



Year Ended  
September 30, 2014

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, Adult Benefit Waiver, and General Fund Programs	1
Examined Financial Status Report - Medicaid	4
Examined Financial Status Report - Healthy Michigan	5
Examined Internal Service Fund	6
Examined Shared Risk Calculation and Risk Financing	7
Examined Medicaid Contract Reconciliation and Cash Settlement	8
Examined Medicaid Contract Settlement Worksheet	9
Examined Financial Status Report - Adult Benefit Waiver (ABW)	10
Examined Financial Status Report and Contract Reconciliation and Cash Settlement - Autism	11
Examined Financial Status Report - All Non Medicaid	12
Examined General Fund Contract Reconciliation and Cash Settlement	18
Examined General Fund Contract Settlement Worksheet	19
Schedule of Findings and Questioned Costs	20



INDEPENDENT ACCOUNTANTS' REPORT ON COMPLIANCE FOR THE  
MEDICAID, ADULT BENEFIT WAIVER, AND GENERAL FUND PROGRAMS

March 31, 2015

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 Community Health, that could have a direct and material effect on its Medicaid, Adult Benefit Waiver, and General Fund programs for the year ended September 30, 2014.

*Management's Responsibility*

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its Medicaid, Adult Benefit Waiver, and General Fund programs.

*Independent Accountants' Responsibility*

Our responsibility is to express an opinion on compliance of the Authority's Medicaid, Adult Benefit Waiver, and General Fund 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, Adult Benefit Waiver, and General Fund. However, our examination does not provide a legal determination of the Authority's compliance.

*Basis for Qualified Opinion on General Fund program*

As described in item 2014-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 General Fund 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, 2014.

### *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, 2014.

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, Adult Benefit Waiver, and General Fund 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.

*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, Adult Benefit Waiver, or General Fund 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, Adult Benefit Waiver, or General Fund 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 2014-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, Adult Benefit Waiver, or General Fund 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.

The Authority's response to the internal control over compliance 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 procedures applied in the examination of compliance and, accordingly, we express no opinion on it.

*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.

*Rehmann Lobson LLC*

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT  
EXAMINED FINANCIAL STATUS REPORT - MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING															
		A	B	C	D	E	F	G	H	I	Examination Adjustments	Examined Totals					
		Regional Authority / Reporting Board Detroit-Wayne	Detroit-CA	# 2 SEMCA	# 3	CMHSP or CA	# 4	# 5	# 6	# 7			PIHP Grand Total				
<b>A</b>	<b>MEDICAID SERVICES - PIHP USE ONLY</b>																
<b>A</b>	<b>REVENUE</b>																
A	100 State Plan ( B )	229,169,683															
A	101a DHS Incentive Payments (B)	1,967,945															
A	101b Other Incentive Payments (B)	-															
A	101c Autism Training Payments (B)	128,700															
A	102 State Plan ( B3 )	165,859,667															
A	103 Hab Support Waiver (C)	73,781,188															
A	115 Medicaid Managed Care - Affiliate Contracts	(17,204,397)															
A	121 <b>Subtotal - Current Period Medicaid Services Revenue</b>	453,702,786	14,790,353	2,414,044													
A	121 1st & 3rd Party Collections - Medicare/Medicaid Consumers - Rptng Bd	-	-	2,414,044													
A	122 1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	-	-	-													
A	123 Prior Year Medicaid Savings (Funding Current Year Expenses)	-	-	-													
A	124 ISF Abatement	18,029,142															
A	140 <b>Subtotal - Other Medicaid Revenue</b>	18,029,142															
A	190 <b>TOTAL REVENUE</b>	471,731,928	14,790,353	2,414,044													
A	200 <b>EXPENDITURE</b>																
A	201 PIHP HIC/A/USE Tax	16,461,174															
A	202 Medicaid Services	446,399,362	14,790,353	2,414,044													
A	203 Payment into Medicaid ISF	-															
A	204 Psych Hospital Rate Adjuster (HRA)	9,731,180															
A	290 <b>TOTAL EXPENDITURE</b>	472,891,716	14,790,353	2,414,044													
A	295 <b>SUBTOTAL NET MEDICAID SERVICES SURPLUS (DEFICIT)</b>	(859,788)															
A	300 <b>Redirected Funds (To) From</b>																
A	301 (TO) CMHSP to CMHSP Earned Contracts - J304	-															
A	301a (TO) Healthy Michigan - A1310	-															
A	302 FROM CMHSP to CMHSP Earned Contracts - J301 (explain - section AB)	-															
A	303 FROM Non-MDCH Earned Contracts - K301 (explain - section AB)	-															
A	323 Into only - Affiliate Total Redirected Funds - I390	-															
A	330 <b>Subtotal Redirected Funds rows 301 - 325</b>	-															
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	859,788															
A	334 FROM Risk Corridor - MDCH Share - N302	-															
A	390 <b>Total Redirected Funds</b>	859,788															
A	400 <b>BALANCE MEDICAID SERVICES</b>	-															

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	
AB	
AB	
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, 2014**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING										Examination Adjustments	Examined Totals		
		A	B	C	D	E	F	G	H	I					
		Regional Authority / Reporting Board	# 1	# 2	# 3	# 4	# 5	# 6	# 7	PIHP Grand Total					
		Detroit-Wayne Board			SEMCA										
AI	100	HEALTHY MICHIGAN SERVICES - PIHP USE ONLY													
AI	101	REVENUE													
AI	101	Healthy Michigan Plan	37,587,447										37,587,447		37,587,447
AI	115	Healthy Michigan Managed Care - Affiliate Contracts	(6,300,776)	5,113,148	1,187,628										-
AI	120	Subtotal - Current Period Healthy Michigan Services Revenue	31,286,671	5,113,148	1,187,628								37,587,447		37,587,447
AI	121	1st & 3rd Party Collections - HMP Consumers - Rolling 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	140	Subtotal - Other Healthy Michigan Revenue													-
AI	190	TOTAL REVENUE	31,286,671	5,113,148	1,187,628								37,587,447		37,587,447
AI	200	EXPENDITURE													
AI	201	PIHP HIC/USE Tax Healthy Michigan Plan	2,539,312										2,539,312		2,539,312
AI	202	Healthy Michigan Plan Services	19,475,539	5,113,148	1,187,628								25,776,315		25,776,315
AI	203	Payment into Healthy Michigan Plan ISF													-
AI	290	TOTAL EXPENDITURE	22,014,851	5,113,148	1,187,628								28,315,627		28,315,627
AI	295	SUBTOTAL NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	9,271,820										9,271,820		9,271,820
AI	300	Redirected Funds (To) From													
AI	301	(TO) CMH to CMH Earned Contracts - J304.5													
AI	302	FROM CMH to CMH Earned Contracts - J301.5 (explain - section A.J)													
AI	303	FROM Non-MDCH Earned Contracts - K301.5 (explain - section A.J)													
AI	310	FROM Medicaid - A301a													
AI	325	Into only - Affiliate Total Redirected Funds - I390													
AI	330	Subtotal Redirected Funds rows 301 - 325													
AI	331	FROM GF - Redirected to Unfunded Healthy Michigan Costs - B301.1													
AI	332	FROM Local Funds - M301.1													
AI	333	FROM Risk Corridor - PIHP Share - N301.5													
AI	334	FROM Risk Corridor - MDCH Share - N302.5													
AI	390	Total Redirected Funds													
AI	400	BALANCE HEALTHY MICHIGAN PLAN SERVICES	9,271,820										9,271,820		9,271,820

