

# AGENDA

**BAY ARENAC BEHAVIORAL HEALTH**  
**BOARD OF DIRECTORS**  
**HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING**  
 Monday, November 6, 2023 at 5:00 pm  
 William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

Committee Members: Robert Pawlak, Ch Robert Luce, V Ch Tim Banaszak Ernie Krygier	Present _____ _____ _____ _____	Excused _____ _____ _____ _____	Absent _____ _____ _____ _____	Committee Members: Patrick McFarland Colleen Maillette, Ex Off Richard Byrne, Ex Off	Present _____ _____ _____	Excused _____ _____ _____	Absent _____ _____ _____	Others Present: BABH: Karen Amon, Sarah Holsinger, Jesse Bellinger, and Sara McRae  Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
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	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report  3.2) Corporate Compliance Committee meeting notes from September 12, 2023		3.1) No action necessary  3.2) No action necessary
4.	Other Reports 4.1) Primary Network Operations and Quality Management Committee meeting notes from September 14, 2023		4.1) No action necessary
5.	Unfinished Business 5.1) None		

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6.	New Business 6.1) Information Management Plan  6.2) MidState Health Network (MSHN) Delegated Managed Care Audit Update  6.3) MSHN Priority Measures Report		6.1) Consideration of motion to refer the 2023-2024 Information Management Plan to the full Board for approval  6.2) No action necessary  6.3) No action necessary
7.	Adjournment	M -	S - pm MA

**BAY-ARENAC BEHAVIORAL HEALTH**

**BABHA CORPORATE COMPLIANCE COMMITTEE MEETING**

**Tuesday, September 12, 2023 (2:00 –3:20 pm)**

<b>MEMBERS</b>	<b>Present</b>	<b>MEMBERS</b>	<b>Present</b>	<b>MEMBERS</b>	<b>Present</b>
Karen Amon, Comp.& Privacy Officer, Chair	X	Heather Friebe, Clinical Program Manager	X	Melissa Prusi, Rec. Rights/Cust. Serv. Manager	X
Amy Folsom, Clinic Practice Manager	X	Jennifer Lasceski, director of HR	X	Sarah Holsinger, Quality Manager	X
Denise Groh, Medical Records, Recorder	X	Jesse Bellinger, Security Officer	X	Stephanie Gunsell, Contract Manager	X
Ellen Lesniak, Finance Manager, Vice Chair	X	Joelin Hahn, Director of Integrated Healthcare	-	Guests: Sarah Mulvaney – Student	
Heather Beson, Director of Integrated Healthcare	X	Marci Rozek, CFO	-		

<b>#</b>	<b>Topic</b>	<b>Key Discussion Points</b>	<b>Action Steps</b>
1.	<p><b>a) Agenda: Review/Additions</b></p> <p><b>b) Meeting Notes: Approval of August 8, 2023, meeting notes.</b></p> <p><b>c) Next Meeting: October 10, 2023</b></p>	<p>a) No additions to the agenda.</p> <p>b) The August 8, 2023, meeting minutes – approved as written.</p> <p>c) The next meeting is scheduled for October 10, 2023, from 2:00-4:00.</p>	
2.	<p><b>State-Federal Laws and Regulations</b></p> <p>a) Review of Log and Subject Matter Expert Report Outs</p>	<p>a) Karen went over the Log. Sent out the new items on the log for review.</p> <p><u>Item 363</u> - Repealing Medicaid Suspension of Medicaid Closures: A report of closings went out to Joelin, and she was working with MPA, who had the most consumers affected. Also alerting case managers that some of their people might need help completing their applications. Joelin not in attendance to update or confirm that she contacted MDHHS rep.</p> <p><u>Item 367</u> – Incarcerated individuals, Effect July 1<sup>st</sup>. Karen still needs to talk to Joelin regarding this.</p> <p><u>Item 377</u> - Children’s waiver adding overnight health and safety. Cannot supplant the parental responsibilities and parents cannot be home. The proposed issue date was July 1<sup>st</sup>. Joelin checking who would be eligible for CVP overnight health and safety. Joelin not in attendance. Deferred</p> <p><u>Item 379</u> – In person requirements for prescribing Controlled Substance – extended thru 11-23. On hold until then.</p> <p><u>Item 387</u> - Psychiatric Residential Treatment Facility – deferred Joelin not present</p> <p><u>Item 388</u> - June Update to reversal of Temporary COVID 19 – Appendix K policies (Waiver Services) Heather B. and Melanie to review.</p> <p><u>Item 389</u> train individuals on the POS to coordinate training. Already doing this.</p> <p><u>Item 390</u> - Provider Enrollment - Clarifies additional requirements for provider enrollment fitness criteria. Karen listed the conviction changes regarding Medicaid debarment. This is effective September 1. This will affect staff currently working. Jennifer stated this will be an update to our policy. Karen stated there are some nonfunctional websites regarding checking on people for exclusion and debarment.</p>	<p>Joelin to speak with MDHHS rep. on Item 363. Karen will ask Joelin about Item 367</p>

#	Topic	Key Discussion Points	Action Steps
3.	<p><b>Plans, Policies, Procedures, Assessments:</b></p> <p>b) Review of Compliance Updates/ Regulatory Education Needed for Staff</p> <p>c) Process for Ensuring Implementation of Policy Changes</p> <p>a) Status of Implementation of Coding Consultation Action Plan</p> <p>b) Status of Employee Attestations/Time for new ones April-May</p> <p>c) Status of Dept. of Justice Compliance Program Evaluation Action Plan</p>	<p><u>Item 392</u> - AFC Licensing Changes – Added definitions of abuse, neglect, mental abuse, nursing assistant and LPN definitions. Use of nursing professional. Added emotional harm and mental harm. Self-administration of medication. Changed location. Included what the department must provide to the public. Items like number of beds, special investigative reports, and complaints filed. Inspections upon license renewal must include a RN, dietitian, and social worker licensed. Training requirements have changed to cover the generalized training for direct care staff. Including core competency training. Heather will look at and send a list of changes to Karen.</p> <p>b) Nothing to report.</p> <p>c) Karen needs to check for diagnosis related changes in the EHR.</p> <p>a) Ellen said they will be entering into another year’s contract with Pam, from Professional Insurance.</p> <p>b) Jennifer reported the Employee Attestation will be going out soon.</p> <p>c) Action Plan – has been updated and Karen reviewed it with the committee. Items included:  <u>Ensure compliance info goes down from supervisors to line staff.</u> Karen wants more eyes on Policies and Procedures as they come out. Karen has been discussing rules and regulations at SLT meetings and this will be ongoing. Karen has been doing more emails regarding CC topics. Karen did create a PowerPoint training but needs to do a few revisions. Karen is tracking training that goes out to supervisors.  <u>Capacity issues</u> are stable now and we are working within our budget.  <u>Implement a process to audit issues prior to compliance problem.</u> Monitoring changes in policy to check that the policy is being followed. Sarah stated her team is monitoring the POS. Karen feels we need to continue to work on this into 2024. Melissa asked if this should be monitored through the contracted provider network. Karen felt we would have to consider checking our primary providers also.  <u>Extensive provider stabilization funds are not tied to an encounter and the conversion from in person to telemedicine.</u> Working to switch providers that received the stabilization funds and return them to fee for service. Finance and the directors are working on those providers making that transition. Follow up to make sure that we are up to date on Medicare changes that are coming up in November or December.  <u>Timely responses for investigations</u> - Karen will check on timeframes. Karen stated we must be sure we are not doing the same investigation for the same topic with Recipient Rights. We do have a new tracking system in place. Karen also tracks on a spreadsheet which is related to OIG reporting elements and must be submitted on a quarterly basis to Mid-State. All pending investigations have been resolved. Another change is that any issues under \$5000 do not need to be reported. We were previously reporting everything.  <u>Medworxx</u> is not user friendly when looking up policies and procedure. Jesse will research other products.  <u>Policies and procedures</u> - whether the authors and supervisors understand the purpose of the policy and procedure and know the difference between policy and procedure versus program rules.  <u>Hotline</u> – is being utilized. Karen recently received two calls. However, Karen’s phone did not identify it as a Hot Line call. Melissa stated this can be labeled so you know the call is from the Hot Line.  <u>Counter signing by supervisor</u> – need to add to our Policies and Procedures that supervisors are bearing responsibility for the documents they are countersigning. Melissa found a document that staff copied and</p>	<p>Heather B to send Karen a list of proposed changes for Item 392</p> <p>Karen to check EHR Log</p> <p>Jesse to research products to replace Medworxx.</p>

#	Topic	Key Discussion Points	Action Steps
		<p>pasted info with another consumer name left in the narrative and the supervisor did not catch it and signed off.</p> <p><u>Grid for the approval process for policies and procedures.</u> Should these go through the supervisors or go through a committee review process? Currently, the author of the plan decides which committee it goes to or if they think it should go to specific individuals. Joelin is addressing changes with PNOQMC. Karen would like more consistently to this.</p> <p><u>Add root cause questions to the Corporate Compliance record form.</u> Karen will compare the document with the root cause analysis questions.</p> <p>Karen stated this is the final report on the plan. She will revise it and look at the scoring system. Then bring the plan back to the Corporate Compliance meeting.</p>	<p>Karen to compare root cause analysis with document.</p> <p>Karen will bring final plan to committee</p>
4.	<p><b>Data/Monitoring/Reports:</b></p> <p>a) Phoenix and Gallery Breach Monitoring</p> <p>b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud/Abuse/Convictions during Staff Development Days)</p> <p>c) Monitoring of Group Drives for Unsecured PHI Files</p> <p>d) Security Officer Update</p> <p>e) Security Risk Assessment</p> <p>f) Ethics/Recipient Rights/Customer Service Update</p>	<p>a) Monthly monitoring completed; no findings to report regarding Security Breaches in Phoenix and Gallery for August.</p> <p>b) Exclusion - No findings to report.</p> <p>c) No findings of unsecured PHI Files</p> <p>d) Jesse’s report below.</p> <p>e) Jesse has completed the security risk assessment. The report may be found on the g-drive in the Corporate Compliance folder. Jesse stated we are almost completely compliant. Of the 121 questions asked, BABHA was compliant in 118. The following three issues were identified: HSS does not recommend accessing PHI through personal computer, etc. Not best practice to be able to get to Phoenix from a web browser. PHE is accessible by a web address. Would have to work with PCE to change this. Possibly look at a change of policy. Many staff downloaded VDI on their personal computers when the pandemic struck. Also, many case managers connect their Chromebook to their monitors. Chromebooks should probably be replaced with surface devices and laptops. Chromebooks do not connect from outside VDI. Jesse did not have a problem with people downloading VDI because they must use a username, password, and two factor authorization. Karen would like the number of people using their devices. Ellen felt this issue is covered in our P &amp; P and staff are required to sign an agreement.</p> <p>HSS also recommends identifying who is entering our facilities. Eric sent Jesse a list of security features at each site. Jesse stated access to facilities is adequately controlled, however, identifying unauthorized persons attempting to access a facility is limited. Jesse felt security cameras would show attempts.</p> <p>Awareness of business associate security practices. Jesse is comfortable with saying they are following the language in the BAHA but would like to look at our business associate agreements. Stéphanie will email it to Jesse. HIPAA law allows us to trust the business associate agreement.</p>	<p>Jesse to review our policies and procedures.</p> <p>Jesse to give Karen a count of the people using personal devices.</p> <p>Stephanie to email business associate agreements to Jesse.</p>

#	Topic	Key Discussion Points	Action Steps
	<p>g) Corporate Compliance Activity Report</p> <p>h) Fraud Abuse Risk Assessment (Triennial 2023) <u>September Reports</u></p> <p>i) Quality Review of Medical Records Report</p> <p><u>August Reports</u></p> <p>j) Ability to Pay Compliance Rate Report</p> <p><u>Enhanced Monitoring</u></p> <p>k) Intermittent Checks of Self Determination Service</p> <p>l) List Psychological – IPOS expired with services provided, several months of no documented progress notes, unsigned documents by</p>	<p>f) Melissa, RR/CS- Customer Service complaints are trending up and R.R. trending down. The Annual R.R. Conference is coming up next week. No rights issues regarding confidentiality that Karen is not aware of. Fourteen complaints last month and four so far this month. Melissa will schedule an Ethics meeting.</p> <p>g) Identified supervisors need more training and education regarding compliance and their role in corporate compliance. Karen is doing training on different compliance issues. She is going out to MPA in early October. Karen will schedule something with Janis to go over the grid Janis worked from.</p> <p>h) Risk assessment is due for 2023. Karen will be working on it and presenting it to the committee when completed. Karen needs to go over this with Janis. Deferred</p> <p>i) Sarah reviewed the report (complete report can be found in the Corporate Compliance folder on the g-drive) with the committee. FY23Q3 Trainings completed 53 of 56 – this is improvement. Acknowledgement of Receipt is still below desired numbers at 93%. Coordination of care is still below desired level at 80%. Coordination of care document is in the chart, but no letter went out. All sections of the Assessment complete - is at 94%, which is an improvement. Preplanning choices of services given to individual at 91%. Preplanning occurred prior to the POS meeting at 94% up 2%. Goals and Objectives identified in the POS for services authorized is at 92% this is below last quarter which was 95%. Services delivered at consistency identified in POS down from 94% to 89%. Services amount, scope and duration is down from 96% to 89%. Goals and Objectives are SMART down from 99% to 92%. PO Periodic Review completed improved from 72% to 79%. Policy has changed on this so should see a change. Addendum resulting in warm handoff down from 92% to 88%. Evidence of monitoring by primary case holder is in the Review of Progress down to 94% from 96%. These issues will be taken to PNOQMC. Sarah will present this at the next leadership meeting and combine this report with the delegated managed care audit. Looking at ways to improve these outcomes. Must be more concise and detailed in our POS. Sarah brought up the annual checklist to SLT. She will complete a final draft then it will be added to master clinical files.</p> <p>j) ATP – July showed a 93.7% compliance rate. This will be added to the agenda for PNOQMC as a reminder to providers. Melissa wondered if we are at the point that we need to ask providers why these are not being done. The board is asking as well, and wondering how long we can be out of compliance. Ellen thinks we are going to have more in the future due to more individuals on a Medicaid spend down.</p> <p>k) Chelli reviewed four to five weeks’ worth of progress notes for four different consumers for the month of August. She found a few which were repetitive, and this was addressed at their PCP.</p> <p>l) List - Problems with documentation from List continue. Multiple interim plans, POS not done in a timely manner. Karen talked with the supervisor of the clinical staff and discussed specific cases as they came up. The List supervisor did appreciate Brenda, Joelin and Sarah’s help and talking her through some of these issues. Karen sent her policies related to these various issues. Joelin and Ellen sent out a credentialing letter stating that a POS is required. Melissa stated it is a recipient’s right to have a treatment plan that is current, and there is no allow for a grace period. Melissa offered to help with</p>	<p>Melissa to schedule Ethics meeting.</p> <p>Sarah to complete final draft of annual checklist.</p>

