



BOARD OF DIRECTORS REGULAR MEETING

Thursday, October 17, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

AGENDA

Page

1. CALL TO ORDER & ROLL CALL
2. PUBLIC INPUT (3 Minute Maximum Per Person)
3. REGULAR BOARD MEETING, 9/19/2024 – Distributed
3.1 Motion on minutes as distributed
4. SPECIAL PERSONNEL & COMPENSATION COMMITTEE, 9/23/2024 – Distributed – Crete, Ch/ Conley, V Ch
Motions from this meeting were referred to the September 26, 2024 special Board meeting
4.1 Motion on minutes as revised
5. SPECIAL BOARD MEETING, 9/26/2024 – Distributed
5.1 Motion on minutes as distributed
6. RECIPIENT RIGHTS (RR) ADVISORY & APPEALS COMMITTEE, 10/3/2024 – Distributed – McFarland, Ch/
Mrozinski, V Ch
There were no motions forward to the full Board
6.1 Motion on minutes as distributed
7. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 10/7/2024 – Distributed – Pawlak, Ch/
Girard, V Ch
4, 5 7.1 Res# 2410001: Approve the Quality Assurance & Performance Improvement Plan – *See page 4
resolution sheet, page 5 & plan attached to back of packet*
7.2 Motion on minutes as distributed
8. FINANCE COMMITTEE, 10/9/2024 – Distributed – Banaszak, Ch/Mrozinski, V Ch
6-7 8.1 Motion to accept investment earnings balances for period ending September 30, 2024 – *See pages 6-7*
4, 8 8.2 Res# 2410002: Approve the Finance October 2024 contract list – *See page 4 resolution sheet &
page 8*
4, 9-11 8.3 Res# 2410003: Approve the schedule of charges for directly provided services – *See page 4
resolution sheet & pages 9-11*
8.4 Motion on minutes as distributed



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- 9. BYLAWS & POLICIES COMMITTEE, 10/9/2024 – Distributed – Banaszak, Ch/Mrozinski, V Ch
 - 4, 12-13 9.1 Res# 2410004: Approve the policy ending 30-day review – *See page 4 resolution sheet & pages 12-13*
 - 4, 14-18 9.2 Res# 2410005: Approve the policies beginning 30-day review – *See page 4 resolution sheet & pages 14-18*
 - 4, 19-31 9.3 Res#2410006: Approve the proposed revisions to the Midstate Health Network (MSHN) Bylaws – *See page 4 resolution sheet & pages 19-31*
 - 9.4 Motion on minutes as distributed
- 10. PROGRAM COMMITTEE, 10/10/2024 – Distributed – Girard, Ch/Mrozinski, V Ch
 - 4 10.1 Res# 2410007: Approve the Infection Control Plan – *See page 4 resolution sheet & plan attached to back of packet*
 - 10.2 Motion on minutes as distributed
- 11. FACILITIES & SAFETY COMMITTEE, 10/14/2024 – Distributed – Crete, Ch/Girard V Ch
 - No motions were forwarded to the full Board
 - 11.1 Motion on minutes as distributed
- 12. AUDIT COMMITTEE, 10/15/2024 – Distributed – McFarland, Ch/Pawlak, V Ch
 - 4, 32-38 12.1 Res# 2410008: Accept financial statements – *See page 4 resolution sheet & pages 32-38*
 - 4, 39-42 12.2 Res# 2410009: Accept electronic fund transfers – *See page 4 resolution sheet & pages 39-42*
 - 4, 43 12.3 Res# 2410010: Approve disbursement & health care claims payments – *See page 4 resolution sheet & page 43*
 - 12.4 Motion on minutes as distributed
- 13. BOARD MEETING CONTRACT LIST, 10/17/2024
 - 44 13.1 Consideration of a motion to approve the Board meeting October 2024 Contract List – *See page 44*
- 14. REPORT FROM ADMINISTRATION
 - 45-50 14.1 State Health Policy Update – *See pages 45-50*
 - 51 14.2 Bay & Arenac County Updates – *See pages 51*



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15. UNFINISHED BUSINESS

15.1 None

16. NEW BUSINESS

16.1 Community Mental Health Association (CMHA) Fall Conference

The CMHA Fall Conference is scheduled for Monday and Tuesday, October 21 & 22, 2024 at Grand Traverse Resort

16.2 Personnel & Compensation (P&C) Committee

The October P&C Committee meeting has been rescheduled for 5:00 pm on Wednesday, November 6, 2024 due to a conflict with the CMHA Fall conference

17 ADJOURNMENT



BOARD OF DIRECTORS REGULAR MEETING

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RESOLUTIONS

Health Care Improvement & Compliance Committee, October 7, 2024

Res# 2410001: Resolved by Bay Arenac Behavioral Health to approve the Quality Assurance and Performance Improvement Plan.

Finance Committee, October 9, 2024

Res# 2410002: Resolved by Bay Arenac Behavioral Health to approve the Finance October 2024 contract list.

Res# 2410003: Resolved by Bay Arenac Behavioral Health to approve the schedule of charges for directly provided services.

Bylaws & Policies Committee, October 9, 2024

Res# 2410004: Resolved by Bay Arenac Behavioral Health to approve policy, Medication Delivery, 6-1-3 (revision), to end 30-day review.

Res# 2410005: Resolved by Bay Arenac Behavioral Health to approve the following policies to begin day review:

- 1) Miranda, 4-12-15 (deletion)
- 2) Medication Changes, 4-14-9 (deletion)
- 3) Infection Control/Health & Safety, 4-14-14 (deletion)

Res# 2410006: Resolved by Bay Arenac Behavioral Health to approve the proposed revisions to the Midstate Health Network (MSHN) Bylaws.

Program Committee, October 10, 2024

Res# 2410007: Resolved by Bay Arenac Behavioral Health to approve the Infection Control Plan.

Audit Committee, October 15, 2024

Res# 2410008: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending September 30, 2024.

Res# 2410009: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period ending September 30, 2024.

Res# 2410010: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from September 23, 2024 through October 18, 2024.

Quality Assessment and Performance Improvement Program (QAPIP) Plan Executive Summary for 2025

- Continued focus on training staff in the individual plan of service for each consumer they provide services to
- Reviewing the elements of the new MichiCans assessment to determine what areas can be used to track outcomes
- Explore data points needed for new performances measures to be implemented next year
- Continue to complete Medicaid Event Verification (MEV) reviews to reduce risk related to billing
- Monitor outcomes related to Cardiovascular Monitoring, Diabetes Screening, and Diabetes Monitoring
- Review records for Healthcare Coordination
- Receive 80% in surveys related to consumer satisfaction
- Explore data collection for LOCUS
- Review all adverse events to determine any trends or areas for process improvement
- Continue to work on meeting the standards for the Michigan's Mission-Based Performance Indicator System (MMBPIS) focusing on:
 - Receiving clinical assessment within 14 days from requesting services
 - Receiving an ongoing service within 14 days of the clinical assessment

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances September 30, 2024

Balance September 1, 2024	7,141,400.10
Balance September 30, 2024	6,349,771.22
Average Daily Balance	5,906,661.11
Estimated Actual/Accrued Interest September 2024	19,680.81
Effective Rate of Interest Earning September 2024	4.00%
Estimated Actual/Accrued Interest Fiscal Year to Date	227,586.14
Effective Rate of Interest Earning Fiscal Year to Date	4.17%

Note: The Cash and Investment Balances exclude Payroll and AP related Cash Accounts.

Cash Available - Operating Fund

	Rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		4,022,437	3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590	5,488,296	1,050,935	4,168,174	6,681,815
Cash in		11,257,050	21,945,755	11,552,037	11,480,507	4,835,627	19,658,739	13,131,069	13,733,115	3,521,802	21,031,319	18,649,095	11,484,363
Cash out		(11,993,562)	(16,681,841)	(12,645,602)	(11,203,146)	(9,401,946)	(16,716,214)	(13,094,320)	(14,391,408)	(7,959,163)	(17,914,080)	(16,135,454)	(12,277,820)
Ending Balance Operating Fund		3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590	5,488,296	1,050,935	4,168,174	6,681,815	5,888,358
Investments													
Money Markets		3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590	5,488,296	1,050,935	4,168,174	6,681,815	5,888,358
90.00													
180.00													
180.00													
270.00													
270.00													
Total Operating Cash, Cash equivalents, Invested		3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590	5,488,296	1,050,935	4,168,174	6,681,815	5,888,358
Average Rate of Return General Funds		3.82%	3.96%	4.01%	4.04%	4.05%	4.08%	4.08%	4.08%	4.08%	4.08%	4.08%	4.05%
average		3.82%	4.09%	4.13%	4.11%	4.10%	4.24%	4.08%	4.05%	4.08%	4.05%	4.08%	3.72%
average		3,285,926	5,917,883	6,430,680	6,756,419	6,038,598	6,050,472	6,064,203	5,992,215	5,443,183	5,315,682	5,439,876	5,477,250

Cash Available - Other Restricted Funds

	Rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		438,953	440,817	442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585
Cash in		1,864	1,812	1,880	1,888	1,773	1,903	1,850	1,919	1,865	1,935	1,943	1,828
Cash out													
Ending Balance Other Restricted Funds		440,817	442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413
Investments													
Money Market		440,817	442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413
91.00	0.70%												
91.00	1.10%												
91.00	1.15%												
91.00	1.35%												
90.00	1.70%												
91.00	2.05%												
90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-	-
365.00	80.00%												
Total Other Restricted Funds		440,817	442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413
Average Rate of Return Other Restricted Funds		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.99%
average		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.84%
average		440,817	441,723	442,651	443,587	444,504	445,432	446,359	447,294	448,229	449,170	450,117	451,058
Total - Bal excludes payroll related cash accounts		3,726,743	8,992,468	7,900,782	8,180,031	3,615,485	6,559,912	6,598,512	5,942,137	1,506,641	4,625,816	7,141,400	6,349,771
Total Average Rate of Return		4.04%	4.08%	4.20%	4.21%	4.17%	4.20%	4.19%	4.19%	4.18%	4.19%	4.19%	4.17%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
October 9, 2024

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES						
Clinical Services						
1	R/M	Hope Network Behavioral Health Add location to contract for one BABHA individual moving to Harbor Point Intensive West - Nunica. Ancillary Services: Interactive Complexity (add-on code) Mental Health Assessment by Non-Physician	\$0 \$0 \$0	\$511.68 \$11.56/Encounter \$190.94/Encounter	10/1/24 - 9/30/25	Y N
2	M	Encompass Therapy Correction to the individual speech therapy rate for FY25	\$92/event	\$96.60/event	10/1/24 - 9/30/25	Y N
3	M	MCSI Correction to the CLS rate for FY25	\$11	\$11.96/unit	10/1/24 - 9/30/25	Y N
4	T	Milestones ABA Clinic of Michigan, Inc. Termination of the Contract	State rates eff. 10/1/22	\$0	Contract terminated eff. 12/6/24	Y N
5	N	Partners in Change Single Case Agreement for outpatient therapy services for one BABHA individual	\$0	\$165/session	11/1/24 - 10/31/25	Y N
6	R	MyMichigan Health - All locations Inpatient Psychiatric Services: Increase to rates for FY25 Partial Hospitalization	\$1,004/day \$589/day	\$1,044.16/day \$612.56/day	10/1/24 - 9/30/25	Y N
7	R	Stuart Wilson Fiscal intermediary services: Self-Determination Respite only Taxable Respite	\$138.58 per consumer per month \$11.19 per consumer per month \$30.00 per consumer per month	Same \$25.00 per consumer per month \$45.00 per consumer per month	10/1/24 - 9/30/25	Y N
Admin/Other Services						
8	R	Pitney Bowes Mail machine - 3rd floor Mulholland	\$427.50/quarter	\$430.02/quarter	12/30/24 - 12/29/29	Y N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)						
9	N	University of Michigan Health Plan Provider Group Participation Agreement	\$0	Fee Schedule Rates for Professional Services	Ongoing	Y N
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS						
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL						

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension

M = Modification
N = New Contract/Provider
NC = New Consumer
T = Termination

Footnotes:

Bay-Arenac Behavioral Health
Schedule of Charges for Directly Provided Clinical Services - FY25
Effective Date: 12/01/2024

Benefit Category	Service Description	Unit of Service	Current Rate	Previous Rate
90791	Psychiatric Evaluation	Event	386.25	476.00
90791WX	Psychiatric Evaluation with LOCUS Assessment	Event	386.25	476.00
90792	Psychiatric Evaluation w/Medical Services	Event	587.00	476.00
90832	Individual Therapy 20-30 Minutes	Event	138.50	125.25
90832ST	Individual Therapy 20-30 Minutes TF-CBT	Event	138.50	125.25
90834	Individual Therapy 45-50 Minutes	Event	203.00	153.00
90834ST	Individual Therapy 45-50 Minutes TF-CBT	Event	203.00	153.00
90834Y3	Individual Therapy 45-50 Minutes PMTO	Event	203.00	153.00
90837	Individual Therapy 75+ Minutes	Event	266.50	206.00
90837ST	Individual Therapy 75+ Minutes TF-CBT	Event	266.50	206.00
90837Y3	Individual Therapy 75+ Minutes PMTO	Event	266.50	206.00
90839	Psychotherapy for crisis, 60 Minutes	Hour	271.50	141.50
90839ST	Psychotherapy for crisis, 60 Minutes TF-CBT	Hour	271.50	141.50
90839Y3	Psychotherapy for crisis, 60 Minutes PMTO	Hour	271.50	141.50
90846	Family Therapy without Client Present	Event	393.00	340.75
90846ST	Family Therapy without Client Present TF-CBT	Event	393.00	340.75
90846Y3	Family Therapy without Client Present PMTO	Event	393.00	340.75
90847	Family Therapy with Client Present	Event	393.00	340.75
90847ST	Family Therapy with Client Present TF-CBT	Event	393.00	340.75
90847Y3	Family Therapy with Client Present PMTO	Event	393.00	340.75
90849Y3UN	Multi-Family Therapy (PMTO) 2 Families	Event	196.50	107.00
90849Y3UP	Multi-Family Therapy (PMTO) 3 Families	Event	131.00	107.00
90849Y3UQ	Multi-Family Therapy (PMTO) 4 Families	Event	98.25	107.00
90849Y3UR	Multi-Family Therapy (PMTO) 5 Families	Event	78.50	107.00
90849Y3US	Multi-Family Therapy (PMTO) 6+ Families	Event	65.50	107.00
90853UN	Group Therapy 2 Consumers	Event	238.25	106.00
90853UP	Group Therapy 3 Consumers	Event	158.75	106.00
90853UQ	Group Therapy 4 Consumers	Event	119.00	106.00
90853UR	Group Therapy 5 Consumers	Event	95.25	106.00
90853US	Group Therapy 6+ Consumers	Event	79.50	106.00
96112	ABA Developmental Test-First Hour	Hour	1,901.50	374.50
96113	ABA Developmental Test-@ add'l 30 min	30 minutes	950.75	187.25
96116	Neurobehavioral status exam-First Hour	Hour	931.25	454.00
96121	Neurobehavioral status exam-@ add'l Hour	Hour	931.25	454.00
96130	Psychological Testing	Hour	931.25	839.75
96131	Psychological Testing @ add'l 60 minutes	Hour	931.25	839.75
96136	Psychological Testing & administration @ add'l 30 min	30 minutes	465.75	419.75
96137	Psychological Testing & administration @ add'l 30 min	30 minutes	465.75	419.75
96372	Medication Administration	Event	49.00	54.50
97151-U5	ABA Behavior Identification assessment	15 Minutes	475.50	113.50
97165	Occupational Therapy Evaluation-Low Complexity	Event	709.00	369.87
97166	Occupational Therapy Evaluation-Moderate Complexity	Event	709.00	369.87
97167	Occupational Therapy Evaluation-High Complexity	Event	709.00	369.87

Bay-Arenac Behavioral Health
Schedule of Charges for Directly Provided Clinical Services - FY25
Effective Date: 12/01/2024

Benefit Category	Service Description	Unit of Service	Current Rate	Previous Rate
97168	Occupational Therapy Re-evaluation	Event	709.00	310.69
99202	Medication Review, New Patient - Level 2	Event	124.75	134.25
99203	Medication Review, New Patient - Level 3	Event	192.75	190.50
99204	Medication Review, New Patient - Level 4	Event	288.75	289.00
99205	Medication Review, New Patient - Level 5	Event	381.00	363.25
99211	Medication Review, Established Patient - Level 1	Event	49.50	58.25
99212	Medication Review, Established Patient - Level 2	Event	120.00	115.75
99213	Medication Review, Established Patient - Level 3	Event	192.75	190.50
99214	Medication Review, Established Patient - Level 4	Event	271.75	278.75
99215	Medication Review, Established Patient - Level 5	Event	382.75	373.50
99417	Prolonged Outpatient Medication Review	Event	161.75	148.50
H0031WX	Stand Alone LOCUS Assessment	Event	96.50	113.50
H0032	Treatment Plan Development	Event	481.75	330.00
H0032TS	Treatment Plan Monitoring	Event	481.75	362.48
H0034	Patient Medication Training & Support	15 Minutes	288.00	101.25
H0036	Home Based Services	15 Minutes	77.75	68.00
H0036UN	Home Based Services 2 Consumers	15 Minutes	77.75	68.00
H0036UP	Home Based Services 3 Consumers	15 Minutes	77.75	68.00
H0036UQ	Home Based Services 4 Consumers	15 Minutes	77.75	68.00
H0036UR	Home Based Services 5 Consumers	15 Minutes	77.75	68.00
H0036US	Home Based Services 6+ Consumers	15 Minutes	77.75	68.00
H0036ST	Home Based Services TF-CBT	15 Minutes	77.75	68.00
H0036STUN	Home Based Services TF-CBT 2 Consumers	15 Minutes	77.75	68.00
H0036STUP	Home Based Services TF-CBT 3 Consumers	15 Minutes	77.75	68.00
H0036STUQ	Home Based Services TF-CBT 4 Consumers	15 Minutes	77.75	68.00
H0036STUR	Home Based Services TF-CBT 5 Consumers	15 Minutes	77.75	68.00
H0036STUS	Home Based Services TF-CBT 6+ Consumers	15 Minutes	77.75	68.00
H0036WX	Home Based Services with LOCUS Assessment	15 Minutes	77.75	68.00
H0036Y3	Home Based Services PMTO	15 Minutes	77.75	68.00
H0036Y3UN	Home Based Services PMTO 2 Consumers	15 Minutes	77.75	68.00
H0036Y3UP	Home Based Services PMTO 3 Consumers	15 Minutes	77.75	68.00
H0036Y3UQ	Home Based Services PMTO 4 Consumers	15 Minutes	77.75	68.00
H0036Y3UR	Home Based Services PMTO 5 Consumers	15 Minutes	77.75	68.00
H0036Y3US	Home Based Services PMTO 6+ Consumers	15 Minutes	77.75	68.00
H0038	Peer Support Services	15 Minutes	83.50	62.25
H0038UN	Peer Support Services 2 Consumers	15 Minutes	41.75	31.00
H0038UP	Peer Support Services 3 Consumers	15 Minutes	41.75	31.00
H0038UQ	Peer Support Services 4 Consumers	15 Minutes	41.75	31.00
H0038UR	Peer Support Services 5 Consumers	15 Minutes	41.75	31.00
H0038US	Peer Support Services 6+ Consumers	15 Minutes	41.75	31.00
H0039	Assertive Community Treatment	15 Minutes	119.25	66.25
H0039WX	Assertive Community Treatment with LOCUS Assess	15 Minutes	119.25	62.25
H0039UN	Assertive Community Treatment 2 Consumers	15 Minutes	59.75	62.25

Bay-Arenac Behavioral Health
Schedule of Charges for Directly Provided Clinical Services - FY25
Effective Date: 12/01/2024

Benefit Category	Service Description	Unit of Service	Current Rate	Previous Rate
H0039UP	Assertive Community Treatment 3 Consumers	15 Minutes	59.75	62.25
H0039UQ	Assertive Community Treatment 4 Consumers	15 Minutes	59.75	62.25
H0039UR	Assertive Community Treatment 5 Consumers	15 Minutes	59.75	62.25
H0039US	Assertive Community Treatment 6+ Consumers	15 Minutes	59.75	62.25
H2000	Behavior Treatment Plan Review	Event	106.00	76.00
H2000TS	Behavior Treatment Plan Monitoring	Event	288.75	201.25
H2011	Crisis Intervention	15 Minutes	129.00	56.25
H2011-HT	Children's Crisis Mobile Response	15 Minutes	246.50	150.28
H2015	Community Living Supports-North Bay	15 Minutes	35.00	9.51
H2015UN	Community Living Supports-North Bay 2 Consumers	15 Minutes	17.50	9.51
H2015UP	Community Living Supports-North Bay 3 Consumers	15 Minutes	17.50	9.51
H2015	Community Living Supports-Apartment #1 (COFR)	15 Minutes	12.00	14.25
H2015	Community Living Supports-Apartment #2	15 Minutes	9.25	12.30
H2015UN	Community Living Supports-Apartment #2 2 Consumers	15 Minutes	4.75	6.15
H2015	Community Living Supports-Apartment #3	15 Minutes	7.50	12.30
H2015UN	Community Living Supports-Apartment #3 2 Consumers	15 Minutes	3.75	6.15
H2016	Community Living Supports	Per Diem	483.50	269.25
H2021	Wraparound Facilitation	15 Minutes	190.00	146.75
H2022	Community Based Wraparound - SED Waiver	Per Diem	309.50	460.00
S5111	Family Skills Development	Event	293.00	185.50
S9445	Patient Education, non physician, individual	Event	646.75	136.75
S9446	Patient Education, non physician, group	Event	122.25	122.25
T1001	Health Assessment	Event	707.00	221.00
T1002	Health Services	15 Minutes	288.00	163.75
T1017	Targeted Case Management	15 Minutes	139.50	91.25
T1017WX	Targeted Case Management with LOCUS Assessment	15 Minutes	139.50	91.25
T1020	Personal Care	Per Diem	483.50	220.25
T1023	Inpatient Pre-Admission Screening	Event	650.00	504.50
T1023WX	Inpatient Pre-Admission Screening with LOCUS Assessm	Event	650.00	504.50
T2027	Overnight Health & Safety Res Apt #1 (COFR)	15 Minutes	12.00	14.25

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 6	Medication Management		
Section: 1	Operational		
Topic: 3	<u>Med. Boxes—Transferring Medications Delivery</u>		
Page: 1 of 2	Supersedes Date: Pol: 3-18-04 Proc: 2-17-04	Approval Date: Pol: 8-19-10 Proc: 8-19-10	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
	<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 9/6/2024. For Controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>		

DO NOT WRITE IN SHADED AREA ABOVE

Policy

Bay-Arenac Behavioral Health Authority (BABHA) is committed to carrying out its services in a manner consistent with its Mission, Vision, Values and Strategic Plan, including adherence to a high standard of patient or consumer safety practices, ~~which includes the transfer of medications prescribed by a licensed prescribing professional into a Med Box by a Nurse.~~

Purpose

This policy and procedure is established to ensure that appropriate standards and practices are maintained and enforced regarding Med Boxes by the Michigan Public Health Code (MPHC).

Applicability

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical, Clinical Management, Ancillary Care
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABHA's Affiliates: Policy Only Policy and Procedure
- Other:

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 6	Medication Management		
Section: 1	Operational		
Topic: 3	<u>Med. Boxes</u>—<u>Transferring Medications</u> <u>Delivery</u>		
Page: 2 of 2	Supersedes Date: Pol: 3-18-04 Proc: 2-17-04	Approval Date: Pol: 8-19-10 Proc: 8-19-10	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
	<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 9/6/2024. For Controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>		

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Bartlett	M. Bartlett	08/17/09	Revision	Format updated
M. Bartlett	M. Bartlett	06/22/10	Revision	To reflect all prescribing professionals.
S. VanParis	J. Kreiner	06/01/15	No Changes	Triennial Review
K. Plamer	K. Palmer	10/12/18	No Changes	Triennial Review
S. Van Paris	K. Palmer	8/31/2021	No changes	Triennial Review
S. Van Paris	HPC	8/21/24	Revision	Changes to reflect current process

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 15	Emergency Services		
Topic: 12	Miranda		
Page: 1 of 1	Supersedes Date: Pol: Proc:	Approval Date: Pol: 3-18-04 Proc: 2-16-09	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 10/3/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			
Policy applies to: 4-15-1, 4-15-12, 4-15-14, 4-15-15, 4-15-16, 4-15-17, 4-15-18, 4-15-19, 4-15-20, 4-15-21, 4-15-22, 4-15-23, 4-15-24, 4-15-25, 4-15-26, 4-15-27, 4-15-28			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that the philosophy, services, and basic procedures for Emergency and Access Services (EAS) will be established and delineated.

Purpose

This policy and procedure is established to ensure that all individuals have their treatment rights explained to them prior to preadmission screening by EAS staff. EAS staff will recite the Miranda statement (either Voluntary or Involuntary) verbatim to all individuals presenting for preadmission screening.

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
A. Folsom	M. Swank	02/16/09	Revision	Created procedure for Miranda rights. Created protocol into current Policy and Procedure format
K. Withrow K. Moore	M. Swank	09/16/13	Revision	Triennial review: Updated job title
M. Dixon K. Moore		6/11/18	No Change	Triennial Review.
S. Krasinski	J. Hahn	8/20/21	Revision	Triennial Review, minor changes
<u>S. Krasinski</u>	<u>J. Hahn</u>	<u>9/30/24</u>	<u>Archive</u>	<u>Policy is no longer relevant and applicable.</u>

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 9	Medication Changes		
Page: 1 of 2	Supersedes: Pol: Proc: 9-30-06, 2-17-04, 9-22-99	Approval Date: Pol: 3-18-04 Proc: 11-1-18	<hr/> <i>Board Chairperson Signature</i>
<small>Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-15, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-23, 4-14-27, 4-14-28, 4-14-29</small>			
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 10/3/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>			

DO NOT WRITE IN THE SHADED AREAS ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that procedures are established for the North Bay Center.

Purpose

This policy and procedure was established to ensure a safe procedure for medication dispensing.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Direct Care (e.g. respite, day prog.)
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 9	Medication Changes		
Page: 2 of 2	Supersedes: Pol: Proc: 9-30-06, 2-17-04, 9-22-99	Approval Date: Pol: 3-18-04 Proc: 11-1-18	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
P. Carlson	E. Albrecht	09/16/13	No Changes	Triennial review: no changes to policy and procedure.
C Pennell	K. Amon	11/1/18	Revision	Triennial Review
<u>H. Beson</u>	<u>C. Pinter</u>	<u>9/24/24</u>	<u>Archive</u>	<u>This policy is being archived due to no longer being in effect.</u>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 14	Infection Control/Safety and Health		
Page: 1 of 2	Supersedes: Pol: Proc:5-5-10, 9-30-06, 2-17-04, 9-22-99	Approval Date: Pol: 3-18-04 Proc: 11-1-18	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that procedures are established for the North Bay Center.

Purpose

This policy and procedure was established to ensure a safe, clean environment at the North Bay Center.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Direct Care (e.g. respite, day program), Clinical Staff and Clinical Management
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
P. Carlson	P. Carlson	05/05/10	Revision	Updated to Person First Language

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 14	Infection Control/Safety and Health		
Page: 2 of 2	Supersedes: Pol: Proc:5-5-10, 9-30-06, 2-17-04, 9-22-99	Approval Date: Pol: 3-18-04 Proc: 11-1-18	<i>Board Chairperson Signature</i>
			<i>Chief Executive Officer Signature</i>
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-28, 4-14-29			
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P. Carlson	E. Albrecht	09/16/13	Revision	Triennial review: No substantive changes to policy and procedure – only minor word changes.
C. Pennell	K. Amon	11/1/18	Revision	Triennial review
H. Beson	C. Pinter	9/24/24	Archive	This policy is being archived due to no longer being in effect.

**Bay-Arenac Behavioral Health
Proposed MSHN Bylaw Revisions
10-9-24**

Executive Summary

1. Changes to Preamble, pg.1
Remove language suggesting that the Operating Agreement takes precedence over the Bylaws
2. Changes to Powers, 3.1.1, pg. 2
Add reference to MSHN responsibility for substance use disorder funding
3. Changes to Powers, 3.1.3, pg. 3
Delete the following: "...including without limitation a contract..."
4. Changes to Quorum and Voting, 4.12, pg. 5
Revise to reflect most current Open Meeting Act requirements
5. Changes to Compliance with Laws, 4.15, pg. 6
Revise to include reference to additional anti-discrimination laws
6. Changes to 5.10, 5.11 and 5.12, pgs. 7-8
Deletion of duplicate parliamentary references

1 **MID-STATE HEALTH NETWORK BYLAWS**

2 **ARTICLE I**
3 **FORMATION**

4
5 **Preamble.** The Entity is formed for the purpose of carrying out the provisions of
6 the Mental Health Code as set forth in these Bylaws and the Operating Agreement,
7 relative to serving as a prepaid inpatient health plan, as defined in 42 CFR 438.2
8 (“PIHP”), to manage the Medicaid Specialty Support and Services Concurrent
9 1915(b)/(c) Waiver Programs (“Medicaid”); ensuring a comprehensive array of services
10 and supports as provided in the PIHP Medicaid Contract with MDCH; and exercising the
11 powers and authority set forth in these Bylaws and the Operating Agreement. The
12 Entity’s primary mission is to organize its actions in a manner that preserves the local
13 public community mental health safety net, ensure access to Medicaid services for all
14 citizens, and support the delivery of locally accountable health care services by the
15 participating members. ~~If there is any conflict between the Operating Agreement and~~
16 ~~these Bylaws, the Operating Agreement shall apply.~~ The Operating Agreement is
17 incorporated by reference herein and attached hereto as Attachment 1.
18

Commented [JS1]: Recommend removal of this sentence as bylaws properly supersede operating agreement as well as reinforced as a CMHSP reserved power any change to the operating agreement per 2.3.2 below.
Commented [TP2R1]: Concur with deletion for reason stated.

19 **Definitions.**

20
21 The definitions contained in the Operating Agreement shall be incorporated by
22 referenced here.
23

24 **ARTICLE II**
25 **THE CMHSP PARTICIPANTS**

26
27 2.1 **CMHSP Participants.** The CMHSP Participants of the Entity shall be community
28 mental health services programs, organized and operated as a community mental health
29 authority, county community mental health agency or community mental health
30 organization, whose designated service areas are within the Service Area and who have
31 entered into the Operating Agreement.
32

33 2.2 **CMHSP Participant Vote.** The CMHSP Participants of the Entity will each have
34 one (1) vote on those matters reserved to the CMHSP Participants in Section 2.3. The
35 CMHSP Participant’s vote shall be conveyed in the form of duly adopted written
36 resolutions of the governing body of each of the CMHSP Participants.
37

38 2.3 **CMHSP Participant Reserved Powers.** Each CMHSP Participant shall possess
39 the powers and rights retained and reserved to the CMHSP Participants under these
40 Bylaws which shall include the power to approve the following:
41

42 2.3.1 All amendments, restatements or adoption of new bylaws;

43
44 2.3.2 The Operating Agreement, any amendment thereto and its termination;

- 45
46 2.3.3 Any proposal of the Entity related to merger, consolidation, joint venture or
47 formation of a new organization;
48
49 2.3.4 The termination of the Entity and distribution of assets and liabilities, if any;
50
51 2.3.5 The issuance of debt which exceeds certain threshold amounts established
52 for the Entity by the CMHSP Participants in the Operating Agreement;
53
54 2.3.6 Secured borrowings and unsecured borrowings in excess of amounts
55 established in the Operating Agreement by the CMHSP Participants; and
56
57 2.3.7 The sale, transfer or other disposition of substantially all of the assets of
58 the Entity.
59

60 2.4 **New CMHSP Participants.** New CMHSP Participants to the Entity may be added
61 pending written support from the State for purposes of preserving the community mental
62 health system. If addition of these new CMHSP Participants to the Entity is not required
63 by the State, it is seen as within the sole discretion of the existing CMHSP Participants.
64 Thus when not required by the State, the addition of new CMHSP Participants to the
65 Entity requires the approval of two-thirds (2/3) of the governing bodies of the existing
66 CMHSP Participants, conveyed via a duly adopted written resolution of these governing
67 bodies. New CMHSP Participants added to the Entity will be entitled to any membership
68 or governance rights in the same manner as the existing CMHSP Participants. Any new
69 CMHSP Participants added under this section will forward any claims to existing
70 Medicaid risk reserves to the Entity on a pro-rated basis upon date of admission as
71 negotiated with MDCH.
72

73 **ARTICLE III**
74 **POWERS**
75

76 3.1 **Powers.** Except as otherwise stated in these Bylaws, the Entity's powers are
77 limited to the following, all of which are provided under MCL 330.1204b(2):
78

79 3.1.1 The power to contract with the State to serve as the Medicaid specialty
80 service prepaid inpatient health plan and as the Department-designated
81 community mental health entity for substance use disorder services coordinating
82 agency for the Service Area including the responsibility and authority to ensure
83 compliance with related federal and State contract requirements;
84

85 3.1.2 The power to accept funds, grants, gifts, or services from the federal
86 government or a federal agency, the State or a State department, agency,
87 instrumentality, or political subdivision, or any other governmental unit whether or
88 not that governmental unit participates in the Entity, and from a private or civic
89 source;
90

Commented [JS3]: Confirm whether all powers listed in 1204(b) are included in these bylaws.

Commented [TP4R3]: The powers expressly stated in MCL 330.1204b(2)(b) - (e) are included. The power expressed in MCL 330.1204b(2)(a) is not stated in the Bylaws, which could be added to state: "The power, privilege or authority that the CMHSP Participants share in common and may exercise separately." Even so, MCL 330.1204b(2)(a) states that this power applies whether or not that power, privilege or authority is specified in the bylaws.

Commented [JS5]: Confirm whether this term exists any longer; information is that is has been replaced by the term "designated community mental health entity" to refer to PIHPs obligations to administer and manage the SUD benefit(s) in the region.

Commented [TP6R5]: Should be revised as set forth to comport with statutory changes.

91 3.1.3 The power to enter into contracts ~~including without limitation a contract~~ with
92 a CMHSP Participant for any service to be performed for, by, or from the CMHSP
93 Participant;

94
95 3.1.4 The power to create a risk pool and take other actions as necessary to
96 reduce the risk that the CMHSP Participants otherwise bear individually;

97
98 3.1.5 The power to review, alter and approve annual capital and operating
99 budgets and strategic plans of the Entity; and

100 3.1.6 The power to appoint and remove the Chief Executive Officer of the Entity.
101

102
103 3.2 **Entity Actions.** The manner by which the Entity’s purposes will be accomplished
104 and powers will be exercised shall be through the actions of the CMHSP Participants as
105 provided in Article II and through the actions of the Board as set forth in these Bylaws or
106 as delegated by the Board to officers, committees or other agents.

107
108 3.3 **CMHSP Participant Retained Powers.** CMHSP Participants shall retain all
109 powers, rights and authority afforded community mental health services programs,
110 organized and operated as county mental health authorities, agencies or organizations
111 under the Mental Health Code. Only the powers and authority specifically delegated to
112 the Entity under these Bylaws and as further defined under an Operating Agreement to
113 be entered into by the CMHSP Participants are transferred to the Entity.
114

115
116 **ARTICLE IV**
117 **ENTITY BOARD OF DIRECTORS**
118

119 4.1 **General Powers.** The business, property, and affairs of the Entity shall be
120 managed by the Board.

121
122 4.2 **Number.** There will be twenty-four (24) Entity Board members.
123

124 4.3 **Appointment.** The CMHSP Participants shall appoint members of the Entity
125 Board. Each CMHSP Participant will appoint two (2) members to the Entity Board. The
126 appointment becomes effective upon receipt by the Entity Board of a duly adopted
127 written resolution of the CMHSP Participant’s governing body.
128

129 4.3.1 A Board member shall have his or her primary place of residence in the
130 CMHSP Participant’s Service Area;

131
132 4.3.2 A Board member shall not be an employee of the Department of
133 Community Health or a community mental health services program;
134

Commented [JS7]: Confirm whether the phrase “including without limitation” is in 1204(b) and if not, what is the rationale for including it?

Commented [TP8R7]: The phrase is not stated in MCL 330.1204b(2), and may be deleted.

135 4.3.3 A Board member shall not be a party to a contract with a community mental
136 health program or administering or benefitting financially from a contract with a
137 community mental health services program;
138

139 4.3.4 A Board member shall not serve in a policy making position with an agency
140 under contract with a community mental health services program;
141

142 4.3.5 At least one (1) board member from each CMHSP Participant shall be a
143 primary consumer or family member of a primary consumer as defined in the
144 Michigan Mental Health Code;
145

146 4.3.6 If the Entity is a Department-Designated Community Mental Health Entity,
147 as defined in Section 100a(22) of 2012 P.A. 500, the Board shall also consist of
148 representatives of mental health, developmental or intellectual disabilities and
149 substance use disorder services as required under Section 287 of 2012 P.A. 500;
150 and
151

152 4.3.7 Notwithstanding anything to the contrary in these Bylaws, any board
153 member of the CMHSP Participants may also serve on the Entity Board.
154

155 4.4 **Term.** The term of office for an Entity Board member shall be three (3) years from
156 May 1st of the year of appointment. The initial Entity Board appointments will be
157 staggered into one (1) year, two (2) year and three (3) year terms.
158

159 4.5 **Removal.** At any time a CMHSP Participant may appoint, remove, or replace its
160 appointees to the Entity Board without cause. The removal becomes effective upon
161 receipt by the Entity Board of a duly adopted written resolution of the CMHSP
162 Participant's governing body.
163

164 4.6 **Resignation.** An Entity Board member may resign at any time by providing
165 notification to the appointing CMHSP Participant. The resignation will be effective upon
166 receipt of the notice by the CMHSP Participant or at a later time as designated in the
167 notice.
168

169 4.7 **Board Vacancies.** A vacancy on the Entity Board may occur through death,
170 removal or resignation of the Board member. A vacancy shall be filled for an unexpired
171 term by the CMHSP Participant in the same manner as the original appointment.
172

173 4.8 **Annual Meeting.** An annual meeting of the Entity Board of Directors will be held
174 each year at such time and place as designated by the Board.
175

176 4.9 **Regular Meetings.** The Entity Board of Directors will hold regular meetings on at
177 least a quarterly basis at a time and location as determined by the Board. Notice in
178 writing of each meeting shall be given to each Entity Board member by email or U.S.
179 Mail at least five (5) days prior to each meeting and include the date, time and place of

180 such meeting. Proper notice shall be given to the public pursuant to the Open Meetings
181 Act, 1976 P.A. 267, as amended.

182
183 4.10 **Special Meetings.** Special Meetings of the Entity Board of Directors may be held
184 at the discretion of the Chairperson or Vice Chairperson in the Chairperson's absence.
185 Notice in writing of each special meeting shall be given to each Board member by email,
186 fax, or U.S. Mail at least 48 hours prior to each meeting and include the date, time,
187 agenda topics and place of such meeting. The MSHN Executive Assistant shall post at
188 least 18 hours before the special meeting a public notice, as required by 1976 P.A. 267.

189
190 4.11 **Waiver of Notice.** The attendance of an Entity Board member at a Board meeting
191 shall constitute a waiver of notice of the meeting, except where a Board member attends
192 a meeting for the express purpose of objecting to the transaction of any business
193 because the meeting is not lawfully convened. In addition, the Entity Board member may
194 submit a signed waiver of notice that shall constitute a waiver of notice of the meeting.

195
196 4.12 **Quorum and Voting.** The presence of thirteen (13) members of the Board of
197 Directors shall constitute a quorum for the transaction of business by the Entity Board.
198 Actions voted on by a majority of Entity Board members present at a meeting where a
199 quorum is present shall constitute authorized actions of the Board, excepting, however,
200 to adopt a budget, to hire/fire/discipline the CEO or to recommend changes to the
201 Bylaws or Operating Agreement, it shall require thirteen (13) votes. Board members are
202 considered present for the purposes of voting (a) if they are physically present during the
203 meeting, or (b) if not physically present due to military duty, or as otherwise permitted
204 under the Open Meetings Act, are present via telephone, teleconference,
205 videoconference, or other similar means, through which all Board members participating
206 can communicate with each other, for the entire duration of the discussion which is the
207 subject of the motion and/or vote, subject to the following requirement:

208
209 A. **Physical Presence.** A Board member may participate in a Board meeting
210 without being physically present only if a quorum of the Board of Directors is
211 physically present at a duly constituted Board meeting and the board member
212 meets the exceptions codified in the Open Meetings Act.

213
214 4.13 **Compensation and Expenses.** Entity Board members shall be paid per diem
215 and mileage expenses as fixed by the Entity Board.

216
217 4.14 **Conflict of Interest Policy.** The Entity Board of Directors shall adopt and adhere
218 to a conflict of interest policy which shall require, among other things, the disclosure to
219 the Board Chairperson and any committee chairperson any actual or possible conflicts of
220 interest. All Board members will annually disclose any conflicts of interest while serving
221 on the Board.

222
223 4.15 **Compliance with Laws.** The Entity and its CMHSP Participants, Board, officers
224 and staff shall fully comply with all applicable laws, regulations and rules, including

Commented [JS9]: Recommend revisions to update to current OMA status or for more generic language such as "comply with the OMA"

Commented [TP10R9]: Recommend updating language to comport with current state of the law, with flexibility if further change allows for broader remote participation.

Commented [JS11]: Consider adding the following: MSHN and the Counties, as required by law, shall not discriminate against any Board member or applicant for appointment to the Board because of race, color, religion, sex (including gender identity or expression, sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law that is unrelated to the individual's ability to perform the duties of a particular job. Breach of this section shall be regarded as a material breach of this Agreement.

Commented [TP12R11]: This language is statutorily mandated for contracts, but is not necessary or appropriate for bylaws. You could add reference to the applicable civil rights laws.

225 without limitation 1976 P.A. 267, as amended (the "Open Meetings Act"), ~~and~~ 1976 P.A.
226 422, as amended (the "Freedom of Information Act"), 1976 P.A. 453, as amended (the
227 "Elliott-Larsen Civil Rights Act"), and 1976 P.A. 220, as amended (the "Persons With
228 Disabilities Civil Rights Act"). The Entity shall develop compliance policies and
229 procedures. In the event that any noncompliance is found, immediate corrective action,
230 as defined in the Operating Agreement, shall be taken by the appropriate source to
231 ensure compliance.

232
233 **ARTICLE V**
234 **COMMITTEES**

235
236 5.1 **Powers.** The Entity Board of Directors, by resolution adopted by vote of the
237 majority, may designate one (1) or more committees, each committee shall consist of
238 one (1) or more Board members and other appointed members. A committee designated
239 by the Entity Board of Directors will be given proper instructions necessary to discharge
240 the committee's responsibilities. All committees will forward any recommendations to the
241 full Board for consideration.

242
243 5.2 **Type of Committees.** All committees authorized by the Entity Board of Directors
244 will be considered Ad Hoc and time-limited to discharge the identified responsibilities.
245 The Chairperson of the Entity Board will designate individual appointments to
246 committees and membership may include any interested individuals considered
247 necessary to fulfill the responsibilities of the committee.

248
249 5.3 **Meetings.** Committees shall meet as directed by the Entity Board and meetings
250 shall be governed by the same rules of order and documentation requirements as the
251 Board of Directors. Minutes shall be recorded at each committee meeting and shall be
252 presented to the Entity Board of Directors.

253
254 5.4 **Parliamentary Authority.** Robert's Rules of Order, shall govern all questions of
255 procedures which are not otherwise provided by these Bylaws, or by State law.

256
257 5.5 **Convening Of Committees And Minutes Requirements.** Meetings of a
258 committee, sub-committee or special committee (hereinafter referred to as "committee")
259 may be convened by its chairperson or by a majority of its members at any time upon
260 reasonable notice to its members (but not less than 48 hours prior notice given to each
261 member by personal delivery, email, mail or fax) and to the chairperson of the Board,
262 provided said notice complies with the requirements of the Open Meetings Act, 1976
263 P.A. 267. All committee meetings shall be open to the public, with the exception of
264 closed meetings as provided by the Open Meetings Act, 1976 P.A. 267. Each committee
265 shall prepare an agenda.

266
267 Minutes shall be kept on file in the office of MSHN. Every committee shall provide
268 an opportunity for the public to be heard at the beginning and end of the agenda.
269 Members of the public may address the Board or Committee for up to three (3) minutes.
270 Individuals desiring to speak shall be required to identify themselves.

271
272 5.6 **Order of Precedence of Motions.** When a motion is seconded and before the
273 Board and/or a Committee, no other motion shall be received except the following:

- 274
275 a. To fix the time to which to adjourn
276 b. To adjourn
277 c. For the previous question
278 d. To lay on the table
279 e. To postpone indefinitely
280 f. To postpone to a date certain
281 g. To refer
282 h. To amend

283
284 These motions shall have precedence in the order as above named.

285
286 5.7 **Motions to Adjourn.** A motion to adjourn shall always be in order except while a
287 vote is being taken on any other motion already before the Committee or Board, or
288 when a member has the floor; provided, that there shall be other intervening business or
289 a change in the circumstances between the two motions to adjourn.

290
291 5.8 **Motions to Reconsider.** A motion for the reconsideration of any question shall
292 be in order if made on the same day or at the Committee or Board meeting next
293 succeeding that on which the decision proposed to be reconsidered was made;
294 providing, however, that a second reconsideration of any question or a reconsideration at
295 a later date may be had with the consent of two-thirds (2/3) of the members elected and
296 serving, but in such event the moving member shall file written notice of his/her intention
297 to move for a reconsideration in the office of the MSHN at least one day before making
298 such a motion.

299
300 5.9 **Reports and Motions Requiring Signatures.** All reports of Committees shall be
301 in writing and the names of the members of such Committees concurring in such reports
302 shall be noted thereon. Every written resolution or motion shall have noted the name of
303 the member or members introducing the same.

304
305 ~~5.10 **Division of Question.** Upon request by any member, any question before the~~
306 ~~Committee or Board may be divided and separated into more than one question;~~
307 ~~provided, however, that such may be done only when the original is of such a nature that~~
308 ~~upon division, each of the resulting questions is a complete question permitting~~
309 ~~independent consideration and action.~~

310
311 ~~5.11 **Appeal From Decision Of Chairperson.** When an appeal is taken from the~~
312 ~~decision of the Chairperson, the member taking the appeal shall be allowed to state~~
313 ~~his/her reason for doing so. The question shall be then immediately put in the following~~
314 ~~form: "Shall the ruling of the Chairperson be sustained?" The question shall be~~
315 ~~determined by a majority vote of the members present, except the Chairperson, upon the~~
316 ~~request of any member, shall not preside over such a vote.~~

317 ~~5.12 **Motion To Clear The Floor.** If, in the judgment of the Chairperson, there is a~~
318 ~~confusion of parliamentary procedure existing, the Chairperson shall have the right to~~
319 ~~request a "motion to clear the floor" which motion, if made and seconded, shall be~~
320 ~~undebatable, shall take precedence over all other motions, shall be forthwith put by the~~
321 ~~Chairperson, and, if carried, shall clear the floor completely and with the same effect as if~~
322 ~~all matters on the floor were withdrawn. The motion to clear the floor shall not be~~
323 ~~reconsidered; but its passage shall not limit the right of any member to move the~~
324 ~~reconsideration of any other matter in the same manner as, but for the passage of the~~
325 ~~motion to clear the floor, would be in accordance with these Rules.~~

327 328 329 **ARTICLE VI** 330 **OFFICERS**

331
332 6.1 **Officers.** The officers of the Entity shall be elected by the Board of Directors and
333 shall also be members of the Board. The initial officers shall be a Chairperson, Vice
334 Chairperson, and a Secretary. Officers will be annually elected by authorized vote of the
335 Board of Directors. The Entity Board may choose to elect other officers as the Board
336 deems appropriate and necessary to complete the business of the Board. At any given
337 time, either the Chairperson or Vice Chairperson of the Entity Board shall be a primary
338 consumer or family member of a primary consumer as defined in the Michigan Mental
339 Health Code.

340
341 6.2 **Appointment.** The election of officers of the Entity will occur during the annual
342 meeting of the Board of Directors. The Entity Board will appoint a nominating committee
343 for the annual meeting for the purpose of recommending officer candidates to the full
344 Board to serve during the next twenty-four (24) month period.

345
346 6.3 **Term of Office.** The term of office of all officers will commence upon their
347 election and continue for a two (2) year term without limitation on an officer's possible re-
348 election to office. An officer may resign at any time upon written notice to the Entity
349 Board of Directors. Notice of resignation is effective on receipt or at a time designated in
350 the notice.

351
352 6.4 **Vacancies.** A vacancy in any office for any reason may be filled by the Entity
353 Board of Directors. The acting officer shall fill the unexpired term of the vacancy until the
354 next annual meeting of the Entity Board.

355
356 6.5 **Removal.** An officer elected by the Entity Board of Directors may be removed
357 from office prior to completion of the annual term with cause by two-thirds (2/3) majority
358 vote of the Entity Board.

359
360 6.6 **Chair.** The Chairperson shall preside at all Entity Board meetings. The
361 Chairperson shall have the power to perform duties incident to the office.
362

Commented [JS13]: Confirm whether these parliamentary provisions are required in the bylaws, recommended, or can be removed.

Commented [TP14R13]: Sections 5.10 - 5.12 are not required, and may be removed. They may not be necessary, as the Bylaws designate Robert's Rules of Order as parliamentary authority in Sec. 5.4. The provisions in Secs. 5.10 and 5.11 are covered by Robert's Rules, but there is additional specificity in Sec. 5.11 as to the Chairperson presiding over an appeal. The provision of Sec. 5.12 may not have a clear parallel in Robert's Rules. Deletion of one or more of these sections is a matter of the Board's discretion.

363 6.7 **Vice Chair.** The Vice Chairperson shall have the power to perform duties of the
364 Chair if the Chairperson is absent or unable to perform his or her duties until otherwise
365 directed by the Entity Board.
366

367 6.8 **Secretary.** The Secretary shall ensure completion of minutes of the Entity Board
368 meetings, ensure that the notice of meetings is given to Board members as required by
369 law or these Bylaws, ensure the safe storage of Entity records, ensure the maintenance
370 of a register of names and addresses of all Board members and ensure the completion
371 of all required administrative filings as required by the Entity's legal structure, including
372 compliance with the Open Meetings Act.
373

374 6.9 **Other Officer Employment and Positions.** An officer of the Board elected by
375 the Board of Directors may concurrently hold another office with a CMHSP Participant's
376 governing body. An officer of the Board may not hold more than one (1) office with the
377 Entity at any time.
378

379
380 **ARTICLE VII**
381 **STAFF POSITIONS**
382

383 7.1 **Chief Executive Officer.** The Chief Executive Officer of the Entity will have full
384 managerial and operational authority of the Entity as delegated to that position by the
385 Entity Board of Directors. The Chief Executive Officer will be appointed by the Board of
386 Directors and may be a paid employee of the Entity. The Chief Executive Officer shall
387 have the power to perform duties incident to the office as may be assigned by the Entity
388 Board.
389

390 7.2 **Chief Financial Officer.** The Chief Financial Officer of the Entity shall serve as
391 the fiscal officer as defined in MCL 330.1204b. The Chief Financial Officer shall have
392 charge and custody over Entity funds and securities, maintain accurate records of Entity
393 receipts and disbursements, deposit all moneys and securities received by the Entity at
394 such depositories in the Entity's name that may be designated by the Board and perform
395 all duties incident to the office and as assigned by the Chief Executive Officer. The Chief
396 Financial Officer has the responsibilities set forth in MCL 330.1204b and will be
397 responsible for receiving, depositing, investing and disbursing the Entity's funds in the
398 manner authorized by these Bylaws and Board of Directors in accordance with the
399 Entity's Operating Agreement.
400

401 7.3 **Other Positions as Approved by the Board.** The Chief Executive Officer will
402 recommend other staff positions for the Entity as necessary to fulfill the managerial
403 responsibilities of the Entity. The Board of Directors will retain the authority to approve or
404 disapprove any positions recommended by the Chief Executive Officer which are not
405 budgeted.
406

407 7.4 **Restrictions.** While serving as the Entity's Chief Executive Officer or the Chief
408 Financial Officer (or the Chief Operating Officer or Chief Information Officer if any), those
409 individuals shall not hold any position with any CMHSP Participants.

410
411 7.5 **Other Administration Activities.** The Entity Board and/or its designee will, on
412 an ongoing basis, consider possible administrative efficiencies where appropriate.

413
414 **ARTICLE VIII**
415 **REPORTS/CONTRACTS**
416

417 8.1 **Authority for Entity Documents.** All entity documents (including
418 agreements, insurance and annuity contracts, qualified and nonqualified deferred
419 compensation plans, checks, notes, disbursements, loans and other debt obligations)
420 shall not be signed by any employee, contractual staff, officer, designated agent or
421 attorney-in-fact unless authorized by the Entity Board of Directors, adopted policies and
422 procedures or these Bylaws. When the execution of any contract or other instrument has
423 been authorized by the Board without specification of an executing officer, the
424 Chairperson, Secretary or Chief Executive Officer may execute the same on behalf of
425 the Entity. The Entity Board shall have the authority to designate other officers and
426 agents who will have authority to execute any instrument or document on behalf of the
427 Entity. The entity documents referenced in this section include, but are not limited to, a
428 contract involving the acquisition, ownership, custody, operation, maintenance, lease, or
429 sale of real or personal property and the disposition, division or distribution of property
430 acquired through execution of the contract.

431
432 8.2 **Financial Accountability.** On an annual basis, after the completion of each
433 fiscal year, the Entity Board will engage an independent public accounting firm to
434 conduct an independent audit of all of the Entity's receipts and disbursements.

435
436 8.3 **Reports.** All reports included in these Bylaws or otherwise required by the
437 Board from time to time will be presented to the Board by delivery of same to the Chief
438 Executive Officer, who shall be responsible for distributing such reports to the Board of
439 Directors. Each report will be presented by the Chairperson to the Entity Board of
440 Directors at a meeting of the Board for discussion and approval or other actions as may
441 be required. In addition, the Chief Executive Officer of the Entity on behalf of the Board
442 will provide an annual report of its activities to each CMHSP Participant.

443
444 **ARTICLE IX**
445 **IMMUNITY/LIABILITY/INSURANCE**
446

447
448 9.1 **Governmental Immunity.** All the privileges and immunities from liability and
449 exemptions from laws, ordinances, and rules provided under MCL 330.1205(3)(b) of the
450 Mental Health Code to county community mental health services programs and their
451 Board members, officers, and administrators, and county elected officials and employees

452 of county government are retained by the Entity and the Entity's Board members,
453 officers, agents, and employees, as provided in MCL 330.1204b(4).

454
455 9.2 **Liability.** Liability insurance shall be maintained at all times to cover the Board of
456 Directors, the organization, its employees, and its officers. Such coverage shall be in an
457 amount acceptable to the Board.

458 9.2.1 Each CMHSP Participant and the Regional Entity will obtain its own legal
459 counsel and will bear its own costs including judgments in any litigation which may
460 arise out of its activities to be carried out pursuant to its obligations under these
461 Bylaws or any agreement between the CMHSP Participants or the CMHSP
462 Participants and the Entity. It is specifically understood that no indemnification will
463 be provided in such litigation.

464 9.3 **Insurance.** The Entity may purchase and maintain insurance on behalf of any
465 person who is or was an Entity Board member, officer, employee or representative of the
466 Entity, against any liability asserted against the person and incurred by him or her in any
467 such capacity or arising out of his or her status as such, whether or not the Entity would
468 have power to indemnify the person against such liability under these Bylaws or the laws
469 of the State of Michigan.

470
471 **ARTICLE X**
472 **FISCAL YEAR**

473
474 The fiscal year of the Entity shall be from October 1 through September 30.

475
476 **ARTICLE XI**
477 **AMENDMENTS**

478
479 Any action by the CMHSP Participants to amend or repeal these Bylaws, or adopt new
480 Bylaws will require approval by two-thirds (2/3) vote of the existing CMHSP Participants
481 in the form of duly adopted written resolutions from their respective governing bodies, to
482 be binding upon the Entity. Notice setting forth the terms of the proposed amendment or
483 repeal shall be given in accordance with any notice requirement for a meeting of the
484 Entity Board of Directors. No amendment to these Bylaws shall be effective until filed as
485 provided in Article XII.

486
487 **ARTICLE XII**
488 **FILING BYLAWS**

489
490 These Bylaws, including any amendment, shall be effective only after being duly adopted
491 in accordance with MCL 330.1204b(1) and subsequently filed with the clerk of each
492 county in which the CMHSP Participants are located and with the Michigan Secretary of
493 State.

496

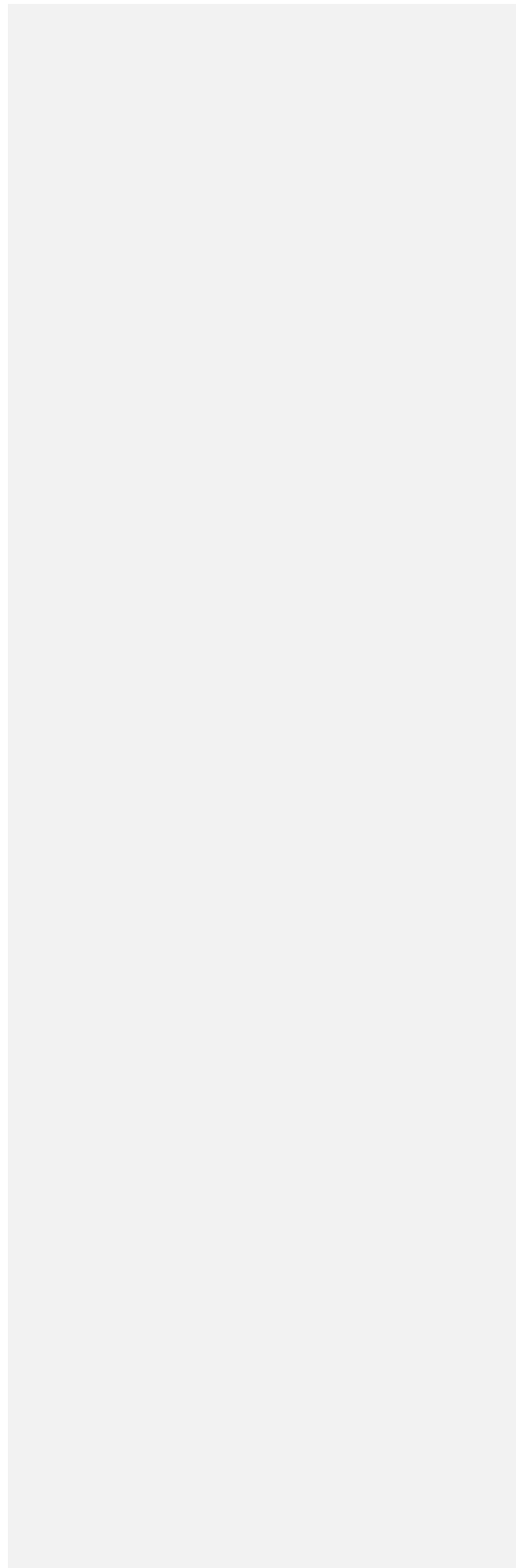
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501



**Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 9/30/2024**

Certified for Accuracy


Accounting Manager


Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

**Bay Arenac Behavioral Health
Statement of Net Assets**

Column Identifiers		
A	B	C

		<u>Sep 30, 2024</u>	<u>Sept 30, 2023</u>	
1	ASSETS			
2	<u>Current Assets</u>			
3	Cash and cash equivalents	\$4,894,945.38	\$3,022,671.86	
4	Consumer and insurance receivables	174,784.56	250,600.73	
5	Due from other governmental units	6,118,880.51	7,068,212.79	
6	Contract and other receivables	227,195.50	589,887.89	
7	Interest receivable	0.00	0.00	
8	Prepaid items	238,624.65	172,069.24	
9	Total Current Assets	11,654,430.60	11,103,442.61	(3+4+5+6+7+8)
10	Noncurrent Assets			
11	<u>Cash and cash Equivalents - restricted</u>			
12	Restricted for compensated absences	1,514,776.32	1,492,316.16	
13	Restricted temporarily - other	111,510.10	88,421.11	
14	Cash and Cash Equivalents - restricted	1,626,286.42	1,580,737.27	(12+13)
15	<u>Capital Assets</u>			
16	Capital assets - land	424,500.00	424,500.00	
17	Capital assets - depreciable, net	6,368,374.54	6,384,206.87	
18	Capital assets - construction in progress	-	-	
19	GASB 87 Right to Use Bldg	2,272,819.47	2,272,819.47	
20	GASB 87 Accum Depr, Lease Amortization	(409,216.66)	(409,216.66)	
21	Accumulated depreciation	(4,103,871.94)	(3,918,603.61)	
22	Capital Asset, net	4,562,605.41	4,763,706.07	(16+17+18+19+20+21)
23	Total Noncurrent Assets	6,178,891.83	6,334,443.34	(14+22)
24	TOTAL ASSETS	17,833,322.43	17,437,885.85	(9+23)
25	LIABILITIES			
26	<u>Current Liabilities</u>			
27	Accounts payable	777.95	3,748,831.73	
28	Accrued wages and payroll related liabilities	43,856.60	83,713.19	
29	Other accrued liabilities	4,225,813.56	569,539.06	
30	Due to other governmental units	243,583.00	250,747.00	
31	Deferred Revenue	6,073.23	2,503.73	
32	Current portion of long term debt	16,212.86	16,212.86	
33	Other current liabilities	-	-	
34	Total Current Liabilities	4,536,317.20	4,671,547.57	(27+28+29+30+31+32+33)
35	<u>Noncurrent Liabilities</u>			
36	Long term debt, net of current portion	230,660.41	246,873.29	
37	GASB 87 Noncurrent Lease Liability	1,699,121.29	1,699,121.29	
38	Compensated absences	1,359,019.52	1,462,345.88	
39	Total Noncurrent Liabilities	3,288,801.22	3,408,340.46	(36+37+38)
40	TOTAL LIABILITIES	7,825,118.42	8,079,888.03	(34+39)
41	NET ASSETS			
42	<u>Fund Balance</u>			
43	Restricted for capital purposes	3,966,653.00	3,966,653.00	
44	Unrestricted fund balance - PBIP	2,827,136.47	2,377,601.32	
45	Unrestricted fund balance	3,214,414.54	3,013,743.50	
46	Total Net Assets	\$10,008,204.01	\$9,367,997.82	(43+44+45) and (24-40)

Bay Arenac Behavioral Health
For the Month Ending September 30, 2024
Summary of All Units

		Column Identifiers					
A	B	C	D	E (C-D)	F (C / D)	G	
	September Actual	2024 YTD Actual	2024 YTD Budget	Variance	% to Budget	2024 Monthly Budget	
Income Statement							
1	REVENUE						
2	Risk Contract Revenue						
3	Medicaid Specialty Supports & Services	4,956,739.14	56,157,704.88	52,298,521.33	3,859,183.55	107%	4,358,210.11
4	Medicaid Autism	953,466.18	11,632,745.63	5,740,949.28	5,891,796.35	203%	478,412.44
5	State Genl Fund Priority Population	135,504.00	1,676,054.00	1,626,053.33	50,000.67	103%	135,504.44
6	GF Shared Savings Lapse	0.00	0.00	0.00	0.00	0%	0.00
7	Total Risk Contract Revenue	6,045,709.32	69,466,504.61	69,665,523.94	9,800,980.67	116%	4,972,127.00 (3+4+5+6)
8	Program Service Revenue						
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00
10	Other Fee For Service	45,640.77	385,204.18	320,511.12	64,693.06	120%	26,709.26
11	Total Program Service Revenue	45,640.77	385,204.18	320,511.12	64,693.06	120%	26,709.26 (9+10)
12	Other Revenue						
13	Grants and Earned Contracts	52,436.62	1,544,953.70	1,524,638.47	20,315.23	101%	127,053.21
14	SSI Reimbursements, 1st/3rd Party	6,406.10	72,366.40	75,090.13	(2,723.73)	96%	6,257.51
15	County Appropriation	65,587.83	787,053.96	787,053.96	0.00	100%	65,587.83
16	Interest Income - Working Capital	20,008.68	305,328.70	316,577.38	(11,248.68)	96%	26,381.45
17	Other Local Income	1,520.55	464,181.32	611,427.91	(147,246.59)	76%	50,952.33
18	Total Other Revenue	145,959.78	3,173,884.08	3,314,787.85	(140,903.77)	96%	276,232.32 (13+14+15+16+17)
19	TOTAL REVENUE	6,237,309.87	73,026,692.77	63,300,822.91	9,724,769.86	116%	5,275,068.58 (7+11+18)
20	EXPENSE						
21	SUPPORTS & SERVICES						
22	Provider Claims						
23	State Facility - Local portion	7,882.60	164,482.68	175,359.17	10,876.49	94%	14,613.26
24	Community Hospital	651,030.20	7,277,387.69	7,487,419.24	210,031.55	97%	623,951.60
25	Residential Services	1,412,225.52	15,177,007.98	15,275,973.41	98,965.43	99%	1,272,997.78
26	Community Supports	2,151,871.05	26,057,515.09	26,370,722.02	313,206.93	99%	2,197,560.17
27	Total Provider Claims	4,223,009.37	48,676,393.44	49,309,473.84	633,080.40	99%	4,109,122.82 (23+24+25+26)
28	Operating Expenses						
29	Salaries	1,264,477.20	14,492,487.09	14,336,812.78	(155,674.31)	101%	1,194,734.40
30	Fringe Benefits	417,322.52	4,814,433.76	4,779,881.05	(34,552.71)	101%	398,323.42
31	Consumer Related	5,362.62	48,271.23	39,701.57	(8,569.66)	122%	3,308.46
32	Program Operations	186,509.56	1,802,197.30	1,757,964.61	(44,232.69)	103%	146,497.05
33	Facility Cost	58,029.11	647,384.81	689,883.20	42,498.39	94%	57,490.27
34	Purchased Services	1,207.80	46,287.25	44,882.11	(1,405.14)	103%	3,740.18
35	Other Operating Expense	128,436.96	1,417,135.12	1,453,907.72	36,772.60	97%	121,158.98
36	Local Funds Contribution	17,906.00	214,872.00	214,872.00	0.00	100%	17,906.00
37	Interest Expense	661.05	8,172.12	8,237.41	65.29	99%	686.45
38	Depreciation	15,132.23	207,752.46	216,474.41	8,721.95	96%	18,039.53
39	Total Operating Expenses	2,095,045.05	23,698,993.14	23,542,616.86	(156,376.28)	101%	1,961,884.74 (29+30+31+32+33+34+35+36+37+38)
40	TOTAL EXPENSES	6,318,054.42	72,375,386.68	72,852,090.70	476,704.12	99%	6,071,007.56 (27+39)
41	NET SURPLUS/(DEFICIT)	(80,744.55)	650,206.19	(9,551,267.79)	10,201,473.98	-7%	(795,938.98) (19-40)
42	Notes:						
43	Medicaid Revenue includes an accrual for additional funds if a (shortage) exists/reduction of funds if a surplus exists from/(to) Mid-State Health Network as follows:						
44	BASED ON PEPM FUNDING:						
45	Net Medicaid (shortage):	(\$9,510,092.64)					
46	Medicaid (shortage):	(\$1,430,234.93)					
47	Healthy Michigan (shortage):	(\$2,345,545.28)					
48	Autism (shortage):	(\$5,734,312.43)					
49	BASED ON APPROVED BUDGET:						
50	Net Medicaid (shortage):	(\$5,739,130)					
51	Medicaid (shortage):	(\$3,156,522)					
52	Healthy Michigan (shortage):	(\$57,391)					
53	Autism (shortage):	(\$2,525,217)					

**BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF FUND BALANCE
AS OF SEPTEMBER 30, 2024**

	TOTALS
Fund Balance 09/30/2023	9,357,997.82
Net (loss)/income September 2024	650,206.19
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 9/30/2024	10,008,204.01
Statement of Net Assets Fund Balance 9/30/2024	10,008,204.01
Difference	-

**BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF SEPTEMBER 30, 2024**

	<u>TOTALS</u>
Unrestricted Fund Balance 9/30/2023	5,391,344.82
Net (loss)/income September 2024	650,206.19
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 9/30/2024	6,041,551.01
Statement of Net Assets Unrestricted Fund Balance 09/30/2024	6,041,551.01
Difference	0.00

**Bay-Arenac Behavioral Health
Fund Balance Summary**

	Sept. 30, 2023 Unrestricted <u>Fund Balance</u>	Sep 30, 2024 Permanently <u>Restricted</u>	Sep 30, 2024 Temporarily <u>Restricted</u>	Sep 30, 2024 Unrestricted/ <u>Reserved</u>	Sep 30, 2024 Total <u>Fund Balance</u>
Unrestricted	3,013,744	-	-	3,214,415	3,214,415
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	2,377,601	-	-	2,827,136	2,827,136
Balances	9,357,998	-	-	10,008,204	10,008,204

**BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow**

	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	6,674,231	5,888,358	4,850,337	7,213,599	6,321,719	4,333,698	4,521,960	3,630,079	2,592,059	2,330,321	2,238,440	2,000,420	1,738,682
Total Medicaid	4,944,791	4,806,900	4,806,900	4,806,900	4,806,900	4,806,900	4,806,900	4,806,900	5,606,900	5,606,900	5,606,900	5,606,900	5,606,900
Total General Fund	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,506	135,504	135,505	135,506	135,504
Estimated Misc. Receipts	200,318	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900
Client Receipts	91,818	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853	17,853
Total Estimated Cash	12,064,514	10,993,375	9,955,354	12,434,756	11,426,736	9,438,715	9,743,117	8,735,096	8,497,076	8,351,478	8,143,457	7,905,436	7,759,839
Total Estimated Available Funds	12,064,514	10,993,375	9,955,354	12,434,756	11,426,736	9,438,715	9,743,117	8,735,096	8,497,076	8,351,478	8,143,457	7,905,436	7,759,839
Estimated Expenditures:													
1st Payroll	591,552	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Special Pay													
ETQ Buyouts													
2nd Payroll	573,120	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Board Per Diem	2,509	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll					550,000								
1st Friday Claims	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951	836,951
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781	1,017,781
Board Week Bay Batch	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241	1,245,241
Board Week Claims	974,280	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000
Credit Card	-	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690	932,690
5th Friday Claims			400,000		400,000								
Local FFP payment to MSHN			53,717			53,717			53,717			53,717	
Transfer to State of MI													
Transfer from/(to) Reserve Account													
Settlement with MSHN			(3,825,000)			(1,250,000)							
Funds from MSHN													
Transfer to (from) HRA		30,000			30,000			30,000			30,000		
Transfer to (from) Investment													
Transfer to (from) Capital Acct													
Total Estimated Expenditures	6,176,156	6,143,038	2,741,755	6,113,038	7,093,038	4,916,755	6,113,038	6,143,038	6,166,755	6,113,038	6,143,038	6,166,755	6,113,038
Estimated Month End Cash Balance	5,888,358	4,850,337	7,213,599	6,321,719	4,333,698	4,521,960	3,630,079	2,592,059	2,330,321	2,238,440	2,000,420	1,738,682	1,646,801

Bay-Arenac Behavioral Health

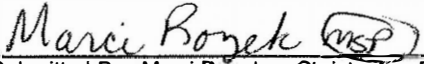
Cash Flow Forecasting For the Month of October

	<u>Bank Balance</u>	<u>Investment Balance</u>
Estimated Cash Balance October 1, 2024	5,888,358	-
Investment Purchased/Interest	-	-
Investments coming due during month	-	-
Estimated Cash Balance October 31, 2024	5,888,358	-
Estimated Cash Inflow:		
Medicaid Funds:	4,806,900	
General Fund Dollars:	135,505	
Board Receipts:	89,759	
Client Receipts:	55,000	
Funds from Investment:	-	
Interest:	17,853	
Total Estimated Cash Inflow:	5,105,017	
Estimated Cash Outflow:		
Payroll Dated: 10/11/24	(550,000)	
Payroll Dated:	(550,000)	
Board Per Diem Payroll: 10/18/24	(3,343)	
Payroll Dated: 10/25/24	-	
Claims Disbursements: 10/04/24	(836,951)	
Claims Disbursements: 10/11/24	(1,017,781)	
Claims Disbursements: 10/18/24	(975,000)	
A/P Disbursements: 10/18/24	(1,245,241)	
Mortgage Payment: 10/23/24	(2,032)	
Claims Disbursements: 10/25/24	(932,690)	
Claims Disbursements:	-	
Local FFP Payment:	-	
Transfer to Reserve Acct:	-	
HRA transfer:	(30,000)	
Transfer to MSHN:	-	
Transfer to State of MI:	-	
Purchased Investment	-	
Total Estimated Cash Outflow:	(6,143,038)	
Estimated Cash Balance on October 31, 2024	4,850,337	-
	-	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
September 2024

<u>Funds Paid from/ Transferred from:</u>	<u>Funds Paid to/ Transferred to:</u>	<u>Amount</u>	<u>Date of Payment</u>	<u>Description</u>	<u>Authorized By</u>
Flagstar Bank	Flagstar Bank	15,395.34	9/4/2024	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	100,000.00	9/4/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	865,391.96	9/5/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	770,000.00	9/6/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	570,000.00	9/11/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,500.00	9/12/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	585,000.00	9/12/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,623,851.50	9/12/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	875,000.00	9/13/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,428,450.96	9/19/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	155,000.00	9/20/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,051.87	9/20/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	9/24/2024	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	565,000.00	9/25/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,757.65	9/26/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	569,363.20	9/26/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	897,633.02	9/26/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	3,245,000.00	9/27/2024	Transfer from General Account to MMKT Account	Marci Rozek

Total Withdrawals: 12,277,427.46


 Submitted By: Marci Rozek or Christopher Pinter
 Chief Financial Officer or Chief Executive Officer

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers for Vendor ACH Payments
September 2024

<u>Funds Paid from:</u>	<u>EFT #</u>	<u>Funds Paid to:</u>	<u>Amount</u>	<u>Date of Pmt</u>	<u>Authorized By</u>
Flagstar Bank	E6355	Bay Human Services, Inc.	1,457.37	9/6/2024	Marci Rozek
Flagstar Bank	E6356	MICHIGAN COMMUNITY SERVICES IN	39,096.74	9/6/2024	Marci Rozek
Flagstar Bank	E6357	LIBERTY LIVING, INC.	118,256.12	9/6/2024	Marci Rozek
Flagstar Bank	E6358	SAMARITAS	34,299.88	9/6/2024	Marci Rozek
Flagstar Bank	E6359	HEALTHSOURCE	91,314.00	9/6/2024	Marci Rozek
Flagstar Bank	E6360	FOREST VIEW HOSPITAL	11,632.50	9/6/2024	Marci Rozek
Flagstar Bank	E6361	PHC OF MICHIGAN - HARBOR OAKS	18,640.88	9/6/2024	Marci Rozek
Flagstar Bank	E6362	MPA GROUP NFP, Ltd.	40,730.81	9/6/2024	Marci Rozek
Flagstar Bank	E6363	LIST PSYCHOLOGICAL SERVICES	2,374.16	9/6/2024	Marci Rozek
Flagstar Bank	E6364	SAGINAW PSYCHOLOGICAL SERVICES	22,808.35	9/6/2024	Marci Rozek
Flagstar Bank	E6365	ARENAC OPPORTUNITIES, INC	4,262.97	9/6/2024	Marci Rozek
Flagstar Bank	E6366	DO-ALL, INC.	5,602.75	9/6/2024	Marci Rozek
Flagstar Bank	E6367	New Dimensions	6,676.53	9/6/2024	Marci Rozek
Flagstar Bank	E6368	TOUCHSTONE SERVICES, INC	19,256.64	9/6/2024	Marci Rozek
Flagstar Bank	E6369	Winningham, Linda Jo	572.00	9/6/2024	Marci Rozek
Flagstar Bank	E6370	Nutrition for Wellness	353.90	9/6/2024	Marci Rozek
Flagstar Bank	E6371	WILSON, STUART T. CPA, P.C.	134,433.84	9/6/2024	Marci Rozek
Flagstar Bank	E6372	CAREBUILDERS AT HOME, LLC	13,809.36	9/6/2024	Marci Rozek
Flagstar Bank	E6373	AUTISM SYSTEMS LLC	13,487.49	9/6/2024	Marci Rozek
Flagstar Bank	E6374	CENTRIA HEALTHCARE LLC	28,493.21	9/6/2024	Marci Rozek
Flagstar Bank	E6375	PERSONAL ASSISTANCE OPTIONS INC	41,447.64	9/6/2024	Marci Rozek
Flagstar Bank	E6376	GAME CHANGER PEDIATRIC THERAPY	55,772.96	9/6/2024	Marci Rozek
Flagstar Bank	E6377	Spectrum Autism Center	5,544.97	9/6/2024	Marci Rozek
Flagstar Bank	E6378	ENCOMPASS THERAPY CENTER LLC	62,735.02	9/6/2024	Marci Rozek
Flagstar Bank	E6379	Acorn Health of Michigan	265.48	9/6/2024	Marci Rozek
Flagstar Bank	E6380	MERCY PLUS HEALTHCARE SERVICES LLC	690.00	9/6/2024	Marci Rozek
Flagstar Bank	E6381	MOVVA, USHA	15,750.00	9/6/2024	Marci Rozek
Flagstar Bank	E6382	Yeo & Yeo Technology	1,400.00	9/6/2024	Marci Rozek
Flagstar Bank	E6383	AUGRES CARE CENTER, INC	3,842.14	9/13/2024	Marci Rozek
Flagstar Bank	E6384	HAVENWYCK HOSPITAL	13,560.75	9/13/2024	Marci Rozek
Flagstar Bank	E6385	HOPE NETWORK BEHAVIORAL HEALTH	71,297.28	9/13/2024	Marci Rozek
Flagstar Bank	E6386	Hope Network Southeast	129,821.66	9/13/2024	Marci Rozek
Flagstar Bank	E6387	BEACON SPECIALIZED LIVING SVS	18,634.41	9/13/2024	Marci Rozek
Flagstar Bank	E6388	Fitzhugh House, LLC	12,252.48	9/13/2024	Marci Rozek
Flagstar Bank	E6389	Bay Human Services, Inc.	352,632.96	9/13/2024	Marci Rozek
Flagstar Bank	E6390	MICHIGAN COMMUNITY SERVICES IN	335,338.70	9/13/2024	Marci Rozek
Flagstar Bank	E6391	CENTRAL STATE COMM. SERVICES	36,757.94	9/13/2024	Marci Rozek
Flagstar Bank	E6392	VALLEY RESIDENTIAL SERVICES	85,624.37	9/13/2024	Marci Rozek
Flagstar Bank	E6393	LIBERTY LIVING, INC.	27,599.50	9/13/2024	Marci Rozek
Flagstar Bank	E6394	SUPERIOR CARE OF MICHIGAN LLC	8,506.40	9/13/2024	Marci Rozek
Flagstar Bank	E6395	Closer to Home, LLC	19,151.80	9/13/2024	Marci Rozek
Flagstar Bank	E6396	HEALTHSOURCE	4,104.00	9/13/2024	Marci Rozek
Flagstar Bank	E6397	FOREST VIEW HOSPITAL	7,402.50	9/13/2024	Marci Rozek
Flagstar Bank	E6398	MPA GROUP NFP, Ltd.	37,857.82	9/13/2024	Marci Rozek
Flagstar Bank	E6399	LIST PSYCHOLOGICAL SERVICES	1,387.95	9/13/2024	Marci Rozek
Flagstar Bank	E6400	SAGINAW PSYCHOLOGICAL SERVICES	28,462.88	9/13/2024	Marci Rozek
Flagstar Bank	E6401	PARAMOUNT REHABILITATION	31,558.87	9/13/2024	Marci Rozek
Flagstar Bank	E6402	ARENAC OPPORTUNITIES, INC	11,531.32	9/13/2024	Marci Rozek
Flagstar Bank	E6403	DO-ALL, INC.	19,316.33	9/13/2024	Marci Rozek
Flagstar Bank	E6404	New Dimensions	4,296.24	9/13/2024	Marci Rozek
Flagstar Bank	E6405	TOUCHSTONE SERVICES, INC	24,217.44	9/13/2024	Marci Rozek
Flagstar Bank	E6406	Nutrition for Wellness	1,064.60	9/13/2024	Marci Rozek
Flagstar Bank	E6407	WILSON, STUART T. CPA, P.C.	9,997.42	9/13/2024	Marci Rozek
Flagstar Bank	E6408	CAREBUILDERS AT HOME, LLC	6,552.60	9/13/2024	Marci Rozek
Flagstar Bank	E6409	AUTISM SYSTEMS LLC	308.66	9/13/2024	Marci Rozek
Flagstar Bank	E6410	CENTRIA HEALTHCARE LLC	36,154.19	9/13/2024	Marci Rozek
Flagstar Bank	E6411	Flourish Services, LLL	12,283.07	9/13/2024	Marci Rozek
Flagstar Bank	E6412	GAME CHANGER PEDIATRIC THERAPY	65,572.83	9/13/2024	Marci Rozek
Flagstar Bank	E6413	Spectrum Autism Center	23,920.64	9/13/2024	Marci Rozek
Flagstar Bank	E6414	ENCOMPASS THERAPY CENTER LLC	64,463.60	9/13/2024	Marci Rozek
Flagstar Bank	E6415	MERCY PLUS HEALTHCARE SERVICES LLC	51,648.64	9/13/2024	Marci Rozek
Flagstar Bank	E6416	STATE OF MICHIGAN DEPT OF COMM HEALTH A	6,338.60	9/13/2024	Marci Rozek
Flagstar Bank	E6417	TELNET WORLDWIDE, INC.	1,552.83	9/13/2024	Marci Rozek
Flagstar Bank	E6418	A2Z CLEANING & RESTORATION INC.	5,178.00	9/20/2024	Marci Rozek
Flagstar Bank	E6419	Badour Heating & Cooling	160.00	9/20/2024	Marci Rozek
Flagstar Bank	E6420	Banaszak, Tim	220.43	9/20/2024	Marci Rozek

Flagstar Bank	E6421	BICKEL, MEREDITH	138.69	9/20/2024	Marci Rozek
Flagstar Bank	E6422	Bryan, Kelly	547.24	9/20/2024	Marci Rozek
Flagstar Bank	E6423	BYRNE, RICHARD	306.86	9/20/2024	Marci Rozek
Flagstar Bank	E6424	Caddick, Michelle	99.09	9/20/2024	Marci Rozek
Flagstar Bank	E6425	Cook, Jordyn	330.31	9/20/2024	Marci Rozek
Flagstar Bank	E6426	Crete, Jerome T	48.24	9/20/2024	Marci Rozek
Flagstar Bank	E6427	Deshano, Jennifer	284.08	9/20/2024	Marci Rozek
Flagstar Bank	E6428	Dunnem, Emily	206.29	9/20/2024	Marci Rozek
Flagstar Bank	E6429	ERGOMED PRODUCTS, INC.	356.00	9/20/2024	Marci Rozek
Flagstar Bank	E6430	FRIEBE, HEATHER	52.13	9/20/2024	Marci Rozek
Flagstar Bank	E6431	Gonzalez, Minerva	474.04	9/20/2024	Marci Rozek
Flagstar Bank	E6432	GoTo Technologies USA, Inc.	80.90	9/20/2024	Marci Rozek
Flagstar Bank	E6433	GUERTIN, SUSAN	510.79	9/20/2024	Marci Rozek
Flagstar Bank	E6434	HAMPTON AUTO REPAIR	1,363.75	9/20/2024	Marci Rozek
Flagstar Bank	E6435	HECHT, KERENSA	410.04	9/20/2024	Marci Rozek
Flagstar Bank	E6436	HEWTTY, MARIA	137.08	9/20/2024	Marci Rozek
Flagstar Bank	E6437	HOSPITAL PSYCHIATRY PLLC	42,000.00	9/20/2024	Marci Rozek
Flagstar Bank	E6438	Huerta, Justin	194.64	9/20/2024	Marci Rozek
Flagstar Bank	E6439	Iris Telehealth Medical Group, PA	78,235.00	9/20/2024	Marci Rozek
Flagstar Bank	E6440	JINKS, KIM	253.26	9/20/2024	Marci Rozek
Flagstar Bank	E6441	KING COMMUNICATIONS	200.40	9/20/2024	Marci Rozek
Flagstar Bank	E6442	Kohn, Jessica	286.76	9/20/2024	Marci Rozek
Flagstar Bank	E6443	KOIN, STACEY E.	92.46	9/20/2024	Marci Rozek
Flagstar Bank	E6444	Konwinski, Nicole	181.46	9/20/2024	Marci Rozek
Flagstar Bank	E6445	Lagalo, Lori	127.90	9/20/2024	Marci Rozek
Flagstar Bank	E6446	McCoy Heating and Cooling	735.34	9/20/2024	Marci Rozek
Flagstar Bank	E6447	MCFARLAND, PATRICK J.	38.86	9/20/2024	Marci Rozek
Flagstar Bank	E6448	MOVVA, USHA	15,400.00	9/20/2024	Marci Rozek
Flagstar Bank	E6449	NESTORAK, TIFFANY	639.11	9/20/2024	Marci Rozek
Flagstar Bank	E6450	NETSOURCE ONE, INC.	48,105.29	9/20/2024	Marci Rozek
Flagstar Bank	E6451	Niemiec, Kathleen	152.76	9/20/2024	Marci Rozek
Flagstar Bank	E6452	NIX, HEATHER	16.75	9/20/2024	Marci Rozek
Flagstar Bank	E6453	Nixon, Heidi	128.37	9/20/2024	Marci Rozek
Flagstar Bank	E6454	O'BRIEN, CAROLE	84.42	9/20/2024	Marci Rozek
Flagstar Bank	E6455	PETER CHANG ENTERPRISES, INC.	23,301.13	9/20/2024	Marci Rozek
Flagstar Bank	E6456	PRO-SCAPE, INC.	210.48	9/20/2024	Marci Rozek
Flagstar Bank	E6457	RICKER, AMY	170.18	9/20/2024	Marci Rozek
Flagstar Bank	E6458	Rooker, Stephani	38.39	9/20/2024	Marci Rozek
Flagstar Bank	E6459	ROSE, KEVIN	81.07	9/20/2024	Marci Rozek
Flagstar Bank	E6460	Royer, Kaitlyn	100.00	9/20/2024	Marci Rozek
Flagstar Bank	E6461	Schneider, Maryssa	688.01	9/20/2024	Marci Rozek
Flagstar Bank	E6462	Schumacher, Pamela	106.93	9/20/2024	Marci Rozek
Flagstar Bank	E6463	SHRED EXPERTS LLC	349.80	9/20/2024	Marci Rozek
Flagstar Bank	E6464	Staples	4,567.17	9/20/2024	Marci Rozek
Flagstar Bank	E6465	Tenney, Ben	182.24	9/20/2024	Marci Rozek
Flagstar Bank	E6466	Truhn, Emelia	155.91	9/20/2024	Marci Rozek
Flagstar Bank	E6467	UNITED WAY OF BAY COUNTY/RENT	2,125.00	9/20/2024	Marci Rozek
Flagstar Bank	E6468	VanWert, Laurie	100.72	9/20/2024	Marci Rozek
Flagstar Bank	E6469	VASCONCELOS, FLAVIA	446.76	9/20/2024	Marci Rozek
Flagstar Bank	E6470	Yeo & Yeo Technology	120.50	9/20/2024	Marci Rozek
Flagstar Bank	E6471	HAVENWYCK HOSPITAL	6,328.35	9/20/2024	Marci Rozek
Flagstar Bank	E6472	Bay Human Services, Inc.	149,668.20	9/20/2024	Marci Rozek
Flagstar Bank	E6473	MICHIGAN COMMUNITY SERVICES IN	23.38	9/20/2024	Marci Rozek
Flagstar Bank	E6474	NORTH SHORES CENTER LLC	3,089.80	9/20/2024	Marci Rozek
Flagstar Bank	E6475	DISABILITY NETWORK	21,403.28	9/20/2024	Marci Rozek
Flagstar Bank	E6476	HEALTHSOURCE	26,266.80	9/20/2024	Marci Rozek
Flagstar Bank	E6477	FOREST VIEW HOSPITAL	6,345.00	9/20/2024	Marci Rozek
Flagstar Bank	E6478	PHC OF MICHIGAN - HARBOR OAKS	5,810.00	9/20/2024	Marci Rozek
Flagstar Bank	E6479	MPA GROUP NFP, Ltd.	33,561.28	9/20/2024	Marci Rozek
Flagstar Bank	E6480	LIST PSYCHOLOGICAL SERVICES	1,108.92	9/20/2024	Marci Rozek
Flagstar Bank	E6481	SAGINAW PSYCHOLOGICAL SERVICES	17,877.66	9/20/2024	Marci Rozek
Flagstar Bank	E6482	ARENAC OPPORTUNITIES, INC	14,224.70	9/20/2024	Marci Rozek
Flagstar Bank	E6483	DO-ALL, INC.	4,921.25	9/20/2024	Marci Rozek
Flagstar Bank	E6484	New Dimensions	16,714.01	9/20/2024	Marci Rozek
Flagstar Bank	E6485	TOUCHSTONE SERVICES, INC	4,761.12	9/20/2024	Marci Rozek
Flagstar Bank	E6486	Nutrition for Wellness	863.40	9/20/2024	Marci Rozek
Flagstar Bank	E6487	WILSON, STUART T. CPA, P.C.	92,890.59	9/20/2024	Marci Rozek
Flagstar Bank	E6488	CAREBUILDERS AT HOME, LLC	6,683.00	9/20/2024	Marci Rozek
Flagstar Bank	E6489	AUTISM SYSTEMS LLC	7,827.43	9/20/2024	Marci Rozek
Flagstar Bank	E6490	CENTRIA HEALTHCARE LLC	28,372.28	9/20/2024	Marci Rozek
Flagstar Bank	E6491	PERSONAL ASSISTANCE OPTIONS INC	6,050.56	9/20/2024	Marci Rozek
Flagstar Bank	E6492	GAME CHANGER PEDIATRIC THERAPY	54,560.25	9/20/2024	Marci Rozek
Flagstar Bank	E6493	Spectrum Autism Center	4,184.96	9/20/2024	Marci Rozek
Flagstar Bank	E6494	ENCOMPASS THERAPY CENTER LLC	44,902.75	9/20/2024	Marci Rozek
Flagstar Bank	E6495	Acorn Health of Michigan	151.00	9/20/2024	Marci Rozek

Flagstar Bank	E6496	MERCY PLUS HEALTHCARE SERVICES LLC	27,532.32	9/20/2024	Marci Rozek
Flagstar Bank	E6497	Moduform, Inc.	1,949.84	9/20/2024	Marci Rozek
Flagstar Bank	E6498	HAVENWYCK HOSPITAL	15,368.85	9/27/2024	Marci Rozek
Flagstar Bank	E6499	Fitzhugh House, LLC	11,486.70	9/27/2024	Marci Rozek
Flagstar Bank	E6500	MICHIGAN COMMUNITY SERVICES IN	1,388.76	9/27/2024	Marci Rozek
Flagstar Bank	E6501	CENTRAL STATE COMM. SERVICES	118.86	9/27/2024	Marci Rozek
Flagstar Bank	E6502	VALLEY RESIDENTIAL SERVICES	1,182.46	9/27/2024	Marci Rozek
Flagstar Bank	E6503	LIBERTY LIVING, INC.	58,232.60	9/27/2024	Marci Rozek
Flagstar Bank	E6504	DISABILITY NETWORK	30,723.96	9/27/2024	Marci Rozek
Flagstar Bank	E6505	HEALTHSOURCE	51,300.00	9/27/2024	Marci Rozek
Flagstar Bank	E6506	FOREST VIEW HOSPITAL	8,460.00	9/27/2024	Marci Rozek
Flagstar Bank	E6507	CEDAR CREEK HOSPITAL	4,219.00	9/27/2024	Marci Rozek
Flagstar Bank	E6508	PHC OF MICHIGAN - HARBOR OAKS	17,430.00	9/27/2024	Marci Rozek
Flagstar Bank	E6509	MPA GROUP NFP, Ltd.	31,184.73	9/27/2024	Marci Rozek
Flagstar Bank	E6510	LIST PSYCHOLOGICAL SERVICES	2,291.03	9/27/2024	Marci Rozek
Flagstar Bank	E6511	SAGINAW PSYCHOLOGICAL SERVICES	25,215.83	9/27/2024	Marci Rozek
Flagstar Bank	E6512	PARAMOUNT REHABILITATION	40,083.97	9/27/2024	Marci Rozek
Flagstar Bank	E6513	ARENAC OPPORTUNITIES, INC	20,609.00	9/27/2024	Marci Rozek
Flagstar Bank	E6514	DO-ALL, INC.	5,804.58	9/27/2024	Marci Rozek
Flagstar Bank	E6515	TOUCHSTONE SERVICES, INC	9,459.84	9/27/2024	Marci Rozek
Flagstar Bank	E6516	Winningham, Linda Jo	1,826.00	9/27/2024	Marci Rozek
Flagstar Bank	E6517	Nutrition for Wellness	395.70	9/27/2024	Marci Rozek
Flagstar Bank	E6517	GoTo Technologies USA, Inc.	48.00	9/27/2024	Marci Rozek
Flagstar Bank	E6518	WILSON, STUART T. CPA, P.C.	72,765.67	9/27/2024	Marci Rozek
Flagstar Bank	E6518	HAMPTON AUTO REPAIR	308.22	9/27/2024	Marci Rozek
Flagstar Bank	E6519	CAREBUILDERS AT HOME, LLC	6,448.28	9/27/2024	Marci Rozek
Flagstar Bank	E6519	NETSOURCE ONE, INC.	5,170.00	9/27/2024	Marci Rozek
Flagstar Bank	E6520	CENTRIA HEALTHCARE LLC	33,196.69	9/27/2024	Marci Rozek
Flagstar Bank	E6520	PETER CHANG ENTERPRISES, INC.	23,297.37	9/27/2024	Marci Rozek
Flagstar Bank	E6521	PERSONAL ASSISTANCE OPTIONS INC	72,737.12	9/27/2024	Marci Rozek
Flagstar Bank	E6521	Sage Software Inc	5,640.00	9/27/2024	Marci Rozek
Flagstar Bank	E6522	Flourish Services, LLL	7,798.50	9/27/2024	Marci Rozek
Flagstar Bank	E6522	TELNET WORLDWIDE, INC.	1,546.51	9/27/2024	Marci Rozek
Flagstar Bank	E6523	GAME CHANGER PEDIATRIC THERAPY	61,127.01	9/27/2024	Marci Rozek
Flagstar Bank	E6523	TOUCHSTONE SERVICES, INC.	2,675.23	9/27/2024	Marci Rozek
Flagstar Bank	E6524	Spectrum Autism Center	24,072.44	9/27/2024	Marci Rozek
Flagstar Bank	E6525	ENCOMPASS THERAPY CENTER LLC	60,429.82	9/27/2024	Marci Rozek
Flagstar Bank	E6526	MERCY PLUS HEALTHCARE SERVICES LLC	22,725.05	9/27/2024	Marci Rozek

Total Withdrawals:

3,911,539.93

Marci Rozek (MSP)

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

October 15, 2024

To: Sara McRae, Executive Assistant to the CEO
 From: Karl White, Accounting Manager
 Michele Perry, Finance Manager
 Re: Disbursement Audit Information for Audit Committee

The following is a summary of disbursements as presented

Administration and Services for Behavioral Health

10/18/24 Checks Sequence: #100301-100369, ACH E6586-E6635

Employee travel, conference	\$ 9,620.43
Purchase Order Invoices	\$ 8,991.07
Invoices for Routine Maintenance, services, purchase requisition invoices	\$ 147,637.71
Recurring invoices, utilities, phone, leases	\$ 342,698.61

SUBTOTAL - Monthly Batch \$ 508,947.82

ITEMS FOR REVIEW:

EFT transfer - Credit Card 10/04/2024 \$ 27,801.12

Weekly Special Checks:

09/20/2024 Checks 100235-100241, E6497	\$ 10,544.21
09/27/2024 Checks 100248-100263, E6517-E6523	\$ 57,804.39
10/04/2024 Checks 100271-100284, E6548	\$ 31,536.50
10/11/2024 Checks 100294-100299, E6584-E6585	\$ 14,531.52

SUBTOTAL - Special Checks \$ 114,416.62

Health Care payments

09/20/2024 Checks 100223-100234, ACH Pmts E6471-E6496	\$ 824,280.29
09/27/2024 Checks 100242-100245, ACH Pmts E6498-E6526	\$ 732,689.80
10/04/2024 Checks 100264-100270, ACH Pmts E6524-E6547	\$ 534,666.01
10/11/2024 Checks 100285-100293, ACH Pmts E6549-E6583	\$ 1,726,748.25

SUBTOTAL - Health Care Payments \$ 3,818,384.35

TOTAL DISBURSEMENTS \$ 4,469,549.91

Prepared by: 

Reviewed by: 

Bay-Arenac Behavioral Health
Board of Directors Meeting
Summary of Proposed Contracts (Not Approved at Finance Committee Meeting)
10/17/2024

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES						
Admin/Other Services						
1	R	Healthy Transitions, LLC (fka Family Health Psychiatric & Counseling Center) Crisis Residential Services for Adults <i>Crisis Residential Services</i> <i>Room & Board (GF Cost)</i>	\$724/day \$26/day	Same Same	10/1/24 - 9/30/25	Y New Provider
2	N	Flatrock Manor, Inc. CLS services for two BABHA individuals	\$0	\$5.65/unit and \$12.24/unit for 24 hour enhanced staffing	10/11/24 - 9/30/25	Y N
3	N/M	Game Changer Pediatric Therapy Services Modification to the new Single Case Agreement for CLS and Respite for one individual	Eff. 9/23/2024: CLS \$10/unit, CLS 2:1 Inpatient Hospitalization Rate \$16.56/unit, Respite \$10/unit	Eff. 9/23/2024: CLS \$10/unit, CLS 2:1 Inpatient Hospitalization Rate \$16.56/unit, Respite \$10/unit and Eff. 10/11/2024: CLS 2:1 Hospital Discharge Rate \$21/unit	9/23/24 - 9/23/25	Y N

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension

M = Modification
N = New Contract/Provider
NC = New Consumer
T = Termination

Footnotes:



**THE SENATE
STATE OF MICHIGAN**

MICHELE HOITENGA

36TH DISTRICT
P.O. BOX 30036

LANSING, MI 48909-7536

PHONE: (517) 373-7946

FAX: (517) 373-2678

senmhoitenga@senate.michigan.gov

September 17, 2024

Director Elizabeth Hertel
Michigan Department of Health and Human Services
333 S. Grand Avenue
P.O. Box 30195
Lansing, MI 48909

Dear Director Hertel,

I am writing to voice my strong support for immediate action to address the Medicaid funding deficits affecting Michigan's public community mental health services programs (CMHSPs) and Pre-paid Inpatient Health Plan (PIHP) regions. The financial challenges faced by organizations like Bay-Arenac Behavioral Health Authority (BABHA), and others in my district, are of great concern. Without intervention, critical mental health and developmental disability services will be at risk.

The current shortfall of nearly \$90 million in FY2024 is the result of several factors, including the recent Medicaid enrollment changes, increased demand for services, and medical inflation. CMHSPs have seen a substantial rise in costs for inpatient hospital services, community living support (CLS), and autism-related services over the past few years. At the same time, the Medicaid rates have not kept pace with these expenses, leaving organizations unable to meet the growing needs of their communities.

I strongly urge MDHHS to consider retroactively adjusting the Medicaid rates for FY2024 to reflect the actual service utilization and cost trends. This could be accomplished using existing unspent Medicaid funds from the current Appropriation Act, which would provide much-needed financial relief without requiring new legislative action. Additionally, a review of FY2025 rates is essential to prevent similar challenges in the future.

These steps will ensure that CMHSPs can continue to provide vital services to Michigan's most vulnerable citizens. I appreciate your attention to this critical matter. Should you require any further information, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in blue ink that reads "Michele Hoitenga".

Michele Hoitenga
State Senator
36th District

cc: Governor Gretchen Whitmer

Sara McRae

Subject: FW: Medicaid revenue and expense gap

From: Stephen Prince <SPrince@senate.michigan.gov>

Sent: Wednesday, September 25, 2024 1:45 PM

To: Chris Pinter <cpinter@babha.org>

Subject: RE: Medicaid revenue and expense gap

Thank you Chris. I will push back and have us push for the 2%.

Best,
Stephen

STEPHEN PRINCE
Legislative Director
SEN. KRISTEN McDONALD RIVET

Michigan Senate
Post Office Box 30036
Lansing, MI 48909-7536
(Email) sprince@senate.michigan.gov
(Office) 517-373-1725
(Cell) 989-297-4107

From: Chris Pinter <cpinter@babha.org>

Sent: Wednesday, September 25, 2024 1:25 PM

To: Stephen Prince <SPrince@senate.michigan.gov>

Subject: RE: Medicaid revenue and expense gap

Importance: High

Hi Stephen,

Yes, you are understanding this correctly. **A 1% Medicaid rate increase for fiscal year 2024 does not make the PIHP/CMHSP system whole for the year.** It leaves at least a \$45 Million dollar gap that will require multiple PIHPs to use their limited risk reserves to pay their bills to close the year. **The largest part of these health care expenses are being driven by historically high service demand and medical cost inflation.** We have shared this information with the MDHHS actuaries several times during the year and submitted our required financial status reports indicating the same. Despite these facts, MDHHS has consistently underfunded the system since the impact of COVID-19 placing all of our Medicaid behavioral services in a state of fragility on a continuous basis. **This is not a profit venture. We are just trying to break even on the cost of services.**

Please encourage Senator McDonald Rivet to advocate for at least a 2% Medicaid rate increase for fiscal year 2024 and insist that it be distributed evenly across all 10 PIHP regions. This is necessary to prevent MDHHS from deliberately weighting the fund distribution to only certain counties. This has been another unfortunate trend in the last few years. A 2% Medicaid increase is well within the original legislative appropriation for this year and will not require any additional funds. Bay-Arenac CMH has long term service arrangements with over 3000 persons continuing after October 1st that should not be in jeopardy due to these funding decisions at MDHHS. **We all have an obligation to support public mental health at a level that protects the health and safety of our citizens.**

Please also thank Senator McDonald Rivet for her continued advocacy regarding this very important matter and please let me know if any other additional information would be helpful going forward to resolve this issue.

Chris Pinter

From: Stephen Prince <SPrince@senate.michigan.gov>

Sent: Wednesday, September 25, 2024 12:08 PM

To: Chris Pinter <cpinter@babha.org>

Subject: Medicaid revenue and expense gap

WARNING: This message has originated from an **External Source**, please use caution when opening attachments or clicking links.

Hi Chris,

We received the following information from MDHHS yesterday and wanted to vet it through you to see if this addresses the issue:

“Interested parties have been in contact with the department regarding Medicaid revenue and expense gaps in the 2024 fiscal year which has caused concern for public community mental health services programs and Pre-paid Inpatient Health Plans. Considering, I am reaching out to provide you with insight specific to the PIHP rate adjustment.

- The fiscal year 2024 budget includes \$5 billion for behavioral health services.
- The funds are paid to the ten prepaid inpatient health plans (PIHPs) for Medicaid-funded behavioral health services.
- Services include inpatient, outpatient, case management, community living supports, and more.
- Throughout the year, MDHHS met with the PIHPs to discuss revenue challenges that the PIHPs were facing and vetted the issues against department data.
- The revenue review was especially critical considering the Public Health Emergency (PHE) unwinding and the unknown impacts that resulted from the unprecedented event.
- Given recent data trends, MDHHS requested that Milliman review the capitation rates to assure the rates were sufficient to meet changes seen post-unwinding.
- After reviewing the data and trends, Milliman provided the State with an updated rate certification that includes a 1% annualized rate increase.
- The updated rates considered the following factors:
 - Enrollment changes resulting from the public health emergency unwind.
 - Greater than expected acuity seen in the population that maintained eligibility following the unwind.
 - Direct care wage cost data.
 - Hospital reimbursement adjustments.
- Based on the updated rate calculations, the 1% rate increase will be received by the PIHPs on Thursday, September 26.
- The rate adjustment covers costs for October 1, 2023 – September 30, 2024.
- The total cost of the rate adjustment is \$41.6 gross and \$13.1 million general fund.
- The costs are being funded within the department’s existing budget.”

Much of the correspondence we have received states a gap of \$90 million. This would only address \$46.1m. Am I reading this correctly?

Best,
Stephen

STEPHEN PRINCE

Legislative Director

SEN. KRISTEN McDONALD RIVET

Michigan Senate
Post Office Box 30036
Lansing, MI 48909-7536
(Email) sprince@senate.michigan.gov
(Office) 517-373-1725
(Cell) 989-297-4107

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FISCAL SNAPSHOT

MEDICAID REDETERMINATION OUTCOMES

Date: September 2024

Analysts: Kevin Koorstra and Kent Dell

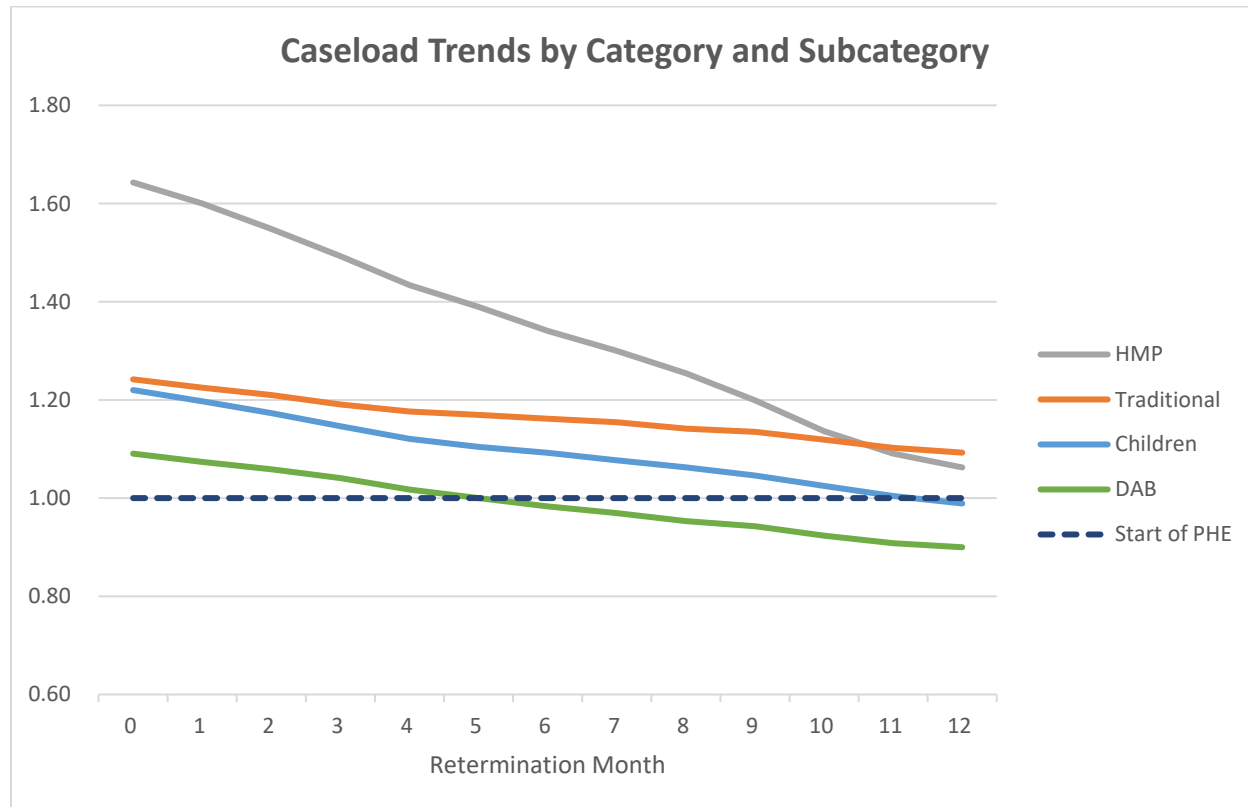
Background

In April 2023, the Michigan Department of Health and Human Services (DHHS) began the process of redetermining Medicaid cases, with the first of the redeterminations occurring in June 2023 and disenrollments beginning in August 2023. DHHS redetermined each Medicaid case within the same calendar month of original enrollment. Therefore, all redeterminations should have been completed over a 12-month period. With the 12 months having been completed by July 2024, the following should provide a complete picture of the outcomes of the redetermination process.

It should be noted that the figures below reflect the net caseload changes, which are different from the redetermination specific outcomes [published by the department](#). The figures below include new cases that have applied and enrolled in the Medicaid program outside of the redetermination process.

Outcome

Through July 2024, the total Medicaid program enrollment is 202,509 cases, or 8.4%, greater than the total enrollment at the outset of the federal COVID-19 public health emergency declaration (PHE). Both Healthy Michigan Plan and Traditional Medicaid cases are above PHE levels. Two subcategories, children and disabled, aged, and blind (DAB), however, have fallen below pre-PHE levels. Caseload trends over the redetermination period have been remarkably linear and did not taper off in the final redetermination months as HFA had initially anticipated. The figures below detail caseload trends during the redetermination period for each Medicaid program.



Indexed to their respective caseload at the start of the public health emergency.

Cases and Percent Change Since the Start of the Public Health Emergency by Category and Subcategory					
Category	March 2020 Start of PHE Cases	July 2023 Month before Redetermination		July 2024 End of Redetermination	
		Cases	Difference from Start of PHE	Cases	Difference from Start of PHE
HMP	664,480	1,091,722	64.3%	705,994	6.2%
Traditional	1,738,525	2,159,065	24.2%	1,899,520	9.3%
Children	942,222	1,149,579	22.0%	931,900	(1.1%)
DAB	499,867	545,149	9.1%	449,824	(10.0%)
Total	2,403,005	3,250,787	35.3%	2,605,514	8.4%

PRINT ON LETTERHEAD OF ORGANIZATION PROVIDING THE LETTER OF SUPPORT

DATE OF LETTER, 2024

George Olson, President & CEO
Sterling Area Health Center
725 E. State St.
Sterling, MI 48659

Dear Mr. Olson:

I am pleased to provide Sterling Area health Center with a letter of support for its HRSA Service Area Competition grant application (HRSA-24-015). Sterling Area Health Center has been a vital component of the regional health delivery network in Arenac, Iosco, Ogemaw, and northern Bay Counties and has provided essential primary care medical homes for underserved and vulnerable people. We welcome Sterling Area Health Center's presence in our community and feel strongly that this organization will continue to provide and expand access to high quality, affordable primary care medical homes and primary care services including pediatric, adult medicine, dental, behavioral health services and enabling services to assist patients in addressing social determinants of health issues that impact health outcomes.

WHERE APPLICABLE, INSERT PARAGRAPH ON HOW SPECIFICALLY THE CHC INTERACTS WITH YOUR ORGANIZATION. DESCRIBE THE RELATIONSHIP. DESCRIBE HOW THE TWO ORGANIZATIONS COLLABORATE. THIS PARAGRAPH SHOULD DESCRIBE SPECIFIC COMMITMENT TO THE COLLABORATION ON THIS PROJECT, AND/OR COORDINATED ACTIVITIES.

NAME OF YOUR ORGANIZATON is honored to support Sterling Area Health Center's Service Area Competition grant application to HRSA/DHHS. We look forward to working together for many years to come to serve individuals in our region who desperately need high quality, affordable health care.

Sincerely,

NAME OF PERSON WRITING THE LETTER
TITLE OF PERSON WRITING THE LETTER



COMMUNITY MENTAL HEALTH SERVICES PROGRAM

**QUALITY ASSESSMENT AND
PERFORMANCE IMPROVEMENT
PROGRAM
FY 20254**

BOARD ADOPTION:
OCTOBER 72, 20243

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Section 1: Introduction and Overview

Bay-Arenac Behavioral Health Authority (BABHA) provides an array of behavioral health services and supports to individuals in the Michigan counties of Bay and Arenac through a network of direct operated programs and contracted service providers. BABHA is a Michigan Department of Health and Human Services (MDHHS) certified Community Mental Health Services Program (CMHSP), a Children’s Diagnostic and Treatment Service Program, and is licensed by MDHHS as a Substance Abuse Provider. BABHA is also a CMHSP affiliate of the Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP) for Medicaid Specialty Services and Supports. In addition, BABH is accredited by the Council on Accreditation of Rehabilitation Facilities (CARF).

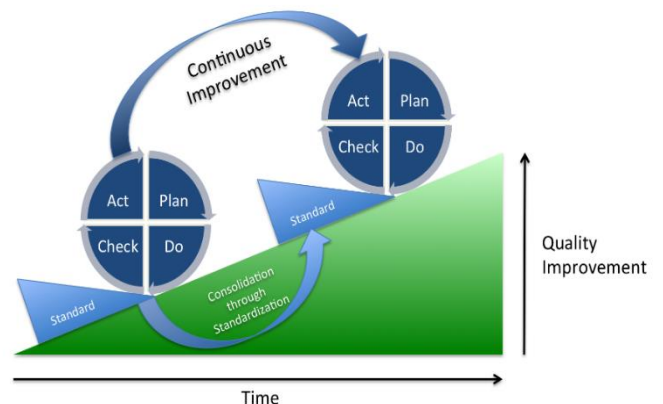
BABHA is responsible for managing a local quality assessment and performance improvement program for its CMHSP provider operations and ensuring its contracted network clinical service providers address quality improvement in their own operations through the BABHA Quality Assessment and Performance Improvement Program (QAPIP).

BABHA’s overall philosophy and mission governing its local quality management and performance improvement program can be summarized as follows:

- Performance improvement is dynamic, system-wide and integrated.
- The input of a wide range of stakeholders, such as board members, consumers, providers, employees, community agencies, and other external entities, such as MDHHS, are critical to success.
- It is important and encouraged to have an organizational culture where staff are comfortable reporting errors, system failures, and possible solutions, and leaders see information as the means to improvement.
- Improvements resulting from performance improvement must be communicated throughout the organization and sustained; and
- Leadership must establish priorities, be knowledgeable regarding system risk points, and act based upon sound data.

Continuous improvement is supported by the plan, do, check, act/adjust cycle (PDCA) drawn from the work of Deming and used in the application of lean methodology. Standard work statements are developed and utilized to implement and maintain improvements and are updated as the PDCA cycle is repeated to produce continuous improvement over time. The graphical representation of the continuous improvement methodology is shown here.

(http://en.wikipedia.org/wiki/File:PDCA_Process.png)



The QAPIP, as described in this document, is evaluated annually for effectiveness and modifications are made, as necessary.

The QAPIP applies to all BABHA programs and services, including:

- Assertive Community Treatment (mental health – adults).
- Case Management/Supports Coordination (integrated IDD/mental health – adults, children, and adolescents).
- Community Integration (psychosocial rehabilitation – adults).
- Crisis Intervention (integrated IDD/mental health – children and adolescents, mental health – adults).
- Intensive Family-Based Services (family services – children and adolescents); and
- Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults).

The objectives of these programs are reflected in the organization’s mission statement, “to improve health outcomes to enhance quality of life and strengthen the community safety net for citizens of Arenac and Bay counties”. In addition, “All who are associated with carrying out the mission of Bay-Arenac Behavioral Health Authority are governed by the highest ethical standards and the following values: each person is unique, and will be treated with dignity and respect; we are committed to delivering services in a manner that is responsive to community needs, we seek to provide a recovery-focused and trauma-informed system of care; we believe that individual and community wellness is enhanced by the delivery of integrated healthcare services that are directed by and responsive to the person served; we are committed to promoting independence, choice control and meaningful engagement with peers, family friends, and community, we are committed to collaboration with our community partners to encourage wellness, to promote prevention, and to increase health literacy” (www.babha.org/OurMissionStatement.aspx).

Section 2: Organizational Structure and Committees

The organizational structure and committees and their relation to the QAPIP, and performance improvement responsibilities in general, are detailed below.

Governance

The BABHA Board of Directors has established a committee specifically to address quality and compliance concerns. The Health Care Improvement and Compliance Committee (HCICC) monitors, evaluates, sets policies related to performance improvement and recommends approvals to the full Board of the QAPIP Plan, including QAPIP priorities; receives an annual report on the effectiveness of the previous year’s QAPIP and sets priorities for performance improvement initiatives for the next year; oversees the performance of the QAPIP through review of the Primary Network Operations and Quality Management Committee (PNOQMC) meeting notes as well as quarterly QAPIP performance reports; monitors key organizational quality, safety, and financial indicators through the review of a dashboard report; and advises the Chief Executive Officer (CEO) to take action when appropriate and provides feedback regarding modifications and revisions to the QAPIP. The Director of Healthcare Accountability is senior management liaison to the HCICC, and the Quality Manager attends on a regular basis to address quality program issues.

Chief Executive Officer

The BABHA CEO: links the strategic planning and operational functions of the organization with the QAPIP functions; assures coordination occurs among organizational leaders to maintain quality and consumer safety; allocates adequate resources for the QAPIP; designates the Director of Healthcare Accountability as senior management team member responsible for the BABHA QAPIP. The CEO also sanctions the formation of QAPIP standing committees and is responsible for senior management and agency leadership meetings.

Medical Director

The BABHA Medical Director provides clinical oversight related to quality and utilization of services both directly, through case supervision, participation in root cause analyses and review of critical incidents, chairing the meetings of the Medical Staff,¹ leadership of the BABHA Healthcare Practices Committee and other standing committees as time permits, and through oversight of the organization's medical practices; serves as a liaison between BABHA's clinical operations and community physicians, hospital staff and other professionals and agencies regarding psychiatric services; leads physician peer review activities; and recommends licensed independent practitioners for initial and renewal of clinical privileges for BABHA's CMHSP contracted service provider network.

Leadership

The BABHA Strategic Leadership Team is comprised of senior management which meets regularly and has an Expanded Leadership meeting of which the Quality Manager is a member. The Quality Manager participates to coordinate day-to-day quality and process improvement related activities with senior management and to have direct access to senior management to address any quality related concerns such as barriers to improvement. Through performance measures, the progress of the organization is routinely evaluated, and reports are made by the Quality Manager to the senior leadership of BABHA.

The rest of BABHA managers and team leaders join senior management in a monthly Agency Leadership meeting, which develops and monitors staff competencies; collaborates on new processes, services and programs; utilizes data effectively for informed decision making; participates on and/or supports staff participation in committees and work groups; fosters a work environment where safety and error reporting is encouraged, and a systems perspective is utilized to resolve problems; addresses under performance through corrective action planning and seeking to replicate potential best practices; and completes a Strategic Leadership Plan that establishes priorities in specific areas for risk reduction and service access for consumers.²

BABHA Staff

Staff receive education and annual training of the organization's QAPIP and expectations for their participation, which includes participation in data collection activities related to performance measures and indicators at the department/program level; identifying department/program and organization-wide opportunities for improvement; participating in organization-wide committees and work groups; reporting care errors, informing consumers of risks related to healthy safety through Healthcare Effectiveness Data and Information Set (HEDIS) measures, and making suggestions to improve the health and safety of consumers; and providing input into QAPIP priorities through the BABHA employee survey and suggestion box.

¹ Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Medical Staff Plan.

² Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Strategic Leadership Plan.

Quality Manager and Quality/Compliance Staff

The BABHA Quality Manager, under the oversight of the Director of Healthcare Accountability, is the leader responsible for the daily management of the QAPIP which includes the design, implementation, evaluation, and revision of the QAPIP. The Quality Manager also identifies program priorities, sponsors work groups and committees, facilitates root cause analyses, supports data-based decision making, generates reports, analyzes data and many other QAPIP related activities. The Quality Manager is responsible for BABHA quality and performance related policies and procedures.

The Quality Manager supervises the Quality and Compliance Coordinators, who assist the Quality Manager with the coordination, initiation, guidance, and collaboration of local performance improvement projects. These individuals sit on the BABHA PNOQMC and represent performance improvement on other agency council/committees; participate in regional performance measurement activities such as consumer satisfaction surveys and clinical record reviews for performance improvement projects and Medicaid event verification; and are members on regional committees and work groups. The Quality Manager chairs the quality portion of the PNOQMC and sets the agenda for that portion of the meeting.

The Quality Manager and Quality ~~and~~ Compliance Coordinators are responsible for performing reviews of contracted service provider performance, ensuring corrective actions are taken and technical assistance provided. These activities are coordinated with other departments within BABHA. The Quality Manager and staff coordinate reviews of BABHA performance by external payers and accrediting bodies, including readiness assessment, document submission, logistics and plans of correction.

Stakeholders

The BABHA CMHSP sponsors regular meetings with key stakeholders such as contracted service providers to discuss system issues and process changes, including prescriber/medical (psychiatrists, nurse practitioners, physician assistants), primary (outpatient therapy/case management), residential/community living supports, vocational and autism providers. Changes in rules, regulations, and requirements are discussed as well as system level concerns and improvements, training and credentialing, updates to processes and procedures, and other relevant topics.

Primary provider representatives and consumers participate in BABHA QAPIP committees. Site reviews of residential, outpatient and other providers produce information that flow into the Quality Management program through work groups and process improvement initiatives. Collaborative meetings are held with treating physicians at BABHA clinical programs and contract sites to discuss medical practices.

QAPIP Committees

Functions and duties of BABHA QAPIP Committees include the following:

1. Review of BABHA policies, procedures and plans related to their functions and duties, as assigned, and recommending new and revised policies and procedures to the BABHA Chief Executive Officer for approval.

2. Monitoring state and federal rule promulgation for changes in requirements relevant to their functions and duties, if any. Generating recommendations for changes to BABHA practices as indicated. Assisting with the education of staff regarding changes in requirements and implementation of action plans and/or making recommendations as necessary to bring the organization into compliance.
3. Reviewing data reports for which it is responsible for purposes of assisting with analysis of causal factors for desirable and undesirable change. Where feasible and appropriate, committees assist with setting desired performance thresholds and reliable external benchmarks/comparable when available. The committees take action and/or make recommendations for action, as appropriate, to address undesired levels of performance and/or excessive variability.
4. Committees report to their overseeing committee if any, or to the Senior Leadership Team as directed.
5. Meeting agendas and notes are recorded using standardized agency templates and stored on the BABHA group drive (unless containing protected health information) for access by other BABHA personnel.

Primary Network Operations and Quality Management Committee (PNOQMC)

The PNOQMC is the structure responsible for the QAPIP and performance improvement activities of BABHA's operations. The required membership is comprised of: BABHA Quality Management (QM) and Administrative Services staff; BABHA Strategic Leadership Team members; clinical supervisors and team members; QM representatives from contract provider agencies; consumer representative (quarterly) and ad hoc members including subject matter specialist from each department within the organization (Attachment 5).

The PNOQMC is responsible for monitoring performance by:

- Receiving recommendations for improvement from the PIHP; consumer councils; population committees; stakeholders, including, but not limited to, primary and secondary consumers and staff; Office of Recipient Rights; Customer Service department; staff meetings; and suggestion boxes.
- Identifying quality related indicators and measures and ensuring that:
 - Measures meet the requirements defined in the QAPIP; and
 - Sampling and data collection methodologies meet reasonable standards for statistical control.
- Reviewing data reports to ensure validity.
- Taking action to achieve improvement.
- Assigning ongoing review of data reports to appropriate committees for information dissemination
- Monitoring performance and the effectiveness of improvement efforts to ensure change is real and sustained; and
- Meeting regularly to review and assess performance and develop/evaluate intervention plans, as necessary.

The PNOQMC is also responsible for identifying priorities for QM activities and addressing them by convening and overseeing cross-functional committees and work groups related to both the planning of new processes and improvement initiatives, receiving reports, and taking action related to

recommendations from such work groups. Action may include accepting recommendations, providing feedback to the committee or work group, seeking additional input with respect to implementation, or forwarding for approval. Records of the PNOQMC's activities, findings, recommendations, and actions are documented in meeting minutes. These minutes, as well as the associated meeting materials are available on the BABHA intranet site.

Consumer Councils

BABHA sponsors two clinical consumer councils that report to the PNOQMC and provide input directly to BABHA regarding program operations and performance through the population committees. A BABHA consumer council representative attends the PNOQMC on a quarterly basis to provide input and feedback. In addition, BABHA representatives participate in meetings as representatives from the CMHSPs in the PIHP region who provide input regarding quality initiatives and service delivery related issues. The consumer councils are responsible for supporting organizational efforts to ease service access, develop effective and efficient service provision, ensure active consumer participation, plan of service planning, self-determination, self-advocacy, independent facilitation, community integration, anti-stigma activities, achievement of recovery, positive clinical outcomes, and consumer satisfaction.

Work Groups

Quality improvement work groups are formed based upon improvement opportunities identified by individuals in the organization, committees, or through the input of consumers and community stakeholders. Work groups may also be convened for specific planning/implementation activities related to new processes, services, or programs. They are also convened to address specific performance improvement initiatives.

BABHA staff are invited to participate in local work groups by their supervisor or Quality Management staff. Proposals for formation of work groups include suggestions for work group representation. Work group membership typically includes disciplines appropriate to the subject matter at hand. Work group meetings are facilitated by BABHA Quality Management staff, as necessary. During the first work group meeting, the charge of the group is clarified through discussion, general meeting ground rules are reviewed, documentation and reporting expectations are discussed, and a chair and recorder are chosen from the participating qualified staff.

Other Quality Related Committees

There are other standing BABHA Board and staff committees that are directly or indirectly part of the organization's quality management program but do not directly report to the PNOQMC. These committees include the: Behavior Treatment Review Committee (BTRC); Healthcare Practices Committee (HPC); Safety Committee;²⁷ Corporate Compliance Committee (CCC),²⁸ and Healthcare Integration Steering Committee (HCISC). With limited exceptions, the Quality Manager and/or Quality and Compliance Coordinators are either seated on or work closely with the listed committees to collect and analyze data, and action the results to ensure service quality, optimal clinical outcomes and mitigate risk.

Behavior Treatment Review Committee

The BTRC,²⁹ whose primary function is to oversee the proposed use of any intrusive and restrictive techniques that might be considered for usage as a last resort with recipients of public mental health services, is responsible for review of behavior treatment data.³⁰ This includes data on approved intrusive or restrictive techniques, the number of interventions and length of time interventions were used per

person, and when physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis. A quarterly analysis is performed to identify any trends or patterns of behavior that may demonstrate a risk to an individual or group. Recommendations are made to reduce the likelihood of any adverse event.

Healthcare Practices Committee

The HPC whose primary function is to provide a comprehensive and coordinated approach to ensuring the delivery of clinically effective services in an environment that is safe and conducive to the wellbeing of consumers, employees and the community and to thus meet or exceed the established standards of care. This is accomplished through review, remediation and mitigation of clinical incidents/events that meet risk, critical, sentinel criteria but not limited to such events; medical record/peer review process; credentialing/privileging review; developing standards of care; and ongoing monitoring of reports.

Safety Committee

The committee oversees the development and compliance level of the Environment of Care policies and procedures and emergency response plans to ensure that the environment in which we work is maintained adequately and that protections from potential hazards are in place. In addition, the committee monitors state and federal regulatory standards and accreditation standards to ensure that the agency meets the minimum requirements of applicable rules and regulations. The committee also reviews and monitors performance on various safety related components of the environment. They include Environmental concerns related to employee and consumer infections; Environmental concerns related to consumer incident reports; Completion of Environment of Care training; Employee Accidents, Incidents and Illnesses reported; Safety and Facility inspections (BABHA sites and group homes); Group Home evacuation difficulty scores; Emergency drills (fire, tornado, bomb). When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues. The priority is to ensure a safe environment for all staff and customers of BABHA.

Corporate Compliance Committee

It is the policy of the BABHA Board of Directors to have a Corporate Compliance Plan in effect, as stated in BABHA policy and procedure C13-S02-T18 Corporate Compliance Plan. The Corporate Compliance Plan is in place to guard against fraud and abuse, and to ensure that appropriate ethical and legal business standards and practices are maintained and enforced throughout BABHA³¹. Furthermore, the BABHA Corporate Compliance Plan ensures the integrity of the system in which BABHA operates and the culture in which it is served is maintained at the highest standards of excellence, with a focus on business and professional standards of conduct compliant with federal, state and local laws, including confidentiality, compliance with reporting obligations to the federal and state government, and promotion of good corporate citizenship, prevention and early detection of misconduct.³²

Healthcare Integration Steering Committee

The purpose of the HCISC is to develop, recommend, support, promote and evaluate system-wide change as necessary to achieve BABHA goals for integration of mental, physical and substance use disorder-related health care. The committee is responsible for reviewing and actioning items to meet targets or benchmarks related to performance and providing recommendations and action steps to clinical providers. The HCISC and the PNOQMC will collaborate to improve the quality of services for

the individuals we serve. Various technology and clinical resources will be utilized to access data and process information to assist with creating action steps and follow up plans.

Recipient Rights

BABHA is committed to providing quality services to consumers in a manner that acknowledges their rights and responsibilities, ensures they receive services suited to their condition, and protects them from abuse and neglect. The BABHA Recipient Rights Office monitors and ensures that recipients of mental health services have all of the rights guaranteed by state and federal law, and provides a system for determining whether, violations have occurred, and that action is taken in the event of a violation. The CEO ensures that BABHA has written policies and procedures for the operations of the rights system. Education and training in Recipient Rights policies and procedures are provided to BABHA staff and contracted service providers are required to have recipient rights protections in place. The BABHA Board of Directors operates a Recipient Rights Advisory Committee and an Appeals Committee to oversee the program.

Section 3: Program Activities

The BABHA QAPIP "objectively and systematically monitors and evaluates the quality and appropriateness of care and service to members, through quality assessment and performance improvement projects, and related activities, and pursues opportunities for improvement on an ongoing basis" for "all demographic groups, care settings, and types of services" (MDHHS/CMHSP FY24 Contract, Attachment C 6.8.1.1). The program "achieves, through ongoing measurement and intervention, improvement in aspects of clinical care and non-clinical services that can be expected to affect consumer health status, quality of life, and satisfaction" (p. 1). BABHA "demonstrates a culture of accountability by developing and implementing a performance measurement and management plan that produce information an organization can act on to improve results for the person served, other stakeholders, and the organization itself " (CARF, 2023 Standard M).

To ensure services provided are of high quality, effective and appropriate for all clinical populations, the QAPIP program addresses the:

- Competency of those who provide services.
- Harm identification and reduction.
- Access to care and utilization.
- Outcomes; and
- Stakeholder perceptions of care.

Provider Qualification and Selection

Policies and procedures are in place to govern the selection and evaluation of directly employed staff and contract providers, including physicians and other health care professionals licensed by the state, to ensure they are qualified to perform services and have current, appropriate credentials and privileges.^{3,4,5} Data reflective of the performance of practitioners is considered when privileges and credentials are

³ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T01 Staff Credentials.

⁴ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T13 Credentialing and Privileging of Licensed Independent Practitioners.

⁵ Bay-Arenac Behavioral Health Policies and Procedures Manual, C08-S06-T06 Organizational Credentialing

renewed; this occurs via the Healthcare Practices Committee through Curriculum Vitae Organization (CVO) review.

Additional policies and procedures exist to verify the qualifications of non-licensed care and support providers as well as the aforementioned licensed staff.⁵ The policies and procedures referenced above also ensure that staff possess appropriate qualifications per their job description as well as appropriate: educational background; relevant work experience; certification, registration, and licensure; and cultural competence.^{6,8}

Orientation and training in regard to responsibilities, program policy, and operating procedures are required for new employees.^{7,8,9,12} Staff performance and competency are monitored on a regular basis.^{10,14} Training needs are identified through formal means, such as performance/competency reviews, as well as informally, through self-identified areas for improvement. It is BABHA's policy to support employee educational pursuits and does so through in-service training, continuing education, and staff development activities.^{11,16}

~~During previous external audits, it was identified that BABHA could improve the tracking method for determining that children's staff received the required 24 hours of children's specific training each year. BABHA is currently in the process of implementing corrective action plans that were developed to monitor this standard and additional internal reviews will help determine if the corrective action measures are effective. BABHA is working to develop reports for supervisors to have easy access for ongoing tracking and monitoring.~~

During external audits, there have been repeat citations for a lack of documentation showing evidence that staff have been trained in the individual's plan of service. BABHA has implemented a process for the Quality and Compliance Coordinators to review a sample of consumer records each month to determine if the necessary documentation is present to show evidence that this training has occurred by the author of the plan of service. Additionally, the Quality and Compliance Coordinators review the training on the individual plan of service during annual site reviews for the contracted providers.

⁶ Bay-Arenac Behavioral Health Employee Handbook

⁶ Error! Bookmark not defined. Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T05 Cultural Competence and Limited English Proficiency.

⁸ Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Cultural Competency and Diversity Plan.

⁹ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T02 Orientation.

¹⁰ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T01 Minimum Training Requirements.

¹¹ Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Training Plan.

¹² Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Operating Philosophy and Ethical Guidelines.

¹³ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T05 Performance Management.

¹⁴ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T02 Professional Staff Competency.

¹⁵ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S02-T26 Continuing Education.

¹⁶ Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T03 Scheduling, Promoting, and Documentation of Staff Education.

¹⁷ Bay-Arenac Behavioral Health Policies and Procedures Manual, C03-S01-T01 Statutory Establishment.

¹⁸ Bay-Arenac Behavioral Health Policies and Procedures Manual, C02-S01-T06 Reporting and Investigation of Adverse Events.

Goals:

Goal	20254 Performance Goal	Assigned Person	Frequency of Review	Review Committee
BABHA will create a way for supervisors to easily track and monitor their staff's progress toward reaching the required 24 hours of children's specific training.	100%	Quality Manager	Bi-Annually	PNOQMC/CCC
BABHA will complete reviews to ensure that the staff responsible for implementing a <u>Individual Plan of Service (IPOS)</u> are receiving training from the author of the <u>IPOS</u> .	95%	Quality Manager	<u>Monthly</u> Quarterly	PNOQMC

Harm Identification and Reduction

BABHA has a reporting and investigating system in place to capture the occurrence of all adverse events which include critical events (including death), risk events, unusual events, near misses, and sentinel events that involve harm or injury or the risk of harm or injury are reported to the Office of Recipients Rights (ORR).¹⁸ Adverse events are reviewed on a consumer specific level as well as overall trends that are reported. These adverse events have the potential to lead to the root cause analysis process if one is deemed appropriate. The trends identified through this analysis help determine how BABHA can make improvements to reduce risk for consumers.

Processes are also in place for reporting on significant events, which includes investigations; material litigation; catastrophes; sentinel events; and governmental sanctions, bans on admissions, fines, penalties, or loss of programs (CARF, 20243 Behavioral Health Standards Manual 1.H). These processes address the review and follow up of sentinel, unusual, and critical events for all persons receiving services from BABHA, including, but not limited to, those enrolled in the Children's Waiver, the Children with Serious Emotional Disturbance Waiver, and the Habilitation Supports Waiver.

All deaths are reviewed and include:

- a) Screens of individual deaths with standard information (e.g., coroner's report, death certificate)
- b) Involvement of medical personnel in the mortality reviews
- c) Documentation of the mortality review process, findings, and recommendations
- d) Use of mortality information to address quality of care

- e) Aggregation of mortality data over time to identify possible trends.

As part of the MDHHS Behavior Treatment Technical Requirements, BABHA collects data related to physical management that is used during emergency situations to prevent harm to self and/or harm to others. The information collected is reviewed monthly and quarterly to look at any trends or concerns.

Data is gathered and reviewed by appropriately credentialed staff for causal analysis. As necessary, root cause analyses are completed, and risk reduction strategies are recommended to reduce the likelihood of recurrence. At a minimum, identification of a sentinel event must occur within three business days in which the critical incident occurred, and the commencement of a root cause analysis must occur within two business days of the identification of the sentinel event. As appropriate, BABHA utilizes failure mode and effects analysis for review of potentially high risk or error prone processes. BABHA submits event reports to the PIHP/MDHHS and CARF in accordance with each entity’s reporting criteria and timelines.

Appropriate remedial actions at the individual case level are taken in response to substantiated recipient rights complaints, including abuse and neglect. Recipient Rights Office representatives report aggregated data on abuse, neglect and customer services findings and make recommendations to PNOQMC for system improvements when needed. Recommendations for system improvements generated by the Consumer Councils are also reported to PNOQMC for actioning.

Goals:

Goal	202 5 4 Performance Goals	Assigned Person	Frequency of Review	Review Committee
Continue to review all adverse events to determine any follow-up actions. Analyze the data to assist with determining change in process, procedure, workflow, etc.		Quality Manager	Quarterly	PNOQMC
Review the number of emergency physical interventions each year	Decrease of 5% or <u>remain consistent</u>	Quality Manager	Quarterly	PNOQMC and BTRC
BABHA will gather data to determine a baseline for the number of crisis plans completed across all populations.	Increase of 5%	Quality Manager	Quarterly	PNOQMC

The number of days to complete the recipient rights investigation is lower than the Michigan Mental Health Code standard of 90 days.	100%	Recipient Rights Manager	Quarterly	PNOQMC
Abuse and neglect complaints substantiated have remedial action that includes disciplinary action (or prevents recurrence).	100%	Recipient Rights Manager	Quarterly	PNOQMC

Access to Care and Utilization Management

BABHA's utilization management plan is detailed in several sections of the Policies and Procedures Manual.^{12,13,14,15,23} The utilization plan components address, "practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by administration." Additional information on the procedures to evaluate medical necessity, criteria used, information sources, and the process used to approve the provision of medical services is also found in the Policies and Procedures Manual.

Specifically, the Policies and Procedures Manual includes mechanisms to identify and correct underutilization and overutilization, establishes prospective, concurrent, and retrospective access procedures, such that: 1) review decisions are supervised by qualified medical professionals; 2) efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate; 3) reasons for decisions are clearly documented and available to the member; 4) there are well-publicized and readily available appeals mechanisms for both providers and consumers; notification of a denial includes a description of how to file an appeal; 5) decisions and appeals are made in a timely manner as required by the exigencies of the situation; and 6) there are mechanisms to evaluate the effects of the program using data on member satisfactions, provider satisfaction, or other appropriate measures.^{16,25}

BABHA uses a dashboard to track data related to various performance measures and utilization, including, but not limited to HEDIS measures and MSHN Performance Improvement Projects (PIP), and inpatient psychiatric hospitalization days. BABHA continues to add measures to the dashboard to track data for additional areas identified by BABHA leadership.

To monitor the service delivery process, BABHA uses the Michigan's Mission-Based Performance Indicator System (MMBPIS) established by MDHHS. There are five performance measures that

address access to services and outcomes which are submitted by BABHA quarterly to MDHHS and MSHN. Each of these measures are reported for adults with mental illness, children with serious emotional disturbances, and adults and children with intellectual/development disability. MDHHS set a standard for Indicator 2 and Indicator 3, ~~for FY24~~. PIHPs that are below the 50th percentile of the benchmark are expected to reach or exceed the 50th percentile. PIHPs that fall in the 50th-75th percentile of the benchmark will be expected to reach or exceed the 75th percentile. For the MSHN region, the performance rate was 62% so the standard for FY2~~5~~4 is to reach or exceed the 75th percentile.

BABHA reviews a sample of consumer records quarterly from each primary provider, including BABHA primary services, to determine that the IPOS was given to the consumer within 15 days. ~~MSHN monitors this standard during the Delegated Managed Care audit. MSHN monitors this standard during the Delegated Managed Care audit that occurs every two years and BABHA recently had some findings around this standard.~~

Goals:

Goal	202 5 4 Performance Goal	Assigned Person	Frequency of Review	Review Committee	CARF Accredited Program and Standard
Achieve or exceed the 95% standard for adults and children receiving pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	95%	Quality Manager	Quarterly	PNOQMC	ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults); Crisis Intervention (integrated IDD/mental health – children and adolescents, mental health – adults). <u>EFFICIENCY</u>

<p>Achieve or exceed 75% compliance for consumers who meet with a professional for an intake assessment within 14 days of request for service with an increase from FY24³</p>	<p>75%</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFICIENCY</u></p>
<p>Achieve or exceed 75% compliance for consumers who have a first service within 14 days of intake assessment with an increase from FY24³</p>	<p>75%</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFICIENCY</u></p>
<p>Achieve or exceed the 95% standard for consumers discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days</p>	<p>95%</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFICIENCY</u></p>

<p>Compliance equal to or less than 15% for consumers readmitted to an inpatient psychiatric unit within 30 days of discharge with a decrease from FY24³</p>	<p>Less Than 15%</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFECTIVENESS</u></p>
<p>Meet or exceed 95% compliance that there is evidence that the individual served was given the Plan of Service within 15 days</p>	<p>95%</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>NA</p>
<p>A reduction in inpatient hospitalizations days will occur in FY25⁴ for consumers with a severe, persistent mental illness</p>	<p>5% Reduction</p>	<p>Director of Integrated Care</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults); Crisis Intervention (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFECTIVENESS</u></p>
<p>Performance Improvement Project #1: Reducing or</p>	<p>Determine data points in the Electronic Health Record</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration</p>

<p>eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.</p>	<p>that can be used for analysis</p>				<p>(psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults); Crisis Intervention (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFICIENCY</u></p>
<p>Performance Improvement Project #2: Penetration rates by race: Reducing or eliminating the racial or ethnic disparities in penetration rates between Medicaid recipients who are black/African American and Medicaid recipients who are white.</p>	<p>Determine data points in the Electronic Health Record that can be used for analysis</p>	<p>Quality Manager</p>	<p>Quarterly</p>	<p>PNOQMC</p>	<p>ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults); Crisis Intervention (integrated IDD/mental health – children and adolescents, mental health – adults) <u>EFFICIENCY</u></p>

BABHA has an established process to complete Medicaid Event Verifications (MEV) and follow-up restitution, as necessary.²⁶ The event verification process checks reimbursed Medicaid claims against chart documentation to verify. BABHA completes internal reviews for contract services providers and ~~direct~~ internal services. Additionally, MSHN conducts two reviews annually of BABHA Medicaid claims. These reviews help to determine that the individuals that are served have access to a variety of services and that the services provided meet Medicaid guidelines.

Goals:

Goal	2025 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Meet or exceed 95% compliance for BABHA and all contract service providers that receive a MEV review. (Corrective action is required on anything less than 100%)	95%	Quality Manager	Quarterly	PNOQMC/CCC
Meet or exceed 95% compliance for all external MEV reviews conducted by MSHN.	95%	Quality Manager	Bi-Annually	PNOQMC/CCC
Increase the number of Continue completing internal MEV reviews that are completed to reduce risk related to billable services.	Increase by 10%	Quality Manager	Annually	PNOQMC/CCC

Outcomes

BABHA continues to make strides in improving health outcomes for the individuals it serves. Healthcare improvement opportunities have been identified in the Strategic Plan and the HCISC continues to make targeted efforts to improve outcomes related to healthcare. MDHHS tracks and monitors a variety of HEDIS measures that have been identified as activities used to improve healthcare for consumers. BABHA has been focusing on the Diabetes Screening, Diabetes Monitoring, and Cardiovascular ~~Monitoring~~ Screening in an effort to improve health outcomes for the individuals that BABHA serves.

BABHA reviews a sample of consumer records quarterly from each primary provider, including BABHA primary services, to determine that coordination occurred with the primary healthcare physician. MSHN monitors this standard during the Delegated Managed Care audit and MDHHS reviews this during the Waiver Audit. ~~that occurs every two years and BABHA recently had some findings around this standard.~~

Goals:

Goal	2025 Performance Goal	Assigned Person	Frequency of Review	Review Committee	CARF Accredited Program
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The Diabetes Screening HEDIS measure will increase in compliance from FY23.	Increase by 5%	Quality Manager	Quarterly	PNOQMC	ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only) EFFECTIVENESS
The Diabetes Monitoring HEDIS measure will increase in compliance from FY24.	Increase by 5%	Quality Manager	Quarterly	PNOQMC	ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only) EFFECTIVENESS
The Cardiovascular <u>Monitoring Screening</u> HEDIS measure will increase in compliance from FY23.	Increase by 5%	Quality Manager	Quarterly	PNOQMC	ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only) EFFECTIVENESS
Meet or exceed 95% compliance that there is evidence of health care coordination within the consumer record completed by the primary providers	95%	Quality Manager	Quarterly	PNOQMC	NA

~~BABHA currently utilizes Evidenced Based Practices to support the achievement of the clinical outcomes and therefore, the organizational mission. BABHA looks to evidence based practices and clinical protocols for quality tested clinical pathways and has adopted the technical guidelines and evidence based practices mandated by MDHHS. The BABHA Strategic Plan has a specific initiative and goals designated toward evaluating implementation, identifying gaps, assessing the need, and increasing availability of staff trained in evidence based practices.~~

BABHA has been working to streamline ways to collect and analyze data related to the children’s population. BABHA plans to review the elements of the MichiCans assessment and begin collecting baseline data to use in the future to determine outcomes and areas for improvement. currently uses Child and Adolescent Functional Assessment Score (CAFAS) data to determine improvement over time in conjunction with the type of treatment that the child is receiving. ~~BABHA has also seen a significant increase in the number of consumers receiving Applied Behavior Analysis (ABA) services over the past few years.~~

Goals:

Goal	202 5 4 Performance Goal	Assigned Person	Frequency of Review	Review Committee	CARF Accredited Program
<u>Collect baseline data from the MichiCans Assessment to use for future outcomes measures</u> More than 40 percent of children served will have meaningful improvement in their CAFAS/PECFAS score	40%	Director of Integrated Care	Quarterly	PNOQMC	Case Management/Supports Coordination (mental health – children and adolescents); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (mental health – children and adolescents) <u>EFFECTIVENESS</u>

Stakeholder Perceptions

Customer satisfaction and service quality is evaluated through quantitative and qualitative information obtained from a wide variety of stakeholders including consumers and/or their families, providers, staff, and community members. Feedback on satisfaction and opportunities for improvement is provided through annual consumer and provider satisfaction surveys (provider survey, Mental Health Statistics Improvement Program (MHSIP), Youth Satisfaction Services (YSS), and a behavior treatment plan survey), an employee survey conducted every two years, a community needs assessment completed every two years, and suggestion boxes that are checked on a monthly basis.

Goals:

Goal	202 5 4 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Meet or exceed 80% agreeance/favorable responses to the survey questions on the provider survey.	80%	Quality Manager	Annually	Expanded SLT and All Provider Specific Committees
Meet or exceed 80% satisfaction during the annual survey for the MHSIP survey specific to the General Satisfaction domain.	80%	Quality Manager	Annually	PNOQMC

Meet or exceed 80% satisfaction during the annual survey for the YSS Survey specific to the Appropriateness (General Satisfaction) domain.	80%	Quality Manager	Annually	PNOQMC
Meet or exceed 80% satisfaction for the Behavior Treatment Surveys.	80%	Quality Manager	Annually	BTRC
Meet or exceed 80% response rate for the statement, 'