

# AGENDA

**BAY ARENAC BEHAVIORAL HEALTH  
BOARD OF DIRECTORS  
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING  
Monday, May 6, 2024 at 5:00 pm  
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708**

	Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
	Robert Pawlak, Ex Off, Ch	_____	_____	_____	Patrick McFarland	_____	_____	_____	BABH: Karen Amon, Sarah Holsinger, and Sara McRae  Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
	Tim Banaszak	_____	_____	_____	Pam Schumacher	_____	_____	_____	
	Patrick Conley	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	
	Christopher Girard	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Nomination & Elections 3.1) Committee Chair  3.2) Committee Vice Chair		3.1) Consideration of nomination to elect ____ as Committee Chair  3.2) Consideration of nomination to elect ____ as Committee Vice Chair
4.	Corporate Compliance Report 4.1) Corporate Compliance Report  4.2) Corporate Compliance Committee meeting notes from March 11, 2024		4.1) No action necessary  4.2) No action necessary
5.	Unfinished Business 5.1) None		

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6.	New Business 6.1) Accessibility Plan 2024 6.2) Midstate Health Network (MSHN) Medicaid Event Verification Final Results		6.1) Consideration to refer the Accessibility Plan to the full Board for approval 6.2) No action necessary
7.	Adjournment	M -	S - pm MA

**BAY-ARENAC BEHAVIORAL HEALTH**

**BABHA CORPORATE COMPLIANCE COMMITTEE MEETING**

**Monday, March 11, 2024 (1:00 –2:00 pm)**

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Karen Amon, Comp.& Privacy Officer, Chair	X	Heather Friebe, Clinical Program Manager	-	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	-	Joelin Hahn, Director of Integrated Healthcare	X	Guests: Lynn Mead Michelle Perry	
Heather Beson, Director of Integrated Healthcare	X	Marci Rozek, CFO	-		

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) <b>Agenda: Review/Additions</b></p> <p>b) <b>Meeting Notes: Approval of February 12, 2024, meeting notes.</b></p> <p>c) <b>Next Meeting: April 8, 2024</b></p>	<p>a) No additions to the agenda.</p> <p>b) February 12, 2024, meeting minutes – approved as written.</p> <p>c) The next meeting is scheduled for April 8, 2024.</p>	
2.	<p><b>State-Federal Laws and Regulations</b></p> <p>a) Review of Log and Subject Matter Expert Report Out</p>	<p>a) Karen and the committee reviewed the log:</p> <p><b>Log No.402:</b> Extreme Risk Order - Health care providers would be able to file a petition for an extreme risk protection order to disclose relevant info but must be compliant with disclosure laws. In layman’s terms, “The Red Flag law.” Karen clarified that if someone has a mental health issue, we can report it and their weapons can be taken away.</p> <p><b>Log No. 404:</b> Final Policy Updates to HSW are complete per Heather B. The service description was added to the policy and a change to the environmental modification of the DME procedure to include information regarding not paying for services which go over contractual amounts. This will be going out for staff education.</p> <p><b>Log No. 405:</b> Behavior Treatment Review final policy is updated and was sent to psychologist for review. Karen received feedback.</p> <p><b>Log No. 406:</b> MMP23-65 Children with Serious Emotional Disturbances Waiver final policy updates. The policy was updated regarding CLS. Joelin stated there were also changes to the Wrap-Around policy. She will double check that she sent policy updates to the Children’s Department.</p> <p><b>Log 410:</b> 42 CFR Part 2 -They are trying to get more aligned with the Michigan MH code and to improve Coordination of Care between Health Providers sharing the same consumer. The new updates went into effective February 8, 2024. Intent to be fully effective by April 16, 2024. Final implementation date for SUD providers is February 16, 2026. They had public comments on these changes on December 22. It allows for one single consent for future uses and disclosures for treatment, payment, and health care. Permits the disclosure of records without patient consent for public health authorities provided the records</p>	

#	Topic	Key Discussion Points	Action Steps
	<p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p> <p>d) Process for Ensuring Implementation of Policy Changes</p> <p><b>3. Plans, Policies, Procedures, Assessments:</b></p> <p>a) Status of Employee Attestations/Time for new ones April-May</p>	<p>disclosed are deidentified according to the standard related to HIPAA. It restricts the use of records and testimony in civil, criminal, administrative and legislative proceedings against patients without their consent or a court order. They have the right to get an accounting of any disclosures that have occurred. Breach notification rules are more aligned with existing HIPAA regulations. If more than five hundred people have breaches, that must be reported within 60 days. Protection of SUD counseling notes. BABHA Policies and Procedures may need to be revised to align with the changes.</p> <p><b>Log 411</b> Provider Manual Updates were effective in January for MDHHS. All the committee should review the updates. The Medicaid provider manual can be found in the CorpCompRegs folder on the g-drive.</p> <p><b>Log 412</b> Memo regarding restrictions, technical requirement for BT and home and community-based services regarding individual POS requirements. The biggest change is that if there are any restrictions at all they must be addressed in the POS. Even if it is in the BT Plan. Melissa spoke on special consents which are needed. Many committee members felt they were interpreting the POS and BT plans as two plans when the BT plan is part of the POS. Joelin mentioned at one time staff wanted to have all additional plans; dietary, BT, etc., added as an attachment to the plan. However, this has not been done. Karen will check her notes on linking these documents to the plan. She feels this may need to be revisited. Karen asked that members, especially Heather B., Joelin, and Heather F. report back on these two documents. It is in the MDHHS LARA Manuals, Memo's folder on the g-drive. Heather B did notify Allison and the primary teams that plans that are coming due need the nine elements which include least restrictive, environmental, medical, mental, time limited, clinically justified, things tried which were less restrictive, etc.</p> <p>b) Discussed above.</p> <p>c) None</p> <p>d) Nothing to report.</p> <p>a) Employee Attestation – Jennifer sent out the attestations in January. About 2/3 to 3/4 of the attestations are back. A reminder was sent to staff that attestations are due by March 22.</p>	<p>Members to review Log items 411 and 412</p>

#	Topic	Key Discussion Points	Action Steps
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) Ethics/Recipient Rights/Customer Service Update</p> <p>f) Corporate Compliance Activity Report</p> <p><u>February Reports</u></p> <p>g) Ability to Pay Compliance Rate (deferred)</p> <p><u>March Reports</u></p> <p>h) Quality Review of Medical Records</p>	<p>a) Monthly monitoring completed; no findings to report regarding Security Breaches in Phoenix and Gallery for February.</p> <p>b) Exclusion - No findings to report.</p> <p>c) No findings of unsecured PHI Files.</p> <p>d) No security issues to report. Jesse did speak on a recent ransomware breach that Health Care Processing Companies experienced regarding holding their data hostage and threatening to release the files to the public. Had to pay a 22-million-dollar ransom. They experienced serious issues with pharmacy discounts and insurance billing. Jesse stated this is a threat to be aware of. Double check before you click. Jesse said we are keeping our security software up to date.</p> <p>e) Melissa reported on RR/Customer Services - Karen is aware of all confidentiality issues and allegations. No other updates. Melissa will send Karen a fiscal year report up to now. Vicki is setting up an Ethics Committee meeting in April.</p> <p>f) Karen and Melissa are working on privacy issues. Four privacy complaint issues and Karen received a phone call over the weekend regarding a HIPAA violation. Karen and Melissa have been working on the self-determination fraud case. Karen commented that we will not be cutting ties with this individual, but money will need to be paid back through Stuart Wilson who will in turn get it from the employee. The plan of service will have to read that the consumer is willing to do unannounced spot checks. Karen is checking to see if they are willing to agree to spot checks. Also, this individual will be required to train another staff member for when she is off. Karen will be adding them to the EVV system with Stuart Wilson. Karen and Shelly will be meeting with the employee and the consumer to do some training. Information regarding recoupment was sent to Stewart Wilson and the Finance Department. One other complaint which is regarding a power of attorney situation with a possible conflict of interest. Karen has done corporate compliance training for vocational providers.</p> <p>g) The ATP completion rate is up slightly to 93.8% from 93.7%. There were 231 missing ATPs in December, and this will be addressed at the PNOQMC meeting. Nicole has completed ATP training for all our departments. Adding a credit card system to be used for ATP payments.</p> <p>h) Deferred for this quarter. Sarah reported that changes are being made to the reporting questions. She stated that the new questions will need to cycle through which will take about 3 months. The next report will be in July.</p>	

#	Topic	Key Discussion Points	Action Steps
	<u>Enhanced Monitoring</u> i) Intermittent Checks of Self Determination Services	i) Chelli monthly report for February - Chelli reviewed five consumers' progress notes, one week to 6 months of notes. One note was discussed with the CLS worker, guardian, and consumer.	
5.	<b>Outstanding Items/Other:</b> a) Statewide Credentialing Work Group Updates b) Additional Discussion	a) Stephanie had no updates Jenn mentioned that the CVO has not been very responsive to the process of integrating into the new CRM system, so we are looking at potentially changing our CVO, so we are not doubling application upload work. b) Joelin stated we have a new Medicaid Plan showing up as a 291 Plan on the reenrollments for Medicaid. MDHHS has a new rule since COVID that if someone does not submit their paperwork in the first month DHHS has to give them a second month to submit their reenrollment forms. However, they will lose their benefits for the month they are not enrolled. Joelyn will send out this info to the provider network. She is also sending out a Phoenix message to supervisors so they can forward it to their teams. When staff see that plan code they need to get with their individual and submit the application to Medicaid asap.  Heather B. stated the new dietitian is saying we need a one-time prescription ordering dietary services. Looking for validation that a script is needed. Could not find anything for dietary other than the thickening agents, diabetes, and kidney disease. Nothing in policies. The new dietitian believes we need one for any condition. The information she sent to us does not say this. If this is needed, we must produce an order or get a new one for everyone that is going to receive her services. Heather will check the HAB Waiver to see if this is needed. Heather is to do more research, poll other CMH's, see what the impact would be on staff, and then make a recommendation.	Heather B. checking into scripts for dietary services
6.	<b>Adjourn</b>	<b>The next meeting is scheduled for Monday, April 8, 1:00 – 3:00 pm via MS Teams.</b>	
7.	<b>Credentialing Committee to follow</b>	A Credentialing Meeting followed the Corporate Compliance Meeting	

The Accessibility Plan is developed to identify barriers that might limit, impede, or preclude access to services and quality behavioral health care. BABHA does not discriminate against or deny admission or services based on ability to pay, race, color, age, gender, religion, national affiliation, marital status, height, weight, arrest record, disability, sexual orientation, or any other legally protected status. We desire to be sensitive to the needs and culture of our local communities and strive to help them become more inclusive places to live. We work to provide a safe, supportive, accessible, and secure working environment for personnel. We seek a diverse base of employees and ensure equal opportunity to all qualified individuals in recruiting, compensation, professional development, promotion, and other employment practices. BABHA creates and supports partnerships with individual practitioners, provider organizations, advocacy groups, and other stakeholders whose values and methods of operation reflect our mission.

### Architectural:

- The elevators at the Mulholland site were partially or totally inoperable throughout most of 2023. Clinical programs and any employees requiring accommodation due to the lack of elevators at this site were moved to other accessible sites. Clinical services and Board Meetings returning to the Mulholland site beginning May 1, 2024, as the elevators are repaired and functioning.
- Remote work policy has been implemented and an evaluation of the need for existing building and office space will be conducted.

### Environmental:

- The Facilities Manager and SLT continue to work together to ensure that all facilities are easily accessible and offer safe, comfortable and confidential settings in which to conduct and receive services.
- The Government Emergency Telecommunications Service (GETS) allows our agency priority access to communication during a national emergency. The IS Manager will update and educate users on how to use the GETS application.

### Attitudinal:

- The Cultural Competency and Diversity Plan identified need for a more diverse staff especially to represent the Hispanic population that is rising in Bay and Arenac Counties, the need for an organizational assessment for a welcoming environment and staff competency working with LGBTQ+ individuals and to address training options for staff to increase their expertise in the needs of the veteran's population.
- Arenac Center is distributing Narcan, fentanyl test strips and Xylazine test strips in their waiting rooms. In addition, BABHA has worked with Arenac County courts to develop a recovery/drug specialty court. Arenac Center has completed two assessments for the drug court until they can identify providers in the future to complete this task.
- BABHA has implemented a Mobile Crisis Response Team that responds to crises in the community for both adults and children.
- Michigan Department of Health and Human Services (MDHHS) will be replacing the CAFAS/PECFAS and replace this with a new tool, the MICHICANS. MDHHS has also discontinued the SIS for individuals with Intellectual and Developmental disorders and has not yet replaced this tool.
- The need for psychiatric inpatient admissions continues to be a barrier especially for individuals with high acuity or behavioral issues. MDHHS is working on adding more State Facility beds at Hawthorne for Children and is anticipated to be operational by 2026.
- Due to a downsizing of a few Specialized Residential facilities, a Crisis Residential Program is being developed in one of the vacant homes. Dr. Ibrahim's agency (Bay City CRU LLC) is developing this program to assist in the

crisis created by not having enough placements for individuals needing diversion from the hospital or as a step down after hospitalization. BABHA is working with Bay City CRU, LLC to get this program operational.

- Access to Community Living Support Services (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing that was difficult during the pandemic and has increasingly become worse. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. One provider had to consolidate and reduced their capacity by two homes. The Strategic Plan for 2024 has two initiatives to address the significant issues related to these two services.
- The Triennial Organizational Trauma Assessment process has begun by sending out the surveys to internal and external staff and providers. Assess the results of the surveys.
- BABHA will continue to provide MHFA to Community members at least three times per year.
- Continue to partner with the Law Enforcement agencies in Bay and Arenac Counties to provide consultation and training.

#### Financial:

- Healthy Michigan Medicaid subcontract revenue from MSHN is based on PEPM funding. Service expenditures for this benefit have exceeded revenue resulting in the need to supplement expenditures with traditional Medicaid funds. This has improved, however, will continue to monitor with the Medicaid redeterminations that are occurring once again and the change in benefits occurring.
- MDHHS funding for Autism revenue is paid on a PEPM basis based on Medicaid eligible individuals. MSHN subcontracts for Autism revenue based upon enrollees for that benefit. Currently revenue is short of demand for those services. Capacity within the Provider Network is monitored, which potentially could lead to an increase in service costs as eligible individuals receive services.
- Discontinue the Provider Stabilization Plan for the Providers which was in place during the pandemic.
- LMSW and LPC provider shortage. General Fund exception requests will continue to be evaluated and approved as appropriate. Internal group therapy sessions have been developed to address the capacity issues related to the lack of qualified professionals to provide individual therapy. An Assessment Specialist has been hired in ES/AC to assist in same day access to quickly engage consumers at the time they call for help. Ongoing evaluation and development of practices that can assist in getting more people into treatment and addressing the drop out rates.

#### Employment:

- The Cultural Competency and Diversity plan identified that BABHA serves proportionately more individuals of Hispanic of Latinx heritage than are represented among BABHA personnel. BABHA will explore forums to recruit a more diverse group of employees and focus on any available Hispanic sources.
- The pandemic halted all vocational services during the shutdown and reduced the vocational providers' ability to provide services after the shutdown was lifted. The vocational providers were able to benefit from the network provider funding stabilization plan established by MSHN and other pandemic related supports that were offered. These providers currently are working towards a return to a full fee for services contract arrangement, however establishing rates based on current and anticipated utilization has been a challenge. BABHA is exploring the use of a consultant to evaluate our vocational contracts in order to explore rate structuring, effectiveness of outcome-based contracts, and other ways to improve vocational contracts and improve employment outcome rates.
- Continue to work with and improve collaboration with MRS to offer the individuals served a full array of vocational opportunities that are available to them.
- Ensure that the Provider(s) implementing the IPS model achieve fidelity by completing the Mi-FAST Review and implementing recommendations.



### Communication:

- Added that clinical forms will ask about those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences, as requested/required, with interpretive services.
- Adverse Benefit Determination Notices include state-required language that exceeds the 4<sup>th</sup> grade level requirements for publications. BABHA will ensure that information noted in the narrative is at the appropriate reading level and easily understood to the recipient and/or their legally responsible party.
- Continue to inform consumers that email and text communication is not secure and add this to the E.H.R. to verify completion. Continue to Update the Privacy Notice.

### Transportation:

- The North Bay CLS program has completely converted to an in community-based program. The pandemic forced the program to begin providing CLS services in the community and in consumer's homes. This model continued after the Public Health Emergency ended.
- The recent implementation of the 1915(i) authorization and approval process may cause delays in individuals needing CLS and other 1915(i) services. BABHA, MDHHS and MSHN have been working on assuring that this authorization process is implemented as effectively and efficiently as possible.
- Lack of CLS providers and staff to offer community integration opportunities. Northbay has continued to add CLS services as able. The program has moved to a fully community-based service. Transportation and the availability of vehicles has been discussed as a possible barrier to providing more CLS services from that program. The CLS services have been returned since the vocation providers are able to provide this service post PHE. The ability for the vocational providers to expand CLS services has also been added to their contracts. Efforts have been ongoing to help stabilize the CLS provider network. This initiative has also been identified on the Strategic Plan for 2024. AOI has increased CLS services for children.

### Technology:

- Remote Work options have been included for employees throughout the agency when appropriate. Policies and procedures have been developed and implemented. Building and office space and equipment needs have been identified as an initiative that has been included in the Strategic Plan for 2024.

### Other:

- BABHA will continue to have a variety of ways for persons served, personnel and stakeholders to identify barriers.
- Identified barriers will be addressed by agency Leadership and be resolved as quickly as possible.
- The Accessibility Plan will be updated annually and reported to SLT and the Board of Directors.
- Requests for accommodations will be reviewed at various times throughout clinical service provision. Accommodations will also be noted through inspections, employee feedback, community focus groups, internal committees, incident reports, surveys and appeals and grievance practices, etc.



# Accessibility Plan

~~2023~~2024

Approved by Agency Leadership: 4/23/24

Reviewed by Healthcare Improvement and Compliance Committee: 5/6/24

Full Board Approval Date:

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## Guiding Principles<sup>1</sup>

Bay-Arenac Behavioral Health Authority (BABHA) is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders who live in Bay and Arenac Counties. It is the mission of BABHA to improve health outcomes and strengthen the community safety net for citizens of Arenac and Bay Counties.

The welfare of the people we serve is our highest priority and every effort is made to respect and support their access to services and quality behavioral health care including the identification of all barriers that might limit, impede, or preclude such access. BABHA does not discriminate against, nor deny admission or professional services, based on ability to pay, race, color, age, gender, religion, national affiliation, marital status, height, weight, arrest record, disability, sexual orientation, or any other legally protected status. BABHA complies with all applicable Federal, State, and regulatory agency laws, standards, rules, and regulations.

BABHA seeks to conduct its business, openly, honestly, and with integrity and trust, respecting human rights in all our activities. We desire to be sensitive to the needs and culture of our local communities and strive to help them become more inclusive places to live. We work to provide a safe, supportive, accessible and secure working environment for personnel. We seek a diverse base of employees and ensure equal opportunity to all qualified individuals in recruiting, compensation, professional development, promotion, and other employment practices. BABHA creates and supports partnerships with individual practitioners, provider organizations, advocacy groups, and other stakeholders whose values and methods of operation reflect our mission.

## Identification of Barriers

Barriers to service are identified and addressed through multiple avenues including, but not limited to: facility inspections, employee feedback, board of directors input, internal committees, stakeholder initiatives, incident report forms, consumer surveys, community surveys, consumer council advice, appeal and grievance logs, etc. BABHA is proactive in its efforts to ensure that both potential and real barriers to services and supports are mitigated as much as possible. Exceptions are the limits of the funding made available by the State of Michigan to finance service delivery.

Due to the nature of its mission, BABHA's primary focus is barriers to access to care for people served and the general community. However, BABHA also sees to ensure personnel and other community stakeholders, such as local courts, law enforcement, schools, community agencies, health care providers and others have clear communications and ready access to BABHA locations and personnel as needed.

## Architectural <sup>2</sup>

The Facilities Manager ensures all new facilities built, leased or purchased by BABHA are compliant with the Americans with Disabilities Act (ADA) and/or able to be modified to meet applicable requirements. Site inspections are conducted by BABHA personnel on an annual basis and physical plant alterations are made when needed. Existing sites are also inspected annually by qualified specialists to assure continued compliance.

Physical access to clinical services is guided by specifications set forth by the ADA, i.e., leader dogs have access to all clinic sites with their owners, etc. Physical plant accessibility is of primary consideration whenever BABHA contracts with new providers.

### [Review of Past Year Actions to Mitigate Architectural Barriers](#)

[Throughout 2023, the elevators at the Mulholland site were partially or totally inoperable. Clinical programs were moved to accessible sites and any employees requiring accommodation due to the lack of elevators were offered to](#)

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<sup>1</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.a.1-3.

<sup>2</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.1.

move to other sites. After several communications with McLaren, a timeline of estimated repairs was submitted which included repair of the first car being completed by 1/19/24 and the second car by 4/12/24. Currently, the first car has been repaired and is operational as of April 3, 2024, and the second car is not fully operating at this time. Clinical services and Board Meetings are expected to return to the Mulholland Building on May 1, 2024. Prior to the pandemic, the Madison Clinic experienced an influx of individuals served partially as a result of the transition of individuals served from one Primary Care Provider to another. The existing space may be better suited with modifications to ensure privacy and accessibility for those receiving services. Consultation with an architect to redesign the space formerly used as the Autism Clinic occurred, however, the pandemic occurred and resulted in less on-site services being provided. The pandemic has resulted in BABHA implementing a Remote Work policy. An evaluation of the need for the existing buildings and office space needs to be conducted and an Action Plan to identify the next steps in how to proceed in the new remote work environment. Accessibility for consumers and staff will be taken into consideration in the plan to move forward. Once the agency returns to a more normal clinic schedule space needs will be revisited.

<b>Barrier(s) to Accessibility</b>	<ol style="list-style-type: none"> <li>1) Lack of elevators at the BABHA Mulholland location.</li> <li>2) Remote work arrangements may necessitate reduction in building and office space.</li> </ol>
<b>Action(s) To Be Taken</b>	<ol style="list-style-type: none"> <li>1) BABHA will continue to work with reach-out to McLaren to assure that the elevators are functioning properly and provide adequate accessibility for consumers and staff. Clinical programs and the Board Meetings need to return to Mulholland as deemed appropriate. regarding time frames for functioning elevators and discuss any re-location of staff/departments that may need to occur.</li> <li>2) The Facility Manager, Leadership and S.L.T. will evaluate the need for the existing buildings and office space and develop and implement a plan based on the outcomes of the evaluation.</li> </ol>
<b>Assigned To</b>	Facility Manager, Leadership and S.L.T.
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<ol style="list-style-type: none"> <li>1) The elevators at Mulholland have been out of operation for most of 2023, Clinical programs and any staff who were not able to manage the stairs were have been temporarily relocated to other BABHA sites. One car has recently been repaired and the clinical programs and the Board Meetings will return to Mulholland May, 2024.</li> <li>2) New</li> </ol>
<b>Status</b> (New; Continue; Completed)	<p>New</p> <ol style="list-style-type: none"> <li>1) Continue until fully operational.</li> <li>2) New</li> </ol>
<b>Planned Completion Date</b>	<p>During 2023</p> <ol style="list-style-type: none"> <li>1) May 2024</li> <li>2) April 2025</li> </ol>

## Environmental<sup>3</sup>

<sup>3</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.2

The Facilities Manager and the appropriate member of Strategic Leadership Team work together to ensure that all facilities are easily accessible and offer safe, comfortable, and confidential settings in which to conduct and receive services. All BABHA clinic locations are on established bus lines or arrangements are made to provide transportation for persons served as necessary. Crisis Response, Emergency and Access Services (EAS) staff, and care management staff are knowledgeable regarding transportation options for clinic and non-clinic-based services. BABHA operates an instant messaging system to reach staff and contracted service providers or any specific, identified group, via email and/or text message, alerting them of emergent situations or notices that are urgent in nature.

BABHA implemented the Government Emergency Telecommunication Service, which is a national security and emergency preparedness service provided by the Federal Government. This service allows authorized personnel to complete emergency calls from their cell phone when normal or alternate telecommunication means using the public telephone network is unavailable. In July 2023, the Information Systems Manager researched the GETS application that can be downloaded to the phone and updated the list of users to reflect current staff. Education on the use of the application needs to occur in 2024. Also, additional security measures were put in place at Madison, Arenac Center and Mulholland with the installation of shatter proof glass at the reception areas as further protection for employees in the event a hostile situation arises. At the North Bay site, key pads were installed on 2 main entrance doors and a service door along with an intercom and video monitoring system at the main front door as a means to secure the building and prevent unwelcomed individuals. A video monitoring system was also installed and now operational at the Madison Clinic and Wirt Building. This system at the Wirt Building also includes a buzzer which notifies staff a guest is requesting access. During 2023, when there were more clinical programs working out of the Wirt Building, there were some concerns that this site may need enhanced security systems to prevent access to the larger area during an emergency. Since the clinical programs are moving back to Mulholland and Leadership evaluating the need for this office space, there are no recommendations to address this in a structural way at this time. The panic button alarm system at the Mulholland location was upgraded and expanded to the second floor.

In addition, BABHA has developed a screening process for staff, persons served and visitors to prevent the spread of infectious diseases, when applicable. In addition, sneeze guards have been installed at workstations where staff ~~come in contact with~~encounter other staff, persons served and visitors to the facility. These measures serve to ensure a safe, comfortable setting for anyone on-site. Some of these measures are still in place even after the end of the Public Health Emergency in May of 2023.

Barrier(s):

None identified

<u>Barrier(s) to Accessibility</u>	<u>None identified. The Actions to be Taken do not reflect a barrier to accessibility, just a task that needs to be completed.</u>
<u>Action(s) To Be Taken</u>	<u>Education will be provided to the individuals who have access to the GETS system on the phone application and the proper use of the system. Review and add or delete any users who have been recently hired or have left the agency.</u>
<u>Assigned To</u>	<u>Information Systems Manager</u>
<u>Actions Taken and Evaluation of Effectiveness</u> (N/A if New)	<u>New</u>
<u>Status</u> (New; Continue; Completed)	<u>New</u>
<u>Planned Completion Date</u>	<u>July 2024</u>

## Attitudinal<sup>4</sup>

BABHA is pro-active in its ongoing commitment to dismantling attitudinal barriers through various means, including a “welcoming” philosophy that extends to all individuals regardless of their behavioral health needs. The Agency uses “Person-First” language, consistent with state requirements, in all its brochures and publicity events, as well as creating and promoting anti-stigma and trauma awareness via its community involvement and education. Persons with disabilities and their family members serve on the BABHA Governing Board and the Recipient Rights Advisory and Appeals Committee. BABHA is a trauma informed system of care emphasizing the principles of Recovery and Wellness. BABHA promotes a trauma sensitive environment by completing an Organizational Assessment every three years to identify areas for improvement and continue to ensure all staff are trained in trauma-informed care. BABHA also maintains ongoing collaboration with community partners to promote trauma sensitive communities of care, including recent outreach efforts with the Saginaw Chippewa Tribe, Veterans Administration Hospital, and the Great Lakes Bay Pride LGBTQ community. The Cultural Competency and Diversity Plan identified need for a more diverse staff especially to represent the Hispanic population that is rising in Bay and Arenac Counties, the need for an organizational assessment for a welcoming environment and staff competency working with LGBTQ+ individuals and to address training options for staff to increase their expertise in the needs of the veteran’s population.

~~BABHA prevention activities have slowed in the last two years due to community mitigation strategies for the pandemic. However, significant efforts have been implemented to provide covid-19 vaccinations and boosters to the consumers, families and residents of Bay and Arenac Counties, including establishment of a vaccination site at our Madison location.~~ BABHA staff continue to be engaged in community efforts in the Great Lakes Bay Region regarding substance use disorder and the use of opiates and encouraging law enforcement leaders to embrace the “Stepping Up” initiative and the “Hope, not Handcuffs” substance abuse diversion model. BABHA is an active member of the Great Lakes Bay Families Against Narcotics (FAN) group. In addition, BABHA maintains a supply of opioid-antagonist aerosol kits (“Narcan”) and routinely makes them available to our other community partners on the front-line of the opioid epidemic. Arenac Center is distributing Narcan, fentanyl test strips and Xylazine test strips in their waiting rooms. In addition, BABHA ~~has worked with~~ is in discussion with Arenac County courts to develop a regarding a possible recovery/drug mental health specialty court. Arenac Center has completed two assessments for the drug court until they can identify providers in the future to complete this task.

BABHA continues efforts to enhance the availability of substance use disorder services through Arenac and Bay counties. BABHA has been working with SUD providers, Recovery Pathways and Ten16 Recovery Network, as well as MSHN to expand the availability of substance abuse services in Arenac County. Recovery Pathways, 1016 Recovery Network and Peer 360 Recovery Pathways, Ten16 Recovery Network, and Peer 360, have established SUD service office hours located at the BABH Arenac Center in Standish MI. ~~This will replace the mobile medication assisted treatment provider by Recovery Pathways in Standish that was discontinued by MSHN during FY22. BABHA has approved additional support to Ten16 Recovery Center for their opiate overdose response initiative, Quick Response Team, expanding into Bay County. Ten16 Recovery Network has also established a Project Assert program at Ascension hospital located in Standish MI (Arenac County). This program provides brief intervention, screening, referral, and peer services to individuals who obtain treatment at the emergency room for a substance use disorder related issue. The BABHA EAS Team continues to increase substance abuse competencies to support these efforts.~~

In addition, specific clinical services for emerging mental health issues, services to adults and services for children and families routinely provide prevention information to the public to increase awareness of treatment options and recovery supports for these specific populations.

BABHA continues to engage with local law enforcement around additional collaborative options, such as the Crisis Intervention Team (CIT) model that provides enhanced mental health training to all law enforcement ~~officers,~~ and officers and incorporates mental health specialist on a special response team. BABHA has implemented a Mobile

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<sup>4</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.3.

~~Crisis Response Team that responds to crises in the community for both adults and children. - During FY23, it is also anticipated that BABH will expand Mobile Response Team crisis services to child/youth in Arenac County.~~ BABHA utilizes a Person/Family-Centered Planning approach to treatment along with the principles of Self-Determination and Recovery. BABHA staff and provider network staff also provided education on trauma, trauma informed care and secondary trauma, to school staff, ISD and local DHHS partners. BABH has ~~implement~~implemented the use of the “Calm” app for staff, which provides education and brief interventions for stress related to secondary trauma. Input from persons served is actively sought through surveys, consumer councils, forums, suggestion cards, and through other BABHA ~~committees~~committees on which persons served participate.

The agency provides regular, mandatory training to all its employees, interns and/or volunteers in cultural competency and diversity, Limited English Proficiency (LEP), and at hire for non-clinical staff, orientation to intellectual/ developmental disabilities, serious mental illness and co-occurring substance use disorders. All employees’ performance is reviewed periodically as needed, but at a minimum, staff are evaluated by their supervisor at least annually. The evaluation measures and monitors for attitudinal barriers. Newly hired, transferred, or promoted employees may receive three (3) work reviews during the first twelve (12) months after hire, transfer, or promotion. A review of their performance may occur at the end of the third, sixth and twelfth month of employment. Included in the performance management process is a review of clinical competence and the creation of a professional development plan for the upcoming year. Refer to the BABHA Employee Handbook for further information.

Despite sustained efforts to educate healthcare providers and community agencies, BABHA continues to encounter barriers of access to services for individuals with the most serious mental illnesses and intellectual/ developmental disabilities. As state hospitals/centers have closed or prioritized court mandated populations, private inpatient health care providers have been reluctant to fill the gap, citing lack of training, safety concerns, significant health/medical needs and other issues. BABHA ~~experiences difficulty~~has trouble finding inpatient psychiatric services for individuals who are physically aggressive toward others and/or who destroy property; or b) significant health/medical needs that require ongoing medical treatment in conjunction with mental health treatment. BABHA staff participate on various regional and state level workgroups to address these ongoing systemic issues. All of these barriers to inpatient treatment have been amplified due to the significant staff shortage in the mental health/healthcare fields.

### Review of Past Year Actions to Mitigate Attitudinal Barriers

~~Policy has been revised, approved and staff training completed.~~—Provider Network has identified DBT, EMDR, and Seeking Safety have been identified as EBP for adults that is available. ~~An Organizational Assessment tool to monitor systems issues and needs related to EBP has been implemented.~~The Strategic Plan for 2024 has an initiative that addresses Evidence Based Practices. Validated Screening tools that include the CAFAS/PECFAS for children with a serious emotional disturbance (SED), SIS for individuals with developmental/ intellectual disabilities (IDD), and LOCUS for adults with a serious mental illness (SMI) have been implemented throughout the primary care provider network. Michigan Department of Health and Human Services (MDHHS) will be replacing the CAFAS/PECFAS and replace this with a new tool, the MICHICANS. MDHHS has also discontinued the SIS for individuals with Intellectual and Developmental disorders and has not yet replaced this tool. BABHA continues to expand its anti-stigma efforts, particularly in relation to persons with substance use disorders.

~~BABHA continues to monitor the efforts of the MDHHS Certification of Need (CON) Commission in relation to the oversight and availability of inpatient psychiatric beds. The need for psychiatric inpatient admissions continues to be a barrier especially for individuals with high acuity or behavioral issues. MDHHS is working on adding more State Facility beds at Hawthorne for Children and is anticipated to be operational by 2026.~~ BABHA has also implemented processes to determine, coordinate, and implement mental health interventions while an individual is waiting for admission to the psychiatric unit. To increase administrative efficiencies and regional expectations, BABHA has implemented the use of the Mid-State Health Network Regional Inpatient Hospital contract boilerplate and Statement of Work. BABHA also implemented the MCG Health, Indicia software platform, which is an evidence-based clinical decision support tool for inpatient admission determinations. In 2018, BABHA implemented an intensive Children’s Mobile Response Team (MRT) to work with children and families in crisis. As this program has shown positive outcomes in decreasing inpatient



admissions for children/youth. BABHA ~~was able to obtain a grant is actively pursuing grants~~ to expand MRT services to adults and is ~~planning on more expansion in~~ Arenac County ~~during FY23~~. BABHA ~~expanded our 24/7 Emergency Services locations to include an office located in the ER lobby at McLaren Bay Region hospital. This enhanced direct access to mental health crisis services prior to determining if medical clearance is warranted. Due to a downsizing of a few Specialized Residential facilities, a Crisis Residential Program is being developed in one of the vacant homes. Dr. Ibrahim's agency (Bay City CRU LLC) is developing this program to assist in the crisis created by not having enough placements for individuals needing diversion from the hospital or as a step down after hospitalization. BABHA is working with Bay City CRU, LLC to get this program operational.~~

~~Access to Community Living Support Services (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing that was difficult during the pandemic and has increasingly become worse. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. One provider had to consolidate and reduced their capacity by two homes. The Strategic Plan for 2024 has two initiatives to address the significant issues related to these two services.~~

~~BABHA did not was not able to hold Mental Health First Aid (MHFA) classes in 2023. However, provided outside sources for MHFA provided by Saginaw CMH. Virtual and community options were explored in 2022. Trainer availability, revised training content, and requirements for training virtually did not allow for BABHA to offer Mental Health First Aid and Youth Mental Health First Aid in 2022. BABHA will work to certify additional trainers in order to bring these trainings to the community for 2023. An employee was hired with the MHFA certification but left the agency before being able to do any training. A staff person was trained in Youth MHFA in early 2024 and completed the first session in March 2024. Future sessions are scheduled for May and August. BABHA continues to provide community presentations to community organizations an overview of mental health disorders, suicide prevention and the opiate crisis. BABHA has been active in the Opioid Task Force and participated in Town Hall meetings educating the public.~~

<b>Barrier(s) to Accessibility</b>	Inconsistent training and/or competency regarding Trauma Informed Services
<b>Action(s) To Be Taken</b>	<p>A. <del>Develop a systematic process/method to consistently address self care and secondary trauma throughout the agency. Continue the Wellness Committee and assure that Secondary Trauma remains incorporated as a focus with this group.</del></p> <p>B. <del>The Triennial Organizational Trauma Assessment process has begun by sending out the surveys to internal and external staff and providers. Assess the results of the surveys. Complete the required three-year Agency Assessment required by MDHHS to assure a trauma sensitive and focused environment is provided at BABHA.</del></p> <p>C. <del>Develop a Work plan to address the areas needing improvement identified in the Organizational Assessment.</del></p> <p>D. <del>Continue to support/Develop additional primary substance use disorder service (SUD) options in Arenac County.</del></p> <p>E. <del>Continue to identify and provide training and supervision for clinicians in Evidence Based Practices to assure ongoing implementation of quality and effective treatment for trauma related conditions.</del></p> <p>F. <del>Explore training options for increased competencies in working with veterans.</del></p> <p>E.</p>
<b>Assigned To</b>	<p>A. <del>Sarah Van Paris and the Wellness Committee and Leadership in Supervision Sessions</del> Kathy Palmer</p> <p>B. Sarah Holsinger ; Joelin Hahn</p> <p>C. Joelin Hahn, <del>Heather Beson and Heather Friebe with assistance from Sarah Holsinger</del></p> <p>D. Joelin Hahn and Heather Friebe</p> <p>E. Joelin Hahn and Staff Development</p> <p>E-F. <del>Jennifer Laseski and Staff Development</del></p>
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<p>A. — A. The <del>Wellness Committee and Leadership</del> <del>Compassion Satisfaction Initiative Committee will</del> will continue to provide opportunities to address and evaluate vicarious/secondary -- trauma with employees. <del>Supervisors will continue to address during supervision and will utilize the self-assessment tool on a regular basis to</del> The <del>Compassion Satisfaction Initiative Committee identified and implemented a self-assessment tool for employees to evaluate</del> evaluate burn out and compassion fatigue. <del>ue</del></p>

	<p><del>B. The three-year Trauma survey has gone out to employees and providers. completion of the Organizational Assessment was helpful in that it pointed out areas that needed improvement and is leading to the development of a workplan to address those areas. The three-year Organizational Trauma Assessment has been completed. The PNOQMC Committee and the Leadership Committee members reviewed the results and developed a plan to work on areas identified as needing improvement. It was identified that there is a need to have more education on trauma and cultural competence from outside sources, consumers should be more involved in review of policies and increased recruitment of former consumers</del></p> <p><del>C. The results of the survey need to be reviewed by Extended SLT in May 2024 and to PNOQMC will be completed by June 2024. The Plan will be developed based on the feedback and analysis of the survey results. and The results of the Organizational Assessment were reviewed with Leadership. Areas of improvement that were prioritized and addressed will be monitored throughout FY22. Plan will be updated and implemented FY23.</del></p> <p><del>D. Recovery Pathways continues to have therapy sessions one Wednesday a month, Ten16 is on site at Arenac Center two days a week providing individual and group therapy and also has a peer recovery coach for the consumers of Ten16. Recovery Pathways, Ten16 Recovery Network, and Peer 360 is no longer providing services at the Arenac Center but do expect to provide services through the drug court., all utilize space at the Arenac Center in Standish MI to provider SUD services. Ten16 Recovery Network has also implemented Project Assert program at the Ascension Hospital in Standish. This program provides brief intervention, screening, referral, and peer support to individuals who seek treatment at the ER and who are identified as having issues associated with SUD. BABH also supports the Ten16 Recovery Network's Quick Response Team expansion in Bay County. This team provides direct follow up with individuals who have received ER services related to drug overdose. All clinical/primary care providers in the BABHA provider network (internal and external) have responded to BABHA EBP surveys. The purpose of the survey is to establish a baseline of EBP preparedness and to develop a network training plan to address identified needs for EBP training. EBP's that are provided by BABHA and the provider network include; ACT, PMTO, PSR Clubhouse, EMDR, TF-CBT, Motivational Interviewing, and DBT. also has 2 internal and 1 external children program participating in MDHHS co- hort training for Trauma Focused- Cognitive Behavioral Therapy (TF-CBT).</del></p> <p><del>E. Human Resources and Staff Development will explore training options to build competency in addressing the needs of the veterans population and trainings or inservices will be offered by April 2025.</del></p>
<b>Status</b> (New; Continue; Completed)	<p>A. Continue B. Continue C. Continue D. Continue E. <del>Continue</del>Continue E-F. <u>New</u></p>
<b>Planned Completion Date</b>	<p>A. Ongoing B. Complete every three years. Due in 2024. C. Ongoing D. Ongoing E. <del>Ongoing; Strategic Plan for FY 23 to include EBP evaluation and expansion.</del> E-F. <u>April 2025</u></p>

<b>Barrier(s) to Accessibility</b>	<p>Refusals by inpatient psychiatric hospitals to accept the most seriously ill individuals for admission</p>
<b>Action(s) To Be Taken</b>	<p>A. Continue to participate with the MDHHS implementation of MiCAL, 988, and the MI Bed Registry Process. B. Continue to address during contract negotiations with hospital health systems. C. Continue to explore the possibilities of development of community-based alternatives for hospitalization and develop action plans to address those gaps in service. <u>Assist in the development of the Crisis Residential Program being developed by Bay City CRU, LLC.</u></p>
<b>Assigned To</b>	<p>A. Stacy Krazinski B. Joelin Hahn, Marci Rozek</p>

	C. Joelin Hahn and Stacy Krazinski, <a href="#">Bay City CRU, LLC</a>
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<p>A. BABHA continues to address this issue with the inpatient provider network, the PIHP, and MDHHS. BABHA will also continue to participate in MDHHS workgroups and webinars related to the implementation of MiCAL, 988, and the MI Bed Registry for psychiatric hospitals.</p> <p>B. BABHA has experience some improvements with inpatient admissions with our local inpatient providers. BABHA has incorporated language to address an administrative appeals process for denied admissions with one of the local psychiatric units. BABHA also offers one-to-one staffing authorizations as needed for difficult cases.</p> <p>C. BABHA has a successful-Children’s Mobile Response (MRT)team <a href="#">and has expanded to include adults</a>. During FY24, BABHA will focus on expansion efforts of the MRT program to Arenac County <a href="#">and expanding the hours that MRT is provided</a>.</p>
<b>Status</b> (New; Continue; Completed)	<p>A. Continued</p> <p>B. Continued</p> <p>C. Continued</p>
<b>Planned Completion Date</b>	<p>A. Ongoing</p> <p>B. Ongoing</p> <p>C. Ongoing</p>

<b>Barrier(s) to Accessibility</b>	Reduce stigma associated with mental health disorders
<b>Action(s) To Be Taken</b>	<p>A. BABHA will continue to provide MHFA to Community members at least three times per year.</p> <p>B. Continue to partner with the Law Enforcement agencies in Bay and Arenac Counties to provide consultation and training</p>
<b>Assigned To</b>	<p>A. Jennifer Lasceski, <a href="#">Heather Beson and Staff Development</a></p> <p>B. Joelin Hahn and Stacy Krazinski</p>
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<p><del>A. ———</del> A. There were no MHFA trainings offered in 2023, however, MHFA sessions offered by Saginaw CMH were offered to Bay City community members. <del>2 due to the pandemic and limited virtual options.</del> BABHA has had an employee trained in the Youth MHFA and has completed the first session in March 2024 and there are two more sessions scheduled. After completion of these trainings, the trainer will be able to complete Adult MHFA sessions. <del>will explore virtual options and recruit more trainers in order to be able to offer this service to the community in 2023</del> BABHA provided information regarding MHFA training opportunities provided by community partners in 2022.</p> <p>B. BABHA will continue to work with local law enforcement agency to establish and implement Crisis Intervention Team (CIT) model program that provides enhanced mental health training to all law enforcement officers, and incorporates mental health specialist on a special response team. <a href="#">The MRT helps to strengthen the relationships with local law enforcement.</a></p>
<b>Status</b> (New; Continue; Completed)	<p>A. Continued</p> <p>B. Continued</p>
<b>Planned Completion Date</b>	<p>A. <a href="#">May 2025/30/2023</a></p> <p>B. Ongoing</p>

## Financial<sup>5</sup>

<sup>5</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.4.

Since BABHA is primarily Medicaid funded, individuals must have easy access to Medicaid services. To address any barriers in this area, BABHA contracts for services with the Michigan Department of Health and Human Services (MDHHS) for a Medicaid Eligibility Specialist. The primary role of this contractor is to assist individuals in obtaining Medicaid, gaining access to Medicaid services and eliminate any financial barriers. Historically, Healthy Michigan Medicaid subcontract revenue, based on funding per eligible, had not been sufficient to meet service costs, however, through state approved rate increases for this benefit since 2021 and the actuarial rate development process, BABHA has realized an increase in Healthy Michigan subcontract revenue for this benefit which has been sufficient to meet service demand. Autism Medicaid subcontract revenue, based on those eligible for this service, has not been sufficient to meet the high demand and service-costs involved with this population. The underfunding BABHA has experienced with this benefit is a state-wide issue which needs to be addressed through the rate setting process at the State level. Additionally, utilization during the pandemic has also affected actuarial rate calculations across all fund sources not accounting for rebound in service utilization. BABHA regularly monitors Medicaid eligibility along with service costs across all Medicaid fund sources while maintaining a balanced budget. Although BABHA is no longer required to develop and submit a cost containment plan to Mid-State Health Network to address the higher utilized services noted, the agency continues to evaluate these service costs and monitor and divert community hospital admissions, ~~evaluate ancillary service needs, and implements Applied Behavior Analysis clinical protocols and guidelines to ensure consistent service provision.~~

Since the COVID pandemic started in 2020, there has been a significant staffing shortage with the mental health field of clinical and direct care staff. For outpatient therapy services, the shortage ~~continues to~~ caused a lack of fully licensed masters social workers (LMSW) and fully licensed professional counselors qualified to bill outpatient services for individual who have Medicare Part B insurance. The COVID pandemic also resulted in a statewide hold on annual Medicaid and Health MI determinations with continued benefits throughout the pandemic. The end of the Public Health Emergency and the reinstatement of the Medicaid eligibility redetermination process has created some issues related to individuals not timely being approved for Medicaid, not being assigned the right benefit and having large spend downs that they previously did not have.

There are no financial barriers for people who need emergent services at this time. Depending on the prevailing status of the General Fund, currently offered services are evaluated for continuation on an ongoing basis. Thus, people who are indigent may encounter barriers to non-emergent services. Whenever possible, attempts are made to overcome such barriers through referrals to other local community agencies. ~~As a result of the MDHHS redistribution of General Fund dollars to CMHSPs, BABHA has been in a better position with meeting those services costs. The spenddown amounts the individuals have been assigned are beginning to affect the availability of General Fund dollars to meet demand for the indigent population.~~

### Review of Past Year Actions to Mitigate Financial Barriers

BABHA has monitored service provider contractual expenditures for potential cost savings. BABHA continues to evaluate vacant positions and consolidate where feasible. Potential cost savings has been analyzed as contracts were proposed for renewal. Healthy Michigan and Autism expenditures have been analyzed during FY24~~3~~ budget development. While Healthy Michigan funding was sufficient to meet service demand the last ~~three~~ years, this benefit will continue to be monitored to ensure this trend continues. BABHA continued to analyze internal and external procedures related to Advanced Behavioral Analysis (ABA) service authorization and utilization, including the utilization of ancillary services (OT/PT/SLP) associated with ABA service delivery.

~~BABHA continued to work with Network Providers who incurred excess costs due to effects of the pandemic, including higher than normal over-time, personal protective equipment and other unusual expenditures.~~ BABHA also continued cost settlement contracts with select Providers to ensure business operations continued and those in need of vocational and clubhouse services did not encounter an interruption in services. Those providers have been transitioning back to a fee-for-service contract with an end of the year cost settlement option. The MSHN Network Provider Stabilization Plan and Network Provider Staffing Crisis Stabilization Plans were a resource to determine who may qualify for funding which

permitted Providers to continue to maintain business operations while ensuring availability of services and staffing to meet current and future needs.

BABHA implemented a General Fund (GF) Exception's process to authorize the use of GF to pay for outpatient therapy services that cannot be billed to the primary insurance or Medicaid due to staff qualification issues (shortage of LMSW). Doing so has assured the availability of services of outpatient therapy services for all individuals services. BABHA also consulted with our DHHS Medicaid Eligibility Specialist to determine proactive strategies for the re-implementation of the state benefits annual eligibility determination process.

Established policy and procedures for CMHSP General Fund Grant Mechanisms for network providers in particular.

<b>Barrier(s) to Accessibility</b>	Healthy Michigan Medicaid subcontract revenue from MSHN is based on PEPM funding. Service expenditures for this benefit have typically exceeded revenue resulting in the need to supplement expenditures with traditional Medicaid funds. This has improved, however, will continue to monitor <a href="#">with the Medicaid redeterminations that are occurring once again and the change in benefits occurring one more year.</a>
<b>Action(s) To Be Taken</b>	A. BABHA will monitor services provided and evaluate whether there is potential for a cost savings B. BABHA will monitor Healthy Michigan expenditures and <a href="#">Medicaid status savings</a> within the MSHN region to assure additional funding continues to be available to meet the service needs of BABHA.
<b>Assigned To</b>	A. Marci Rozek B. Marci Rozek
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	A. BABHA evaluates Medicaid expenditures during the budget process. Submitted a balanced budget to the Board. Analyzed as contracts were proposed for renewal. B. The MSHN region will fund the internal service fund and end the year with a Medicaid surplus. Monitored surplus Medicaid funding in the MSHN region.
<b>Status</b> (New; Continue; Completed)	A. Continue B. Continue
<b>Planned Completion Date</b>	A. Continue in Fiscal Year 202 <del>4</del> B. Continue in Fiscal Year 202 <del>4</del>

<b>Barrier(s) to Accessibility</b>	MDHHS funding for Autism revenue is paid on a PEPM basis based on Medicaid eligible individuals. MSHN subcontracts for Autism revenue based upon enrollees for that benefit. Currently revenue is short of demand for those services. Capacity within the Provider Network is monitored, which potentially could lead to an increase in service costs as eligible individuals receive services.
<b>Action(s) To Be Taken</b>	A. BABHA will monitor Autism subcontract and <a href="#">any potential</a> savings within the MSHN regional along with traditional Medicaid revenue which may be used as a supplement to assure it is sufficient to cover Autism expenditures. B. BABHA will monitor those eligible for Autism services and continue to secure additional service providers at competitive rates. C. BABHA will implement standard practices which better assist with determining scope and duration of services.
<b>Assigned To</b>	A. Marci Rozek B. Marci Rozek C. Joelin Hahn
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	A. The MSHN region will fund the internal service fund and end the year with a Medicaid surplus. Monitored surplus Medicaid funding in the MSHN region. B. BABHA contracts with Autism Providers at the State issued rates. Through the contract application process added Autism Providers to the BABHA Network of Providers.

	C. BABHA revised ABA and Ancillary services to ABA authorizations process. Monitor ABA and Ancillary service utilization
<b>Status</b> (New; Continue; Completed)	A. Continue B. Continue C. Continue
<b>Planned Completion Date</b>	A. Continue in Fiscal Year FY202 <del>43</del> B. Continue in Fiscal Year 202 <del>43</del> C. Continue in FY2 <del>43</del>

<b>Barrier(s) to Accessibility</b>	The pandemic has financially affected Network Providers who BABHA heavily relies on for services to eligible individuals. BABHA must ensure Network Providers business operations are uninterrupted for service delivery in our two counties.
<b>Action(s) To Be Taken</b>	Follow the MSHN Network Provider Stabilization Plan and Network Provider Staffing Crisis Stabilization Plan for Providers meeting criteria for funding outside their contract terms.
<b>Assigned To</b>	Marci Rozek
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	Review any requests for additional funding related to lost revenue, unusual expenditures, and/or assistance with low staffing levels, including high turnover, as a result of the pandemic. Review requests and decision on eligibility on a case-by-case basis
<b>Status</b> (New; Continue; Completed)	<del>Completed</del> Continue
<b>Planned Completion Date</b>	<del>Ongoing throughout FY23</del> Completed and Discontinue this Task..

<b>Barrier(s) to Accessibility</b>	LMSW <u>and</u> LPC provider shortage that effects primary billing.
<b>Action(s) To Be Taken</b>	A. BABHA will continue to review GF exception requests. B. BABHA will continue to monitor program and provider capacity.
<b>Assigned To</b>	A. Directors Integrated Care, Health Care Practices Committee, Finance Department B. Emergency/Access (EAS) and Provider Network Operations/Quality Management Committee (PNOQMC)
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<del>N/A</del> <u>A. General Fund exception requests will continue to be evaluated and approved as appropriate.</u> <u>B. Internal group therapy sessions have been developed to address the capacity issues related to the lack of qualified professionals to provide individual therapy. An Assessment Specialist has been hired in ES/AC to assist in same day access to quickly engage consumers at the time they call for help. Ongoing evaluation and development of practices that can assist in getting more people into treatment and addressing the drop out rates.</u>
<b>Status</b> (New; Continue; Completed)	A. <del>Continue</del> New B. <del>Continue</del> New
<b>Planned Completion Date</b>	A. Ongoing B. Ongoing

## Employment <sup>6</sup>

BABHA is committed to recruiting and selecting the best-qualified persons for employment. Recruitment and selection is conducted in a manner that ensures open competition, provides equal employment opportunities, and prohibits discrimination because of religion, race, color, national origin, sexual orientation, age, sex, height, weight, marital or family status, mental or physical disability, genetic information or such other classification protected by law or required by regulatory/accrediting bodies. Background checks are conducted on all prospective employees offered positions with BABHA and at contracted service provider agencies. New employees are not added to the payroll system until all necessary background checks are complete.

BABHA specifically recognizes its obligation under the Michigan Disability Civil Rights Act and informs all employees that the Act requires employees to notify the employer within one hundred eighty-two days of becoming aware of the need for an accommodation that the employee needs such as accommodation. BABHA's Nondiscrimination and Harassment Policy & Procedure defines the complaint process for any suspected violations of equal opportunity.

Methods used to recruit the most qualified staff include (but are not limited to):

- A regular cycle of advertising with the Michigan Talent Bank, various internet resources, local colleges and universities, professional associations, area newspapers and professional journals as warranted.
- Employment ads focus on reaching the most diverse population of qualified applicants.
- Internal postings on BABHA's Intranet site
- Use of professional recruiters as needed

The Cultural Competency and Diversity plan identified that BABHA serves proportionately more individuals of Hispanic or Latinx heritage than are represented among BABHA personnel. BABHA will explore forums to recruit a more diverse group of employees and focus on any available Hispanic sources.

To address employment barriers for individuals we serve, the BABHA Director of Integrated Services [and the CLS Program Manager](#) works collaboratively with vocational providers and partners to ensure quality training and competitive employment programs that are based on an individual's preferences, strengths and experiences for the individuals that we serve. BABHA and local partners provide various employment and support services to any individual that expresses a desire to work in the community.

There have been multiple factors that have impacted the vocational providers throughout the last couple of years. The Workforce Innovation and Opportunity Act which limits the use of subminimum wages (piece rated work) went into effect October 16, 2016. The State of Michigan Executive Office executed an Executive Order to become an Employment First State effective November 18, 2015.

The Centers for Medicare and Medicaid services (CMS) released the Home and Community Based Services (HCBS) rules set forth on March 17, 2014. All of these initiatives eliminate segregated work at subminimum wages and mandating community integrated employment with necessary supports for all individuals. BABHA along with the three contracted vocational providers have been transitioning their services to meet these standards. Technical Assistance offered by the State has been obtained through a grant to implement a rate restructuring of the system to support the outcome of competitive integrated employment.

The pandemic halted all vocational services during the shutdown and reduced the vocational providers' ability to provide services after the shutdown was lifted. The vocational providers were able to benefit from the network provider funding stabilization plan established by MSHN and other pandemic related supports that were offered. These providers currently are working towards a return to a full fee for services contract arrangement, however establishing rates based on current and anticipated utilization has been a challenge. BABHA is exploring the use of a consultant to evaluate our

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<sup>6</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.5.

vocational contracts in order to explore rate structuring, effectiveness of outcome based contracts, and other ways to improve vocational contracts and improve employment outcome rates.

Review of Past Year Actions to Mitigate Employment Barriers

The vocational providers have continued to gradually been able to increase the volume of the employment services they are providing with the ending of the Public Health Emergency, opening up of the State. However, they are not at full capacity. To preserve the provider network, BABHA was able to continue to support providers through by offering network provider stabilization funds. Over the last year, the vocational providers have returned to a fee for service arrangement with an end of the year cost settlement.

BABHA and Michigan Rehabilitation Services (MRS) began working together through an Interagency Cash Transfer Agreement (ICTA) in 2021. The funding in 2023 and continuing in 2024, has been reduced. MRS did have a significant rate increase and are now offering higher rates for vocational providers than BABHA does. MRS was reimbursing the providers for IPS services but this ended up not working out as well as hoped. The providers were being reimbursed at a much lower rate than they had with a direct contract with BABHA, the consumers were not getting served as quickly as the model required. MRS’s application and on boarding took a very long time causing the IPS providers to be out of compliance with fidelity to the model and having lots of consumers drop out before they ever got engaged. BABHA will need to evaluate our referral process if MRS wants to provide IPS services because they weren’t meeting the model. and extended it through 2022. Even though this arrangement didn’t work out with MRS, Ongoing collaboration and improvement with relationships has begun between MRS, BABHA, vocational providers and and other Case Manager providers continues. The agreement with MRS has identified services that consumers may not be able to access without MRS involvement. Referrals have been slower through the pandemic and has begun to increase. The ICTA with MRS changed to remove payment for IPS services since this arrangement was delaying the rapid employment for people wanting to work.

The Individual Placement Support (IPS), an Evidenced Based Practice continues to be implemented by two providers. Both providers have successfully completed the MDHHS MI FAST Review. The implementation of this EBP has provided individuals with severe and persistent mental illnesses more opportunity to be competitively employed in integrated employment opportunities.

The Outcomes Based contracts have been in place since October 1, 2019 and have continued through 2021. Ongoing monitoring of the changes and outcomes continues on a monthly basis. There was an increase in competitive integrated employment, centered based skill building has been greatly reduced and individuals were referred to Community Living Services when the individual didn’t have an employment goal. CLS was eliminated by the vocational providers throughout the pandemic but has been implemented since the end of the Public Health Emergency.

<b>Barrier(s) to Accessibility</b>	Need for increased availability of meaningful vocational services for the individuals we serve.
<b>Action(s) To Be Taken</b>	<ul style="list-style-type: none"> <li>A. Ensure that the Provider(s) implementing the IPS model achieve fidelity by completing the Mi-FAST Review and implementing recommendations.</li> <li>B. Continue incentive- based contracts that encourage competitive employment. Increase the number of individuals who are employed in competitive integrated employment.</li> <li>C. Improve collaboration with MRS to offer the individuals served a full array of vocational opportunities that are available to them.</li> </ul>
<b>Assigned To</b>	<ul style="list-style-type: none"> <li>A. Nicole Sweet, <u>Heather Beson</u></li> <li>B. Nicole Sweet, <u>Heather Beson</u></li> <li>C. Nicole Sweet, <u>Heather Beson</u></li> </ul>



<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	A. MDHHS MI FAST Reviews for both providers were completed in 202 <del>32</del> which showed slight decline with Fidelity to the model. The ICTA with MRS delayed rapid employment affecting the outcome of the MIFAST Review. Eliminated the ICTA covering IPS. Ongoing MI FAST Reviews will be completed and areas needing improvement will be addressed accordingly. B. Incentive Based Contracts are in place. Ongoing monitoring and close evaluation to assure successful implementation of this payment method continues on a monthly basis. COVID-19 significantly impacted the employment for consumers as many temporarily lost their jobs or had reduction in hours. Many individuals chose not to continue working. All three Vocational Providers were provided Stabilization funds <u>and are now returning to a fee for service based contract arrangement.</u> C. An Interagency Cash Transfer Agreement (ICTA) that began in Calendar Year 2021 and continued through 2022 was in place to pay for IPS. The <del>is</del> agreement remains but was changed to exclude IPS.
<b>Status</b> (New; Continue; Completed)	A. Continue B. Continue C. Continue
<b>Planned Completion Date</b>	A. Completed and ongoing MI FAST reviews will be conducted. B. Continued monitoring through 9/30/202 <del>43</del> . C. ICTA e signed Oct. 1, 202 <del>32</del> to continue through 202 <del>43</del> .

## Communication<sup>7</sup>

Forms requiring signatures (consent to treatment, release of information, ability to pay, etc.) and other vital documents (anything to which individuals must respond) are in a language that is understandable to them. All informational materials are provided in 12-point font and are written in a manner and format that is easily understood and written at a fourth~~6.9~~-grade level. Employees providing services work towards assisting all individuals understand provided materials. Clinical forms, such as Assessments, Person/Family-Centered Plans, surveys, etc., will ask questions assessing their language/communication needs and be presented to individuals in understandable English, Spanish, or other languages and those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences, as requested/required, with interpretive services, if requested.

BABHA considers the need to have services and paperwork available to those who reside in the community who have limited English proficiency (LEP) to be a priority. Forms will be made -available in Spanish for persons who read Spanish or in other languages as requested, free of charge. Voice interpreter services may will be made available to people with LEP when the population in the community may be too small to justify the translation of forms. Communication assistance is provided to people with sight and hearing impairments for both phone access and clinical services. For individuals who request, written materials can also be provided in large print. Michigan Relay or similar adaptive devices are available for callers with hearing impairments.

BABHA continues to work on ensuring compliance with the new Office of Civil Rights requirements from the Affordable Care Act Section 1557 that require covered entities to post notices of non-discrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services. The BABHA website, consumer handbook, and local choice provider directory are compliant with the requirements.

Interpreter services are provided at no expense to persons served. Phone interpreter services are available for individuals with LEP who are initially requesting access to services, need crisis intervention services, or need to make ongoing appointments with their primary care coordinator. Phone interpreter services for nearly all languages spoken in North America are available on a 24 hour/7 day a week basis. Recipient Rights training is mandatory for all interpreters. Contracted interpreters sign an agreement regarding the confidentiality of treatment. BABHA ensures that interpreters

<sup>7</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.6.

and bilingual staff demonstrate bilingual proficiency, receive training that includes the skills and ethics of interpreting, and demonstrate knowledge, in both languages, of the terms and concepts relevant to clinical or non-clinical encounters. BABH maintains a list of service providers with multi-lingual personnel.

Communication barriers may also exist for people having access to phones (those who are homeless, living in shelters, etc.), and being able to complete phone screenings for access to service. BABHA addresses such barriers via coordination between BABHA staff and stakeholder staff regarding concerns, issues, etc. that pertain to the people we mutually serve.

BABHA publicizes mental health/behavioral health information on their website and Facebook page.

BABHA has established mechanisms to ensure ongoing communication occurs with key stakeholders, including staff and supervisors, community agencies, law enforcement, schools, contracted service providers and other health care providers among others. The ‘Community Relationships’ attached to the BABHA Strategic Plan lists these points of contact.

In addition, BABHA asks the contracted service provider network to complete a provider satisfaction survey to give BABHA feedback regarding our working relationship. BABHA surveys people served via perception of care and post treatment surveys, which includes questions about communications with BABHA.

BABHA has implemented new tools for sharing of documentation with persons served in the form of a patient portal called CEHR, from BABHA’s electronic health record vendor, Peter Cheng Enterprises, Inc. The portal permits two-way communication between staff and persons served, and the sharing of documents for access, review and signature. Front desk staff and leadership were provided with guides and trained in how to use these tools. For persons served lacking adequate broadband coverage or the resources to access technology, BABHA continues to simultaneously provide face-to-face contact for purposes of sharing documentation and obtaining signatures, as well as US Mail.

BABHA is also modifying its practices to incorporate increased options for text and email communication with persons served. Expansion of these options requires the addition of a notice to persons served that BABHA cannot ensure confidentiality due to the potential transmission of protected health information through non-secure services such as mobile phone networks and internet service providers.

[Review of Past Year Actions to Mitigate Communication Barriers](#)

BABHA continues to request input from MSHN and MDHHS sources to help restate the content of notices at a lower reading level. RR/CS Department received MSHN Templates and are making changes to reduce the language to a lower reading level.

<b>Barrier(s) to Accessibility</b>	Adverse Benefit Determination Notices include state-required language that exceeds the 4 <sup>th</sup> grade level requirements for publications.
<b>Action(s) To Be Taken</b>	<del>BABHA will either adapt existing publications obtained from other agencies or will develop a summary publication to be utilized to explain the content of the notices in simple and concise language</del> <u>BABHA will ensure that information noted in the narrative is at the appropriate reading level and easily understood to the recipient and/or their legally responsible party.</u>
<b>Assigned To</b>	RR/CS Manager
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	Not effective as the state required language cannot be changed as it is required per PIHP contract. A-C. Previously, no direction has been provided despite requests made. In FY22 the notice templates were updated in accordance with State requirements. All notices must comply with the required language. However, all other verbiage used in templates are at a fourth-grade level.
<b>Status</b> (New; Continue; Completed)	<del>Seeking out PIHP standard cover letter language through Customer Service Workgroup</del> <u>Continue</u>

<b>Planned Completion Date</b>	This will remain an area of concern as the notices are completed using the state required templates.
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<b>Barrier(s) to Accessibility</b>	Email and text communication is not secure.
<b>Action(s) To Be Taken</b>	A. Add content to standard cover letters (for requests for signature on documents) to notify persons served of the risk of using texts and emails to transmit protected health information. B. Update privacy notice.
<b>Assigned To</b>	Janis Pinter
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	A. <u>The E.H.R. has a prompt and verification added to the Consumer demographics that the consumer was informed that security can't be guaranteed.</u> B. Being added to privacy notice.
<b>Status</b> (New; Continue; Completed)	A. Continue B. <u>ContinueNew</u>
<b>Planned Completion Date</b>	A. <u>03/01/23Completed</u> B. <u>03/01/23_9/30/24</u>

## Transportation<sup>8</sup>

To minimize transportation barriers, BABHA maintains a fleet of vehicles, both automobiles and vans (some with wheelchair lifts), at all clinical locations and at the North Bay Center. There is a vehicle coordinator at each site to facilitate the availability and safety of vehicles. These vehicles may be used to transport persons served to and from programs and appointments. Sneeze guards have been installed in all agency vehicles for protection against infectious diseases when transporting individuals served. All BABHA clinical facilities are located on established bus lines. In addition, bus passes are issued, and taxi fares are approved based on need.

Arenac County has identified transportation as an issue in the Arenac Community Needs Assessment. Arenac County Commissioners have secured public transit services expanding the transportation options.

Transportation barriers are addressed on an individual basis with persons served through their Person/Family-Centered Plan and support process. They are also addressed on a system-wide basis with local stakeholders. Geographic location, distance, travel time, and transportation options for individuals are primary considerations whenever BABHA contracts with new providers.

### [Review of Past Year Actions to Mitigate Transportation Barriers](#)

Internally, the BABHA fleet of vehicles has been evaluated ~~and three new vehicles were purchased during 2022 to replace older vehicles that were removed the fleet.~~ The Facility Manager will continue to assess the agency fleet and recommend replacement vehicles as needed during the next year budget process.

## Community Integration<sup>9</sup>

<sup>8</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.8.

<sup>9</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.9.

BABHA places great value on helping people become a true part of their community by working, volunteering, and developing real friendships. BABHA's goal is to provide necessary supports to people have choices within their lives and achieve the quality of life they are seeking.

All service providers are expected to assist individuals with intellectual/ developmental disabilities to help reach their greatest potential in life through a variety of activities and experiences which are of interest to them. This includes supports and transportation to individuals desiring to do volunteer work, develop vocational or independent skills, develop group social skills and improve their ability to perform daily activities, and encourage connection with their larger community. This includes supporting their wishes to be equal members of any number of civic, recreational, social, religious or political organizations and/or clubs. These opportunities are customized for each individual, are based on his/her interests, and relate to the potential for reciprocating relationships.

BABHA expects all community living supports, employment and skill building service providers to implement models that support individuals in becoming connected to their community. This includes helping the person identify the things they enjoy (e.g. hobbies, leisure activities), the types of job or vocation they would prefer, giving the person power and control over decisions that are made and who supports them, helping people make friends by supporting routines, and ensuring meaningful community activities. Although these are not new concepts, recent changes in Federal requirements for persons receiving services in community-based settings indicate continued evolution is necessary. In addition, Home and Community Based Service (HCBS) Rule requirements are being implemented throughout the State impacting services reimbursed through Medicaid. HCBS rules require complete community integration to the extent that the individual can, with restrictions only allowed for health and safety concerns. BABHA and the Provider Network continue to work together to obtain Compliance with HCBS rules and to maintain this status.

#### [Review of Past Year Actions to Mitigate Community Integration Barriers](#)

BABHA, MSHN and the Provider Network continue to review, monitor and assure ongoing HCBS rule implementation. Self-Directed Services continue to be implemented through Self Determination arrangements utilizing a Peer Support Broker. Increase in Self Directed Care arrangements have been implemented. Moving people from sheltered based employment settings to more community employment options has been completed and is ongoing. Centered-based skill building, and community living support services has been reduced significantly and an outcomes-based model has been implemented for community integrated supported employment. [The North Bay CLS program has completely converted to an in community based program. The pandemic forced the program to begin providing CLS services in the community and in consumer's homes. This model continued after the Public Health Emergency ended.](#) The IPS model was implemented for vocational services for people with severe and persistent mental illness. The pandemic has forced the Northbay Community Living Services (CLS) to fast track the elimination of centered based services and has expanded CLS to be provided either in the community or in people's homes. Exploration for more community integrated models of service delivery will continue.