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	
AJ	
AJ	
AJ	
AJ	
AJ	
AJ	

**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	\$ 35,112,225	\$ 304,458	\$ -	\$ -	\$ (859,788)	\$ -	\$ 34,556,895
b. Specialty Managed Care	\$ 35,112,225	\$ 304,458	\$ -	\$ -	\$ (859,788)	\$ -	\$ 34,556,895
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	\$ 34,556,895
h. Specialty Managed Care portion of balance	\$ 34,556,895
i. Healthy Michigan Plan portion of balance	\$ -

2. PIHP Maximum Allowable Funding of ISF	Amount
a. Specialty Managed Care - Medicaid Capitation (FSR A 120 + FSR AI 120) (annualized)	\$ 546,082,077
b. % of Current Year Medicaid Capitation	7.5%
c. Maximum Allowable Funding of Med ISF	\$ 40,956,156

3. Disposition of ISF Ending Balance	Amount	Narrative of Resolution if ISF Over Funded
a. Maximum Allowable Funding of Medicaid ISF	\$ 40,956,156	
b. Medicaid ISF Ending Balance	\$ 34,556,895	
c. Within Maximum Allowable Limit / (Overfunded)	\$ 6,399,261	
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)	\$ 470,907,183	\$ 37,587,447	\$ 508,494,630
a2. Enter 1 if 9 month PIHP Specialty Managed Care - Medicaid Capitation (FSR A 120 + FSR AI 120)	-		
a3. (annualized)	\$ 470,907,183	\$ 75,174,894	\$ 546,082,077
a4. Band # 1 (100 - 105%)			27,304,104
a5. Band # 2 (105 - 110%)			27,304,104
			Full PIHP Responsibility
			Shared State / PIHP Responsibility

b. Risk - Medicaid			859,788		
b1. Risk - Healthy Michigan Plan			-		
b2. Total Risk			859,788		
c1. Band # 1 Liability			859,788		859,788
c2. Sub-Total - Band # 1			-		
c3. Band # 2 Liability			-		
c4. Sub-Total - Band # 2			-		
c5. Band # 3 Liability			-		
c6. Total Risk Responsibility			\$ 859,788	\$	859,788

2. Disposition of Risk			
	State Risk	Local Risk	Total Risk Corridor
a. Stop/Loss Insurance (FSR Line N 101)			
b. Medicaid/HMP ISF for PIHP Share Risk Corridor (FSR Line N 102)			
c. Local Funds / Local Fund Balance - Medicaid/HMP Services (FSR Line M 301, M 301.1)			
d. General Fund Redirect for Unfunded Medicaid/HMP Costs - MDCH Approved ONLY (FSR Line B 301, B301.1)			
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			859,788
b. Total Disposition of MDCH / Local Risk - Medicaid			859,788
b1. Total Disposition of MDCH / Local Risk - Healthy Michigan Plan			
c. Balance of Risk Corridor (Must = \$0)	\$ -	\$ -	\$ -

Explanation of Examination Adjustments

**MDCH/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES  
CONCURRENT WAIVER PROGRAMS  
EXAMINED MEDICAID CONTRACT RECONCILIATION AND CASH SETTLEMENT  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

	PIHP Contract Cost Settled
<b>1. Medicaid Services - Available Resources</b>	
a. State Plan (b) (FSR A 101)	229,169,683
a.1 DHS Incentive Payments (B) (FSR A 101 a)	1,967,945
a.2 Other Incentive Payments (B) (FSR A 101b)	-
a.3 Autism Training Payments (B) (FSR A 101c)	128,700
b. State Plan (b3) (FSR A 102)	165,859,667
c. Habilitation Support Waiver (c) (FSR A 103)	73,781,188
d. Healthy Michigan Plan (FSR AI 120)	37,587,447
e. Total Managed Care Capitation	\$ 508,494,630
f. 1st & 3rd Party Collections - Medicaid (FSR A 121)	-
f.1 1st & 3rd Party Collections - HMP (FSR AI 121)	-
g. Prior Year Medicaid Savings (FSR A 123 + FSR AI 123)	18,029,142
h. ISF Abatement - Medicaid / HMP (FSR A 124 + FSR AI 124)	-
i. Redirected CMHSP to CMHSP Contracts (FSR A 302 + FSR AI 302)	-
j. Redirected Non-MDCH Earned Contracts (FSR A 303 + FSR AI 303)	-
k. Sub-Total Other Medicaid Services - Resources	\$ 18,029,142
l. Total Medicaid Services - Available Resources	\$ 526,523,772

<b>2. Medicaid Services - Expenditures</b>	
a. PIHP HICA/USE Tax (FSR A 201)	16,461,174
a.1 PIHP HICA/USE Tax Healthy Michigan Plan (FSR AI 201)	2,539,312
b. Medicaid Services (FSR A 202 - A 122 - A 325)	463,603,759
b.1 Healthy Michigan Plan Services (FSR AI 202 - AI 122 - AI 325)	25,776,315
c. Deposits - ISF Medicaid / HMP (FSR A 203 + FSR AI 203)	-
d. Psych Hospital HRA (FSR A 204)	9,731,180
e. Sub-Total Medicaid Services - Expenditures	\$ 518,111,740
f. Redirected CMHSP to CMHSP Contracts (FSR A 301 + FSR AI 301)	-
g. Total Medicaid Services - Expenditures	\$ 518,111,740

<b>3. Net Medicaid Services Surplus / (Deficit)</b>	
a. Medicaid Funding Surplus / (Deficit)	8,412,032
b. Less: Forced Lapse to MDCH (Medicaid worksheet 2.a)	-
c. Net Medicaid Services Surplus / (Deficit)	\$ 8,412,032

4. Disposition	Amount
Surplus	
a. 1. Transfer to Fund Balance - Medicaid Savings Earned	(9,271,820)
2. Lapse to MDCH - Contract Settlement	-
3. Total Disposition - Surplus	\$ (9,271,820)
Deficit	
b. 1. Redirected from General Fund (FSR A 331 + FSR AI 331)	-
2. Redirected from Local (FSR A 332 + FSR AI 332)	-
3. Redirected Risk Corridor - PIHP Share (FSR A 333 + AI 333)	859,788
4. Redirected Risk Corridor - MDCH Share (FSR A 334 + AI 334)	-
5. Total Disposition - Deficit	\$ 859,788

4.1 Medicaid Savings Transferred To/From		Total Transferred
PIHP receiving transferred Medicaid savings		
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	-
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	\$ -

6. Medicaid MDCH Commitment	Amount
a. MDCH / PIHP Medicaid Funded Expenditures	499,222,810
b. Earned Medicaid Savings	9,271,820
c. Sub-Total MDCH Commitment	\$ 508,494,630
d. Risk Corridor - MDCH Share	-
e. Total MDCH Medicaid Commitment	\$ 508,494,630
f. General Fund Supplement for Unfunded Medicaid	-

Examined Cash Settlement and MDCH Commitment		
	Cash Settlement	Savings
Examined	\$ -	\$ 9,271,820
Original Settlement	-	9,271,820
Increase (Decrease)	\$ -	\$ -
Comments:		

**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	Total	FY Indicator
a. Current Fiscal Year - Medicaid Revenue rec'd thru 9/30	228,819,559	165,611,634	73,389,682	33,942,172	501,763,047	FALSE
b. Current Fiscal Year - Medicaid Revenue Accruals	-	-	120,673	3,645,275	3,765,948	FALSE
b1. DHS Incentive Payments (B)	2,374,612				2,374,612	FALSE
b2. Other Incentive Payments (B)	-				-	FALSE
b3. Autism Training payments (B)	128,700				128,700	FALSE
c. Sub-Total Current Fiscal Year Medicaid Revenue:	\$ 231,322,871	\$ 165,611,634	\$ 73,510,355	\$ 37,587,447	\$ 508,032,307	
d. Prior Fiscal Year 1 - Accrual Adjustment - Net	350,124	248,033	270,833	-	868,990	FALSE
e. Prior Fiscal Year 2 - Accrual Adjustment - Net	-	-	-	-	-	FALSE
f. Other Adjustments	-	-	-	-	-	Describe Below
g. Sub-Total - Prior Year Accrual Adjustments:	\$ 350,124	\$ 248,033	\$ 270,833	\$ -	\$ 868,990	
h. Total Medicaid Revenue - Current Year Settlement: (Must = Row 1e on CRCS)	\$ 231,672,995	\$ 165,859,667	\$ 73,781,188	\$ 37,587,447	\$ 508,901,297	
i. Explanation of Accrual and Examination Adjustments						

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 - Annualized		546,082,077	
1. Band # 1 (95 - 100%)	5%	27,304,104	PIHP retains
2. Band # 2 (90 - 95%)	5%	27,304,104	Shared PIHP / MDCH

b. Balance Available for Savings (from Medicaid FSR)	-				
b1. Balance Available for Savings (from Healthy Michigan FSR)	9,271,820		Total Lapse	Total Earned Savings	Total Savings Corridor
b2. Total Available for Savings	9,271,820				
c. 1. Band # 1	9,271,820			9,271,820	9,271,820
2. Sub-Total - Band # 1	-				
3. Band # 2	-		-	-	-
4. Sub-Total - Band # 2	-				
5. Band # 3	-				
6. Totals			\$ -	\$ 9,271,820	\$ 9,271,820

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	-	9,271,820	9,271,820	100%
3. Total Savings / Lapse	\$ -	\$ 9,271,820	\$ 9,271,820	100%

5. Medicaid Savings - Prior Year Earnings to Expend	FY	FY	FY	Total
a. Prior Year Medicaid Savings Earned - Medicaid	18,029,142	-	-	-
b. Current Year Expenditures - Medicaid	18,029,142	-	-	-
c. Prior Year Medicaid Savings Earned - HMP	-	-	-	-
d. Current Year Expenditures - HMP	-	-	-	-
e. Balance of Medicaid Savings:	\$ -	\$ -	\$ -	\$ -

**5. Narrative: Both CRCS and Contract Settlement Worksheet**

**MDCH/PIHP ADULT BENEFIT WAIVER (ABW) PROGRAM CONTRACT  
EXAMINED FINANCIAL STATUS REPORT - ABW  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

1	PIHP or CMHSP or CA	YEAR TO DATE REPORTING											
		CMHSP or CA											
		A	B	C	D	E	F	G	H	I	PIHP Grand Total	Examination Adjustments	Examined Totals
		Regional Authority / Reporting Board	# 1	# 2	# 3	# 4	# 5	# 6	# 7				
		Detroit-Wayne Board	Detroit-CA	SEMCA									
AC	ADULT BENEFIT WAIVER SERVICES - PIHP USE ONLY												
AC	100 REVENUE												
AC	101 Revenue - Mental Health	6,311,922								6,311,922			6,311,922
AC	102 ABW - Mental Health												
AC	103 ABW - Affiliate Contracts - MH												
AC	120 Subtotal Revenue - Mental Health	6,311,922								6,311,922			6,311,922
AC	130 Revenue - Substance Abuse												
AC	131 ABW - Substance Abuse	3,906,599								3,906,599			3,906,599
AC	132 ABW - Affiliate Contracts - SA	(2,851,043)	285,350										
AC	140 Subtotal Revenue - Substance Abuse	1,055,556	285,350							3,906,599			3,906,599
AC	190 TOTAL REVENUE	7,367,478	285,350							10,218,521			10,218,521
AC	200 EXPENDITURE												
AC	201 Expenditure - Mental Health												
AC	202 PIHP HICA Tax - MH	15,593								15,593			15,593
AC	203 ABW Services - MH	6,374,726								6,374,726			6,374,726
AC	204 Surplus ABW - MH Funding Retained												
AC	220 Subtotal Expenditure - Mental Health	6,390,319								6,390,319			6,390,319
AC	230 Expenditure - Substance Abuse												
AC	231 PIHP HICA Tax - SA	5,697								5,697			5,697
AC	232 ABW Services - SA		285,350							2,851,043			2,851,043
AC	233 Surplus ABW - SA Funding Retained												
AC	240 Subtotal Expenditure - Substance Abuse	5,697	285,350							2,856,740			2,856,740
AC	290 TOTAL EXPENDITURE	6,396,016	285,350							9,247,059			9,247,059
AC	291 Subtotal Net ABW Services Surplus (Deficit) - MH	(78,397)								(78,397)			(78,397)
AC	295 SUBTOTAL NET ABW SERVICES SURPLUS (DEFICIT)	1,049,859								1,049,859			1,049,859
AC	300 Redirected Funds (To) From	971,462								971,462			971,462
AC	301 Info only - Affiliate Total Redirected Funds - IA390												
AC	301.3 (16) Local Funds - MI 313.3												
AC	302 FROM General Fund - Redirected to Unfunded MH ABW Costs - B301.3	78,397								78,397			78,397
AC	303 FROM Substance Abuse MDCH Contract - L300.3												
AC	304 FROM Local Funds - M301.3												
AC	300 Total Redirected Funds	78,397								78,397			78,397
AC	400 BALANCE ABW SERVICES	1,049,859								1,049,859			1,049,859
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													
AD													
AD													
AD													
AD													
AD													
AD													
AD													

**MDCH/PIHP AUTISM PROGRAM  
EXAMINED FINANCIAL STATUS REPORT AND CRCS - AUTISM BENEFIT  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**1. Financial Status Report - Autism Benefit**

	YEAR TO DATE REPORTING										
	A	B	C	D	E	F	G	H	I		
	Regional Authority / Reporting Board	# 1	# 2	# 3	# 4	# 5	# 6	# 7	PIHP Grand Total	Examination Adjustments	Examined Totals
1.1	PIHP or CMHSP										
	Detroit-Wayne										
AE	AUTISM SERVICES - PIHP USE ONLY										
AE	100 REVENUE										
AE	101 Revenue - Medicaid										
AE	102 Medicaid Autism Benefit rec'd thru 9/30	133,141							133,141		133,141
AE	103 Medicaid Autism Benefit - Affiliate Contracts										
AE	120 Subtotal Revenue - Medicaid Autism Benefit	133,141							133,141		133,141
AE	130 Revenue - MICHild										
AE	131 MICHild Autism Benefit rec'd thru 9/30										
AE	132 MICHild Autism Benefit - Affiliate Contracts										
AE	140 Subtotal Revenue - MICHild Autism Benefit										
AE	190 TOTAL REVENUE	133,141							133,141		133,141
AE	200 EXPENDITURE										
AE	201 Expenditure - Medicaid										
AE	202 PIHP HICA/USE Tax - Medicaid	106,966							106,966		106,966
AE	203 Medicaid Autism Benefit Services	1,578,761							1,578,761		1,578,761
AE	220 Subtotal Expenditure - Medicaid Autism Benefit	1,685,727							1,685,727		1,685,727
AE	230 Expenditure - MICHild										
AE	231 PIHP HICA/USE Tax - MICHild										
AE	232 MICHild Autism Benefit Services	1,566							1,566		1,566
AE	240 Subtotal Expenditure - MICHild Autism Benefit	1,566							1,566		1,566
AE	290 TOTAL EXPENDITURE	1,687,293							1,687,293		1,687,293
AE	291 Subtotal Net Medicaid Autism Benefit Services Surplus (Deficit)	(1,552,586)							(1,552,586)		(1,552,586)
AE	292 Subtotal Net MICHild Autism Benefit Services Surplus (Deficit)	(1,566)							(1,566)		(1,566)
AE	295 SUBTOTAL NET AUTISM BENEFIT SERVICES SURPLUS (DEFICIT)	(1,554,152)							(1,554,152)		(1,554,152)
AE	300 Redirected Funds (To) From										
AE	331 FROM Risk Corridor - MDCH Share - N304	1,554,152							1,554,152		1,554,152
AE	390 Total Redirected Funds	1,554,152							1,554,152		1,554,152
AE	400 BALANCE AUTISM BENEFIT SERVICES (cannot be < 0)										

**2. Autism Settlement: (Due MDCH) / Due PIHP**

	Original	Exam Adj	Final
a. Medicaid Autism Benefit Services (Due MDCH) / Due PIHP	1,552,586	-	1,552,586
b. MICHild Autism Benefit Services (Due MDCH) / Due PIHP	1,566	-	1,566
c. Total Settlement	\$ 1,554,152	-	1,554,152

**AF REMARKS**

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.

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>A</b>	<b>MEDICAID SERVICES - Summary From FSR - Medicaid Worksheet</b>			
A 190	TOTAL REVENUE	488,936,325	-	488,936,325
A 290	TOTAL EXPENDITURE	489,796,113	-	489,796,113
A 295	NET MEDICAID SERVICES SURPLUS (DEFICIT)	(859,788)	-	(859,788)
A 390	Total Redirected Funds	859,788	-	859,788
A 400	BALANCE MEDICAID SERVICES	-	-	-
<b>AC</b>	<b>ADULT BENEFIT WAIVER SERVICES - Summary From FSR - ABW Worksheet</b>			
AC 190	TOTAL REVENUE	10,218,521	-	10,218,521
AC 290	TOTAL EXPENDITURE	9,247,059	-	9,247,059
AC 295	NET ABW SERVICES SURPLUS (DEFICIT)	971,462	-	971,462
AC 390	Total Redirected Funds	78,397	-	78,397
AC 400	BALANCE ABW SERVICES	1,049,859	-	1,049,859
<b>AE</b>	<b>AUTISM BENEFIT SERVICES - Summary From FSR - Autism Worksheet</b>			
AE 190	TOTAL REVENUE	133,141	-	133,141
AE 290	TOTAL EXPENDITURE	1,687,293	-	1,687,293
AE 295	NET AUTISM BENEFIT SERVICES SURPLUS (DEFICIT)	(1,554,152)	-	(1,554,152)
AE 390	Total Redirected Funds	1,554,152	-	1,554,152
AE 400	BALANCE AUTISM BENEFIT SERVICES	-	-	-
<b>AI</b>	<b>HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan Worksheet</b>			
AI 190	TOTAL REVENUE	37,587,447	-	37,587,447
AI 290	TOTAL EXPENDITURE	28,315,627	-	28,315,627
AI 295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)	9,271,820	-	9,271,820
AI 390	Total Redirected Funds	-	-	-
AI 400	BALANCE HEALTHY MICHIGAN SERVICES	9,271,820	-	9,271,820
<b>B</b>	<b>GENERAL FUND</b>			
B 100	REVENUE			
B 101	CMH Operations	69,289,810	-	69,289,810
B 102	Categorical	3,754,360	-	3,754,360
B 103	State Services	31,125,560	-	31,125,560
B 120	Subtotal - Current Period General Fund Revenue	104,169,730	-	104,169,730
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	4,238,987	-	4,238,987
B 124	Intentionally left blank	-	-	-
B 140	Subtotal - Other General Fund Revenue	4,238,987	-	4,238,987
B 190	TOTAL REVENUE	108,408,717	-	108,408,717
B 200	EXPENDITURE			
B 201	100% MDCH Matchable Services / Costs	14,260,055	-	14,260,055
B 202	100% MDCH Matchable Services Based on CMHSP Local Match Cap	-	-	-
B 203	90% MDCH Matchable Services / Costs - REPORTED	68,661,243	-	68,661,243
	90% MDCH Matchable Services / Costs - EXAMINATION ADJUSTMENTS	-	-	-
	90% MDCH Matchable Services / Costs	\$ 68,661,243	-	68,661,243
B 204	State Services - Payments to MDCH for State Services	26,890,991	-	26,890,991
B 205	Intentionally left blank	-	-	-
B 290	TOTAL EXPENDITURE	102,946,165	-	102,946,165
B 295	NET GENERAL FUND SURPLUS (DEFICIT)	5,462,552	-	5,462,552
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) ABW - Redirected for Unfunded MH ABW Costs - AC302 (PIHP use only)	(78,397)	-	(78,397)
B 301.5	(TO) Health Home Services - Redirected for Unfunded Health Home Services AG302 (PIHP use only)	-	-	-
B 302	(TO) Mental Health Innovation Grant C301	-	-	-
B 303	(TO) GF Cost of MICHild - Required Match - D302	(72,282)	-	(72,282)
B 304	(TO) GF Cost of MICHild - Above Required Match - D303	(534,996)	-	(534,996)
B 305	(TO) GF Cost of SED - Required Match - E301	-	-	-
B 306	(TO) GF Cost of SED - Above Required Match Screen - E303	-	-	-
B 307	(TO) GF Cost of SED - Not SED Waiver eligible - E305	-	-	-
B 308	(TO) GF Cost of Children's Waiver - F301	(48,550)	-	(48,550)
B 309	(TO) Allowable GF Cost of Injectable Medications - G301	-	-	-
B 309.5	(TO) PIHP to Affiliate ABW Services Contracts - IA302	-	-	-
B 309.7	(TO) PIHP to Affiliate Health Home Services Contracts - IC302	-	-	-
B 310	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)	-	-	-
B 311	(TO) Substance Abuse - L301	-	-	-
B 312	Intentionally left blank	-	-	-
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	(734,225)	-	(734,225)
B 331	FROM Local Funds - M302	-	-	-
B 332	FROM Risk Corridor - N303	-	-	-
B 390	Total Redirected Funds	(734,225)	-	(734,225)
B 400	BALANCE GENERAL FUND (cannot be < 0)	4,728,327	-	4,728,327

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>OTHER GF CONTRACTUAL OBLIGATIONS</b>				
<b>C</b>	<b>MENTAL HEALTH INNOVATION GRANT</b>			
C 100	Revenue			
C 170	MH Innovation Grant Revenue	-	-	-
C 180	MH Innovation Grant Prior Year Carry Forward	-	-	-
C 190	<b>Total Revenue</b>	-	-	-
C 290	Expenditure	-	-	-
C 295	<b>NET SURPLUS (DEFICIT)</b>	-	-	-
C 300	<b>Redirected Funds (To) From</b>			
C 301	FROM General Fund - <b>B302</b>	-	-	-
C 302	FROM Local Funds - <b>M303</b>	-	-	-
C 390	<b>Total Redirected Funds</b>	-	-	-
C 400	<b>BALANCE MENTAL HEALTH INNOVATION GRANT (cannot be &lt; 0)</b>	-	-	-
<b>D</b>	<b>MICHILD - MENTAL HEALTH (Non-Autism)</b>			
D 1	Enter Current MICHild FFP   0.7642			
D 190	Revenue	234,257	-	234,257
D 290	Expenditure	841,535	-	841,535
D 295	<b>NET MICHILD SURPLUS (DEFICIT)</b>	(607,278)	-	(607,278)
D 300	<b>Redirected Funds (To) From</b>			
D 301	Federal share applied - REPORTED	234,257		
	Federal share applied - EXAMINATION ADJUSTMENT	-		
	Federal share applied - EXAMINED	234,257		
D 302	FROM General Fund - Required Match - <b>B303</b>	72,282	-	72,282
D 303	FROM General Fund - Above Required Match - <b>B304</b>	534,996	-	534,996
D 304	FROM Local Funds - <b>M304</b>	-	-	-
D 390	<b>Total Redirected Funds</b>	607,278	-	607,278
D 400	<b>BALANCE MICHILD (cannot be &lt; 0)</b>	-	-	-
<b>FEE FOR SERVICE MEDICAID</b>				
<b>E</b>	<b>SED WAIVER</b>			
E 100	<b>REVENUE</b>			
E 101a	FFS Medicaid - Federal portion recvd at current year FFP rate - SED-Trad.	0.6632	-	-
E 101b	Intentionally left blank	0.6632	-	-
E 101c	Intentionally left blank	0.6632	-	-
E 101d	Intentionally left blank	0.6632	-	-
E 102	FFS Medicaid - Federal portion recvd at subsequent year FFP rate - SED-Trad.	0.6554	-	-
E 103	FFS Medicaid - SED-DHS		234,190	234,190
E 190	<b>TOTAL REVENUE</b>		234,190	234,190
E 200	<b>EXPENDITURE</b>			
E 201	Expenditure - Traditional - Federal Reimbursable	-	-	-
E 202	Expenditure - Traditional - Not SED waiver eligible	-	-	-
E 203	Expenditure - SED-DHS - Federal Reimbursable	234,190	-	234,190
E 204	Expenditure - SED-DHS - Not SED waiver eligible	-	-	-
E 290	<b>TOTAL EXPENDITURE</b>		234,190	234,190
E 295	<b>NET SED WAIVER (DEFICIT)</b>		-	-
E 300	<b>Redirected Funds (To) From</b>			
E 301	FROM General Fund - Required Match - <b>B305</b>	-	-	-
E 302	FROM Local Funds - Required Match - <b>M305</b>	-	-	-
E 303	FROM General Fund - Above Required Match Screen - <b>B306</b>	-	-	-
E 304	FROM Local Funds - Above Required Match Screen - <b>M306</b>	-	-	-
E 305	FROM General Fund - Not SED Waiver eligible - <b>B307</b>	-	-	-
E 306	FROM Local Funds - Not SED Waiver eligible - <b>M307</b>	-	-	-
E 390	<b>Total Redirected Funds</b>	-	-	-
E 400	<b>BALANCE SED WAIVER (must = 0)</b>	-	-	-
<b>F</b>	<b>CHILDREN'S WAIVER</b>			
F 190	Revenue	528,466	-	528,466
F 290	Expenditure	577,016	-	577,016
F 295	<b>NET CHILDREN'S WAIVER (cannot be &gt; 0)</b>	(48,550)	-	(48,550)
F 300	<b>Redirected Funds (To) From</b>			
F 301	FROM General Fund - <b>B308</b>	48,550	-	48,550
F 302	FROM Local Funds - <b>M308</b>	-	-	-
F 303	FROM Activity not otherwise reported - <b>O301</b>	-	-	-
F 390	<b>Total Redirected Funds</b>	48,550	-	48,550
F 400	<b>BALANCE CHILDREN'S WAIVER (must = 0)</b>	-	-	-
<b>G</b>	<b>INJECTABLE MEDICATIONS</b>			
G 190	Revenue	-	-	-
G 290	Expenditure	-	-	-
G 295	<b>NET INJECTABLE MEDICATIONS (cannot be &gt; 0)</b>	-	-	-
G 300	<b>Redirected Funds (To) From</b>			
G 301	FROM General Fund - <b>B309</b>	-	-	-
G 302	FROM Local Funds - <b>M309</b>	-	-	-
G 390	<b>Total Redirected Funds</b>	-	-	-
G 400	<b>BALANCE INJECTABLE MEDICATIONS (must = 0)</b>	-	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>OTHER FUNDING</b>				
<b>H</b>	<b>MDCH EARNED CONTRACTS</b>			
<b>H 100</b>	<b>REVENUE</b>			
H 101	PASARR	2,384,265	-	2,384,265
H 102	DCH Block Grants for CMH services	4,015,485	-	4,015,485
H 103	DD Council Grants	-	-	-
H 104	PATH/Homeless	825,681	-	825,681
H 105	Prevention	-	-	-
H 106	Aging	-	-	-
H 107	HUD Shelter Plus Care	777,182	-	777,182
H 150	Other MDCH Earned Contracts (describe): HUD Supportive Housing	1,051,969	-	1,051,969
H 151	Other MDCH Earned Contracts (describe):	-	-	-
H 152	Other MDCH Earned Contracts (describe):	-	-	-
<b>H 190</b>	<b>TOTAL REVENUE</b>	<b>9,054,582</b>	<b>-</b>	<b>9,054,582</b>
<b>H 200</b>	<b>EXPENDITURE</b>			
H 201	PASARR	2,384,265	-	2,384,265
H 202	DCH Block Grants for CMH services	4,015,485	-	4,015,485
H 203	DD Council Grants	-	-	-
H 204	PATH/Homeless	825,681	-	825,681
H 205	Prevention	-	-	-
H 206	Aging	-	-	-
H 207	HUD Shelter Plus Care	777,182	-	777,182
H 250	Other MDCH Earned Contracts (describe): HUD Supportive Housing	1,051,969	-	1,051,969
H 251	Other MDCH Earned Contracts (describe):	-	-	-
H 252	Other MDCH Earned Contracts (describe):	-	-	-
<b>H 290</b>	<b>TOTAL EXPENDITURE</b>	<b>9,054,582</b>	<b>-</b>	<b>9,054,582</b>
<b>H 400</b>	<b>BALANCE MDCH EARNED CONTRACTS (must = 0)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>I</b>	<b>PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY</b>			
<b>I 100</b>	<b>REVENUE</b>			
I 101	Revenue - from PIHP Medicaid	-	-	-
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	-	-	-
<b>I 190</b>	<b>TOTAL REVENUE</b>	<b>-</b>	<b>-</b>	<b>-</b>
I 201	Expenditure - Medicaid	-	-	-
I 202	Expenditure - Healthy Michigan Plan	-	-	-
<b>I 290</b>	<b>TOTAL EXPENDITURE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>I 295</b>	<b>NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>I 300</b>	<b>Redirected Funds (To) From</b>			
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	-	-	-
<b>I 390</b>	<b>Total Redirected Funds</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>I 400</b>	<b>BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IA</b>	<b>PIHP to AFFILIATE ABW SERVICES CONTRACTS - CMHSP USE ONLY</b>			
<b>IA 100</b>	<b>REVENUE</b>			
IA 101	Revenue - MH - from PIHP	-	-	-
IA 102	Revenue - SA - from PIHP	-	-	-
<b>IA 190</b>	<b>TOTAL REVENUE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IA 200</b>	<b>EXPENDITURE</b>			
IA 201	Expenditure - MH	-	-	-
IA 202	Expenditure - SA	-	-	-
<b>IA 290</b>	<b>TOTAL EXPENDITURE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IA 295</b>	<b>NET PIHP to AFFILIATE ABW SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IA 300</b>	<b>Redirected Funds (To) From</b>			
IA 301	(TO) CMHSP to CMHSP Earned Contracts - J306.5	-	-	-
IA 302	FROM General Fund - B309.5	-	-	-
IA 303	FROM CMHSP to CMHSP Earned Contracts - J303.5	-	-	-
IA 304	FROM Non-MDCH Earned Contracts - K303.5	-	-	-
IA 305	FROM Substance Abuse MDCH Contract - L300.5	-	-	-
IA 306	FROM Local Funds - M309.5	-	-	-
<b>IA 390</b>	<b>Total Redirected Funds</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IA 400</b>	<b>BALANCE PIHP to AFFILIATE ABW SERVICES CONTRACTS (cannot be &lt; 0)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IB</b>	<b>PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS - CMHSP USE ONLY</b>			
<b>IB 100</b>	<b>REVENUE</b>			
IB 101	Revenue - Medicaid - from PIHP	-	-	-
IB 102	Revenue - MICHild - from PIHP	-	-	-
<b>IB 190</b>	<b>TOTAL REVENUE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IB 200</b>	<b>EXPENDITURE</b>			
IB 201	Expenditure - Medicaid	-	-	-
IB 202	Expenditure - MICHild	-	-	-
<b>IB 290</b>	<b>TOTAL EXPENDITURE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>IB 400</b>	<b>BALANCE PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS (must = 0)</b>	<b>-</b>	<b>-</b>	<b>-</b>



**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>IC</b>	<b>PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY</b>			
IC 190	Revenue - Medicaid Health Home Services - from PIHP	-	-	-
IC 290	Expenditure - Medicaid Health Home Services	-	-	-
IC 295	<b>NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	-	-	-
IC 300	<b>Redirected Funds (To) From</b>			
IC 302	FROM General Fund - <b>B309.7</b>	-	-	-
IC 306	FROM Local Funds - <b>M309.7</b>	-	-	-
IC 390	<b>Total Redirected Funds</b>	-	-	-
IC 400	<b>BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS</b>	-	-	-
<b>J</b>	<b>CMHSP to CMHSP EARNED CONTRACTS</b>			
J 190	Revenue	-	-	-
J 290	Expenditure	-	-	-
J 295	<b>NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)</b>	-	-	-
J 300	<b>Redirected Funds (To) From</b>			
J 301	(TO) Medicaid Services - <b>A302</b> (PIHP use only)	-	-	-
J 301.5	(TO) Healthy Michigan - <b>A1302</b> (PIHP use only)	-	-	-
J 302	(TO) General Fund - <b>B313</b>	-	-	-
J 303	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I302</b>	-	-	-
J 303.5	(TO) PIHP to Affiliate ABW Services Contracts - <b>IA303</b>	-	-	-
J 304	FROM Medicaid Services - <b>A301</b> (PIHP use only)	-	-	-
J 304.5	FROM Healthy Michigan - <b>A1301</b> (PIHP use only)	-	-	-
J 305	FROM General Fund - <b>B310</b>	-	-	-
J 306	FROM PIHP to Affiliate Medicaid Services Contracts - <b>I301</b>	-	-	-
J 306.5	FROM PIHP to Affiliate ABW Services Contracts - <b>IA301</b>	-	-	-
J 307	FROM Local Funds - <b>M310</b>	-	-	-
J 390	<b>Total Redirected Funds</b>	-	-	-
J 400	<b>BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)</b>	-	-	-
<b>K</b>	<b>NON-MDCH EARNED CONTRACTS</b>			
K 190	Revenue	-	-	-
K 290	Expenditure	-	-	-
K 295	<b>NET NON-MDCH EARNED CONTRACTS SURPLUS (DEFICIT)</b>	-	-	-
K 300	<b>Redirected Funds (To) From</b>			
K 301	(TO) Medicaid Services - <b>A303</b> (PIHP use only)	-	-	-
K 301.5	(TO) Healthy Michigan - <b>A1303</b> (PIHP use only)	-	-	-
K 302	(TO) General Fund - <b>B314</b>	-	-	-
K 303	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I303</b>	-	-	-
K 303.5	(TO) PIHP to Affiliate ABW Services Contracts - <b>IA304</b>	-	-	-
K 304	(TO) Local Funds - <b>M315</b>	-	-	-
K 305	FROM Local Funds - <b>M311</b>	-	-	-
K 390	<b>Total Redirected Funds</b>	-	-	-
K 400	<b>BALANCE NON-MDCH EARNED CONTRACTS (must = 0)</b>	-	-	-
<b>L</b>	<b>SUBSTANCE ABUSE MDCH CONTRACT</b>			
L 100	<b>REVENUE</b>			
L 101	State Agreement	-	-	-
L 102	MIChild - SA	-	-	-
L 190	<b>TOTAL REVENUE</b>	-	-	-
L 200	<b>EXPENDITURE</b>			
L 201	State Agreement	-	-	-
L 202	MIChild - SA	-	-	-
L 290	<b>TOTAL EXPENDITURE</b>	-	-	-
L 295	<b>NET SUBSTANCE ABUSE CONTRACT SURPLUS (DEFICIT)</b>	-	-	-
L 300	<b>Redirected Funds (To) From</b>			
L 300.3	(TO) ABW - Redirected for Unfunded SA ABW Costs - <b>AC303</b> (PIHP use only)	-	-	-
L 300.5	(TO) PIHP to Affiliate ABW Services Contracts - <b>IA305</b>	-	-	-
L 301	FROM General Funds - <b>B311</b>	-	-	-
L 302	FROM Local Funds - <b>M312</b>	-	-	-
L 390	<b>Total Redirected Funds</b>	-	-	-
L 400	<b>BALANCE SUBSTANCE ABUSE CONTRACT</b>	-	-	-

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>M</b>	<b>LOCAL FUNDS</b>			
<b>M</b>	<b>100 REVENUE</b>			
<b>M</b>	101 County Appropriation for Mental Health	18,730,621	-	18,730,621
<b>M</b>	102 County Appropriation for Substance Abuse - Non Public Act 2 Funds	-	-	-
<b>M</b>	103 Section 226 (a) Funds	-	-	-
<b>M</b>	104 Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)	-	-	-
<b>M</b>	105 Medicaid Fee for Service Adjuster Payments	71,049	-	71,049
<b>M</b>	106 Local Grants	-	-	-
<b>M</b>	107 Interest	106,287	-	106,287
<b>M</b>	108 Public Act 2 - SA	-	-	-
<b>M</b>	109 SED Partner	-	-	-
<b>M</b>	110 All Other Local Funding	-	-	-
<b>M</b>	<b>190 TOTAL REVENUE</b>	<b>18,907,957</b>	<b>-</b>	<b>18,907,957</b>
<b>M</b>	<b>200 EXPENDITURE</b>			
<b>M</b>	201 GF 10% Local Match	6,866,124	-	6,866,124
<b>M</b>	202			
	Reported Local match cap amount	-		
	Examination adjustment local match cap amount	-		
	Adjusted local match cap amount	\$ -		
<b>M</b>	203 GF Local Match Capped per MHC 330.1308	-	-	-
<b>M</b>	204 Local Cost for State Provided Services	5,764,335	-	5,764,335
<b>M</b>	205 Local Contribution to State Medicaid Match (CMHSP Contribution Only)	5,050,188	-	5,050,188
<b>M</b>	206 Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)	-	-	-
<b>M</b>	207 Local Match to Grants and MDCH Earned Contracts	-	-	-
<b>M</b>	208 Public Act 2 - SA	-	-	-
<b>M</b>	209 Local Only Expenditures	5,800	-	5,800
<b>M</b>	<b>290 TOTAL EXPENDITURE</b>	<b>17,686,447</b>	<b>-</b>	<b>17,686,447</b>
<b>M</b>	<b>295 NET LOCAL FUNDS SURPLUS (DEFICIT)</b>	<b>1,221,510</b>	<b>-</b>	<b>1,221,510</b>
<b>M</b>	<b>300 Redirected Funds (To) From</b>			
<b>M</b>	301 (TO) Medicaid Services - <b>A332</b> (PIHP use only)	-	-	-
<b>M</b>	301.1 (TO) Healthy Michigan - <b>AI332</b> (PIHP use only)	-	-	-
<b>M</b>	301.3 (TO) ABW Services - <b>AC304</b> (PIHP use only)	-	-	-
<b>M</b>	301.5 (TO) Health Home Services - <b>AG304</b> (PIHP use only)	-	-	-
<b>M</b>	302 (TO) General Fund - <b>B331</b>	-	-	-
<b>M</b>	303 (TO) MH Innovation Grant - <b>C302</b>	-	-	-
<b>M</b>	304 (TO) MIChild - <b>D304</b>	-	-	-
<b>M</b>	305 (TO) SED Waiver - Required Match - <b>E302</b>	-	-	-
<b>M</b>	306 (TO) SED Waiver - Above Required Match Screen - <b>E304</b>	-	-	-
<b>M</b>	307 (TO) Not SED Waiver eligible - <b>E306</b>	-	-	-
<b>M</b>	308 (TO) Children's Waiver - <b>F302</b>	-	-	-
<b>M</b>	309 (TO) Injectable Medications - <b>G302</b>	-	-	-
<b>M</b>	309.5 (TO) PIHP to Affiliate ABW Services Contracts - <b>IA306</b>	-	-	-
<b>M</b>	309.7 (TO) PIHP to Affiliate Health Home Services Contracts - <b>IC306</b>	-	-	-
<b>M</b>	310 (TO) CMHSP to CMHSP Earned Contracts - <b>J307</b>	-	-	-
<b>M</b>	311 (TO) Non-MDCH Earned Contracts - <b>K305</b>	-	-	-
<b>M</b>	312 (TO) Substance Abuse - <b>L302</b>	-	-	-
<b>M</b>	313 (TO) Activity Not Otherwise Reported - <b>O302</b>	-	-	-
<b>M</b>	313.3 FROM Adult Benefit Waiver Services - <b>AC301.3</b>	-	-	-
<b>M</b>	314 Intentionally left blank			
<b>M</b>	315 FROM Non-MDCH Earned Contracts - <b>K304</b>	-	-	-
<b>M</b>	<b>390 Total Redirected Funds</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>M</b>	<b>400 BALANCE LOCAL FUNDS</b>	<b>1,221,510</b>	<b>-</b>	<b>1,221,510</b>
<b>M</b>	401 Balance Local Funds - PA 2 Restricted Reported	-		
	Balance Local Funds - PA 2 Restricted Examination Adjustment	-		
	Balance Local funds - PA 2 Restricted Adjusted Total	\$ -		
<b>N</b>	<b>RISK CORRIDOR</b>			
<b>N</b>	<b>100 REVENUE</b>			
<b>N</b>	101 Stop/Loss Insurance	-	-	-
<b>N</b>	102 Medicaid ISF for PIHP Share Risk Corridor	859,788	-	859,788
<b>N</b>	103 MDCH for MDCH Share of Medicaid Risk Corridor	-	-	-
<b>N</b>	104 MDCH Autism Benefit Risk Corridor	1,554,152	-	1,554,152
<b>N</b>	<b>190 TOTAL REVENUE</b>	<b>2,413,940</b>	<b>-</b>	<b>2,413,940</b>
<b>N</b>	<b>300 Redirected Funds (To) From</b>			
<b>N</b>	301 (TO) Medicaid Services - PIHP Share - <b>A333</b> (PIHP use only)	(859,788)	-	(859,788)
<b>N</b>	301.5 (TO) Healthy Michigan - PIHP Share - <b>AI333</b> (PIHP use only)	-	-	-
<b>N</b>	302 (TO) Medicaid Services - MDCH Share - <b>A334</b> (PIHP use only)	-	-	-
<b>N</b>	302.5 (TO) Healthy Michigan - MDCH Share - <b>AI334</b> (PIHP use only)	-	-	-
<b>N</b>	303 (TO) General Fund - <b>B332</b>	-	-	-
<b>N</b>	304 (TO) Autism Benefit Services - MDCH Share - <b>AE331</b> (PIHP use only)	(1,554,152)	-	(1,554,152)
<b>N</b>	<b>390 Total Redirected Funds</b>	<b>(2,413,940)</b>	<b>-</b>	<b>(2,413,940)</b>
<b>N</b>	<b>400 BALANCE RISK CORRIDOR (must = 0)</b>	<b>-</b>	<b>-</b>	<b>-</b>

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>O</b>	<b>ACTIVITY NOT OTHERWISE REPORTED</b>			
<b>O</b>	<b>100 REVENUE</b>			
<b>O</b>	101 Other Revenue (describe): Misc Receipts	881,248	-	881,248
<b>O</b>	102 Other Revenue (describe):	-	-	-
<b>O</b>	103 Other Revenue (describe):	-	-	-
<b>O</b>	<b>190 TOTAL REVENUE</b>	<b>881,248</b>	<b>-</b>	<b>881,248</b>
<b>O</b>	<b>200 EXPENDITURE</b>			
<b>O</b>	201 Other Expenditure (describe):	-	-	-
<b>O</b>	202 Other Expenditure (describe):	-	-	-
<b>O</b>	203 Other Expenditure (describe):	-	-	-
<b>O</b>	<b>290 TOTAL EXPENDITURE</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>O</b>	<b>295 NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)</b>	<b>881,248</b>	<b>-</b>	<b>881,248</b>
<b>O</b>	<b>300 Redirected Funds (To) From</b>			
<b>O</b>	301 (TO) Children's Waiver - <b>F303</b>	-	-	-
<b>O</b>	302 FROM Local Funds - <b>M313</b>	-	-	-
<b>O</b>	<b>390 Total Redirected Funds</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>O</b>	<b>400 BALANCE ACTIVITY NOT OTHERWISE REPORTED</b>	<b>881,248</b>	<b>-</b>	<b>881,248</b>
<b>P</b>	<b>GRAND TOTALS</b>			
<b>P</b>	190 <b>GRAND TOTAL REVENUE</b>	677,538,791	-	677,538,791
<b>P</b>	290 <b>GRAND TOTAL EXPENDITURE</b>	660,386,027	-	660,386,027
<b>P</b>	390 <b>GRAND TOTAL REDIRECTED FUNDS (must = 0)</b>	-	-	-
<b>P</b>	400 <b>NET INCREASE (DECREASE)</b>	17,152,764	-	17,152,764

<b>Q</b>	<b>REMARKS</b>
<b>Q</b>	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.
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	
<b>Q</b>	

**MDCH/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

1. General Fund Services - Available Resources	Funding Resources
a. CMH Operations (FSR B 101)	69,289,810
b. Categorical (FSR B 102)	3,754,360
c. State Services (FSR B 103)	31,125,560
d. Sub-Total General Fund Contract Authorization	\$ 104,169,730
e. 1st & 3rd Party Collections (FSR B 121 + B 122)	-
f. Prior Year GF Carry-Forward (FSR B 123)	4,238,987
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	\$ 4,238,987
k. Local 10% Associated to 90/10 Services (FSR M 201)	6,866,124
l. Local 10% Match Cap Adjustment (FSR M 203)	-
m. Sub-Total Local 10% Associated to 90/10 Services	\$ 6,866,124
n. Total General Fund Services - Resources	\$ 115,274,841

3. Summary of Resources / Expenditures	Amount
a. Total General Fund Services - Resources	115,274,841
b. Total General Fund Services - Expenditures	110,546,514
c. Sub-Total General Fund Services Surplus (Deficit)	\$ 4,728,327
d. Less: Forced Lapse to MDCH (GF work sheet 4 F column F)	-
e. Net General Fund Services Surplus (Deficit)	\$ 4,728,327

4. Disposition:	Amount
a. Surplus	
b. Transfer to Fund Balance - GF Carry-Forward Earned	(4,728,327)
c. Lapse to MDCH - Contract Settlement	-
d. Total Disposition - Surplus	\$ (4,728,327)
e. 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	(2,182,243)
e. Contract Authorization - Late Amendment	-
f. Local Costs of State Provided Services	(551,581)
g. Misc: (please explain)	-
h. Total Cash Settlement: (Due MDCH) / Due CMHSP	\$ (2,733,824)

2. General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a. 100% MDCH Matchable Services (FSR B 201)		14,260,055
b. 100% MDCH Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c. 90/10% MDCH Matchable Services (FSR B 203 Column A)	68,661,243	
d. Local 10% Match Cap Adjustment (FSR M 203)	-	68,661,243
e. State Services (FSR B 204)		26,890,991
f. Intentionally left blank		
g. Sub-Total General Fund Services - Expenditures		\$ 109,812,289
h. GF Supplement for Unfunded Medicaid (FSR B 301)		-
i. GF Supplement for Unfunded Healthy Michigan (FSR B 301.1)		-
j. GF Supplement for Unfunded Mental Health Innovation Grant (FSR B 302)		-
k. GF Supplement / Match for MICHild (FSR B 303 & B 304)		607,278
l. GF Supplement / Match for SED (FSR B 305 + B 306 + B 307)		-
m. GF Supplement for Children's Waiver (FSR B 308)		48,550
n. GF Supplement for Injectable Medications (FSR B 309)		-
o. GF Supplement for CMHSP to CMHSP Contracts (FSR B 310)		-
p. GF Supplement for Substance Abuse (FSR B 311)		-
q. GF Supplement for Unfunded MH ABW (FSR B 301.3)		78,397
r. GF Supplement for PIHP to Affiliate ABW Services Contracts (FSR B 309.5)		-
s. GF Supplement for Unfunded Health Home Services (FSR B 301.5)		-
t. GF Supplement for PIHP to Affiliate Health Home Contracts (FSR B 309.7)		-
u. Sub-Total General Fund Services Supplement - Expenditures		\$ 734,225
v. Total General Fund Services - Expenditures		\$ 110,546,514

6. General Fund MDCH Commitment	
a. MDCH / CMHSP Contract Funded Expenditures	99,441,403
b. Earned General Fund Carry-Forward	4,728,327
c. Total MDCH General Fund Commitment	\$ 104,169,730

Examined Cash Settlement and MDCH Commitment		
Examined Original Increase (Decrease)	Cash Settlement	Carry Forward
	\$ (2,733,824)	\$ 4,728,327
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 / (MDCH) Cash Settlement
		Through 9/30	Prior to Settlement	Total	
a. CMH Operations	69,289,810	69,289,810	-	69,289,810	-
b. Categorical	3,754,360	3,754,360	-	3,754,360	-
c. State Facility	31,125,560	31,125,560	-	31,125,560	-
d. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 104,169,730	\$ 104,169,730	\$ -	\$ 104,169,730	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	69,289,810	
b. State Facility	31,125,560	
c. Total Current Year Maximum Carry-Forward	\$ 100,415,370	\$ 5,020,769

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	4,238,987	
b. Prior Year GF Carry-Forward (FSR B 123)	4,238,987	
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	3,754,360	3,917,849	-	163,489
d. Other Funding - Please explain	-	-	-	-
e. Other Funding - Please explain	-	-	-	-
f. Totals	\$ 3,754,360	\$ 3,917,849	\$ -	\$ 163,489

6. Narrative: Both CRCS and Contract Settlement Worksheet
Explanation of Accrual and Examination Adjustments

# DETROIT WAYNE MENTAL HEALTH AUTHORITY

## Schedule of Findings and Questioned Costs For the Year Ended September 30, 2014

### 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>          </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

#### General Fund Program

Type of accountants' report issued on compliance: Modified

Internal control over General Fund program:

Material weakness(es) identified?	<u>      X      </u> yes	<u>          </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?       X       yes            no

Known fraud identified?            yes       X       no

#### Adult Benefit Waiver (ABW) Program

Type of accountants' report issued on compliance: Unmodified

Internal control over ABW 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

#### Community Mental Health Services Block Grants - Tested in the Single Audit as a Major Program

# DETROIT WAYNE MENTAL HEALTH AUTHORITY

## Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2014

### SECTION II - FINDINGS AND QUESTIONED COSTS

2014-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. Two of the 60 ability to pay forms selected for testing were not completed within one year of the date of service, 8 of the 60 did not have a completed ability to pay form, and 3 of the 60 ability to pay forms were not completed within a reasonable amount of time following the date of service. In addition, we were not able to determine whether one consumer was billed properly.

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

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. Also, the auditors did acknowledge that the provider network had improved considerably as compared to prior year.

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, 2014

### SECTION III - EXAMINATION ADJUSTMENTS

None.

### SECTION IV - COMMENTS AND RECOMMENDATIONS

None.