#	Topic	Key Discussion Points	Action Steps
	staff/supervisor, stand-alone AUTH's, back dating of Interim Plans	training if needed. Individuals who do not come for their POS and are still getting services from the Med Clinic need to be closed. Melissa stated List outreach must be documented. Brenda may be doing more training with the List supervisor per Karen's recommendation.	
5.	<b>Outstanding Items/Other:</b> a) Background checks being delayed.  b) Statewide Credentialing Work Group Updates c) Ability to Pay Changes (PA 92 of 2022; eff. 6-6-22) We will have until 10/2023	a) Background checks are not being delayed per Jennifer and Stephanie. Take off agenda.  b) No updates  c) Ellen stated changes effective October 1, 2023. No updates.	Take 5a off the agenda.
6.	Adjourn/Credentialing Committee Next Meeting	No Credentialing meeting needed today. <b>The next meeting is scheduled for Tuesday, October 10, 2023, from 2:00 – 3:20 pm via MS Teams.</b>	



**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, September 14, 2023  
1:30 p.m. - 3:30 p.m.  
Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
List Psychological Assistant Site Supervisor: Abbi Burns	X	BABH Healthcare Accountability Director: Karen Amon	X	BABH Medical Records Associate: Denise Groh	
BABH ACT/MI-A/Sr. Outreach Mgr.: Allison Gruehn	X	BABH IMH/HB Supervisor: Kelli Maciag		BABH Finance Department: Ellen Lesniak	
BABH Clinical Team Leader: Amanda Johnson		Saginaw Psychological Supervisor: Kristen Kolberg	X	BABH Healthcare Accountability Consultant: Janis Pinter	
BABH Quality & Compliance Coordinator: Amber Wade	X	MPA Adult/CSM Program Supervisor: Laura Sandy	X	List Psychological Site Supervisor: Kaitlyn Tobin	
BABH Clinic Practice Manager: Amy Folsom	X	BABH North Bay CLS Program Supervisor: Lynn Blohm	X	Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson	
BABH EAS Supervisor: Anne Nephew		Saginaw Psychological CSM Supervisor: Megan Crippin	X	BABH Clinical Services Manager: Nicole Sweet	
Saginaw Psychological COO: Barb Goss		BABH Adult ID/DD Manager: Melanie Corrion		BABH Clinical Supervisor: Pam VanWormer	
MPA Adult OPT Supervisor: Emily Simbeck	X	BABH Quality & Compliance Coordinator: Melissa Deuel	--	BABH Nursing Manager: Sarah Van Paris	
BABH Children Services Team Leader: Emily Young	X	BABH RR/Customer Services Manager: Melissa Prusi	--	BABH Contracts Administrator: Stephanie Gunsell	
BABH Integrated Care Director: Heather Beson	X	Saginaw Psychological CEO: Nathalie Menendes	X	BABH Clinical Team Leader: Stephani Rooker	
BABH Program Manager: Heather Friebe	X	BABH Children Services Manager: Noreen Kulhanek		GUESTS	
List Psychological COO: Jacquelyn List		BABH Quality Manager: Sarah Holsinger (Chair)	X	BABH Client Services Specialist/Intern: Sarah Mulvaney	X
BABH Access/ES Mobile Response Team Clinical Supervisor: James Spegel	X	BABH Access/ES/Mobile Response Team Program Manager: Stacy Krasinski		Saginaw Psychological Asst. Supervisor: Chelsea Hewitt	X
BABH Integrated Care Director: Joelin Hahn (Chair)	--	MPA Child OPT Supervisor: Tracy Hagar		Saginaw Psychological Supervisor: Chelsee Baker	X
BABH BI Secretary: Joelle Sporman (Recorder)	X			Saginaw Psychological Supervisor: Jaclynn Nolan	X
				BABH Access/ES/MRT Intern: Tyra Blackmon	X

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. Review of, and Additions to Agenda</li> <li>b. Approval of Meeting Notes: 08/10/23</li> <li>c. Program/Provider Updates and Concerns</li> </ul>	<ul style="list-style-type: none"> <li>a. There was an addition to the agenda; 4m. Appeals Process.</li> <li>b. The August 10<sup>th</sup> meeting notes were approved as written.</li> <li>c. <b>Bay-Arenac Behavioral Health:</b> <ul style="list-style-type: none"> <li>- <u>Access/Emergency Services/Mobile Response Team</u> – ES is hiring for a third shift position. Tyra Blackmon is the MRT Intern; MRT is full for now. Looking to hire a MSW intern full-time for second shift.</li> <li>- <u>ACT/MI-A</u> – ACT is still down a therapist, and they have two nurses.</li> <li>- <u>Arenac Center</u> – A new intake worker will be starting on Monday. When that person starts, the Arenac Center will be fully staffed.</li> <li>- <u>Children’s Services</u> – Children’s is still down a Homebased worker.</li> </ul> </li> </ul>	



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Thursday, September 14, 2023  
1:30 p.m. - 3:30 p.m.  
Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> <li>- <u>CLS</u> – Bay Human Services had discontinued their CLS contracts, but they did re-institute them so they will be providing CLS.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Nothing to report this month.</li> <li>- <u>Family Support/ABA</u> – Nothing to report this month.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>IDD Adult</u> – Nothing to report this month.</li> <li>- <u>Madison Clinic</u> – The Madison Clinic has a couple of students. Dr. Chamberlain is retiring in September. Her replacement is not fully credentialed, so he will not start till November 13<sup>th</sup>.</li> <li>- <u>Medical Records</u> – Nothing to report this month.</li> <li>- <u>North Bay</u> – Another staff retired after 30 years of service. There are a few positions open, cannot get anyone to show for interviews.</li> <li>- <u>Quality</u> – Nothing to report this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – Nothing to report this month.</li> </ul> <p><b>List Psychological:</b> There are two therapists leaving and a fully licensed social worker is also leaving, and another therapist had to go contractual. List does not have any fully licensed social workers.</p> <p><b>MPA:</b> MPA is losing two adult therapists; one was fully licensed.</p> <p><b>Saginaw Psychological:</b> Kristen is stepping down as a supervisor and will be a therapist and DBT Team Lead. Jaclynn Nolan is her replacement and has been a supervisor for BABH. Megan is leaving Saginaw Psych on September 29<sup>th</sup> and Chelsee Baker will be her replacement. Chelsee has been a therapist at the Saginaw location for many years. Chelsee Hewitt is an Assistant Supervisor and has been with the Saginaw location for many years as well.</p>	
2. <b>Plans &amp; System Assessments/Evaluations</b> a. <b>QAPIP Annual Plan (Sept)</b>	a. Sarah H. went through the QAPIP Annual Plan. All goals have been put in a table format vs. paragraph format because it is easier to follow. MDHHS set	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>b. Organizational Trauma Assessment Update</p>	<p>a standard for Indicator 2 and Indicator 3 for FY24. PIHPs that are below the 50<sup>th</sup> percentile of the benchmark is expected to reach or exceed the 50<sup>th</sup> percentile. PIHPs that fall in the 50<sup>th</sup> - 75<sup>th</sup> percentile of the benchmark will be expected to reach or exceed the 75<sup>th</sup> percentile. For the MSHN region, the performance rate was 62% so the standard for FY24 is to reach or exceed the 75<sup>th</sup> percentile. Every 3 years we go through where the region identifies a performance improvement project and for FY2024 is to reduce disparities with the black/African American population. Performance Improvement Project #1: Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment. Performance Improvement Project #2: Penetration rates by race: Reducing or eliminating the racial or ethnic disparities in penetration rates between Medicaid recipients who are black/African American and Medicaid recipients who are white. We have more disparities around Hispanic over the African American population. CAFAS is going away in FY2025, this is the last year we will report on it in the annual plan. The IDD survey was sent out this year and it was implemented back in February.</p> <p>b. Nothing to report this month.</p>	
<p>3. <b>Reports</b></p> <p>a. QAPIP Quarterly Report (Aug, Nov, Feb, May)</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</p> <p>ii. Recipient Rights (Jan, Apr, Jul, Oct)</p> <p>iii. <b>Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</b></p>	<p>a. Nothing to report this month.</p> <p>b. i. Nothing to report this month. ii. Nothing to report this month. iii. There was a 78% completion rate of the RAS for FY23Q3. There were two statements that scored lower for individuals receiving ongoing services during FY23Q2 compared to one statement for FY23Q3; "I have goals in life that I want to reach." This was also the statement that scored less during FY23Q2 for those receiving ongoing services compared to initial services. In the responses for active consumers, there were five statements that scored lower for FY23Q3 compared to FY23Q2 which</p>	<p>c. ii. Deferred f. Deferred</p>

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Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> <li>iv. Consumer Satisfaction Report (MHSIP/YSS)</li> <li>v. <b>Provider Satisfaction Survey</b></li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. <b>LOCUS (Mar, Jun, Sep, Dec)</b></li> <li>iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> <li>v. Discharge Summary Disposition Report (Feb, May, Aug, Nov)</li> <li>vi. Customer Service Report (Jan, Apr, Jul, Oct)</li> </ul> </li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov)</li> <li>ii. MSHN MEV Audit Report (Apr)</li> <li>iii. <b>MSHN DMC Audit Report (Oct)</b></li> <li>iv. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Periodic Review Reports</li> <li>f. <b>Ability to Pay Report</b></li> <li>g. Review of the Referral Status Report</li> </ul>	<p>was a slight improvement from FY23Q2 (7 statements) and significant improvement from FY23Q1 (17 statements).</p> <ul style="list-style-type: none"> <li>iv. Nothing to report this month.</li> <li>v. Eight statements scored over the 85% standard. The statement, “BABH communicates ongoing changes related to providing services” scored 83% and also had the biggest decrease (13%) from 2022. Overall, scores have been decreasing since 2020. Eight of the questions scored lower in 2023 compared to 2022. It should be noted that there were two statements that had a high number of NA responses (4.35% and 8.51%) which would impact the percentage of agree/disagree responses. Eight of the nine survey statements were above 85% standard, but we have had a steady decrease over the past three years. The survey results will be taken to provider meetings, leadership meetings, and Consumer Councils to discuss the results and any potential interventions and strategies for improvement. BABHA will share the comments received related to the timeliness of response time from BABHA staff at the Leadership Meeting so leadership can follow-up directly with individual teams. The new remote work policy requires timeframes for returning calls. BABHA sends out a staff directory to contract providers with who to contact and this information will be added to the provider tab. BABHA added an agenda item to review policies at PNOQMC. Co-chairs of committee meetings will lead discussions about their preferences with how to communicate changes effectively. Comments made about specific staff have been sent to the appropriate supervisor. The information from the survey results will be incorporated into the annual BABH Strategic Plan and Annual Submission Needs Assessment.</li> </ul> <ul style="list-style-type: none"> <li>c. <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Defer</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> </ul> </li> </ul>	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> <li>v. Nothing to report this month.</li> <li>vi. Nothing to report this month.</li> <li>d.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. BABH received all the final results for the corrective action plan, and the scores were in the 90% for all policies and procedures and delegated managed care functions. Everything overall looked good. We are looking at the trauma screening process and how that is being handled. There will be a meeting next week to discuss how we will address the finding from the standpoint that we feel the finding is not trauma sensitive. For the plan of service training form missing, there were 288 claims reviewed during the MEV process, and 90 ended up with findings. The percentage was around 67%. 80 of the 90 claims were because the plan of training service form was not in place.</li> <li>iv. Nothing to report this month.</li> </ul> </li> <li>e. Nothing to report this month.</li> <li>f. There are declines in the completion of the ability to pay. Please make sure ATP's are being done. Defer.</li> <li>g. Nothing to report this month.</li> </ul>	
<p>4. <b>Discussions/Population Committees/ Work Groups</b></p> <ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt.</li> <li>ii. PCP Treatment Team Input</li> <li>iii. Consumer Council Recommendations (as warranted)</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> <li>i. MMBPIS Work Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> </ul> </li> <li>b.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> </ul> </li> <li>c.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>v. Nothing to report this month.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>k. This needs to be addressed further. Karen will look in BH Teds to see what is done there.</li> <li>l. Deferred</li> <li>m. Sarah will send an email about adding the Appeals Process to the Leadership agenda in October.</li> </ul>

