<u>AGENDA</u>

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS

PERSONNEL & COMPENSATION COMMITTEE MEETING

Thursday, January 25, 2024 at 5:00 pm
William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Ernie Krygier, Ch				Robert Pawlak				BABH: Jennifer Lasceski and Sara
Colleen Maillette, V Ch, Ex Off				Marie (Toni) Reese				McRae
Jerome Crete				Richard Byrne, Ex Off				
Kathy Niemiec								Legend: M-Motion; S-Support;
,								MA-Motion Adopted; AB-
								Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Personnel Change & Vacancy Reports 3.1) October 2023 – December 2023		3.1) No action necessary
4	Benefits 4.1) Fiscal Year 2024 Compensation Proposal 4.2) Blue Care Network (BCN) Medicare Advantage Plan		4.1) No action necessary4.2) Consideration of a motion to refer the BABH 2024 BCN Medicare Advantage Plan to the full Board for approval:
4.	4.3) 2024 VEBA Request for Use of Funds		4.3) Consideration of motion to authorize BABH to submit this request form to the Bay County Voluntary Employees Benefit Association Board for reimbursement of our current year retiree healthcare expenses to the full Board for approval

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Page 2 of 2

5.	Unfinished Business 5.1) None			
	New Business 6.1) Independent Contractor Final Rule			6.1) No action necessary
6.	6.2) Labor Law Update – Minimum Wage Increase			6.2) No action necessary
	6.3) Internal Revenue Service (IRS) Mileage Reimbursement			6.3) No action necessary
7.	Adjournment	M –	S –	pm MA

Bay-Arenac Behavioral Health Personnel Change and Vacancy Report

October 2023

New Hires				
Name	Title	Program	Start Date	New Position (N) Replacement (R)
Sofia Pardel	Direct Support Professional	Specialty Care	10/16/2023	R

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date
Bradley Parker	From: Home-Based Services Clinical Specialist To: Clinical Specialist – School Liaison	Both positions within Primary Care	09/05/2023
Aubree Dunman	From: Client Services Specialist – Adult MI To: Client Services Specialist – Crisis Stabilization/Mobile Response	Both positions in Primary Care	10/02/2023

Departures

Support Specialist	Primary Care	0.4/4.0/0.000	
	Filliary Care	04/12/2023	10/05/2023
nnician – Full-time 2 nd	Specialty Care	04/19/2022	10/06/2023
alth Nurse - ACT	Primary Care	09/05/2023	10/09/2023
	hnician – Full-time 2 nd alth Nurse - ACT	-, -, -, -, -, -, -, -, -, -, -, -, -, -	

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	Н
Clinical Specialist – Outpatient Therapist (2)	Primary Care	February 2023	N
Clinical Specialist/Therapist – ACT	Primary Care	March 2023	R
Access/Emergency Services Specialist (9P - 7A)	Primary Care	May 2023	R
Home-based Clinical Specialist	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Direct Support Professional (3 full-time)	Specialty Care	July 2023	R
Residential Technician – Full-time 2 nd (2), Part-time 2 nd (1)	Specialty Care	August 2023	R
Client Services Specialist – Adult MI	Primary Care	August 2023	R
Certified Peer Support Specialist	Primary Care	October 2023	R
Clinical Services Program Manager – Children & Family Services	Children's Services	October 2023	R
Finance Manager	Finance	October 2023	R
Mental Health Nurse – ACT	Primary Care	October 2023	R

10/01/2023

Bay-Arenac Behavioral Health Personnel Change and Vacancy Report

November 2023

New Hires				
Name	Title	Program	Start Date	New Position (N) Replacement (R)
Jessica Burnette	Residential Technician – Full-time 2 nd Shift	Specialty Care	11/01/2023 – GHC Training	R
			11/21/2023 – Horizon Home	
Asha Calahan	Residential Technician – Part-time 2 nd Shift	Specialty Care	11/13/2023	R

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date

Departures

Name	Title	Program	Hire Date	Departure Date
Jenna Kaczorowski	Clinical Access Specialist	Primary Care	02/07/2022	11/01/2023

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	Н
Clinical Specialist – Outpatient Therapist (2)	Primary Care	February 2023	N
Access/Emergency Services Specialist (11 A – 9 PM; 9P - 7A)	Primary Care	May 2023	R
Home-based Clinical Specialist	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Direct Support Professional (3 full-time)	Specialty Care	July 2023	R
Residential Technician – Full-time 2 nd (1)	Specialty Care	August 2023	R
Client Services Specialist – Adult MI	Primary Care	August 2023	R
Certified Peer Support Specialist	Primary Care	October 2023	R
Clinical Services Program Manager – Children & Family Services	Children's Services	October 2023	R
Finance Manager	Finance	October 2023	R
Mental Health Nurse – ACT	Primary Care	October 2023	R