Ongoing communication and education continue to be provided to person's served, family, guardians, staff, Board Members, providers and other stakeholders on the implementation of HCBS rules and mandated changes to residential and non-residential services.

The CLS Committee reviews, approves, authorizes and monitors CLS services to assure consistency and that the services are meeting medical necessity criteria. Policy and Procedures have been developed and approved and are in effect to guide this process. [The recent implementation of the 1915\(i\) authorization and approval process may cause delays in individuals needing CLS and other 1915\(i\) services. BABHA, MDHHS and MSHN have been working on assuring that this authorization process is implemented as effectively and efficiently as possible.](#)

The workforce shortages have greatly impacted providers ability to provide community integration opportunities. BABH has provided provider stabilization funding, wage incentives and ongoing support to stabilize and improve staffing that provide these services.

<b>Barrier(s) to Accessibility</b>	Revision of traditional models of community living supports, residential models, and community living services provided by the vocational providers to expand opportunities for community integration and assure compliance with Home and Community Based Rules.
<b>Action(s) To Be Taken</b>	A. BABHA will continue to obtain feedback from persons served, guardians, family members and other stakeholders related to changes in service delivery. B. Coordinate and collaborate with residential and non-residential service providers to assure HCBS rule compliance and to assist throughout the Heightened Scrutiny Process.
<b>Assigned To</b>	A. Karen Amon and Sarah Holsinger B. Melanie Corrion
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	A. Development of a satisfaction survey for individuals with intellectual disabilities and their families/guardians is being explored to gather feedback on services. B. The CLS Assessment Committee is operational. The CLS Assessment tool is in the process of revision. <del>The CLS</del> <u>The CLS</u> policy has been finalized. The Heightened Scrutiny (HS) process is continuing and BABHA will continue to assist the Provider Network to obtain full compliance. BABHA and the Provider Network have been involved in Site Reviews reviewing HCBS rule compliance. MDHHS site reviews have been conducted and corrective action plans have been submitted when appropriate. <u>There has been some discussion on including the HCBS elements in BABHA site reviews.</u> If there are providers who aren't able to get off H S status, individuals may need to move from those settings. <u>Implementation of the 1915(i) eligibility and authorization process has been implemented and ongoing efforts to assure that these services are processed in a timely fashion needs to continue.</u>
<b>Status</b> (New; Continue; Completed)	A. Continue B. Continue
<b>Planned Completion Date</b>	A. Sept 30, 202 <del>4</del> <sup>3</sup> B. Ongoing through 202 <del>4</del> <sup>3</sup> .

<b>Barrier(s) to Accessibility</b>	Lack of CLS providers and staff to offer community integration opportunities.
<b>Action(s) To Be Taken</b>	A. Northbay will expand community integrated CLS services and reduce the numbers of individuals waiting for other CLS providers . B. Vocational providers will increase community integration CLS opportunities. C. BABH will work with the CLS providers to stabilize the workforce
<b>Assigned To</b>	A. Nicole Sweet; Lynn Blohm B. Nicole Sweet C. Director of Integrated Services; Nicole Sweet
<b>Actions Taken and Evaluation of Effectiveness</b> (N/A if New)	<del>N/A</del> <u>A. Northbay has continued to add CLS services as able. The program has moved to a fully community based service. Transportation and the availability of vehicles has been discussed as a possible barrier to providing more CLS services from that program.</u> <u>B. The CLS services have been returned since the vocation providers are able to provide this service post PHE. The ability for the vocational providers to expand CLS services has also been added to their contracts.</u> <u>C. Efforts have been ongoing to help stabilize the CLS provider network. This initiative has also been identified on the Strategic Plan for 2024.</u> <u>D. AOI has increased CLS services for children.</u>
<b>Status</b> (New; Continue; Completed)	<del>New</del> <u>A. Continue.</u>

	<u>B. Continue.</u> <u>C. Continue.</u>
Planned Completion Date	A. 9/30/2 <del>4</del> B. 9/30/2 <del>4</del> C. 9/30/2 <del>4</del>

## Technology<sup>10</sup>

BABHA considers the needs of all authorized system users with respect to ergonomics, input and output options, operating system ease of use capabilities, and any other tools to assist users with IT system access. BABHA assists users regarding the appropriate ergonomic equipment, furniture, lighting, etc. that ensures correct posture and accessibility to system workstations.

BABHA works with users to accommodate special needs for input/output devices. Some examples of these devices might be large button or braille keyboards, specialized mice or trackballs, voice dictation tools, headsets/speakers, stand up/sit down combination desks, and screen readers or braille printers. BABHA works with users to customize ease of use functions such as display size, screen narration, increased text size or magnification tools, and increased screen contrast. BABHA accommodates system accessibility issues by looking at additional technologies and software where deemed necessary.

BABHA ~~established~~ maintains kiosks at each psychiatric clinic waiting room for consumer access to the electronic health record patient portal so they can access information about their services and communicate with their care team.

BABHA has large monitors in the two main meeting rooms at Mulholland, including the board room. The large screen in the board room provides BABHA staff and the public an easy to view and follow version of all board committee meeting agendas and packets.

~~Remote Work options have been included for employees throughout the agency when appropriate. Policies and procedures have been developed and implemented. Building and office space and equipment needs have been identified as an initiative that has been included in the Strategic Plan for 2024. Hybrid Remote update: We remain committed to promoting ergonomics and ease of access to our systems but need guidance from Senior Leadership on what equipment is appropriate to supply to users in their home environment.~~

### Barrier(s):

None identified

## Other<sup>11</sup>

Persons served, personnel, and stakeholders all have numerous methods by which to identify other barriers.

1. Suggestion boxes are readily available in every BABHA operated facility.
2. Employees are encouraged to bring barrier issues to their supervisors.
3. Supervisors for BABHA programs, as well as contracted providers, are encouraged to address barriers across the provider network by maintaining regular communication via phone, email, or face to face meetings. Input from providers is also solicited during CLS Provider Meetings, Vocational Provider Meetings and the Primary Provider/Quality Management Committee meeting.

<sup>10</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.7.

<sup>11</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.10.a-c.

4. Consumer councils for Arenac and Bay Counties meet multiple times per year to provide input into the accessibility and quality of care.
5. BABHA sits on numerous community advisory groups and committees to address service access and bust barriers to care. See the BABHA Strategic Plan for a listing of community relationships held by BABHA.
6. The annual submission to the State includes a community assessment of needs which is completed by BABHA every two years and updated annually. The needs assessment addresses service capacity and potential service accessibility barriers.
7. Persons served receive annual and end of service satisfaction surveys (English and Spanish versions are available) which ask several questions related to accessibility.

BABHA routinely tracks Performance Indicators that measure access to services. In addition, appeal and grievance logs are monitored for barriers to service on an ongoing basis, customer service, general education of persons served, education specific to primary health conditions, as well as education of stakeholders are examples of barriers that would fall under this category.

### Corrective Action<sup>12</sup>

Identified barriers that might limit, impede, or preclude access to services will be addressed by agency Leadership and resolved as quickly as possible, depending on the nature of the barrier. The annual update of the Accessibility Plan will provide a comprehensive review of all identified barriers.

### Accessibility Status Report<sup>13</sup>

The status of planned actions outlined in the Accessibility Plan will be reported on at least an annual basis to Senior Leadership Team (SLT) and the BABHA Board of Directors. The status update will outline progress made towards the removal of each barrier identified in the previous year’s Accessibility Plan.

### Requests for Accommodations<sup>14</sup>

Requests for accommodations will be identified at various times throughout clinical services via the initial assessment, Person/Family-Centered Plan, routine progress notes, periodic reviews, annual review, etc. Accommodations will also be noted at the time of the initial screening for services as well as through facility inspections, employee feedback, community focus groups, internal committees, stakeholder initiatives, incident report forms, consumer surveys, appeal and grievance logs, etc. BABHA is pro-active in its efforts to ensure that persons served receive necessary services and strives to ensure that requests are accommodated whenever reasonable and appropriate for conditions.

Requests will be channeled for review to the appropriate BABHA leadership and/or their designees such as, the Facilities Manager, the BABHA Customer Services Department, the Safety Committee, etc., or to the assigned care manager if a person receiving services is involved. Following the review, a determination will be made as to any remedial action that needs to be taken. Documentation will be maintained regarding the disposition of such requests, either through meeting notes or the electronic health record if a person receiving services is involved.

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<sup>12</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2., c.

<sup>13</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2.

<sup>14</sup> CARF; 1. Aspire to Excellence; L. Accessibility; 3.a-d.

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## February 2024 Mid-State Health Network (MSHN) Medicaid Event Verification (MEV) Results

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Bay Arenac Behavioral Health Authority received a **58.89%** for the MSHN MEV review that took place in February 2024. There was a total of 270 claims reviewed.

### **Strengths:**

- Great communication and follow-up

### **Findings:**

- The incorrect modifier was used on 52 claims, but it did not result in an overpayment or underpayment.
- There were 4 claims that were overpaid. The claims were for a BCaBA, which is a rate of \$21.25, but they had submitted them for a rate of \$30.
- There were 45 claims that did not have IPOS Training documentation.
- There were 10 claims where the IPOS Training did not have the date of training for staff, and the signatures were not on the same form as the training information (consumer name, trainer names, date, plan, etc.).
- There were 13 claims where the Respite documentation was missing a narrative. (This was a finding in our MSHN MEV Review in August and it has been corrected, but the corrections would not show up yet on this review, therefore, they were marked as findings.)
- One claim had documentation where the service overlapped with another service.
- One claim had the incorrect units billed.
- One claim had documentation that stated the service took place out in the community, but the narrative stated that the service took place in the office. It was billed with the incorrect rate.
- There were 4 claims that did not have documentation to support the claim. Stuart Wilson will reimburse.

BABHA staff submitted a corrective action plan to address the findings.