**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, September 14, 2023  
1:30 p.m. - 3:30 p.m.  
Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> <li>ii. Services Provided during a Gap in IPOS</li> <li>iii. Repeated Use of Interim Plans</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. 1915 iSPA</li> <li>ii. Ability to Pay Assessments</li> <li>iii. Periodic Reviews - Including Options for Blending with Plan of Services Addendums</li> <li>iv. Management of Diagnostics</li> <li>v. MDHHS Standard Consent Module in Phoenix</li> <li>vi. PHE Ending Update and PCE Changes</li> </ul> </li> <li>d. Juvenile Competency Hearing/Referral to MH treatment</li> <li>e. BABH/Policy Procedure Updates</li> <li>f. <b>Conflict Free Case Management</b></li> <li>g. <b>OPT Group Therapy</b></li> <li>h. <b>Youth Protocol</b></li> <li>i. <b>Coordination of Care - PCE</b></li> <li>j. <b>RCA Follow-up Items</b></li> <li>k. <b>Gaps between Assessment and IPOS</b></li> <li>l. <b>ABD</b></li> <li>m. <b>Appeals Process</b></li> </ul>	<ul style="list-style-type: none"> <li>vi. Nothing more to follow-up on.</li> <li>d. Nothing to report this month.</li> <li>e. Nothing to report this month.</li> <li>f. Moving forward with the different models that were presented for Conflict Free Case Management. The majority of the people on the workgroup are opposed to all the different models which include some type of separation between access planning, service provision, and quality and compliance. The next meeting is scheduled for September 18<sup>th</sup>.</li> <li>g. The OPT Group Therapy meets next week. Looked at curriculum, talked about a rotating group so wouldn't have to wait 6 weeks. Would have to attend two of the six meetings and then they can get back into services. The biggest hurdle is staffing.</li> <li>h. We are trying to be more proactive getting people into treatment. Three day is the rescreen period time, so we are trying to do placement searches, come up with a treatment team, trying to figure out discharge plans. We came up with a protocol that has three different scenarios so we can get treatment sooner for youth. 1) There is an open case with BABH (internal or external provider) and there is no DHHS involvement. Youth will be screened for inpatient hospitalization. BABH EAS seeks placement at all potential psychiatric hospitals if appropriate for hospitalization. EAS will provide regular updates through EHR and in person when applicable. EAS will continue to rescreen every 48-72 hours to assess needs. 2) There is an open case to BABH and open case with DHHS (ward of state). Youth will be screened. EAS seeks placement. 3) There is a closed case to BABH and open to DDHS, or the case is closed to BABH and closed to DHHS. Youth will be screened. EAS seeks placement.</li> <li>i. We had discussion about the Coordination of Care letter in PCE and the send to copy function and what happens with it. We will change processes where if you are internal for BABH and you use the send to copy and put someone to an external provider, it goes to a queue. Brenda Beck and Denise Groh will</li> </ul>	

**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, September 14, 2023  
1:30 p.m. - 3:30 p.m.  
Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>send out records for internal providers, not external providers. For external providers, we just need to see a letter, not a fax confirmation since it is not asked for in an audit. The letter needs to be uploaded vs. a fax confirmation for external providers.</p> <p>j. When we do the root cause process, we take to different committees if need be. We had a consumer that overdosed, and during the root cause, it determined there was clearly dual diagnosis with substance abuse. We did not see that there was consistent discussion with the primary case holder and they were not engaging the consumer in conversations about their situation. Please remind your staff to engage in conversations with your consumers and document the conversations.</p> <p>k. If the plan needs to be updated, but the assessment does not need to be updated, what is being done about it? There used to be a page where you type up a quick update of what has been going on in the last 90 days or year. BH Teds needs to be looked at to see what's done there. Heather F. is asking her staff to shorten the plan so instead of having the plan go out a year from when they come back in, it would end when the assessment ends and then there is no gap to have to worry about. This needs to be discussed further.</p> <p>l. Defer</p> <p>m. We want to see in the contact notes what was being told to the individual. Do they know about engagement? They then need to call about re-engagement and reach out for help. Sarah will send an email to have this agenda item added to the October Leadership agenda.</p>	
<p>5. <b>Announcements</b></p> <p>a. DHHS Outreach Worker</p> <p>    i. MIBridges System</p> <p>b. Great Lakes Bay FAN – Monthly meeting reminder: Delta College, Thursdays 7:00-8:00PM</p>	<p>a. FYI</p> <p>b. FYI</p>	
<p>6. <b>Parking Lot</b></p>	<p>a. Future discussion</p>	



BAY-ARENAC BEHAVIORAL HEALTH  
**PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, September 14, 2023  
 1:30 p.m. - 3:30 p.m.  
 Lincoln Center - East Conference Room

Topic		Key Discussion Points	Action Steps/Responsibility
	a. Addendums (Primary Case Holder vs. Add-On Services)		
7.	<b>Adjournment/Next Meeting</b>	The meeting adjourned at 3:30 pm. The next meeting will be on October 12, 2023, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	



# **2023-2024 Information Management Strategic and Operational Plan**

Updated by IS Manager: October 3, 2023

Strategic Leadership Team Approval: 10/10/2023

Full Board Approval Date: 11/16/2023





# 2023-2024 Information Management Strategic and Operational Plan

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# 2023-2024 Information Management Strategic and Operational Plan

## *Scope*

The Bay-Arenac Behavioral Health Authority (BABHA) Information Management Strategic and Operational Plan encompasses the organization's responsibilities as a Community Mental Health Services Program (CMHSP).

## *Overview*

This document presents the BABHA Information Management Strategic and Operational Plan, specifically, the values and core strategies of the organization relative to information management and technologies, in support of the organization accomplishing its mission. It documents Leadership's current assessment of any forces in the environment with the potential to impact the organization's technological environment and defines strategies for responding. The Plan informs decision making in the use of technology and information management services, thereby influencing vendor relationships, service agreements, and so on. It also captures some operational processes to ensure these activities receive adequate attention on an annual basis to ensure quality and maintenance of technical edge.

## *Methodology*

Information Management Strategic Planning for BABHA as an entity is performed by the Chief Executive Officer (CEO), members of the Strategic Leadership Team (SLT) and the Information Systems Manager. The SLT encompasses key leadership positions in the organization including the Chief Financial Officer, Director of Healthcare Accountability, Director of Integrated Care – Primary Care, Director of Integrated Care - Specialty Care, and the Director of Human Resources.

The BABHA Information Management Strategic Plan is comprised of the following components:

- Values and Guiding Philosophies, which define the extent to which the organization plans to utilize information technologies and information management tools to manage its operations.

- Core Strategies which are statements of long-term strategies (3-5 years) intended to facilitate organizational achievement of its mission, consistent with the aforementioned values.
- An Environmental Scan to identify opportunities and threats in the environment that may impact BABHA's ability to achieve its core strategies in the present or near future (1-2 years), including current research and technological advances.
- Breakthrough Initiatives: present short-term strategies (12-24 months) to address the highest priority environmental opportunities and threats, taking into consideration the organization's strengths and weaknesses. The strategies are specific with responsible parties, sub-tasks, and due dates defined.

Strategic initiatives by their nature do not include operational activities and are transformative in nature. The focus is on opportunities and threats with the potential to impact achievement of core strategies. Top priority is given to mission critical strategic opportunities and threats, with secondary priority given to systems transformation. Not every opportunity or threat warrants action by BABHA.

This document is reviewed by the Strategic Leadership Team (SLT) and the Board of Directors on an annual basis. In addition, the SLT engages in ongoing monitoring of the environment for opportunities and threats and report such information at the SLT meetings as warranted.



# 2023-2024 Information Management Strategic and Operational Plan

## *Values/Guiding Philosophies*

1. Information technologies will effectively and efficiently support information capture and accessibility.
2. Information management practices will operate consistent with regulatory and contractual requirements and BABHA business rules.
3. Redundant data entry and reporting will be minimized. Information will be readily accessible to users.
4. Technologies and information management processes will enhance not hinder staff productivity and support optimal workflows.
5. Information security technology will be deployed to protect confidential information being stored, processed, or transmitted by the organization.
6. Technologies and information management will provide support for accessibility to IT systems for any authorized system user as defined by the agency.
7. Balance will be maintained between technological investment and benefit to the organization.
8. Information technology and information management vendors will operate in a manner that is consistent with the mission of BABHA, relative to their scope of work on behalf of BABHA.
9. Unless otherwise justified, selection of information technologies and information management tools will be consistent with commonly accepted standards and current best practices.
10. Staff will be trained and expected to take full advantage of current technology.
11. BABHA will comply with product licensing requirements.
12. Information technologies will be sensitive to the needs of stakeholders with less technological capacity and flexible enough to interact effectively.
13. Collaborative decision-making will be used unless circumstances dictate otherwise.
14. A base of knowledge will be maintained to ensure well-informed decisions are made.



# 2023-2024 Information Management Strategic and Operational Plan

## *Core Strategies*

1. Maintain an optimal network capacity through proper management procedures and planned purchasing of bandwidth and other network services.
2. Maintain adequate server capacity through proper management procedures and proactively monitoring resource utilization.
3. Minimize e-storage demands on technological systems through appropriate information management (retention) practices.
4. Ensure proper system and network redundancies are implemented and tested on a regular basis as documented in the working disaster recovery plan.
5. Control the risk and cost of change through use of test environments, fallback plans, request tracking and project management. Quality controls utilized for all vendor projects.
6. Maintain proper equipment and product licensing inventories. Maintain a planned replacement schedule.
7. Provide periodic review of all system security software and measures including but not limited to anti-virus, firewalls, intrusion detection, encryption, and security policies and privacy practices as defined in policies C09-S03-T13 Security Awareness - Protection from Malicious Software and C09-S03-T14 Security Awareness - Log-in Monitoring.
8. Maintain telepresence and video conferencing capability.
9. Use technology to support remote access by community-based and remote staff.
10. In-house information systems subject matter expert(s) to maintain knowledge through subscription online journals and print research materials. Provide access to formal continuing education, and other training resources as warranted.
11. Flexible and focused training options for staff regarding information management and technologies.
12. Establish and maintain central repositories of data files and reports.
13. In-house subject matter expert(s) to maintain awareness of front-line user needs and workflows to ensure information management systems are meeting business demands.
14. Periodic and systematic assessment of user overall satisfaction using a standardized tool.



## *Environmental Scan, Analysis of Strengths, Weaknesses, Opportunities and Threats, and Breakthrough Initiatives*

### **SECTION DESCRIPTION**

BABH reviews what is occurring in the environment external to the organization and engages in an analysis and action planning process to ensure the organization continues to remain viable in order to achieve its mission.

An ENVIRONMENTAL SCAN identifies OPPORTUNITIES AND THREATS in the environment that may impact the organization's ability to achieve its core strategies in the present or near future (1-2 years). The organization defines opportunities and threats as follows:

Opportunities: Conditions external to the organization that the organization may want to take advantage of in order to facilitate achievement of core objectives

Threats: Conditions external to the organization that may hinder achievement of core objectives if not decreased or eliminated

Organizational STRENGTHS AND WEAKNESSES are then assessed for the highest priority opportunities and threats. The organization defines these terms as follows:

Strengths: Attributes of the organization that are expected to be helpful to the organization in taking advantage of an opportunity or fending off a threat

Weaknesses: Attributes of the organization that may hinder the organization's ability to take advantage of an opportunity or fend off a threat

BREAKTHROUGH INITIATIVES, present short-term strategies (12-24 months) to address the highest priority environmental opportunities and threats, taking into consideration the organization's strengths and weaknesses. The strategies are specific with responsible parties, sub-tasks, and due dates defined.

KEY: EDI=Electronic Data Interchange; EHR=Electronic Health Record; IS=Information Systems; LAN=Local Area Network; NSO=NetSource One; O365=Office 365; PCE=Peter Chang Enterprises; PRI=Primary Rate Interface; SLA=Service Level Agreement; SLT=Senior Leadership Team; VDI=Virtual Desktop Infrastructure; VPN=Virtual Private Network; WAN=Wide Area Network

**Environmental Scan:** HEALTH INFORMATION EXCHANGE

**Lead Team Member:** IS Manager

**Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Improve health care quality and patient outcomes by ensuring everyone involved in care has access to the same information
- Exchanging health information via an HIE or Direct Address messaging are core objectives of meaningful use

**Opportunities or Threats:**

**Opportunities**

- Exchanging information electronically will increase efficiency and reduce errors for BABH and the providers we exchange PHI with
- This will increase the amount of data in our system that is actual data instead of an image or page of data that cannot be tabulated and analyzed
- Eliminate dual entry for those agencies we exchange information with

**Threats**

- None identified

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- Our Electronic Health Record (EHR) has established connections and proven technologies to connect with an HIE
- The Healthcare Integration Steering Committee will direct meaningful HIE engagement

**Weaknesses**

- Many of our providers are accustomed to the traditional methods of exchanging PHI, i.e. fax, scan to email, etc.

**Breakthrough Initiatives:**

**Target:**

**Resources:**

- |   |         |  |
|---|---------|--|
| 1. Continue to build upon Mi Gateway and VPR health information exchange (HIE) solutions to exchange information with the primary health care and hospital communities. |         | IS Manager; K. Amon; T. Adler, D. Groh, A. Folsom, S. VanParis |
| 2. Use direct address to exchange information that we routinely exchange PHI with, if/when other health care providers have direct messaging capability.                | Ongoing | IS Manager, T. Adler, D. Groh, A. Folsom, S. VanParis          |

**Environmental Scan:** MANAGEMENT OF COMPUTING RESOURCES

**Lead Team Member:** IS Manager

**Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- The cloud computing environment recurring costs are directly related to the amount of resources used by the organization
- Establishing document management practices can control use of computing resources and assist with establishing and enforcing document retention guidelines

**Opportunities or Threats:**

**Opportunities**

- Cloud computing environment is tightly integrated environment that can provide opportunities for more centralization and control of organizational records
- The Office 365 (O365) environment, including SharePoint, has a comprehensive data retention system that could be utilized to apply retention schedules to a variety of data elements held by the organization

**Threats**

- Cost of cloud computing environment will continually increase without management and monitoring of computing resources
- Document retention guidelines are difficult to enforce without negatively impacting user experience and functionality, i.e. email archiving

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- Cloud computing infrastructure is tightly integrated and more easily allows for centralized management and monitoring of computing resources
- Implementation of single G: drive improves ability for users to share documents
- Team has been identified to assist departments and users with the management of organizational records

**Weaknesses**

- Access to cloud storage data can be affected by speed of internet access
- Potential for interrupted access to cloud infrastructure

**Breakthrough Initiatives:**

	<b>Target</b>	<b>Resources:</b>
1. Current cloud environment allows organization to consider leveraging less expensive O365 cloud storage options where practical and applicable	Ongoing	IS Manager, K. Amon, G. Wedge, T. Adler, J. Louks, G. Lietzow
2. Work with departments and users to establish unified data storage practices	Ongoing	IS Manager, G. Wedge, T. Adler
3. Migrate seldom-used data to secure cloud storage where practical and applicable	Ongoing	IS Manager, G. Wedge, G. Lietzow



**Environmental Scan:** BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN AND TESTING

**Lead Team Member:** IS Manager **Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- The organization’s ability to function at an acceptable capacity when a disaster occurs is diminished without an updated plan and disaster recovery configuration
- Routine testing and documentation of that testing will ensure the functionality of the disaster recovery plan and all its components

**Opportunities or Threats:**

**Opportunities**

- Routine testing of the disaster recovery plan will ensure functionality and uncover any potential changes that could affect disaster operations
- MiTel phone system is a distributed model with site-to-site fail-over capabilities by decentralizing infrastructure via distributed model

**Threats**

- All critical network circuits terminate at NetSource One (NSO) creating single point of failure

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- Network connections to agency sites have high throughput and redundant connections with both AT&T ASE circuits and Charter VPN connections; includes both voice and data network traffic
- New UTM firewalls provide SD-WAN technology which allows for both the primary and backup network connections to be active and handle prioritized network traffic
- Offsite disaster recovery computing location is restored and tested quarterly.
- Data backups are tested monthly via routine data restores.
- The Electronic Health Record (EHR) system is hosted by the vendor, Peter Chang Enterprises (PCE), which has a redundant data center that is utilized and tested semi-annually

**Weaknesses**

- Planning and testing for smaller component outages still must be accounted for, i.e. fiber optic failure at Mulholland

**Breakthrough Initiatives:**

**Target**

**Resources:**

- | <b><u>Breakthrough Initiatives:</u></b>   | <b><u>Target</u></b> | <b><u>Resources:</u></b> |
|---|----------------------|--------------------------|
| 1. Continue to enhance testing procedures, documentation, and functionality of the disaster recovery plan, as practical and applicable. | Ongoing              | IS Manager, G. Wedge     |

**Environmental Scan:** MAINTAIN COST EFFECTIVE TELECOMMUNICATIONS SYSTEMS

**Lead Team Member:** IS Manager **Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Maintaining efficient and cost-effective telecommunications systems will provide quality service while making additional resources available for the organizational mission

**Opportunities or Threats:**

**Opportunities:**

- Ensures that organization is not overpaying for outdated or underperforming services
- Our PRI circuits are renewed annually maximizing our flexibility with shorter term commitments

Migrating telephone circuits from PRI's to SIP service or cloud-based service could utilize our highly redundant network connections

**Threats:**

- TelNet PRI circuits and long-distance services are inexpensive, but organization voice services with a single vendor represents single point of failure
- Current PRI service via TelNet is being discontinued due to regulations eliminating the type of circuit BABH is utilizing

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths:**

- The TelNet PRI and long-distance rates are very inexpensive compared to the previous carrier rates
- The majority of the telecommunication services currently utilized are performing well
- Agency has redundant internet access at all our primary facilities that would allow for conversion to SIP or cloud-based telephone service

**Weaknesses:**

- TelNet outages over the past 24 months did illustrate that some PRI diversification might be beneficial in case of failure

**Breakthrough Initiatives:**

**Target**

**Resources:**

1. Develop a cost-effective long-term telecommunications strategy that aligns with business initiatives and anticipated organizational needs in the context of the new hybrid office and remote work environment – i.e., reduced reliance on desk top phones, etc.

09/30/22

K. Amon, IS Manager

Use MRT Team and IS Cloud Phone proposal to test out possible changes to telecommunications to be hybrid environment friendly. Builds on current phone system and leverages Teams calling.

IS Manager

**Environmental Scan:**

IMPROVE SYSTEM SECURITY PRACTICES AND TECHNOLOGY

**Lead Team Member:**

IS Manager

**Status:**

Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Improve security practices that govern system audits, security reviews, and documentation
- Implement multi-factor authentication (MFA) for providers using the BABHA EHR

**Opportunities or Threats:**

**Strengths and Weaknesses (Response to Opps/Threats):**

**Opportunities**

- Deploy MFA to providers that utilize BABHA EHR
- Continue to use KnowBe4 email phishing campaigns and user training

**Threats**

- Lack of MFA for providers using EHR increases risk of unauthorized system access
- Email phishing threats represent the greatest risk to organizational data

**Strengths**

- Cloud environment is tightly integrated and newer technologies making auditing easier
- EHR has powerful system activity auditing tools
- Hosting provider is considered HIPAA-compliant datacenter provider
- MFA deployed to staff for VDI Office 365 services, and EHR access

**Weaknesses**

- Lack of MFA for providers using BABHA EHR exposes systems to unauthorized access

**Breakthrough Initiatives:**

**Target**

**Resources:**

1. Continue end user education on security threats, especially with KnowBe4 phishing campaigns and individual training as necessary.

09/30/23

IS Manager, K. Amon, G. Wedge, T. Adler, J. Louks

**Environmental Scan:** INCREASE MOBILE AND REMOTE WORK TECHNOLOGIES

**Lead Team Member:** IS Manager

**Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Improve remote collaboration tool capacity to allow for all staff to conduct secure virtual meetings with both internal and external parties
- Ensure staff have equipment that provides effective use of agency's remote work software tools
- Increase use of cloud services allowing for staff to securely access organizational data more easily when working remotely or in the community

**Opportunities or Threats:**

**Opportunities**

- Increase use of Microsoft Teams throughout agency. All staff with an agency email account are already licensed for the software via O365 subscription
- Broad deployment of iPads, laptops, Chromebooks, and agency cell phones allow staff to utilize commonly deployed virtual collaboration tools such as Microsoft Teams, Zoom, and Doxy.me
- Increase use of cloud services securely allow for staff to access organizational data more easily when working remotely or in the community
- Have select staff pilot new cost-effective technologies to use in the community and remotely to ensure staff have the most efficient technology available

**Threats**

- Remotely managing a large fleet of devices can be challenging for the IS Department as control is decentralized from the company network to staff's home network
- Staff sometimes have limited or poor internet options when working remotely
- Risk of staff printing or storing documents that contains PHI in non-secure locations. Personal computers, cloud or personal paper files at home.

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- Current Office 365 software subscriptions provide users with access to collaboration tools without additional cost
- Mobile equipment currently deployed to staff allows for remote work and collaboration
- All agency cell phones have an unlimited voice, text, and data service plan allowing for extended remote work at no additional cost

**Weaknesses**

- Newly deployed thin clients are now capable of processing audio and video but do not have microphones or cameras limiting participation in virtual meetings from the office
- Keeping collaboration tools such as Microsoft Teams and Zoom updated on mobile devices can be challenging
- All agency cell phone plans have unlimited hotspot data plans, however, data throttling begins after 10 gigabytes of usage
- Ability to monitor productivity of staff working remotely is available, but reports for supervisors could be improved.

**Breakthrough Initiatives:**

1. Explore the potential use of Office 365 E1 License, SharePoint Online, and OneDrive for Business for staff to access and store organizational data securely

**Target**

09/30/23

**Resources:**

IS Manager, K. Amon, G. Wedge, T. Adler

**Environmental Scan:** INCREASE TECHNICAL TRAINING OFFERED TO STAFF

**Lead Team Member:** IS Manager

**Status:** Revised 2023-2024

**Impact on Ability to Accomplish Mission:**

- Additional technical training will allow staff to more efficiently use the technologies provided to them by the agency
- Effective remote work relies heavily on technology

**Opportunities or Threats:**

**Strengths and Weaknesses (Response to Opps/Threats):**

**Opportunities**

- The agency has numerous software tools staff would find beneficial with an enhanced knowledge of how they operate
- The IS Dep't can provide training both virtually and in person
- Relias training may have valuable trainings that could be offered to staff

**Threats**

- Lack of knowledge can hinder productivity or increase reluctance to use available technology

**Strengths**

- IS Department staff are eager to provide training to staff on tools most commonly referred to the Help Desk
- Relias training library is extensive and easily deployed to staff

**Weaknesses**

- Lack of staff participation with voluntary trainings offered

**Breakthrough Initiatives:**

**Target**

**Resources:**

1. Provide users software tips and training opportunities through electronic means as a more efficient alternative to recommending more mandatory annual training

09/30/23

IS Manager, G. Wedge, T. Adler, G. Lietzow, L. Nagel, J. Louks

**Environmental Scan:** Assess Overall User Satisfaction

**Lead Team Member:** IS Manager

**Status:** Revises for 2023-2024

**Impact on Ability to Accomplish Mission:**

- User satisfaction increases the likelihood information systems will be trusted and used effectively and uniformly
- Effective and uniform information systems improve efficiency of clinical, financial, human resource, quality, compliance and other agency operations.

**Opportunities or Threats:**

**Opportunities**

- Ticket closures are tracked which will help determine when to see user feedback
- On-line survey options are readily available for compilation of overall user satisfaction

**Threats**

- If user feedback is not acted upon, it can have an inverse effect and increase dis-satisfaction.
- Will take staff time to track and respond to user feedback

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- User request tracking (ticketing) system
- BABH experience with surveying satisfaction and actioning findings

**Weaknesses**

- Requests for reporting services are not run through the ticketing system

**Breakthrough Initiatives:**

1. Explore options for collecting user feedback after service tickets are closed

**Target**

12/31/22

**Resources:**

IS Manager, T. Adler, J. Louks, G. Wedge, G. Lietzow, L. Nagel

## Operational Initiatives

**Environmental Scan:** VENDOR MANAGEMENT AND PERFORMANCE MONITORING

**Lead Team Member:** IS Manager **Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Ensure that vendor is providing acceptable levels of service and adhering to Service Level Agreement (SLA) parameters

**Opportunities or Threats:**

**Opportunities**

- External monitoring of EHR, external VDI portal, telecommunication systems, and BABHA website uptime provides independent view of system availability

**Threats**

- Using vendors who lease or subcontract with larger vendors can make troubleshooting service issues more difficult

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- BABH’s enterprise level monitoring tool, “What’s Up Gold” provides monitoring of internal and external system performance

**Weaknesses**

- Too reliant on vendor to report performance problems with their services
- Lack of diversity in vendors can impact operations when experiencing service disruptions from a particular vendor

**Breakthrough Initiatives:**

**Resources:**

- |   |   |
|---|---|
| 1. Compare outage calculations against SLA parameters or other performance guidelines to ensure vendor compliance   | IS Manager  |
| 2. Provide performance data for Leadership Dashboard reporting <ul style="list-style-type: none"> <li>○ Wide and local area network issues</li> <li>○ Telepresence issues</li> <li>○ Cloud computing and Virtual Desktop Infrastructure (VDI) issues</li> <li>○ Phone issues</li> <li>○ Phoenix issues</li> </ul> | IS Manager, K. Amon, T. Adler                               |
| 3. Automate the collection of performance data for the leadership dashboard where feasible and practical  | IS Manager, L. Nagel  |
| 4. Audit use of staff software and application subscriptions (such as Zoom, Doxy, Adobe and Microsoft products) on a routine basis and adjust vendor agreements where feasible to eliminate unnecessary costs.  | IS Manager, L. Nagel, G. Wedge, Greg L., T. Adler, J. Louks |

**Operational Initiative:** CONTINUED DEVELOPMENT OF STANDARDIZED COMMUNICATIONS KNOWLEDGE

**Lead Team Member:** IS Manager **Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- In-depth knowledge of the various Electronic Data Interchange (EDI) formats utilized by the state, regional entities, and other healthcare data repositories will help BABH facilitate the timely exchange of data with other organizations

**Operational Actions:**

1. Continue developing institutional knowledge of file structures used for state encounter reporting, BH-TEDS submissions, and new state consumer registry file
2. Research ANSI-accredited standards within the healthcare industry such as HL7
3. Research HIE vendors and the EHR Direct Messaging capabilities identifying potential uses for BABH

**Resources:**

- IS Manager, G. Lietzow, T. Adler
- IS Manager, G. Lietzow, T. Adler
- IS Manager, G. Lietzow, T. Adler, D. Groh



**Environmental Scan:** INFORMATION SYSTEMS DOCUMENTATION

**Lead Team Member:** IS Manager

**Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Document information systems procedures, processes, and system designs to ensure adequate knowledge transfer and long-term functionality of department and systems

**Opportunities or Threats:**

**Opportunities**

- Create central repository for documentation
- Cross-training within department will make documentation essential to success
- ~~Leverage coding and documentation control software Team Foundation Server~~

**Threats**

- Lack of documentation limits knowledge transfer
- Limits ability for cross training to be effective

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- Tools necessary to capture and share knowledge are currently available
- Data Governance Committee creates workgroup venue to standardize data driven project documentation
- Standard documentation procedures have been established for report/data centric projects.

**Weaknesses**

- Programming and software development still needs a structured documentation process.
- Need to finalize Quality Control protocols for system development, design, modifications, validations and documentation

**Breakthrough Initiatives:**

1. Establish standard documentation practices for information systems processes, procedures, and system design
2. Continue to develop documented standards of organizational data definitions and business processes
3. Investigate use of Microsoft Dev Ops for all source code to ensure access if lead staff not available
4. Explore use Microsoft Share Point to standardize documentation processes to ensure continuity

**Resources:**

IS Manager, G. Wedge, G. Lietzow, T. Adler, L. Nagel, J. Louks  
K. Amon, IS Manager, S. Holsinger, G. Lietzow, L. Nagel  
G. Lietzow, L. Nagel  
IS Manager, T. Adler, G. Lietzow, L. Nagel

**Environmental Scan:** CONTINUE TO IMPROVE ANNUAL RISK ASSESSMENT PROCESS

**Lead Team Member:** IS Manager **Status:** Revised for 2023-2024

**Impact on Ability to Accomplish Mission:**

- Continue to enhance tool to monitor risk, compliance, security, and the effectiveness of the organization’s policies and procedures
- Identify gaps in compliance and security that can be used to drive the continuous improvement process

**Opportunities or Threats:**

**Opportunities**

- Can build upon internally conducted risk assessment completed in 2019 with the new Security Risk Assessment tool released by the U.S. Department of Health and Human Services
- Evaluate physical security at all locations for possible improvements related to the protection of PHI

**Threats**

- Regular monitoring of risk is essential to maintaining compliance and a strong security posture
- Without an updated risk assessment, it is difficult to provide a gap analysis of risk, compliance, and security

**Strengths and Weaknesses (Response to Opps/Threats):**

**Strengths**

- 2020 risk assessment can be used as a building block for broader inspections of security
- Tightly integrated cloud computing environment should limit number of technical anomalies reported

**Weaknesses**

- Continued development of disaster recovery plan testing and documentation
- The physical security at some locations could be improved as it relates to the protection of PHI

**Breakthrough Initiatives:**

1. Continued development of risk assessment monitoring tool
2. Perform risk assessment for the organization annually
3. Remediate gaps identified in the risk assessment annually

**Resources:**

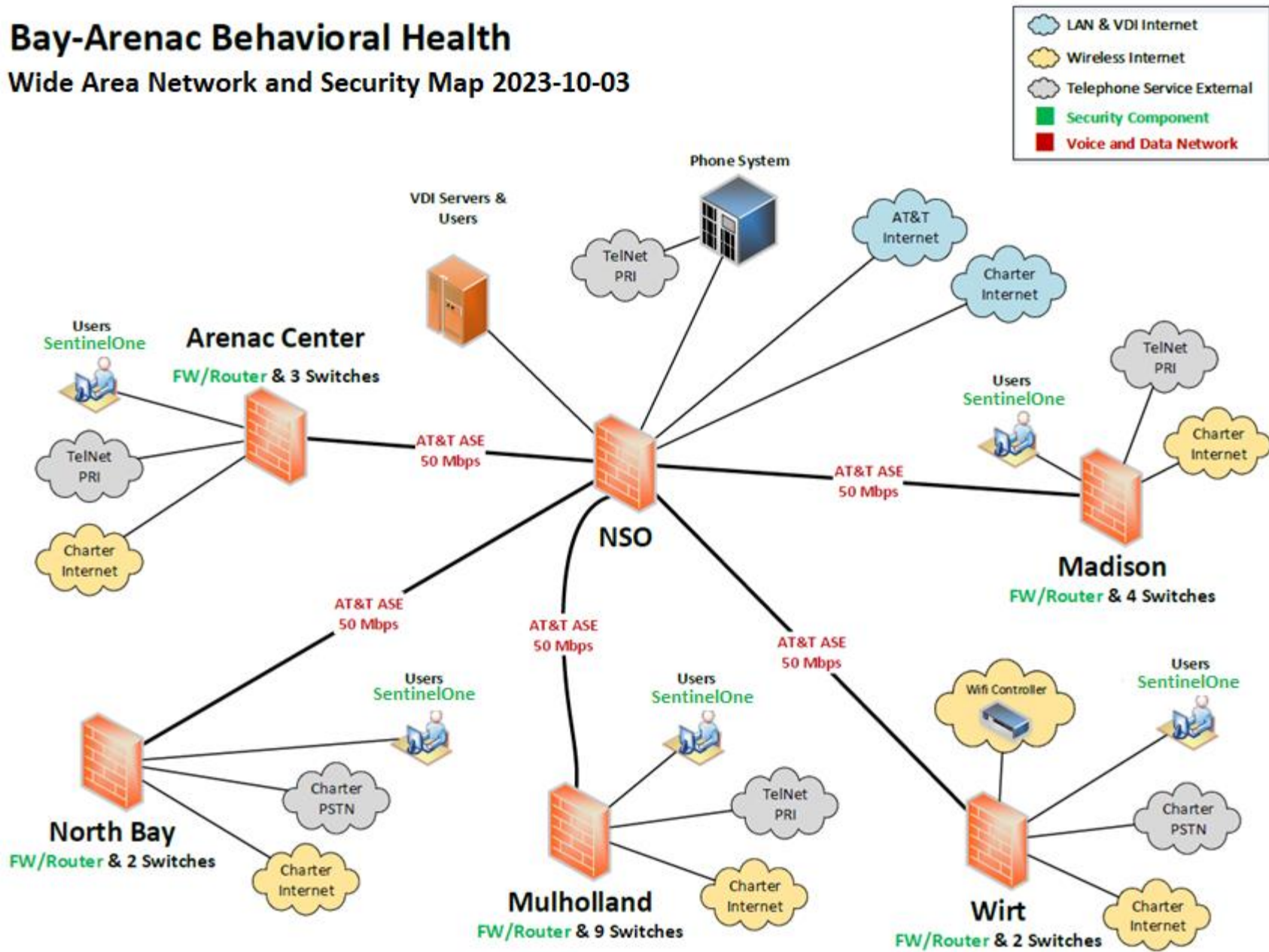
- IS Manager  
IS Manager  
IS Manager, G. Wedge, G. Lietzow, T. Adler, L. Nagel, J. Louks

## ***Attachments***

# Wide Area Network and Security Map

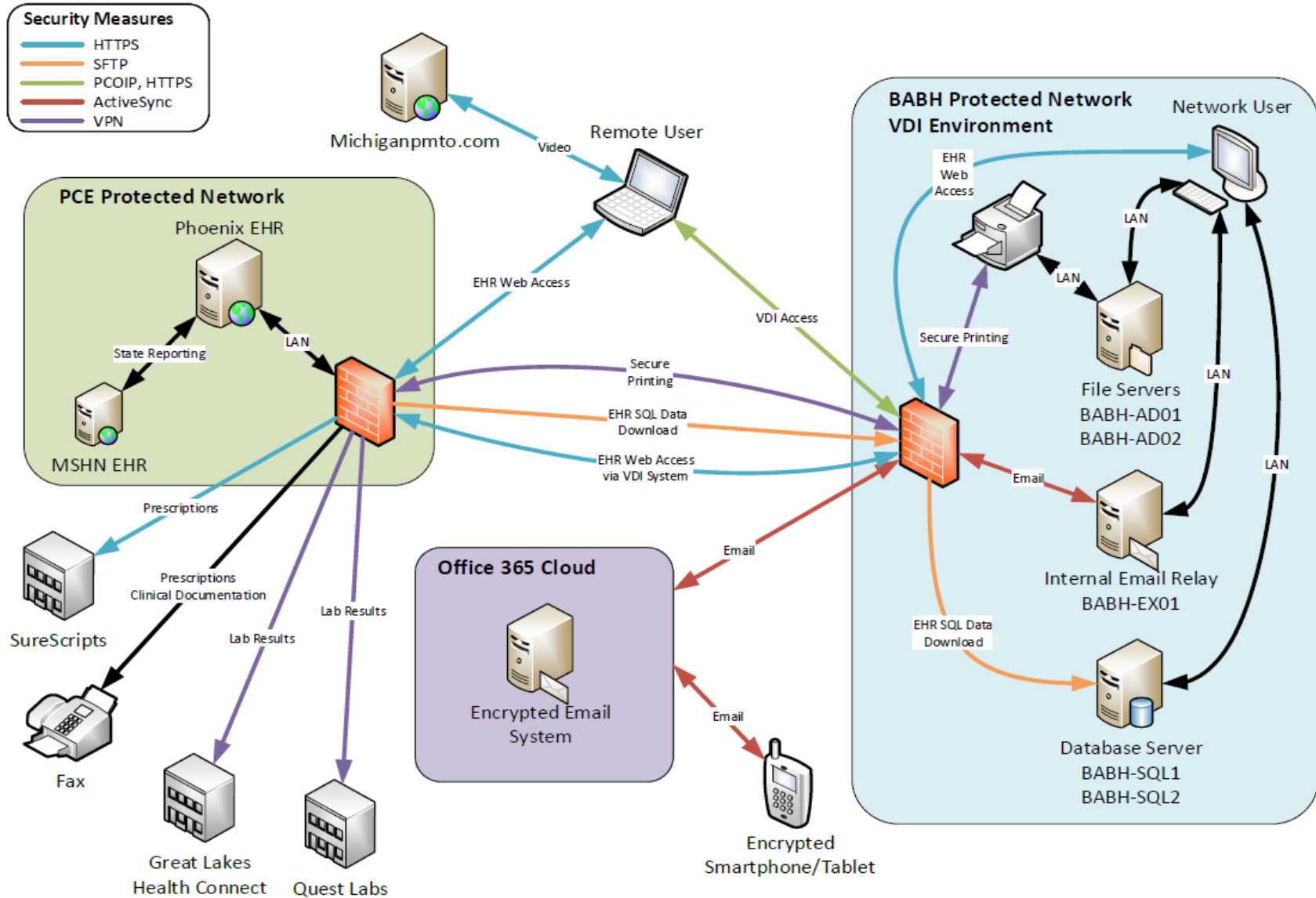
## Bay-Arenac Behavioral Health

Wide Area Network and Security Map 2023-10-03



# e-PHI Workflow Diagram

## BABH ePHI Workflow Diagram 2019-08-15



# Security Risk Assessment

## Security Risk Assessment Findings and Remediation Plan 2023

### Bay-Arenac Behavioral Health

Completed By: Jesse Bellinger, IT Manager/Security Officer

Date Completed: July 26, 2023

#### I. Overview

Bay-Arenac Behavioral Health (BABH), in accordance with 45 CFR Part 160 and Part 164, must complete a HIPAA Risk Assessment to ensure all electronic protected health information (ePHI) created, received, maintained, or transmitted by a covered entity is adequately protected.

This BABH security risk assessment process utilizes the Security Risk Assessment (SRA) tool provided by the United States Department of Health and Human Services. The SRA tool lists 120 security assessment questions, provides several different response choices to each question, and ways in which to comply when a non-compliant response is selected.

This document includes a summary of the 7 sections within the SRA tool, a breakdown of compliance in each section, and a description of the areas where BABH was not in full compliance with the requirement.

#### II. Security Risk Assessment Findings

##### Section 1 – SRA Basics

This section focuses on basic information about our SRA, including if we have ever completed an SRA, how often we conduct an assessment, the processes used to complete one, and how the results are reported.

##### Results

Question Type	Questions	Compliant Answers	Compliance %
Required	9	9	100%
Addressable	1	1	100%
Total	10	10	100%

BABH is fully compliant within this section.

##### Section 2 – Security Policies

Section 2 concentrates on agency policies and procedures, risk management processes, document retention of our completed SRA materials, and the role of the Security Officer in managing risk.

##### Results

Question Type	Questions	Compliant Answers	Compliance %
Required	8	8	100%
Addressable	0	0	N/A
Total	8	8	100%

BABH is fully compliant within this section.

##### Section 3 – Security and Workforce

Section 3 concentrates on the security aspects of workforce members. The questions focus on security awareness training, employment screening procedures, system and application access processes, and the competence of the

Security Officer. Protection from malicious software and monitoring of login attempts is also addressed in this section.

#### Results

Question Type	Questions	Compliant Answers	Compliance %
Required	12	12	100%
Addressable	7	7	100%
Total	19	19	100%

BABH is fully compliant within this section.

#### Section 4 – Security and Data

This section focuses on access to electronically protected health information (ePHI). The questions center around how users are granted access, how are users identified when accessing ePHI, is access appropriate, the use of encryption, automatic logoff from systems, and backups.

#### Results

Question Type	Questions	Compliant Answers	Compliance %
Required	17	16	94%
Addressable	10	10	100%
Total	27	26	96%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members' personal devices accessing a cloud-based EHR without first identifying and approving the device)

DHHS Guidance: Unsecured points could compromise data accessed through an otherwise secure application. Consider implementing a device management process to ensure security standards are in place for all points accessing ePHI. Assign a separate user account to each user in your organization. Train and regularly remind users that they must never share their passwords. Require each user to create an account password that is different from the ones used for personal internet or e-mail access (e.g., Gmail, Yahoo, Facebook). For devices that are accessed off site, leverage technologies that use multi-factor authentication (MFA) before permitting users to access data or applications on the device. Logins that use only a username and password are often compromised through phishing e-mails. Implement MFA authentication for the cloud-based systems that your organization uses to store or process sensitive data, such as EHRs. MFA mitigates the risk of access by unauthorized users.

#### Section 5 – Security and the Practice

Section 5 targets physical security of devices, facilities, and the data center. The questions concentrate on how facilities are protected from unauthorized access, how devices protected from theft and unauthorized access, and an inventory of all equipment that store, process, or access ePHI.

#### Results

Question Type	Questions	Compliant Answers	Compliance %
Required	12	12	100%
Addressable	12	11	92%
Total	24	23	96%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 10 (Addressable): How do you validate a person’s access to your facility?

Answer: We maintain lists of authorized persons but do not have controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

DHHS Guidance: Consider appropriate methods of validating access to your facility. Implement and document safeguards determined to be reasonable and appropriate.

### **Section 6 – Security and Business Associates**

This section concentrates on how business associates are handled, the terms within our Business Associate Agreements (BAA), and assurances of compliance of our business associates.

#### **Results**

Question Type	Questions	Compliant Answers	Compliance %
Required	13	12	92%
Addressable	0	0	N/A
Total	13	12	92%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

DHHS Guidance: Consider monitoring, auditing, or obtaining information from business associates to ensure the security of ePHI and include language about this in BAAs.

### **Section 7 – Contingency Planning**

The final section of the SRA emphasizes contingency planning and security incidents. The questions center around identifying, documenting, and testing security incidents and emergency situations.

#### **Results**

Question Type	Questions	Compliant Answers	Compliance %
Required	19	19	100%
Addressable	1	1	100%
Total	20	20	100%

BABH is fully compliant within this section.



### III. Security Risk Assessment Findings Summary

#### SRA Results

BABH is compliant with 118 of the 121 questions within the DHHS SRA tool. The areas BABH will focus on in the coming year are improving facility access validation and managing devices that access ePHI.

Question Type	Questions	Compliant Answers	Compliance %
Required	90	88	98%
Addressable	31	30	97%
Total	121	118	97%

### IV. Security Risk Assessment Remediation Plan

#### Section 4 – Security and Data

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members' personal devices accessing a cloud-based EHR without first identifying and approving the device)

Remediation Plan: Access to PHI containing software is validated via username, password, and 2FA, however use of BYOD does present some risk. The Security Officer will work with the Senior Leadership Team to determine if it is reasonable to require a BABH owned device to access software containing PHI.

#### Section 5 – Security and the Practice

Question 10 (Addressable): How do you validate a person's access to your facility?

Answer: We maintain lists of authorized persons but do not have controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

Remediation Plan: Access to facilities is adequately controlled, however, identifying unauthorized persons attempting to access a facility is limited. Some sites have video monitoring, but many do not. The Security Officer will work with the Senior Leadership Team and the Facility Manager on ways to improve monitoring unauthorized attempts to access our facilities.

#### Section 6 – Security and Business Associates

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

Remediation Plan: BABH will not be pursuing the DHHS Guidance within the DHHS SRA Tool. The hhs.gov website contradicts the guidance provided within the tool. The hhs.gov website explicitly states that covered entities are not required to monitor or oversee the means by which their business associates carry out privacy safeguards or the extent to which the business associate abides by the privacy requirements of the business associate agreement. Our current practice adheres to the guidance provided on hhs.gov website. (Reference: FAQ 236-Is a covered entity liable for, or required to monitor the actions its business associates? <https://www.hhs.gov/hipaa/for-professionals/faq/236/covered-entity-liable-for-action/index.html>)

# Information Technology Equipment Replacement Schedule

## Objective

The purpose of this information technology equipment replacement schedule is to outline a systematic plan for the replacement of the agency's oldest computer equipment ensuring efficient and effective management of BABH's budget and computing capabilities. This schedule will provide an equipment lifecycle strategy for all client technology deployed within the agency minimizing the negative aspects of using older information technology.

Older computing equipment is:

- slower at processing employee tasks reducing employee productivity
- more expensive to support
- less energy efficient
- prone to more security breaches

This equipment replacement schedule should be considered a general guide and can be adjusted year-to-year to accommodate other agency needs or budgetary constraints.

## Schedule

Device Type	Replacement Schedule
Desktop Computers	Replace devices every 4 years
Standard Laptop Computers	Replace devices every 4 years
Chromebooks	Replace devices every 4 years
iPads/Tablets	Replace devices every 3 years
10ZiG Thin Clients	Replace devices every 6 years
Desktop Printers	Replace devices every 6 years
Computer Monitors	Replace devices every 8 years

## Replacement Cost

Device Type	Quantity	Unit Cost	Total Cost
Desktop Computers	36	\$1,200	\$43,200
Standard Laptop Computers 15"	37	\$1,500	\$55,500
Chromebooks	0	\$365	\$0
MS Surface	0	\$795	\$0
iPads/Tablets	26	\$450	\$11,700
10ZiG Thin Clients	0	\$350	\$0
Desktop Printers	3	\$1,500	\$4,500
Computer Monitors	0	\$140	\$0
Totals			\$114,900

## Equipment Qualifying for Replacement in FY23-24

### Desktop Computers

Category	BABH Asset Tag	Purchased Date	Number of Years Since Purchase	Manufacturer	Model Number	Owner	Location	Department
All-in-one	8000	42597	7	Dell	Optiplex 7440		Wirt	Business Intelligence
Desktop	6413	42299	8	Dell	Optiplex 7020		Arenac Center	
Desktop	6407	42250	8	Dell	Optiplex 7020	1000	Arenac Center	Reception Office
Desktop	8006	42597	7	Dell	Optiplex 7040	0704	Wirt	Business Intelligence
Desktop	8004	42597	7	Dell	Optiplex 7040	0595	Wirt	Business Intelligence
Desktop	6479	42597	7	Dell	Optiplex 7040		MULHOLLAND	Reception Office
Desktop	6483	42597	7	Dell		0897	MULHOLLAND	Reception Office
Desktop	6480	42597	7	Dell	OptiPlex 7040		MULHOLLAND	Finance
Desktop	6473	42597	7	Dell	Optiplex 7040		MULHOLLAND	Human Resources
Desktop	6435	42401	7	Dell	Optiplex 7020		Arenac Center	Psychiatrist
Desktop	6475	42597	7	Dell	Optiplex 7040	1000	Arenac Center	Reception Office
Desktop	6472	42598	7	Dell	Optiplex	0731	Madison	Children's Services
Desktop	6484	42597	7	Dell	Optiplex 7040	0811	Madison	Staff Development
Desktop	6436	42401	7	Dell	Optiplex 7020		Madison	Psychiatrist
Desktop	6517	42597	7	Dell	Optiplex 7440		Mulholland	
Desktop	6477	42597	7	Dell	Optiplex		Mulholland	Psychiatrist
Desktop	6478	42597	7	Dell	Optiplex 7040		Mulholland	
Desktop	6485	42597	7	Dell	Optiplex 7040		North Bay	
Desktop	6486	42597	7	Dell	Optiplex 7040		North Bay	
Desktop	6481	42597	7	dell	Optiplex 7040	1628	North Bay	DD Adult
Desktop	6476	42597	7		Optiplex 7040		Wirt	Business Intelligence
Desktop	8002	42972	6	Dell	Optiplex 5050	0571	Wirt	Information Systems
Desktop	8008	42972	6	Dell	OptiPlex 5050	0713	Wirt	Information Systems
Desktop	8015	42972	6	Dell	OptiPlex 5050	1666	Wirt	Information Systems
Desktop	8012	42972	6	Dell	Optiplex 5050	0803	Wirt	Information Systems
Desktop	6533	42976	6	Dell	Dell OptiPlex 5050 - SFF	0579	MULHOLLAND	Senior Services
Desktop	6537	42972	6	Dell	Optiplex 5050		Arenac Center	
Desktop	6534	42972	6	Dell	Optiplex 5050	0746	Madison	Reception Office
Desktop	6535	42972	6	Dell	Optiplex 5050	0675	North Bay	DD Adult
Desktop	1724	42970	6		Pavilion	1070	Virtual Office	Psychiatrist
Desktop	6545	42972	6	Dell	Optiplex 5050	0803	Wirt	Information Systems
Desktop	6530	42972	6	Dell	Dell OptiPlex 5050 - SFF	0713	Wirt	Information Systems
Desktop	6539	42972	6	Dell	Optiplex 5050	1574	Wirt	Information Systems
Desktop	8103	43389	5	Dell	OptiPlex 7060	1014	North Bay	
Desktop	8102	43395	5	Dell	OptiPlex 7060	0576	MULHOLLAND	Finance
Desktop	8104	43389	5	Dell	OptiPlex 7060	1137	MULHOLLAND	
total	36							

## Standard Laptop Computers

Category	BABH Asset Tag	Purchased Date	Number of Years Since Purchase	Manufacturer	Model Number	Owner	Location	Department
Laptop	6332	42005		8 Dell	Latitude E5550	1059	Mulholland	Emergency Services/Access
Laptop	1699	42719		7 Dell	XPS 15		Wirt	Business Intelligence
Laptop	1706	42719		7 Dell	XPS	0914	North Bay	Staff Development
Laptop	1700	42719		7 Dell	XPS 15	0742	Wirt	Information Systems
Laptop	1698	42719		7 Dell	Latitude E5500	0669	Wirt	Business Intelligence
Laptop	1692	42597		7 Dell	Latitude E7270	0704	Wirt	Business Intelligence
Laptop	1689	42541		7 Dell	XPS 15	1574	Wirt	Information Systems
Laptop	1702	42719		7 Dell	XPS 15	0571	Wirt	Information Systems
Laptop	1701	42719		7 Dell	XPS 15	0713	Wirt	Information Systems
Laptop	1704	42719		7 Dell	XPS	0595	Wirt	Business Intelligence
Laptop	1730	42972		6 Dell	XPS 15	0547	North Bay	DD Adult
Laptop	1727	42972		6 Dell	XPS 15	1095	Mulholland	Emergency Services/Access
Laptop	1703	42751		6 Dell	XPS 15"	1120	North Bay	
Laptop	1728	42972		6 Dell	XPS 15	0755	Madison	Staff Development
Laptop	6520	42795		6 Dell	Latitude 3460		Madison	
Laptop	1705	42750		6 Dell	XPS	1674	Madison	Staff Development
Laptop	1726	42972		6 Dell	XPS 15	1513	Madison	Staff Development
Laptop	1741	42972		6 Dell	XPS 13	0802	Mulholland	
Laptop	1745	42972		6 Dell	XPS 13	0860	Horizon Home	
Laptop	1733	42972		6 Dell	XPS		Mulholland	
Laptop	1716	42795		6	Yoga 460	1005	Mulholland	
Laptop	1714	42795		6	Yoga 460	1059	Mulholland	Emergency Services/Access
Laptop	1718	42795		6 Lenovo	Yoga 460	1059	Mulholland	Emergency Services/Access
Laptop	1721	42795		6	Yoga 460	1195	Wirt	
Laptop	1746	42972		6 Dell	XPS 13		Wirt	Recipient Rights
Laptop	1725	42976		6 Dell	XPS	0803	Wirt	Information Systems
Laptop	1737	42972		6	XPS 13"	1580	Mulholland	Community Treatment Services
Laptop	1736	42972		6 Dell	XPS 13"	0238	North Bay	DD Adult
Laptop	1735	42972		6 Dell	XPS 13"	1636	Mulholland	Business Intelligence
Laptop	1734	42972		6 Dell	XPS 13	1026	Horizon Home	
Laptop	1732	42972		6 Dell	XPS	0850	Mulholland	Psychologist
Laptop	1731	42972		6 Dell	XPS 15"	0561	Mulholland	Finance
Laptop	1769	43389		5 Dell	XPS 15	1633	Madison	Nursing
Laptop	1767	43391		5 Dell	XPS 13		North Bay	
Laptop	6566	43304		5 Dell	XPS 13	1199	Mulholland	
Laptop	6561	43238		5 Dell	XPS 15	1067	Mulholland	Senior Services
Laptop	6558	43146		5 Dell	XPS 13 2-in-1	1212	North Bay	DD Adult
total	37							

## iPads/Tablets

Category	BABH Asset Tag	Purchased Date	Number of Years Since Purchase	Manufacturer	Model Number	Owner	Location	Department
iPad	6366	41901		9 Apple	iPad Air		Madison	Children's Services
iPad	6376	42111		8 Apple	iPad Air	1152	Madison	
iPad	6521	42872		6 Apple	iPad Pro 12.9"	0883	MULHOLLAND	Senior Services
iPad	6466	42872		6 Apple	iPad Air 2		Wirt	Information Systems
iPad	6544	43013		6 Apple	5th Gen		Wirt	
iPad	6552	43010		6 Apple	5th Gen		North Bay	DD Adult
iPad	6568	43306		5 Apple	5th Gen	1146	Mulholland	
iPad	6740	43712		4 Apple	6th Gen	0552	Arenac Center	
iPad	6738	43713		4	6th Gen	0552	Arenac Center	
iPad	6737	43718		4	6th Gen			
iPad	6723	43718		4	6th Gen	0731		
iPad	6748	43731		4	6th Gen	0561	MULHOLLAND	Finance
iPad	6724	43731		4	6th Gen	1574	Wirt	Information Systems
iPad	6728	43732		4 Apple	6th Gen	1507	Wirt	Information Systems
iPad	6745	43733		4	6th Gen	1161	North Bay	
iPad	6730	43734		4	6th Gen	1671	MULHOLLAND	Children's Services
iPad	8138	43754		4 Apple	6th Gen		Mulholland	Information Systems
iPad	8135	43754		4	6th Gen		Wirt	Information Systems
iPad	8123	43756		4	6th Gen	0571	Wirt	Information Systems
iPad	8142	43770		4	6th Gen	0995		
iPad	8143	43770		4	6th Gen	1215	MULHOLLAND	Assertive Community Treatment
iPad	6734	43770		4	6th Gen	1479	Mulholland	Assertive Community Treatment
iPad	8149	43775		4	6th Gen	1095		
iPad	8275	43721		4 Apple	iPad 6th Generation		Wirt	Information Systems
iPad	8127	43734		4 Apple	6th Gen iPad	1503	Arenac Center	
iPad	8128	43709		4 Apple	6th Gen		Mulholland	Board Admin
total	26							

**—Printers and scanners**

Category	BABH Asset Tag	Purchased Date	Number of Years Since Purchase	Manufacturer	Model Number	Owner	Location	Department
Printer	1668	41355	10		WorkCentre 7120	0936	Madison	
Printer	8027	42948	6	HP	F2A69A	0034	MULHOLLAND	Finance
Scanner	6467	42513	7		ix500	0995	Mulholland	Board Admin
total	3							

## BABH Master Agreement List

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
NSO	Cloud computing environment	Monthly summary IaaS \$10,875.75 Security \$2,954.60 Backups \$2,195 Management \$2,775.80 3rd party subs \$9,979.20 Total monthly: \$28,780.35		X		NSO	02/01/2023	02/01/2026			\$345,336.20
BlueHost.com	Website Hosting and Support					BlueHost.com	<del>5/16/2019</del> 04/23/2022	<del>5/16/2022</del> 04/23/2025		\$142.20 for 36 months \$323.64 for 36m	<del>\$47.40 per year</del> \$107.88 per year
WhatsUp Gold	Integrated network and application monitoring system service agreement			X		BABH	<del>9/18/14</del> retroactive 6/16/2016 6/16/2017 6/16/2018 6/16/2019 6/16/2020 6/16/2021 6/16/2022	<del>6/16/2015</del> 6/16/2016 6/16/2017 6/16/2018 6/16/2019 6/16/2020 6/16/2021 6/16/2023	300 devices	1250.00/year	<del>1099</del> <del>1208.90</del> 1250.00
Synergy - MS Dynamics Support (or successor vendor)	Support for Solomon (MS Dynamics)			X				evergreen		hourly rate	
Go To Meeting	Meeting services and audio conferencing service	Help Desk is admin – investigate reducing to 1 license	x				3/20/2014	<del>9/30/2014</del> evergreen	3 users	16.00/month/ seat	\$576
OpenVoice Conf Rm # 7833212 Moderator PIN 8240193	conference calling service	T Adler is administrator	X						<del>10 users</del> 3 users	.08 cents/per minute + ISF rate (usually around 20/25 percent)	

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
Zoom	Telepsychiatry and conference room video conferencing	Month to month service used for telepsychiatry and video conferencing	X			Zoom	Month to Month	Month to Month	78 users 1 Room Connectors	\$14.99 per user per month \$34.20 per H.232 Room Connector for external meetings	<del>5050.2</del> 4718.28
Verizon Wireless	for mobile phone service										
Communications as a Services (CaaS) - ShoreTel and BABH network equipment	Call center functionality and support for IP communicator	ES/Access Center call center and Help Desk phone systems	X	X	"	NSO	9/1/2017	9/1/2022	Phone System Network switches Network routers Fax system	1778.75 / mo	\$21,346.20
Charter Acct 8245-12-318-007-7655	for general guest access at offices					Charter		evergreen			
<del>Opt E Man Circuit</del> ASE Circuit (Ethernet)	Mulholland Building	AT&T Account Number: 989 R41-0200 612 2		X		NSO	<del>9/30/2011</del> 9/30/2016 8/23/2018	<del>10/25/2016</del> 10/25/2018 Monthly	50 MBPS	<del>\$1,124.46/mo</del> \$748/mo \$752.64/mo 3/21	<del>13493.52</del> \$8,976 \$9,031.68
<del>Opt E Man Circuit</del> ASE Circuit (Ethernet)	Madison Building	AT&T Account Number: 989 R41-0125 619 9		X		NSO	<del>9/30/2011</del> 9/30/2016 8/23/2018	<del>10/25/2016</del> 10/25/2018 Monthly	50 MBPS	<del>\$1,124.46/mo</del> \$748/mo \$752.64/mo 3/21	<del>13493.52</del> \$8,976 \$9,031.68
ASE Circuit	Arenac Building	ASE 20mb Circuit between Arenac and NSO Hampton Place location		X		NSO	9/20/2016 8/23/2018	<del>10/25/2016</del> 10/25/2018 Monthly	20 MBPS 50 MPBS	<del>\$1,124.46/mo</del> \$748/mo \$752.64/mo 3/21	<del>13493.52</del> \$8,976 \$9,031.68
<del>Opt E Man Circuit</del> ASE Circuit (Ethernet)	Wirt Building	AT&T Account Number: 989 R41-0068 081 1		X		NSO	<del>2/18/2011</del> 8/3/2016 8/23/2018	<del>10/25/2016</del> 10/25/2018 Monthly	50 MBPS	<del>\$1,124.46/mo</del> \$748/mo \$752.64/mo 3/21	<del>13493.52</del> \$8,976 \$9,031.68
ASE Circuit (Ethernet)	ASE Fiber Hub - NSO Hampton Place	ASE Hub req'd to provide a hub-and-spoke infrastructure for ASE Circuits being installed as of 8/23/18		X		NSO	8/23/2018	8/23/2021	250 MBPS	<del>\$1,250/mo</del> \$1257.57/mo 3/21	<del>\$15,000</del> \$15,090.84
<del>Opt E Man Circuit</del> ASE Circuit (Ethernet)	Kawkawlin Site (North Bay)	AT&T Account Number: 989 R41-0229 718 4		X		NSO	<del>6/3/2011</del> 10/25/2016 8/23/2018	<del>10/25/2016</del> 10/25/2018 Monthly	50 MBPS	<del>\$1,124.46/mo</del> \$748/mo \$752.64/mo 3/21	<del>13493.52</del> \$8,976 \$9,031.68



Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
T1-PRI Circuit - Mulholland	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for \$80/month				AT&T Tel-Net	5/30/2014 5/30/2015 5/30/2016 5/30/2017 5/30/2018 5/30/2019 5/30/2020 5/30/2021	5/29/2015 5/29/2016 5/30/2017 5/30/2018 5/30/2019 5/30/2020 5/30/2021 Monthly	12 mos	Base Fee \$285/mo \$365/mo \$440/mo	
T1-PRI Circuit - for NSO site for BABH calls	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for \$80/month				AT&T Tel-Net	5/30/2014 5/30/2015 5/30/2016 5/30/2017 5/30/2018 5/30/2019 5/30/2020 5/30/2021	5/29/2015 5/29/2016 5/30/2017 5/30/2018 5/30/2019 5/30/2020 5/30/2021 Monthly	12 mos	Base Cost \$285/mo \$365/mo \$440.65	
PRI - Arenac Center	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet Account Number: TN021779		x		AT&T TelNet	TelNet starting 8/4/14 8/4/16 8/4/2017 10/1/2018 10/1/2019	6/1/2014 7/4/16 8/4/17 8/4/2018 10/1/2019 10/1/2020 10/1/2021 Monthly		Base Cost \$365/mo \$405.15	
PRI - Madison	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet PRI - Account # TN021871 Order # TNN4589753 Circuit ID PPTHT1000041168		x		TelNet	10/10/2014 10/10/2016 10/10/2017 10/1/2018 10/1/2019	10/10/2016 10/10/2017 10/10/2018 10/1/2019 10/1/2020 10/1/2021 Monthly		Base Cost \$365/mo \$421.70	
Omnilert - Mass Notification System	Omnilert - mass notification system for alerting staff of emergent situations via email, SMS, and calling cell and desk phones	Licensed for 425 Users. 250 staff contacts and 2 contacts for each provider.		x		Omnilert	9/28/2015 9/28/2016 9/28/2017 9/28/2018 9/28/2019 9/28/2020 9/28/2021	9/27/2016 9/27/2017 9/27/2018 9/28/2019 9/28/2020 9/28/2021 9/28/2022	425 Users 300 Users 378 users	Platform Cost \$1,800/yr User \$4.20/yr (300378 users)	3585 \$3,060 \$3,388
Ruckus Wireless		Support license renewals for controller and access point licenses; provides the latest patches and free warranty	14			NSO/Ruckus	9/16/2016 10/23/2017 10/23/2018	10/22/2017 10/23/2018 10/23/2019		\$464/yr \$717/yr \$749/ yr	\$464/yr \$717/yr \$749/yr 2022

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
		replacement if the device fails. This renewal is being done through Abadata at this time.					10/23/2019 10/23/2020 10/21/2021 10/21/2022	10/23/2020 10/23/2021 10/21/2022 10/21/2023			
Fortinet UTM Firewall Support includes FW hardware, FortiMgr support, and IOS subscriptions		Support for Fortinet UTM firewalls. Includes all branch firewalls and main FW at NSO network hub; support for Forti-Mgr and Forti-Analyzer servers; subscription for ongoing threat to keep security devices upgraded. Bought service with 5-year term when purchasing equipment.		x		NSO/ Fortinet	11/1/2020	11/1/2025		Prepaid 5 year term.	\$464/yr
SSL Certificate - Wild Card	for multiple use *babha.org					Go-Daddy	5/21/2014 5/20/2018 5/20/2022	5/20/2018 5/20/2022 5/20/2023	one multi-use cert	\$1,079 \$449.99	\$449.99
Domain Registration Account - babha.org	web domain for access to network for BABHA	Some domains are through Go-Daddy; others through Network Solutions			X		?	10/9/2017 10/9/2020 10/9/2021 10/9/2025		Prepaid 5-year term \$105.85	\$21.17
<del>MS SPLA (MS Office) - Host A - Citrix w Office Standard</del>	<del>Word, Excel, PowerPoint, Publisher, One Note, Outlook</del>	<del>Replaced with ComLink/NSO Cloud Agreement-SPLA</del>	<del>X</del>	<del>X</del>	<del>-</del>	<del>-</del>	<del>-</del>	<del>-</del>	<del>-</del>	<del>-</del>	<del>-</del>
MS Office single use licenses for laptops and desktops			X	-	-		n/a	n/a	9-Office Standard 2013 3-Office Professional 2013	Office Std 2013: \$254.89/each Office Pro 2013: \$348.04/each	n/a
Adobe	Acrobat used to update PDF documents	BABH has 5? Adobe subscriptions - Acrobat (T Adler, J Louks, S. McRae, B. Beck; D. Groh);	X				Acrobat - May 2013	n/a	Acrobat - J. Louks, T Adler, S. McRae, B. Beck, D. Groh	Acrobat - \$14.99/month/user	179.88 /user

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
Fixed Asset Software (Sage)	Finance - asset management	-handled by Finance directly	X				11/1/2014 11/1/2015 11/1/2016 1/1/2018 11/1/2018 11/1/2019 11/1/2020	11/1/2015 11/1/2016 11/1/2017 12/31/2018 11/1/2019 11/1/2020 11/1/2021	5 licenses	\$3,211/yr	\$3,211/yr
PCE Clinical Information Systems	EMR Implementation						9/20/2013	3/3/2014		\$219,940	
PCE Clinical Information Systems	ASP Services						3/1/2014 3/1/2017 3/1/2020	2/28/2017 2/29/2020 2/28/2023		\$21,600/Month	
PCE Clinical Information Systems	EPCS	E-prescribing (including controlled substances) for 10 prescribers	X				1/16/2014	evergreen	10 licenses	\$1,500/month per prescriber	\$18,000.00
CAFAS (Functional Assessment Systems)	web service with Multi-Health Systems	to permit PCE- Phoenix integration w/ CAFAS/ PECAFAS					1/15/2014 3/12/15	1/15/2015 3/12/16	implementation fee and annual fee	\$1,999 implementation fee \$499 annual fee	\$1,999
SpeechExec-Pro Transcribe	Dictation software for Madison Clinic						#1 01/2022 #2 08/19/22	#1 01/2024 #2 08/19/24	Two licenses	\$254.15 per two-year subscription	\$254.16
Jam Software – TreeSize Professional	program used to monitor/report file sizes, folders, folder permissions.						09/01/2022	08/31/2023	1 license – T.Adler	\$27.98/year	\$27.98
MSDN (Microsoft Developer Network) was through PC Connection; now CDW	software development tools used by Greg W and Greg L; Visual Studio is obtained through MSDN; (used for Gallery)	Licenses have been established for both Lisa Nagel and Greg Lietzow	X			CDW Vendor varies based on price	10/1/2012 10/8/13 12/16/14 12/16/15 12/16/16 12/16/17 12/16/18 12/16/19 12/16/20 12/26/20	9/30/2013 10/7/14 12/16/15 12/16/16 12/16/17 12/16/18 12/16/19 12/16/20 12/26/22	6 licenses 1 license 2 licenses - LNagel and GLietzow	\$2,869 \$1,113 \$2,000 \$799 (for GL renewal)	n/a
Telerik DevCraft Support and Maintenance	software development tools (used for Gallery)	Reduced from 5 licenses to 2	X	X			3/1/2014 2/27/15 2/27/16 2/27/17 2/27/18	2/28/2015 2/27/16 2/27/17 2/27/18 2/27/19	5 licenses 2 licenses	\$649 ea (inc volume discount of 10%) \$606.69 ea (inc 10% discount and govt discount)	1286.18 \$1,213.38

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
							<del>2/27/19</del> <del>2/27/20</del> 2/27/21	<del>2/27/20</del> <del>2/27/21</del> 2/27/22			

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## 2023 Mid-State Health Network (MSHN) Delegated Managed Care (DMC) Results

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### **Strengths:**

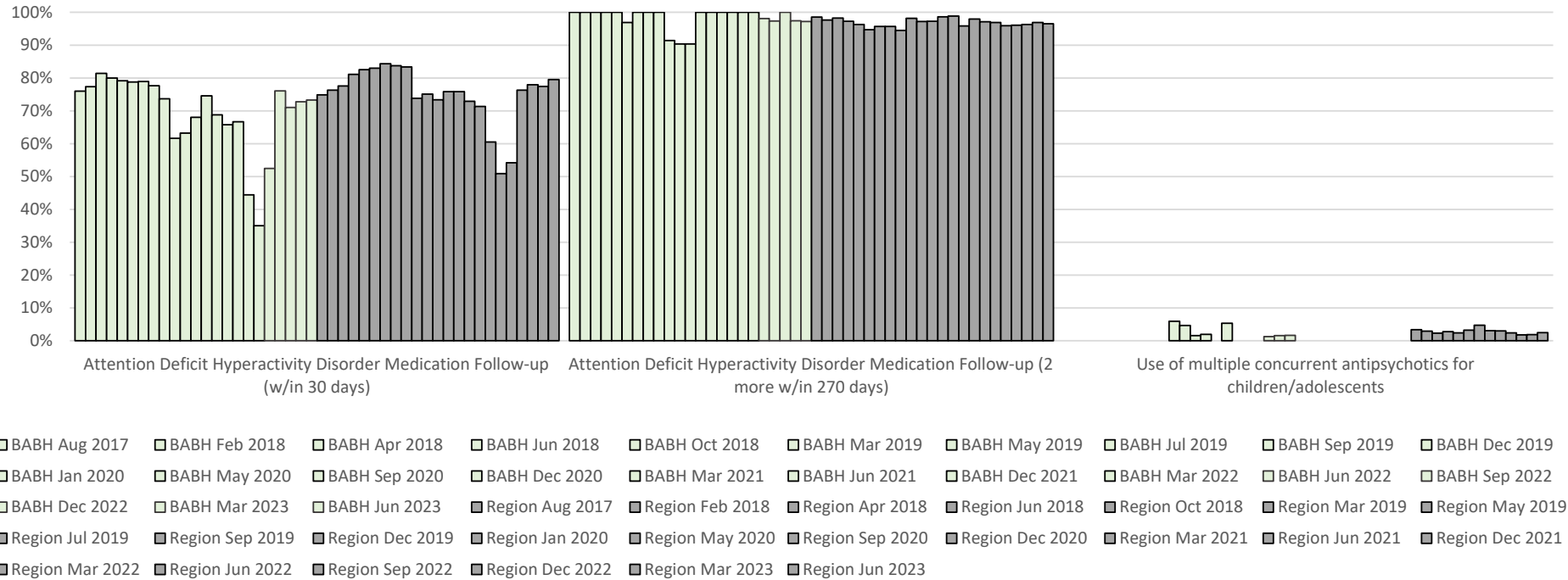
- There was over 95% compliance for all of the following site review tools including Delegated Managed Care, Program Specific (Non-Waiver), Program Specific (Waiver), Data Reporting and Business Processes, Combined Data Record Review, and Combined Chart Review tools.

### **Findings:**

- The Medicaid Event Verification (MEV) tool scored 67.36%. There were a total of 90 findings; 80 of 90 were connected to the plan of service training form not being completed accurately. The other 10 findings were the result of outliers.
- Policies and procedures need to be updated to reflect language/processes in the MSHN policies and procedures. For example, identifying priority population in Access Screening policy, notification of denial letter in Grievance and Appeals policy, credentialing decision timeframes written in the Staff Credentialing policy, language reflecting administration timeframes for the children's assessment tools, etc.
- Children's staff did not meet the 24 hours of children's specific training hours required.
- Services are not always being delivered consistent with the plan in terms of amount, and duration, and duration (64%).
- Periodic reviews are not occurring according to the timeframes established in the plan (71%).
- Informed consent was not obtained for all psychotropic medications.

# Regional Priority Measures

## Children/Adolescents Medications



### Notes

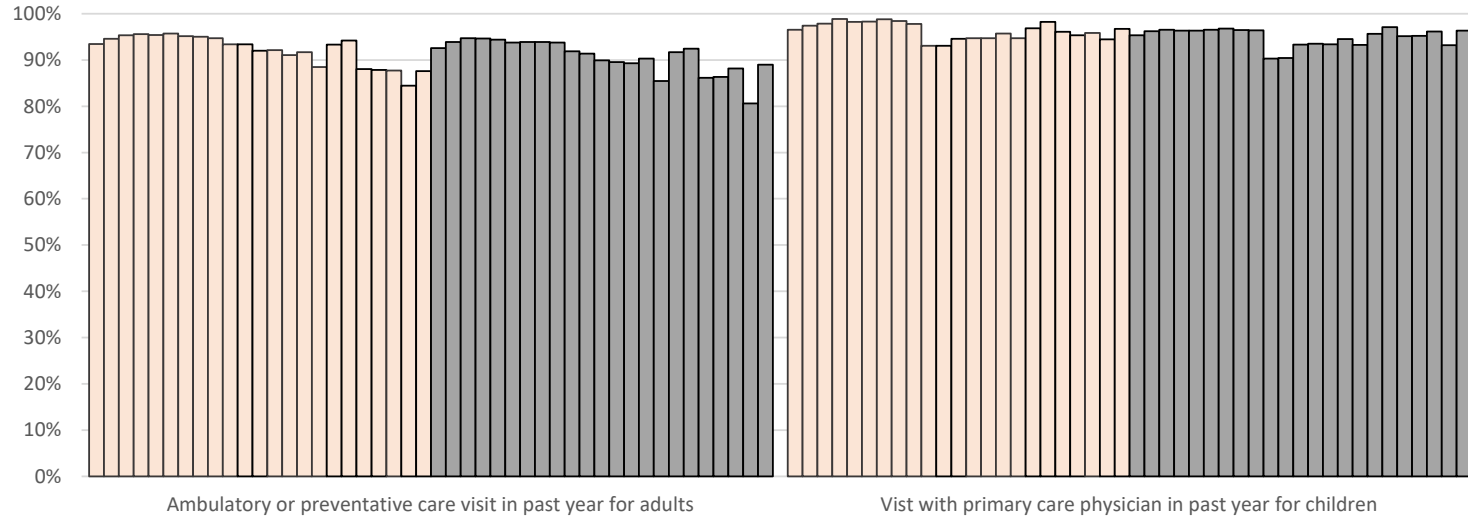
01/09/23: BABH has had an increase over the past two quarters for the ADHD measures due to efforts with BABH scheduling appointments after a new ADHD medication has been prescribed. BABH did have one child/adolescent that was prescribed multiple antipsychotics during FY22Q4 accounting for 1/80 consumers.

04/26/22: BABH saw a decrease in compliance for ADHD Medication Follow-up within 30 days. BABH reviewed the specifications of the measure to provide clarification to children/adolescent prescribers. The data changes every two weeks so BABH determined a need to pull the specific data after the report is pulled. BABH worked with MSHN to determine this schedule.

01/28/22: BABH experienced turnover in children's prescriber services that impacted our ability to get children/adolescents prescribed Attention Deficit Hyperactive Disorder medication into services within 30 days.

# Regional Priority Measures

## Primary Care Visits



- BABH Aug 2017   □ BABH Feb 2018   □ BABH Apr 2018   □ BABH Jun 2018   □ BABH Oct 2018   □ BABH Mar 2019   □ BABH May 2019   □ BABH Jul 2019   □ BABH Sep 2019   □ BABH Dec 2019
- BABH Jan 2020   □ BABH May 2020   □ BABH Sep 2020   □ BABH Dec 2020   □ BABH Mar 2021   □ BABH Jun 2021   □ BABH Dec 2021   □ BABH Mar 2022   □ BABH Jun 2022   □ BABH Sep 2022
- BABH Dec 2022   □ BABH Mar 2023   □ BABH Jun 2023   ■ Region Aug 2017   ■ Region Feb 2018   ■ Region Apr 2018   ■ Region Jun 2018   ■ Region Oct 2018   ■ Region Mar 2019   ■ Region May 2019
- Region Jul 2019   ■ Region Sep 2019   ■ Region Dec 2019   ■ Region Jan 2020   ■ Region May 2020   ■ Region Sep 2020   ■ Region Dec 2020   ■ Region Mar 2021   ■ Region Jun 2021   ■ Region Dec 2021
- Region Mar 2022   ■ Region Jun 2022   ■ Region Sep 2022   ■ Region Dec 2022   ■ Region Mar 2023   ■ Region Jun 2023

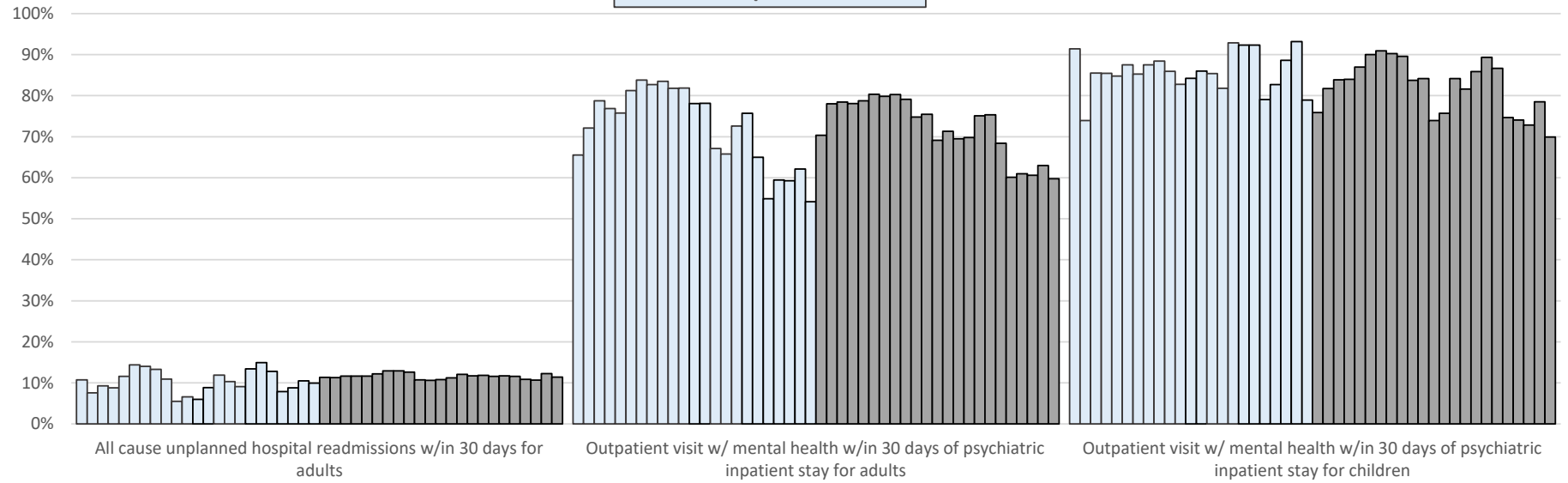
**Notes**

7/7/23: Preventative care visits for adults continues to decline at BABH and also within the region.

2020: During the pandemic consumers did not have access to preventative medical appts per CDC recommendations.

# Regional Priority Measures

## Post Hospitalization



- BABH Aug 2017   □ BABH Feb 2018   □ BABH Apr 2018   □ BABH Jun 2018   □ BABH Oct 2018   □ BABH Mar 2019   □ BABH May 2019   □ BABH Jul 2019   □ BABH Sep 2019   □ BABH Dec 2019
- BABH Jan 2020   □ BABH May 2020   □ BABH Sep 2020   □ BABH Dec 2020   □ BABH Mar 2021   □ BABH Jun 2021   □ BABH Dec 2021   □ BABH Mar 2022   □ BABH Jun 2022   □ BABH Sep 2022
- BABH Dec 2022   □ BABH Mar 2023   □ BABH Jun 2023   ■ Region Aug 2017   ■ Region Feb 2018   ■ Region Apr 2018   ■ Region Jun 2018   ■ Region Oct 2018   ■ Region Mar 2019   ■ Region May 2019
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- Region Mar 2022   ■ Region Jun 2022   ■ Region Sep 2022   ■ Region Dec 2022   ■ Region Mar 2023   ■ Region Jun 2023

**Notes**

07/07/23: BABH has seen a slight upward trend in the percentage of adult and child consumers that have received an outpatient mental health visit within 30 days of a psychiatric hospitalization.

04/26/22: BABH and the region continues to struggle with consumer engagement. There was a discussion at PNOQMC in April about the engagement process and problem solving ways to improve this.

01/28/22: BABH and the region has had an increase in consumers receiving follow-up services after an inpatient hospitalization for both children and adults.

2021: BABH has noticed a decline in adult consumers attending appointments overall and this has impacted the adult HEDIS measure.

2020: During the pandemic some consumers did not want to keep appts; some staff/consumers were quarantined due to COVID-19.