11/01/2023

Bay-Arenac Behavioral Health Personnel Change and Vacancy Report

December 2023

New Hires

Name	Title	Program	Start Date	New Position (N) Replacement (R)
Kaylee Rocha	Residential Technician – Full-time 2 nd Shift	Specialty Care	12/06/2023 – GHC Training	R
-			12/07/2023 - Horizon Home	
Jalisa Townsend	Residential Technician – Full-time 2 nd Shift	Specialty Care	12/18/2023 – GHC Training	R
			12/19/2023 – Horizon Home	

Transfers/Reclassification

Name	Position Previous/New	Program Prior/New	Effective Date
Emily Gerhardt	From: Clinical Team Lead – Masters To: Clinical Services Program Manager – Children & Family Services	Both positions within Children's Services	12/04/2023
Marion Lazzaro	From: Residential Technician – Part-time 1 st Shift To: Residential Technician – Full-time 1 st Shift	Both positions within Primary Care	12/18/2023
Lynnette Begres	From: Mental Health Nurse – Community To: Mental Health Nurse – Casual	Both positions within Primary Care	12/27/2023

Departures

Name	Title	Program	Hire Date	Departure Date
Sean Locey	Residential Technician – Full-time 2 nd Shift	Specialty Care	08/21/2023	11/10/2023
Noah Arthur	Residential Technician – Full-time 2 nd Shift	Specialty Care	11/21/2022	12/03/2023
Frederick Long	Residential Technician – Full-time 3 rd Shift	Specialty Care	03/01/2023	12/18/2023
Noreen Kulhanek	Clinical Services Program Manager	Children's Services	05/12/1992	12/30/2023

Posted Vacancies

Position	Program	Posting Date	New Position (N) Replacement (R) On Hold (H)
Psychologist (on-hold)	Psych Services	February 2023	Н
Clinical Specialist – Outpatient Therapist (1)	Primary Care	February 2023	N
Access/Emergency Services Specialist (2 P – midnight; 9P - 7A)	Primary Care	May 2023	R
Home-based Clinical Specialist	Primary Care	May 2023	R
Psychiatrist	Psychiatric Services	June 2023	R
Direct Support Professional – Full-time (3)	Specialty Care	July 2023	R
Residential Technician – Full-time 2 nd (2), Full-time 3 rd (1), Part-time 1 st (1)	Specialty Care	August 2023	R
Client Services Specialist – Adult MI	Primary Care	August 2023	R
Certified Peer Support Specialist - MRT	Primary Care	October 2023	R
Finance Manager	Finance	October 2023	R
Mental Health Nurse – ACT	Primary Care	October 2023	R
Clinical Assessment Specialist – EAS (2)	Primary Care	November 2023	N
Clinical Team Leader – MRT/EAS (3PM – 11PM)	Primary Care	November 2023	R
Intensive Case Manager – Adult MI (2)	Primary Care	November 2023	R
Certified Peer Support Specialist - ACT	Primary Care	December 2023	R

12/01/2023



January 19, 2024

Ms. Jennifer Lasceski, HR Director Bay Arenac Behavioral Health 201 Mulholland Bay City, MI. 48708

Re: 2024 Insurance Renewal

Dear Ms. Lasceski:

Brown & Brown has been working with Blue Cross Blue Shield (BCBS) with the transition of adding Blue Care Network (BCN) HMO products for actives and retirees for Bay Arenac Behavioral Health's (BABH) 2024 renewal.

With the transition, and retirees and rolling in the HMO option, Blue Cross indicated that those retirees would only be eligible for a BCN Medicare Advantage plan. Blue Cross does not allow a BCN commercial member (pre-Medicare) to enroll in a Blue Cross Blue Shield PPO Medicare Advantage plan. We have been working with Blue Cross to get a BCN Medicare Advantage quote (BCNA) and understand the process and any differences that the member could incur.

