	-
c. Net Medicaid Services Surplus / (Deficit)	\$ 44,886,711

4. Disposition	Amount
a. Surplus	
1. Transfer to Fund Balance - Medicaid Savings Earned	(37,549,483)
2. Lapse to MDCH - Contract Settlement	(7,337,228)
3. Total Disposition - Surplus	\$ (44,886,711)

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 + AK 333)	-
4. Redirected Risk Corridor - MDCH Share (FSR A 334 + AI 334 + AK 334)	-
5. Redirected from PA2 Fund Balance (FSR A 335 + AI 335 + AK 335)	-
6. Total Disposition - Deficit	\$ -

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

5. Cash Settlement: (Due MDCH) / Due PIHP	Amount
a. Forced Lapse to MDCH	-
b. Lapse to MDCH - Contract Settlement	(7,337,228)
c. Risk Corridor - MDCH Share	-
d. Return of Prior Year Medicaid Savings	-
e. Misc (please explain)	-
f. Misc (please explain)	-
g. Total Cash Settlement: (Due MDCH) / Due PIHP	\$ (7,337,228)

6. Medicaid MDCH Commitment	Amount
a. MDCH / PIHP Medicaid Funded Expenditures	559,358,374
b. Earned Medicaid Savings	37,549,483
c. Sub-Total MDCH Commitment	\$ 596,907,857
d. Risk Corridor - MDCH Share	-
e. Total MDCH Medicaid Commitment	\$ 596,907,857
f. General Fund Supplement for Unfunded Medicaid	-

Examined Cash Settlement and MDCH Commitment		
	Cash Settlement	Savings
Examined	(7,337,228)	37,549,483
Original Settlement	(7,337,228)	37,549,483
Increase (Decrease)	\$ -	\$ -
Comments:		

**MIDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT - MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

T	PIHP or CMHSP or CA	A	YEAR TO DATE REPORTING							I	Examined Totals	
			B	C	D	E	F	G	H			
			CMHSP or CA									
Regional Authority / Reporting Board		# 1	# 2	# 3	# 4	# 5	# 6	# 7	PHP Grand Total	Examination Adjustments		
		Detroit Wayne	-	-	-	-	-	-	-	-	-	-
A	MEDICAID SERVICES - PIHP USE ONLY											
A	100 REVENUE	258,102,456										258,102,456
A	101 State Plan (B)	1,666,281										1,666,281
A	101a DHS Incentive Payments (B)	-										-
A	101b Other Incentive Payments (B)	-										-
A	101c Autism Training Payments (B)	137,000										137,000
A	102 State Plan (B3)	186,227,079										186,227,079
A	103 Hab Support Waiver (C)	74,533,287										74,533,287
A	104 MI Child	998,935										998,935
A	115 Medicaid Managed Care - Affiliate Contracts											
A	120 Subtotal - Current Period Medicaid Services Revenue	521,665,038										521,665,038
A	121 1st & 3rd Party Collections - Medicare/Medicaid Consumers - Rpt'ng 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	140 Subtotal - Other Medicaid Revenue											
A	190 TOTAL REVENUE	521,665,038										521,665,038
A	200 EXPENDITURE											
A	201 PHP HICA/USE Tax	32,795,536										32,795,536
A	202 Medicaid Services (including MI Child)	451,560,417										451,560,417
A	203 Payment into Medicaid ISF	10,535,621										10,535,621
A	204 Psych Hospital Rate Adjuster (HRA)	10,176,464										10,176,464
A	205 MI Health Link - Medicaid Services	7,327,328										7,327,328
A	290 TOTAL EXPENDITURE	512,395,366										512,395,366
A	295 SUBTOTAL NET MEDICAID SERVICES SURPLUS (DEFICIT)	9,269,672										9,269,672
A	300 Redirected Funds (To) From											
A	301 (TO) CMHSP to CMHSP Earned Contracts - J304											
A	301a (TO) Healthy Michigan - A1310											
A	301b (TO) MI Health Link Services (Medicare) - AK310											
A	302 FROM CMHSP to CMHSP Earned Contracts - J301 (explain - section AB)											
A	303 FROM Non-MDCH Earned Contracts - K301 (explain - section AB)											
A	325 Info only - Affiliate Total Redirected Funds - I390											
A	330 Subtotal Redirected Funds rows 301 - 325											
A	331 FROM General Fund - Redirected to Unfunded Medicaid Costs - B301											
A	332 FROM Local Funds - M301											
A	333 FROM Risk Corridor - PHP Share - N301											
A	334 FROM Risk Corridor - MDCH Share - N302											
A	335 FROM PA2 Local Fund Balance - PA2 1.c											
A	390 Total Redirected Funds											
A	400 BALANCE MEDICAID SERVICES	9,269,672										9,269,672

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

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT - HEALTHY MICHIGAN
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING										PHIP Grand Total	Examination Adjustments	Examined Totals	
		A	B	C	D	E	F	G	H	I					
		Regional Authority / Reporting Board	# 1	# 2	# 3	CMHSP or CA # 4	# 5	# 6	# 7						
	Detroit Wayne														
AI 100	HEALTHY MICHIGAN SERVICES - PIHP USE ONLY														
AI 101	REVENUE														
AI 101	Healthy Michigan Plan	82,580,047												82,580,047	
AI 115	Healthy Michigan Managed Care - Affiliate Contracts														
AI 120	Subtotal - Current Period Healthy Michigan Services Revenue	82,580,047												82,580,047	
AI 121	1st & 3rd Party Collections - HMP Consumers - Rpting Bd														
AI 122	1st & 3rd Party Collections - HMP Consumers - Affiliate														
AI 123	Prior Year Healthy MI Plan Savings (Funding Current Year Expenses)	9,271,820												9,271,820	
AI 124	ISF Abatement HMP														
AI 140	Subtotal - Other Healthy Michigan Revenue	9,271,820												9,271,820	
AI 190	TOTAL REVENUE	91,851,867												91,851,867	
AI 200	EXPENDITURE														
AI 201	PIHP HICAZUSE Tax Healthy Michigan Plan	5,180,824												5,180,824	
AI 202	Healthy Michigan Plan Services	51,054,004												51,054,004	
AI 203	Payment into Healthy Michigan Plan ISF														
AI 290	TOTAL EXPENDITURE	56,234,828												56,234,828	
AI 295	SUBTOTAL NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	35,617,039												35,617,039	
AI 300	Redirected Funds (To) From														
AI 301	(TO) CMHSP to CMHSP Earned Contracts - J304.1														
AI 302	FROM CMHSP to CMHSP Earned Contracts - J301.1 (explain - section AJ)														
AI 303	FROM Non-MDCH Earned Contracts - K301.1 (explain - section AJ)														
AI 310	FROM Medicaid - A301a														
AI 325	Info only - Affiliate Total Redirected Funds - I390														
AI 330	Subtotal Redirected Funds rows 301 - 325														
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 - MDCH Share - N302.1														
AI 335	FROM PA2 Local Fund Balance - PA2.1.d														
AI 390	Total Redirected Funds														
AI 400	BALANCE HEALTHY MICHIGAN PLAN SERVICES	35,617,039												35,617,039	

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

**MIDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT - MI HEALTH LINK
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING										Examination Adjustments	Examined Totals
		A Regional Authority / Reporting Board	B # 1	C # 2	D # 3	E CMHSP or CA	F	G	H # 7	I PIHP Grand Total			
											# 4		
	Detroit Wayne	0	0	0	0	0	0	0	0	0	0		
AK	MI HEALTH LINK SERVICES - PIHP USE ONLY												
AK	100 REVENUE												
AK	101 MI Health Link	2,695,334										2,695,334	2,695,334
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	2,695,334										2,695,334	2,695,334
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	2,695,334										2,695,334	2,695,334
AK	200 EXPENDITURE												
AK	202 MI Health Link Services												
AK	290 TOTAL EXPENDITURE												
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-MDCH Earned Contracts - K301.3 (explain - section AL)												
AK	310 FROM Medicaid - A301b												
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 - B301.3												
AK	332 FROM Local Funds - M301.3												
AK	333 FROM Risk Corridor - PIHP Share - N301.3												
AK	334 FROM Risk Corridor - MDCH Share - N302.3												
AK	335 FROM PA2 Local Fund Balance - PA2 Tie												
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	ICO contracts cost settle in May 2016 therefore PIHP deferred revenue of \$2,452,738.
AL	
AL	
AL	
AL	
AL	
AL	
AL	
AL	
AL	
AL	

MIDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT - HEALTH HOME SERVICES
FOR THE YEAR ENDED SEPTEMBER 30, 2015

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING										PIHP Grand Total	Examination Adjustments	Examined Totals
		A	B	C	D	E	F	G	H	I				
		Regional Authority / Reporting Board	CMHSP											
		Detroit Wayne	# 1	# 2	# 3	# 4	# 5	# 6	# 7	0				
AG	Health Home Program - PIHP USE ONLY													
AG 100	REVENUE													
AG 101	Revenue - Health Home Services													
AG 115	Affiliate Contracts													
AG 190	TOTAL REVENUE													
AG 200	EXPENDITURE													
AG 201	Expenditure - Health Home Services													
AG 202	PIHP HICA/USE Tax													
AG 204	Surplus Funding Retained													
AG 290	TOTAL EXPENDITURE													
AG 295	SUBTOTAL NET HEALTH HOME SERVICES SURPLUS (DEFICIT)													
AG 300	Redirected Funds (To) From													
AG 325	Info only - Affiliate Total Redirected Funds - IC390													
AG 331	FROM General Fund - B301.4													
AG 332	FROM Local Funds - M301.4													
AG 390	Total Redirected Funds													
AG 400	BALANCE													

AG	REMARKS
AH	Remarks may be added about any entry or activity on the report for which additional information may be useful. Please note risk management arrangement between PIHP and Affiliates.
AH	
AH	
AH	
AH	
AH	
AH	
AH	
AH	
AH	
AH	
AH	

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT AND CRCS - AUTISM BENEFIT
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

1. Financial Status Report - Autism Benefit

	A	B	C	D	E	YEAR TO DATE REPORTING							Examination Adjustments	Examined Totals	
						CMHSP									PHHP Grand Total
						# 1	# 2	# 3	# 4	# 5	# 6	# 7			
1.1	PIHP or CMHSP	0	0	0	0	0	0	0	0	0	0	0			
AE 100	AUTISM SERVICES - PIHP USE ONLY														
AE 101	REVENUE														
AE 115	Revenue - Medicaid														
AE 120	Medicaid Autism Benefit rec'd thru 9/30														
AE 130	Medicaid Autism Benefit - Affiliate Contracts														
AE 131	Subtotal Revenue - Medicaid Autism Benefit														
AE 132	Revenue - MICHild														
AE 133	MICHild Autism Benefit rec'd thru 9/30														
AE 140	MICHild Autism Benefit - Affiliate Contracts														
AE 190	Subtotal Revenue - MICHild Autism Benefit														
AE 200	TOTAL REVENUE														
AE 201	EXPENDITURE														
AE 202	Expenditure - Medicaid														
AE 203	PIHP HICA/USE Tax - Medicaid														
AE 220	Medicaid Autism Benefit Services														
AE 230	Subtotal Expenditure - Medicaid Autism Benefit														
AE 231	Expenditure - MICHild														
AE 232	PIHP HICA/USE Tax - MICHild														
AE 240	MICHild Autism Benefit Services														
AE 290	Subtotal Expenditure - MICHild Autism Benefit														
AE 291	TOTAL EXPENDITURE														
AE 292	Subtotal Net Medicaid Autism Benefit Services Surplus (Deficit)														
AE 295	Subtotal Net MICHild Autism Benefit Services Surplus (Deficit)														
AE 300	SUBTOTAL NET AUTISM BENEFIT SERVICES SURPLUS (DEFICIT)														
AE 331	Redirected Funds (To) From														
AE 390	FROM Risk Corridor - MDCH Share - N304														
AE 400	Total Redirected Funds														
	BALANCE AUTISM BENEFIT SERVICES (cannot be < 0)														

2. Autism Settlement: (Due MDCH) / Due PIHP			
	Reported	Exam Adj	Final
a. Medicaid Autism Benefit Services (Due MDCH) / Due PIHP	7,560,272	-	7,560,272
b. MICHild Autism Benefit Services (Due MDCH) / Due PIHP	120,791	-	120,791
c. Total Settlement	\$ 7,681,063	\$	\$ 7,681,063

AF REMARKS	
AF	Remarks may be added about any entry or activity on the report for which additional information may be useful. Explain prior fiscal year accrual adjustment.
AF	PIHP received \$3,192,838 and \$51,223 in Autism Medicaid and MICHild, respectively after 9/30/15 not reported as the amounts above are on a cash basis.
AF	

**MIDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED FINANCIAL STATUS REPORT - SUBSTANCE USE DISORDER SERVICES
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING										Examined Totals	
		A Regional Authority / Reporting Board	B # 1	C # 2	D # 3	E CMHSP # 4	F # 5	G # 6	H # 7	I PIHP Grand Total	Examination Adjustments		
													Detroit Wayne
AC	Substance Use Disorder (SUD) Services - PIHP USE ONLY												
AC 100	REVENUE												
AC 101	Revenue - SUD Agreement	17,791,537											17,791,537
AC 115	Affiliate Contracts												
AC 120	Subtotal SUD Agreement Revenue	17,791,537											17,791,537
AC 121	Fees & Collections - Rptng Bd												
AC 122	Fees & Collections - Affiliate												
AC 140	Subtotal - Other Revenue												
AC 190	TOTAL REVENUE	17,791,537											17,791,537
AC 200	EXPENDITURE												
AC 201	Expenditure - SUD Services												
AC 290	TOTAL EXPENDITURE	18,777,237											18,777,237
AC 295	SUBTOTAL NET SUD SERVICES SURPLUS (DEFICIT)												
AC 300	Redirected Funds (To) From	(985,700)											(985,700)
AC 301	(TO) CMHSP to CMHSP Earned Contracts - J304.2												
AC 302	FROM CMHSP to CMHSP Earned Contracts - J301.2												
AC 303	FROM Non-MDCH Earned Contracts - K301.2												
AC 325	Info only - Affiliate Total Redirected Funds - JA390												
AC 331	FROM General Funds - Redirected to Unfunded SUD Costs - B301.2												
AC 332	FROM Local Funds - M301.2												
AC 335	FROM PA2 Local Fund Balance - PA2 1.b	1,872,863											1,872,863
AC 390	Total Redirected Funds	1,872,863											1,872,863
AC 400	IBALANCE SUD Services	887,163											887,163
AD	REMARKS												
AD	Remarks may be added about any entry or activity on the report for which additional information may be useful. Please note risk management arrangement between PIHP and Affiliates.												
AD	Legislative Report reported \$952,280 in lapsed SUD block grant; difference is timing difference as LR report information generated in mid January and FSR data generated in mid February.												
AD													
AD													
AD													
AD													
AD													
AD													
AD													
AD													
AD													

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT
EXAMINED PA2 FUND BALANCE ACTIVITY**

1. PA2 Fund Balance Activity		PA2 Balance @ Beginning of Fiscal Year	Current Period PA2 Deposits	Current Period PA2 Financing	PA2 Ending Balance
a.	PA2 Balances / Current Activity	-	3,895,030	(1,872,863)	2,022,167
b.	(TO) SUD Non-Medicaid (AC 335)			-	
c.	(TO) Medicaid (A 335)			-	
d.	(TO) Healthy Michigan (AI 335)			-	
e.	(TO) MI Health Link (AK 335)			-	

1.1 PA2 Transferred From Coordinating Agency PA2 Fund Balances		Total Transferred
a.	Transferred from SEMCA represented FY14 ending balance	4,431,199
b.		
c.		
d.		
e.		
f.	Total Transferred from CAS	\$ 4,431,199
g.	Final Balance after Transfers	\$ 6,453,366

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

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 (Risk)	Current Period ISF Reduction (Refund to MDCH)	ISF Ending Balance
a. ISF Balances / Current Activity	\$ 34,556,895	225,865	10,535,621	-	-	-	\$ 45,318,381
b. Specialty Managed Care	34,556,895	225,865	10,535,621	-	-	-	\$ 45,318,381
c. Healthy Michigan Plan	-	-	-	-	-	-	\$ -
d. MI Health Link	-	-	-	-	-	-	\$ -

1.0 PIHP Transferred To/From ISF balances	Total Transferred
a.	-
b.	-
c.	
d.	-
e.	-
f. Total Transferred to/from PIHPs	\$ -
g. Final balance after transfers	\$ 45,318,381
h. Specialty Managed Care portion of balance	\$ 45,318,381
i. Healthy Michigan Plan portion of balance	\$ -

2. PIHP Maximum Allowable Funding of ISF	Amount
Specialty Managed Care - Medicaid Capitation (FSR A 120 + FSR AI 120)	\$ 604,245,085
% of Current Year Medicaid Capitation	7.5%
Maximum Allowable Funding of Med ISF	\$ 45,318,381

3. Disposition of ISF Ending Balance	Amount	Narrative of Resolution if ISF Over Funded
a. Maximum Allowable Funding of Medicaid ISF	\$ 45,318,381	
b. Medicaid ISF Ending Balance	\$ 45,318,381	
c. Within Maximum Allowable Limit / (Overfunded)	\$ -	
Explanation of Examination Adjustments		

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

1. Shared Risk Calculation			Medicaid Amount	HMP Amount	Total Amount
a1.	Specialty Managed Care - Medicaid Capitation (FSR A 120 + FSR AI 120)		\$ 521,665,038	\$ 82,580,047	\$ 604,245,085
a2.	Band # 1 (100 - 105%)	5%			30,212,254
a3.	Band # 2 (105 - 110%)	5%			30,212,254
Full PIHP Responsibility					
Shared State / PIHP Responsibility					
b. Risk - Medicaid					
b1.	Risk - Healthy Michigan Plan				-
b2.	Risk - MI Health Link				-
b3.	Total Risk				-
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 Line N 101)				-
b.	Medicaid / HMP / MI Health Link ISF for PIHP Share Risk Corridor (FSR Line N 102)				-
c.	Local Funds / Local Fund Balance - Medicaid / HMP / MI Health Link Services (FSR Line M 301, M 301.1, M 301.3)				-
d.	General Fund Redirect for Unfunded Medicaid / HMP/MI Health Link Costs - MDCH Approved ONLY (FSR Line B 301, B301.1, B 301.3)				-
e.	Due PIHP From MDCH (FSR Line N 103)				-
f.	Total Risk Corridor Funding		\$ -	\$ -	\$ -

3. Summary of Total Risk / Funding			State Risk	Local Risk	Total Risk Corridor
a.	Total Risk		-	-	-
b.	Total Disposition of MDCH / Local Risk - Medicaid		-	-	-
b1.	Total Disposition of MDCH / Local Risk - Healthy Michigan Plan		-	-	-
b2.	Total Disposition of MDCH / Local Risk - MI Health Link		-	-	-
c.	Balance of Risk Corridor (Must = \$0)		\$ -	\$ -	\$ -
Explanation of Examination Adjustments					

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
A		MEDICAID SERVICES - Summary From FSR - Medicaid Worksheet			
A	190	TOTAL REVENUE	521,665,038	-	521,665,038
A	290	TOTAL EXPENDITURE	512,395,366	-	512,395,366
A	295	NET MEDICAID SERVICES SURPLUS (DEFICIT)	9,269,672	-	9,269,672
A	390	Total Redirected Funds	-	-	-
A	400	BALANCE MEDICAID SERVICES	9,269,672	-	9,269,672
AC		SUD NON-MEDICAID SERVICES - Summary From FSR - SUD Worksheet			
AC	190	TOTAL REVENUE	17,791,537	-	17,791,537
AC	290	TOTAL EXPENDITURE	18,777,237	-	18,777,237
AC	295	NET SUD NON-MEDICAID SERVICES SURPLUS (DEFICIT)	(985,700)	-	(985,700)
AC	390	Total Redirected Funds	1,872,863	-	1,872,863
AC	400	BALANCE SUD NON-MEDICAID SERVICES	887,163	-	887,163
AE		AUTISM BENEFIT SERVICES - Summary From FSR - Autism Worksheet			
AE	190	TOTAL REVENUE	2,218,587	-	2,218,587
AE	290	TOTAL EXPENDITURE	9,899,650	-	9,899,650
AE	295	NET AUTISM BENEFIT SERVICES SURPLUS (DEFICIT)	(7,681,063)	-	(7,681,063)
AE	390	Total Redirected Funds	7,681,063	-	7,681,063
AE	400	BALANCE AUTISM BENEFIT SERVICES	-	-	-
AG		HEALTH HOME SERVICES - Summary From FSR - Health Home Services Worksheet			
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 Worksheet			
AI	190	TOTAL REVENUE	91,851,867	-	91,851,867
AI	290	TOTAL EXPENDITURE	56,234,828	-	56,234,828
AI	295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	35,617,039	-	35,617,039
AI	390	Total Redirected Funds	-	-	-
AI	400	BALANCE HEALTHY MICHIGAN SERVICES	35,617,039	-	35,617,039
AK		MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link Worksheet			
AK	190	TOTAL REVENUE	2,695,334	-	2,695,334
AK	290	TOTAL EXPENDITURE	2,695,334	-	2,695,334
AK	295	NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)	-	-	-
AK	390	Total Redirected Funds	-	-	-
AK	400	BALANCE MI HEALTH LINK SERVICES	-	-	-
PA2		PA2 FUND BALANCE ACTIVITY			
PA2	190	TOTAL REVENUE	8,326,229	-	8,326,229
PA2	390	TOTAL Redirected Funds	(1,872,863)	-	(1,872,863)
PA2	400	BALANCE PA2	6,453,366	-	6,453,366

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
B	GENERAL FUND			
B	100 REVENUE			
B	101 CMH Operations	38,699,676	-	38,699,676
B	102 Categorical	3,769,464	-	3,769,464
B	103 State Services	27,297,747	-	27,297,747
B	120 Subtotal - Current Period General Fund Revenue	69,766,887	-	69,766,887
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	4,728,327	-	4,728,327
B	124 Intentionally left blank			
B	140 Subtotal - Other General Fund Revenue	4,728,327	-	4,728,327
B	190 TOTAL REVENUE	74,495,214	-	74,495,214
B	200 EXPENDITURE			
B	201 100% MDCH Matchable Services / Costs	8,702,141	-	8,702,141
B	202 100% MDCH Matchable Services Based on CMHSP Local Match Cap	-	-	-
B	203 90% MDCH Matchable Services / Costs	42,946,047		
	90% MDCH Matchable Services / Costs - EXAMINATION ADJUSTMENTS	-		
	90% MDCH Matchable Services / Costs	42,946,047	38,651,442	38,651,442
B	204 State Services - Payments to MDCH for State Services	23,840,937	-	23,840,937
B	205 Intentionally left blank			
B	290 TOTAL EXPENDITURE	71,194,520	-	71,194,520
B	295 NET GENERAL FUND SURPLUS (DEFICIT)	3,300,694	-	3,300,694
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	301.2 (TO) SUD Non-Medicaid - Redirected for Unfunded SUD Non-Medicaid Services AC331 (PIHP use only)	-	-	-
B	301.3 (TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - AK331 (PIHP use only)	-	-	-
B	301.4 (TO) Health Home Services - Redirected for Unfunded Health Home Services AG331 (PIHP use only)	-	-	-
B	302 (TO) Mental Health Innovation Grant C301	-	-	-
B	303 Intentionally left blank			
B	304 Intentionally left blank			
B	305 (TO) GF Cost of SED - Required Match - E301	-	-	-
B	306 (TO) GF Cost of SED - Above Required Match Screen - E303	(27,272)	-	(27,272)
B	307 (TO) GF Cost of SED - Not SED Waiver eligible - E305	-	-	-
B	308 (TO) GF Cost of Children's Waiver - F301	(25,739)	-	(25,739)
B	309 (TO) Allowable GF Cost of Injectable Medications - G301	-	-	-
B	310 (TO) PIHP to Affiliate Medicaid Services Contracts - I304	-	-	-
B	310.1 (TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA304	-	-	-
B	310.2 Intentionally left blank			
B	310.3 (TO) PIHP to Affiliate Health Home Services Contracts - IC304	-	-	-
B	310.4 (TO) PIHP to Affiliate MI Health Link Services Contracts - ID304	-	-	-
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-MDCH Earned Contracts - K302	-	-	-
B	330 Subtotal Redirected Funds rows 301 - 314	(53,011)	-	(53,011)
B	331 FROM Local Funds - M302	-	-	-
B	332 FROM Risk Corridor - N303	-	-	-
B	390 Total Redirected Funds	(53,011)	-	(53,011)
B	400 BALANCE GENERAL FUND (cannot be < 0)	3,247,683	-	3,247,683
OTHER GF CONTRACTUAL OBLIGATIONS				
C	MENTAL HEALTH INNOVATION GRANT			
C	100 Revenue			
C	170 MH Innovation Grant Revenue	-	-	-
C	180 MH Innovation Grant Prior Year Carry Forward	-	-	-
C	190 Total Revenue	-	-	-
C	290 Expenditure	-	-	-
C	295 NET SURPLUS (DEFICIT)	-	-	-
C	300 Redirected Funds (To) From			
C	301 FROM General Fund - B302	-	-	-
C	302 FROM Local Funds - M303	-	-	-
C	390 Total Redirected Funds	-	-	-
C	400 BALANCE MENTAL HEALTH INNOVATION GRANT (cannot be < 0)	-	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
D INTENTIONALLY LEFT BLANK				
D	100			
D	190	Revenue		
D	290	Expenditure		
D	295	NET SURPLUS (DEFICIT)	-	-
D	300	Redirected Funds (To) From		
D	301			
D	302			
D	303			
D	304			
D	390	Total Redirected Funds	-	-
D	400	BALANCE	-	-
FEE FOR SERVICE MEDICAID				
E SED WAIVER				
E	100	REVENUE		
E	101a	FFS Medicaid - Federal portion recvd at <u>current year</u> FFP rate - SED-Trad.	0.6554	-
E	101b	Intentionally left blank	0.6554	-
E	101c	Intentionally left blank	0.6554	-
E	101d	Intentionally left blank	0.6554	-
E	102	FFS Medicaid - Federal portion recvd at subsequent year FFP rate - SED-Trad.	0.6560	-
E	103	FFS Medicaid - SED-DHS		289,302
E	190	TOTAL REVENUE	289,302	289,302
E	200	EXPENDITURE		
E	201	Expenditure - Traditional - Federal Reimbursable	-	-
E	202	Expenditure - Traditional - Not SED waiver eligible	-	-
E	203	Expenditure - SED-DHS - Federal Reimbursable	316,574	316,574
E	204	Expenditure - SED-DHS - Not SED waiver eligible	-	-
E	290	TOTAL EXPENDITURE	316,574	316,574
E	295	NET SED WAIVER (DEFICIT)	(27,272)	(27,272)
E	300	Redirected Funds (To) From		
E	301	FROM General Fund - Required Match - B305	-	-
E	302	FROM Local Funds - Required Match - M305	-	-
E	303	FROM General Fund - Above Required Match Screen - B306	27,272	27,272
E	304	FROM Local Funds - Above Required Match Screen - M306	-	-
E	305	FROM General Fund - Not SED Waiver eligible - B307	-	-
E	306	FROM Local Funds - Not SED Waiver eligible - M307	-	-
E	390	Total Redirected Funds	27,272	27,272
E	400	BALANCE SED WAIVER (must = 0)	-	-
F CHILDREN'S WAIVER				
F	190	Revenue		720,524
F	290	Expenditure		746,263
F	295	NET CHILDREN'S WAIVER (cannot be > 0)	(25,739)	(25,739)
F	300	Redirected Funds (To) From		
F	301	FROM General Fund - B308	25,739	25,739
F	302	FROM Local Funds - M308	-	-
F	303	FROM Activity not otherwise reported - O301	-	-
F	390	Total Redirected Funds	25,739	25,739
F	400	BALANCE CHILDREN'S WAIVER (must = 0)	-	-
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)	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
OTHER FUNDING				
H	MDCH EARNED CONTRACTS			
H 100	REVENUE			
H 101	PASARR	2,506,652	16,974	2,523,626
H 102	DCH Block Grants for CMH services	4,268,741	(734,387)	3,534,354
H 103	DD Council Grants	-	-	-
H 104	PATH/Homeless	660,472	-	660,472
H 105	Prevention	-	-	-
H 106	Aging	-	-	-
H 107	HUD Shelter Plus Care	736,664	(736,664)	-
H 150	Other MDCH Earned Contracts (describe): Continuum of Care	1,048,389	736,664	1,785,053
H 151	Other MDCH Earned Contracts (describe): Substance Abuse and Mental Health Services	-	581,795	581,795
H 152	Other MDCH Earned Contracts (describe):	-	-	-
H 190	TOTAL REVENUE	9,220,918	(135,618)	9,085,300
H 200	EXPENDITURE			
H 201	PASARR	2,506,652	16,974	2,523,626
H 202	DCH Block Grants for CMH services	4,268,741	(734,387)	3,534,354
H 203	DD Council Grants	-	-	-
H 204	PATH/Homeless	660,472	-	660,472
H 205	Prevention	-	-	-
H 206	Aging	-	-	-
H 207	HUD Shelter Plus Care	736,664	(736,664)	-
H 250	Other MDCH Earned Contracts (describe): Continuum of Care	1,048,389	736,664	1,785,053
H 251	Other MDCH Earned Contracts (describe): Substance Abuse and Mental Health Services	-	581,795	581,795
H 252	Other MDCH Earned Contracts (describe):	-	-	-
H 290	TOTAL EXPENDITURE	9,220,918	(135,618)	9,085,300
H 400	BALANCE MDCH EARNED CONTRACTS (must = 0)	-	-	-
I	PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY			
I 100	REVENUE			
I 101	Revenue - from PIHP Medicaid (including MICHild)	-	-	-
I 104	Revenue - from PIHP Healthy Michigan Plan	-	-	-
I 122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	-	-	-
I 123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate	-	-	-
I 190	TOTAL REVENUE	-	-	-
I 201	Expenditure - Medicaid (including MICHild)	-	-	-
I 202	Expenditure - Healthy Michigan Plan	-	-	-
I 203	Expenditure - MI Health Link (Medicaid) Services	-	-	-
I 290	TOTAL EXPENDITURE	-	-	-
I 295	NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
I 300	Redirected Funds (To) From			
I 301	(TO) CMHSP to CMHSP Earned Contracts - J306	-	-	-
I 302	FROM CMHSP to CMHSP Earned Contracts - J303	-	-	-
I 303	FROM Non-MDCH Earned Contracts - K303	-	-	-
I 304	FROM General Fund - B310	-	-	-
I 390	Total Redirected Funds	-	-	-
I 400	BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)	-	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
IA		PIHP to AFFILIATE SUBSTANCE USE DISORDER (NON-MEDICAID) CONTRACTS - CMHSP USE ONLY			
IA	100	REVENUE			
IA	101	Revenue - SUD Non-Medicaid - from PIHP	-	-	-
IA	122	Revenue - Fees & Collections - Affiliate	-	-	-
IA	190	TOTAL REVENUE	-	-	-
IA	200	EXPENDITURE			
IA	201	Expenditure	-	-	-
IA	202	Intentionally left blank			
IA	290	TOTAL EXPENDITURE	-	-	-
IA	295	NET PIHP to AFFILIATE SUD (NON-MEDICAID) SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
IA	300	Redirected Funds (To) From			
IA	301	(TO) CMHSP to CMHSP Earned Contracts - J306.2	-	-	-
IA	302	FROM CMHSP to CMHSP Earned Contracts - J303.2	-	-	-
IA	303	FROM Non-MDCH Earned Contracts - K303.2	-	-	-
IA	304	FROM General Fund - B310.1	-	-	-
IA	305	Intentionally left blank			
IA	306	FROM Local Funds - M309.2	-	-	-
IA	390	Total Redirected Funds	-	-	-
IA	400	BALANCE PIHP to AFFILIATE SUD (NON-MEDICAD) SERVICES CONTRACTS (must = 0)	-	-	-
IB		PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS - CMHSP USE ONLY			
IB	100	REVENUE			
IB	101	Revenue - Medicaid - from PIHP	-	-	-
IB	102	Revenue - MICHild - from PIHP			
IB	190	TOTAL REVENUE	-	-	-
IB	200	EXPENDITURE			
IB	201	Expenditure - Medicaid	-	-	-
IB	202	Expenditure - MICHild			
IB	290	TOTAL EXPENDITURE	-	-	-
IB	400	BALANCE PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS (must = 0)	-	-	-
IC		PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY			
IC	190	Revenue - Medicaid Health Home Services - from PIHP	-	-	-
IC	290	Expenditure - Medicaid Health Home Services	-	-	-
IC	295	NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
IC	300	Redirected Funds (To) From			
IC	304	FROM General Fund - B310.3	-	-	-
IC	306	FROM Local Funds - M309.4	-	-	-
IC	390	Total Redirected Funds	-	-	-
IC	400	BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (must = 0)	-	-	-
ID		PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY			
ID	100	REVENUE			
ID	101	Revenue - MI Health Link - from PIHP	-	-	-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate	-	-	-
ID	190	TOTAL REVENUE	-	-	-
ID	200	EXPENDITURE			
ID	201	Expenditure	-	-	-
ID	202	Intentionally left blank			
ID	290	TOTAL EXPENDITURE	-	-	-
ID	295	NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
ID	300	Redirected Funds (To) From			
ID	301	(TO) CMHSP to CMHSP Earned Contracts - J306.3	-	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - J303.3	-	-	-
ID	303	FROM Non-MDCH Earned Contracts - K303.3	-	-	-
ID	304	FROM General Fund - B310.4	-	-	-
ID	305	Intentionally left blank			
ID	306	FROM Local Funds - M309.3	-	-	-
ID	390	Total Redirected Funds	-	-	-
ID	400	BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)	-	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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 - AI302 (PIHP use only)	-	-	-
J	301.2	(TO) SUD (Non-Medicaid) Services Contracts - AC302 (PIHP use only)	-	-	-
J	301.3	(TO) MI Health Link - AK302 (PIHP use only)	-	-	-
J	302	(TO) General Fund - B313	-	-	-
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I302	-	-	-
J	303.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA302	-	-	-
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID302	-	-	-
J	304	FROM Medicaid Services - A301 (PIHP use only)	-	-	-
J	304.1	FROM Healthy Michigan - AI301 (PIHP use only)	-	-	-
J	304.2	FROM SUD (Non-Medicaid) Service Contracts - AC301 (PIHP use only)	-	-	-
J	304.3	FROM MI Health Link - AK301 (PIHP use only)	-	-	-
J	305	FROM General Fund - B312	-	-	-
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - I301	-	-	-
J	306.2	FROM PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA301	-	-	-
J	306.3	FROM PIHP to MI Health Link Services Contracts - ID301	-	-	-
J	307	FROM Local Funds - M310	-	-	-
J	390	Total Redirected Funds	-	-	-
J	400	BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)	-	-	-
K		NON-MDCH EARNED CONTRACTS			
K	190	Revenue	-	135,618	135,618
K	290	Expenditure	-	135,618	135,618
K	295	NET NON-MDCH 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 - AI303 (PIHP use only)	-	-	-
K	301.2	(TO) SUD (Non-Medicaid) Services Contracts - AC303 (PIHP use only)	-	-	-
K	301.3	(TO) MI Health Link - AK303 (PIHP use only)	-	-	-
K	302	(TO) General Fund - B314	-	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I303	-	-	-
K	303.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA303	-	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID303	-	-	-
K	304	(TO) Local Funds - M315	-	-	-
K	305	FROM Local Funds - M311	-	-	-
K	390	Total Redirected Funds	-	-	-
K	400	BALANCE NON-MDCH EARNED CONTRACTS (must = 0)	-	-	-
L		Intentionally left Blank			
L	100	REVENUE			
L	101				
L	102				
L	190	TOTAL REVENUE	-	-	-
L	200	EXPENDITURE			
L	201				
L	202				
L	290	TOTAL EXPENDITURE	-	-	-
L	295	NET SURPLUS (DEFICIT)	-	-	-
L	300	Redirected Funds (To) From			
L	300.3				
L	300.5				
L	301				
L	302				
L	390	Total Redirected Funds	-	-	-
L	400	BALANCE (must = 0)	-	-	-

MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS	
M		LOCAL FUNDS			
M	100	REVENUE			
M	101	County Appropriation for Mental Health	17,691,638	-	17,691,638
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	35,848	-	35,848
M	106	Local Grants	-	-	-
M	107	Interest	306,777	-	306,777
M	108	Intentionally left blank	-	-	-
M	109	SED Partner	-	-	-
M	110	All Other Local Funding	-	-	-
M	190	TOTAL REVENUE	18,034,263	-	18,034,263
M	200	EXPENDITURE			
M	201	GF 10% Local Match	4,294,605	-	4,294,605
M	202	Reported Local match cap amount	-	-	-
		Examination adjustment local match cap amount	-	-	-
		Adjusted local match cap amount	-	-	-
M	203	GF Local Match Capped per MHC 330.1308	-	-	-
M	204	Local Cost for State Provided Services	5,346,752	-	5,346,752
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)	5,050,188	-	5,050,188
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)	-	-	-
M	207	Local Match to Grants and MDCH Earned Contracts	-	-	-
M	208	Intentionally left blank	-	-	-
M	209	Local Only Expenditures	1,742,872	-	1,742,872
M	290	TOTAL EXPENDITURE	16,434,417	-	16,434,417
M	295	NET LOCAL FUNDS SURPLUS (DEFICIT)	1,599,846	-	1,599,846
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	301.2	(TO) SUD (Non-Medicaid) Services - AC332 (PIHP use only)	-	-	-
M	301.3	(TO) MI Health Link - AK332 (PIHP use only)	-	-	-
M	301.4	(TO) Health Home Services - AG332 (PIHP use only)	-	-	-
M	302	(TO) General Fund - B331	-	-	-
M	303	(TO) MH Innovation Grant - C302	-	-	-
M	304	Intentionally left blank	-	-	-
M	305	(TO) SED Waiver - Required Match - E302	-	-	-
M	306	(TO) SED Waiver - Above Required Match Screen - E304	-	-	-
M	307	(TO) Not SED Waiver eligible - E306	-	-	-
M	308	(TO) Children's Waiver - F302	-	-	-
M	309	(TO) Injectable Medications - G302	-	-	-
M	309.2	(TO) PIHP to Affiliate SUD (Non-Medicaid) Services Contracts - IA306	-	-	-
M	309.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID306	-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - IC306	-	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts -J307	-	-	-
M	311	(TO) Non-MDCH Earned Contracts - K305	-	-	-
M	312	Intentionally left blank	-	-	-
M	313	(TO) Activity Not Otherwise Reported - O302	-	-	-
M	313.3	FROM MI Health Link (Medicare) - AK336 - (PIHP use only)	-	-	-
M	314	Intentionally left blank	-	-	-
M	315	FROM Non-MDCH Earned Contracts - K304	-	-	-
M	390	Total Redirected Funds	-	-	-
M	400	BALANCE LOCAL FUNDS	1,599,846	-	1,599,846

MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2015

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
N		RISK CORRIDOR		
N	100	REVENUE		
N	101			
N	102			
N	103			
N	104			
N	190			
N	300			
N	301			
N	301.1			
N	301.3			
N	302			
N	302.1			
N	302.3			
N	303			
N	304			
N	390			
N	400			
O		ACTIVITY NOT OTHERWISE REPORTED		
O	100	REVENUE		
O	101			
O	102			
O	103			
O	190			
O	200	EXPENDITURE		
O	201			
O	202			
O	203			
O	290			
O	295			
O	300			
O	301			
O	302			
O	390			
O	400			
P		GRAND TOTALS		
P	190			
P	290			
P	390			
P	400			
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 / MDCH.		
Q				
Q				
Q				
Q				
Q				
Q				
Q				
Q				

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

1. General Fund Services - Available Resources	Funding Resources
a. CMH Operations (FSR B 101)	38,699,676
b. Categorical (FSR B 102)	3,769,464
c. State Services (FSR B 103)	27,297,747
d. Sub-Total General Fund Contract Authorization	\$ 69,766,887
e. 1st & 3rd Party Collections (FSR B 121 + B 122)	-
f. Prior Year GF Carry-Forward (FSR B 123)	4,728,327
g. Intentionally left blank	-
h. Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i. Redirected Non-MDCH Earned Contracts (FSR B 314)	-
j. Sub-Total Other General Fund Resources	\$ 4,728,327
k. Local 10% Associated to 90/10 Services (FSR M 201)	4,294,605
l. Local 10% Match Cap Adjustment (FSR M 203)	-
m. Sub-Total Local 10% Associated to 90/10 Services	\$ 4,294,605
n. Total General Fund Services - Resources	\$ 78,789,819

3. Summary of Resources / Expenditures	Amount
a. Total General Fund Services - Resources	78,789,819
b. Total General Fund Services - Expenditures	75,542,136
c. Sub-Total General Fund Services Surplus (Deficit)	\$ 3,247,683
d. Less: Forced Lapse to MDCH (GF work sheet 5 F column F)	-
e. Net General Fund Services Surplus (Deficit)	\$ 3,247,683

4. Disposition:	Amount
Surplus	
a. Transfer to Fund Balance - GF Carry-Forward Earned	(3,247,683)
b. Lapse to MDCH - Contract Settlement	-
d. Total Disposition - Surplus	\$ (3,247,683)
Deficit	
f. Redirected from Local (FSR B 331)	-
g. Redirected from risk corridor (FSR B 332)	-
h. Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDCH) / Due CMHSP	Amount
a. Forced Lapse to MDCH	-
b. Lapse to MDCH - Contract Settlement	-
c. Return of Prior Year General Fund Carry-Forward	-
d. Purchase of State Services	-
e. Contract Authorization - Late Amendment	-
f. Local Costs of State Provided Services	-
g. Misc: (please explain)	-
h. Total Cash Settlement: (Due MDCH) / Due CMHSP	\$ -

2. General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a. 100% MDCH Matchable Services (FSR B 201)		8,702,141
b. 100% MDCH Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c. 90/10% MDCH Matchable Services (FSR B 203 Column A)	42,946,047	
d. Local 10% Match Cap Adjustment (FSR M 203)	-	42,946,047
e. State Services (FSR B 204)		23,840,937
f. Intentionally left blank		
g. Sub-Total General Fund Services - Expenditures		\$ 75,489,125
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. GF Supplement for SUD (Non-Medicaid) Services (PIHP use only) (FSR B 301.2)		-
k. GF Supplement for Unfunded MI Health Link - (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 Mental Health Innovation Grant (FSR B 302)		-
n. GF Supplement / Match for SED (FSR B 305 + B 306 + B 307)		27,272
o. GF Supplement for Children's Waiver (FSR B 308)		25,739
p. GF Supplement for Injectable Medications (FSR B 309)		-
q. GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
r. GF Supplement for PIHP to Affiliate SUD (Non-Medicaid) Services Contracts (FSR B 310.1)		-
s. Intentionally left blank		
t. GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
u. GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
v. GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
w. Sub-Total General Fund Services Supplement - Expenditures		\$ 53,011
x. Total General Fund Services - Expenditures		\$ 75,542,136

6. General Fund MDCH Commitment	
a. MDCH / CMHSP Contract Funded Expenditures	66,519,204
b. Earned General Fund Carry-Forward	3,247,683
c. Total MDCH General Fund Commitment	\$ 69,766,887

Examined Cash Settlement and MDCH Commitment		
	Cash Settlement	Carry Forward
Examined Original	-	3,247,683
Increase (Decrease)	\$ -	\$ 3,247,683
Comments:		

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

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received		Amount Due CMHSP / (MIDCH) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	
a. CMH Operations	38,699,676	38,699,676	-	38,699,676
b. Categorical	3,769,464	3,754,360	15,104	3,769,464
c. State Facility	27,297,747	27,297,747	-	27,297,747
d. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 69,766,887	\$ 69,751,783	\$ 15,104	\$ 69,766,887

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	38,699,676	
b. State Facility	27,297,747	
c. Total Current Year Maximum Carry-Forward	\$ 65,997,423	\$ 3,299,871

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	4,728,327	
b. Prior Year GF Carry-Forward (FSR B 123)	4,728,327	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Prior Year - MH Innovation Grant Carry-Forward	FY	If balance of Prior Year MHI Carry-Forward is not zero, balance must be explained
a. Prior Year MHI Carry-Forward Earned	-	
b. Prior Year MHI Carry-Forward (FSR C180)	-	
c. Balance of Prior Year MHI Carry-Forward	\$ -	

5. Categorical - Categories	Authorizations	Expenditures	Lapse	Cost Above Authorizations
a. Grant Pickup	-	-	-	-
b. Respite - Children with Serious Emotional Disturbance	-	-	-	-
c. Multicultural Services	3,769,464	3,829,089	-	59,625
d. Other Funding - Please explain	-	-	-	-
e. Other Funding - Please explain	-	-	-	-
f. Totals	\$ 3,769,464	\$ 3,829,089	\$ -	\$ 59,625

6. Narrative: Both CRCS and Contract Settlement Worksheet

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2015

SECTION I - SUMMARY OF ACCOUNTANTS' RESULTS

Medicaid Program

Type of accountants' report issued on compliance: Unmodified

Internal control over Medicaid program:

Material weakness(es) identified?	<u> </u> yes	<u> X </u> no
Significant deficiency(ies) identified?	<u> X </u> yes	<u> </u> none reported

Material noncompliance with the provisions of laws, regulations, or contracts noted? yes X no

Known fraud identified? yes X no

General Fund Program

Type of accountants' report issued on compliance: Qualified

Internal control over General Fund program:

Material weakness(es) identified?	<u> X </u> yes	<u> </u> no
Significant deficiency(ies) identified?	<u> X </u> yes	<u> </u> none reported

Material noncompliance with the provisions of laws, regulations, or contracts noted? X yes no

Known fraud identified? yes X no

Community Mental Health Services Block Grants (CMHSBG)

Type of accountants' report issued on compliance: Unmodified

Internal control over CMHSBG program:

Material weakness(es) identified?	<u> </u> yes	<u> X </u> no
Significant deficiency(ies) identified?	<u> </u> yes	<u> X </u> none reported

Material noncompliance with the provisions of laws, regulations, or contracts noted? yes X no

Known fraud identified? yes X no

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2015

SECTION II - FINDINGS AND QUESTIONED COSTS

2015-CE-01 Ability to Pay Forms

Finding type: Material noncompliance; Material weakness in internal controls over compliance

Program: General Fund (GF) program

Criteria: The *CMH Compliance Examination Guidelines* require a Prepaid Inpatient Health Plan (PIHP) to determine the insurance coverage and ability to pay of individuals before, or as soon as practical after, the start of services. A PIHP is also required to annually determine the insurance coverage and ability to pay of individuals who continue to receive services and of any additional responsible party. If informed of a significant change in the responsible party's ability to pay, a new determination is required to be completed.

Condition: Ability to pay forms are not consistently retained or prepared. During our testing, we noted 26 instances out of 60 case files selected for testing, where no ATP form was provided, 1 instance where the form was not completed within a reasonable period of time after the date of service, 1 instance where proper documentation that the consumer was billed the lesser of his/her ability to pay or cost of services was not provided, and 22 instances where the initial Medicaid, Medicare, or Healthy Michigan service was ultimately billed to GF but no determination of Ability to Pay was made.

Cause: This condition is the result of a lack of adequate controls over the preparation and retention processes for required forms at the provider level.

Effect: There is an increased risk that the consumers' ability to pay is not being determined or is being determined inaccurately and that the General Fund is being overcharged for the cost of services to these consumers.

Recommendation: We recommend that the Authority implement policies and procedures to ensure that the consumers' ability to pay is determined properly, and that this documentation is properly retained in accordance with the Michigan Department of Community Health contract.

Corrective Action: Management concurs with the finding, however, we believe that with the adoption of the Healthy Michigan Plan, ATP will become obsolete. In the meantime, the Authority continues to try to find incentives for providers to adhere to the ATP requirements.

Responsible Official: Division of Monitoring, Quality and Compliance and the Finance Division

Estimated Completion

Date: Ongoing

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2015

SECTION II - FINDINGS AND QUESTIONED COSTS

2015-CE-02 Coordination of Benefits

Finding type: Immaterial noncompliance; Significant deficiency in internal controls over compliance

Program: General Fund (GF) and Medicaid programs

Criteria: The CMH Compliance Examination Guidelines require a Prepaid Inpatient Health Plan (PIHP) to monitor the activities of provider networks to ensure that Medicaid Program funds are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts. Under the Dual Eligible program implemented by MDHHS, providers are required to bill Medicare first for eligible services and to bill the remaining (net) portion to Medicaid for reimbursement.

Condition: During performance of the compliance examination and tie out of the FSR, we were made aware that several providers had failed to properly bill Medicare first for eligible services and as a result billed Medicaid (the PHIP) for the gross amount of those service costs.

Cause: This condition is the result of a lack of adequate controls over compliance and billing at the provider level, and a lack of adequate monitoring by the PIHP to ensure that providers meet Medicaid contract requirements.

Effect: Providers billed Medicaid for costs which should have been billed to Medicare, and as a result billed unallowable costs to Medicaid. The Authority prepared an estimate of these amounts and reduced the Medicaid costs reflected in the FSR.

Recommendation: We recommend that the Authority implement policies and procedures to monitor providers and ensure that providers bill Medicare first as required, and bill only the allowable (net) portion of services to Medicaid. The Authority prepared an estimate of these amounts and reduced the Medicaid costs reflected in the FSR.

Corrective Action: The Authority concurs with the finding. Several months ago, we developed extensive protocol and procedures with the provider network for coordination of benefit (COB). The procedures include but are not limited to modification in the MHWIN system whereby the system will not allow a provider to submit a Medicare claim without a COB amount indicated.

Responsible Official: Finance and Information Technology

Estimated Completion

Date: Ongoing

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2015

SECTION III - EXAMINATION ADJUSTMENTS

SUD Supplemental Lines B.2 and B.3 - Adjustments of \$1,265,183 and \$1,298,357 were required to correct the expenses for Medicaid and Health MI Plan portions of the SUD Supplemental FSR. The Legislative report and RER were initially understated when compared to the ledger amounts for these programs, and were corrected to agree to the general ledger amounts for expenses.

Non-Medicaid FSR Lines H.107, H.150, H.207, and H.250- Adjustment of \$736,664 was required to reclassify revenue and expense. This adjustment was necessary to consolidate Shelter Plus Care and Supportive Housing onto one line and reflect the change by HUD to classifying both these programs as Continuum of Care.

Non-Medicaid FSR Lines H.101, H.102, H.151, H.201, H.202, H.251, K.190, and K.290- Several adjustments were required to reclassify revenue and expense for grants onto the correct lines. An adjustment of \$581,795 was required to break out SAMSH from DCH Block Grants and report separately. An adjustment of \$16,974 was required to reclassify revenue and expense from DCH Block Grants for Michigan Child Collaborative Care. Finally, an adjustment of \$135,618 was required to reclassify revenue and expense from DCH Block Grants and report separately under Section K for grants not passed through MDHHS.

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Schedule of Findings and Questioned Costs For the Year Ended September 30, 2015

SECTION IV - COMMENTS AND RECOMMENDATIONS

Subrecipient Monitoring - We noted during testing of the Authority's monitoring of subrecipients for Community Mental Health Bock grants that the Authority does not have a formal policy or procedure to assess which subrecipients receive on-site monitoring each year. We recommend that the Authority develop written policies and procedures regarding risk assessment to use in determining which subrecipients receive on-site monitoring each year.

■ ■ ■ ■ ■