We have received a quote for a BCN plan that mimics the Blue Cross Medicare Advantage plan as close as possible as approved by the Center for Medicare and Medicaid Services. Differences in the BCNA HMO quote as compared to the BCBS Medicare Advantage plan include the following:

- The HMO plan requires members only seek treatment with Medicare Advantage providers that accept BCN
- There is a \$10 copay versus \$5 copay on preferred generic medications versus the \$0 copay allowed in the BCBS PPO Medicare Advantage plan
- There is a \$35 copay rather than a \$40 copay on standard preferred brand medications
- Members are still eligible for a preferred cost share on pharmacy allowing them to reduce their copays by \$5
- There are no extra foreign travel benefits as this is an HMO network
- Members are still eligible to receive emergency and urgent care services outside of the network with all regular care having to occur within the BCN HMO network

This also impacts anyone as an active employee currently enrolled in the Blue Care Network plan. If they retire while enrolled, they would also have to go into the Blue Care Network option. Additional education and language will be included in all open enrollment communications so that individuals are aware of this requirement from Blue Cross Blue Shield.

It should be noted that there is a rate reduction for anyone enrolled in the Blue Care Network option. The initial quote which is being updated to reflect a May 1st effective date is \$177.17 a month versus the \$208.46 per month for the Blue Cross Blue shield PPO option. Attached to this letter is a copy of the BCN Medicare Advantage quote.

It should also be reflected that with the transition to blue care network additional paperwork for this change and the initial change are also required. It is with that I make the request for their authorization of the signature of the required paperwork provided to Bay Arenac Behavioral Health in relationship to these changes and updates.

*Please note that all taxes and fees are estimates. Final amounts may not be available until the first invoice received by the carriers and after elections of plan choices are made by members. Please review those invoices to ensure they correlate with the renewal information provided. We remain committed to giving you the highest level of service and look forward to working with you during the coming year. Please feel free to contact me if you have any questions. Thank you.

Sincerely,

Angela Garner, MBA, CEBS Executive Vice President

Angela Lames

2024

BCN Advantage[™] HMO-POS



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Group Benefit and Rate Summary

Bay Arenac Behavioral Health

04/01/2024 - 12/31/2024 (9 Months)

00100077 - TBD/TBD





Medicare and more

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Bay Arenac Behavioral Health

	2024 BCNA MAPD	
Quote Date	1/9/2024	
Coverage Effective Date	4/1/2024	
Coverage End Date	12/31/2024	
Coverage Length (Months)	9	
Plan Type	BCNA MAPD	
Estimated Membership	1	
Group Number	00100077	
Subgroup/Class ID	TBD/TBD	

MEDICARE ADVANTAGE GROUP RATES

2024 Medical (MA) Rate PMPN	\$50.27
2024 Pharmacy (PD) Rate PMPN	\$126.90
2024 Total MAPD Rate PMPN	\$177.17

Notes and Conditions

- 1) The quoted rates are effective from April 1, 2024 through December 31, 2024, for 9 months.
- 2) Estimates for certain taxes and fees have been included in your renewal year permium rates. BCN Advantage will not reconcile or settle any amounts collected with actual amounts owed for such Federal and State taxes, fees and assessments.
- 3) Please refer to Benefits-At-A-Glance for more detailed description of above benefits.
- 4) BCN Advantage reserves the right to modify this quote if there are changes to the
 - benefit design included in the proposal,
 - effective date,
 - covered population (+/- 10%),
 - subsequent CMS funding levels,
 - regulatory changes,
 - or if any of the above conditions are not met.
- 5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCN Advantage reserves the right to alter the rates appropriately.
- 6) To meet the expected implementation date of January 1, 2024 for benefit changes, BCN Advantage must be notified a minimum of 90 days in advance of the effective date listed above.
- 7) The above rates are quoted per member, per month (PMPM).



Medicare and more

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Bay Arenac Behavioral Health

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Overte Dete		2024 BCNA MAPD
Quote Date Coverage Effective Date		1/9/2024 4/1/2024
Coverage Enective Date Coverage End Date		
Coverage Length (Months)		9
Plan Type		BCNA MAPD
Estimated Membership		1
Group Number		00100077
Subgroup/Class ID		TBD/TBD
Certificate of Coverage		
Certificate:	BCNA	
Deductibles, Copayments, & Maximums	Rider	Description
Maximum Out-of-Pocket (MOOP)	MOOP1K	Applies an annual out of pocket maximum of \$1,000 per year
Deductible (Applies to In-Network and Out-of-Network Services)	500DR	Applies a \$500 deductible for various services
Hospital Care	Rider	Description
Mental Health & Substance Use Disorder Treatment	BCNAP	Removes the Medicare 190 day lifetime limit for inpatient mental health admissions
> Physician Office Services	Rider	Description
Office Visits	100VCR	Applies a \$10 office visit copay
Specialist Services	15RP	Applies a \$15 specialist office visit copay
> Emergency Medical Care	Rider	Description
Urgent Care	UR15	Applies a \$15 urgent care copay
Emergency Department / Emergency Room Care	ER50	Applies a \$50 emergency room copay
Other Services	Rider	Description
Skilled Nursing Facility	SNU	Skilled Nursing Facility - Unlimited days
Silver Sneakers Fitness Program	SILSN	Provides coverage for the SilverSneakers Fitness Program



Medicare and more

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Bay Arenac Behavioral Health

	2024 [BCNA MAPD	
Quote Date	1	/9/2024	
Coverage Effective Date	4/1/2024		
Coverage End Date	12/31/2024		
Coverage Length (Months)		9	
Plan Type	BC	NA MAPD	
Estimated Membership		1	
Group Number	00	0100077	
Subgroup/Class ID	Т	BD/TBD	
edicare Advantage Group Pharmacy Benefits			
Pharmacy Rider	,	10357C	
Mail Order Rider		1OPD2C	
Tier Description		PD3600	
Formulary Option		Closed	
	Preferred Cost-Shares	Standard Cost-Shares	
er 1 (Preferred Generic)	\$5	\$10	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A		
(applies only to coinsurance cost-shares and is subject to copay			
er 2 (Generic)	\$5	\$10	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim	2.0	2.0	
(applies only to coinsurance cost-shares and is subject to copay	Minimum: N	/A / Maximum: N/A	
multipliers)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
er 3 (Preferred Brand)	\$30	\$35	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim			
(applies only to coinsurance cost-shares and is subject to copay	Minimum: N	/A / Maximum: N/A	
multipliers)			
er 4 (Non-Preferred Drug)	\$65	\$70	
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0	
Minimum / Maximum Charge per Claim			
(applies only to coinsurance cost-shares and is subject to copay	Minimum: N/A / Maximum: N/A		
multipliers)		^-	
er 5 (Specialty)	\$65 \$70		
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Una	available for 32-90 Day Mail Order	
Minimum / Maximum Charge per Claim	B At . t	/A / N. / N. / N. / N. / A	
(applies only to coinsurance cost-shares and is subject to copay	Minimum: N/A / Maximum: N/A		
multipliers)		NI/A	
Tier 5 Annual Maximum Amount		N/A	



Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

2024 BCN Medicare Advantage HMO-POS Group Contract (Schedule A)

Group Name	В	Say Arenac Behavioral Health	
Contract Effective Date	4/1/2024		
Contract End Date	12/31/2024		
Group Number		00100077	
Subgroup/Class ID		TBD/TBD	
MA Rate	' '		
PD Rate	·		
MAPD Rate	\$177.17		
Your signature below serve	es as approval for the implementation of the ra	ates and HMO Medicare Advantage benefit plan as show	n in this document.
Group Representative(s)):	BCN Advantage Representative(s):	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
		Date:	
Signature:		Signature:	
Name:		Name:	
Title:	_	Title:	
Date:		Date:	

BAY COUNTY VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION Employer Mandatory use of Funds

Pursuant to §R3 of the Bay County Board of Trustees Rules and Regulations Related to Use of Trust Assets, you are receiving this form from the Bay County VEBA Board of Trustees ("Board") on behalf of the Bay County Voluntary Employees' Beneficiary Association ("Trust") because the Trust's most recent Actuarial Report determined that your Employer Account met the Super Funding Threshold (i.e., has a funded ratio of at least 120%). Since the Super Funding Threshold has been met, the assets held within your Employer Account shall be utilized to pay for certain Retiree Health Benefit Costs (i.e., up to 100% of the cost of Retiree Health Benefits (less the cost sharing portion required of the retirees under the plan, if any) unless you object and can provide a compelling reason to the Board why this should not happen. You must complete this form in its entirety and return it within 60 days of the date that you receive it to Jennifer Davenport, Bay County Building, 515 Center Avenue, Suite 301, Bay City, Michigan 48708; or davenportj@baycounty.net.

	-		
Employer Name: Bay-A	<u>renac Behaviora</u>	<u>l He</u> alth	
Employer Contact Person:_	Marci Rozek (Name)	989-895-2228 (Phone)	mrozek@babha.org (Email)
Do you acknowledge that a Costs? X Yes		Employer Account wi	ll be utilized to pay for Retiree Health Benefit
Yes X No. If "yobjecting to the use of the Board will review your objective you have provided Health Benefit Costs. The have not provided a compel	yes", you must attach assets held within you ection and documenta a compelling reason no Board will thereafter lling reason not to utili	a supplemental pages or Employer Account tion at a meeting and vot to utilize the assets he notify you of its determined the assets held with	ay for Retiree Health Benefit Costs?explaining in detail your compelling reason to pay for Retiree Health Benefit Costs. The will thereafter make a determination regarding eld within your Employer Account for Retiree rmination. If the Board determines that you in your Employer Account for Retiree Health ilized to pay for Retiree Health Benefit Costs.
Costs that have b Bay County Boar The Board has the not covered by th	ible to utilize assets he een fully and totally so do for Trustees Rules are right to and will deny e Trust and/or Internatively respond to any	substantiated in accord nd Regulations Related y all or part of your exp I Revenue Code §501(yer Account to pay for Retiree Health Benefit lance with the applicable requirements of the to Use of Trust Assets; bense request if the request relates to expenses c)(9) and its related regulations; and d from the Board related to use of assets held
your Employer Ac • You provide a new	sequent form to the B secount to pay for Retir v form to the Board af	oard providing a compete Health Benefit Coster the Board receives	ring to occur: belling reason not to utilize assets held within as, which is approved by the Board; a subsequent Actuarial Report; or shold (i.e., a funded ratio of at least 120%).
Bay-Arenac Behavioral Health			Christopher Pinter
Employer Name			Name
			Chief Executive Officer
			Title

BAY COUNTY VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION Retiree Health Benefit Costs Substantiation Form

Pursuant to §R5 of the Bay County Board of Trustees Rules and Regulations Related to Use of Trust Assets, you are submitting this form to the Bay County VEBA Board of Trustees ("Board") on behalf of the Bay County Voluntary Employees' Beneficiary Association ("Trust") directing payment from assets held within your Employer Account for eligible Retiree Health Benefit Costs. You must complete this form in its entirety and return it (and all required documentation) within 30 days after the end of the calendar year quarter in which the Retiree Health Care Costs were incurred to Jennifer Davenport, Bay County Building, 515 Center Avenue, Suite 301, Bay City, Michigan 48708; or davenportj@baycounty.net.

In order to substantiate your request for payment of Retiree Health Benefit Costs, please respond to the following:

The quarter that this request relates to):	
1 st Quarter (January – March) _	2 nd Quarter (April – June)	
3 rd Quarter (July – September) _	4 th Quarter (October – December)	
Year: 20		
What is the total amount of Retiree Health Ber	nefit Costs for which you are seeking payment?	
How many participants (retirees, spouses, and dependents) do the Retiree Health Benefit Costs relate to?		

Please answer the following with respect to the Retiree Health Benefit Costs for which you are seeking payment (you may attach separate pages):

- A description of the type of Retiree Health Benefits (e.g. retiree medical; retiree dental; retiree vision; retiree prescription; and/or retiree life insurance), including the carrier/administrator that provides the benefit.
- Spreadsheet showing the following:
 - Name of each participant to which an expense for Retiree Health Benefit Costs relates
 - Notation of whether such participant is a retiree, spouse, or dependent
 - Confirmation that such participant was enrolled in and met eligibility requirements of the plan during the period to which the expense for Retiree Health Benefit Costs relates
- The invoice, pay statement, or other documentation from the carrier / administrator substantiating that:
 - The expense request only relates to the specific type of Retiree Health Benefits being requested for processing
 - The expense request only relates to eligible participants
 - The breakdown of cost per enrolled participant

*The invoice, statement, or other documentation from the carrier / administrator must indicate that the cost per participant x the number of enrolled participants = the total dollar amount reflected on the invoice / statement. The receipts or invoices you attach must add up to the total expenses you are requesting processing for. Expenses that do not have a receipt or invoice will not be processed.

You acknowledge and affirm that:

- You are only eligible to utilize assets held within your Employer Account to pay for Retiree Health Benefit Costs that have been fully and totally substantiated in accordance with the applicable requirements of the Bay County Board of Trustees Rules and Regulations Related to Use of Trust Assets;
- The Board has the right to and will deny all or part of your expense request if the request relates to expenses not covered by the Trust and/or Internal Revenue Code § 501(c)(9) and its related regulations;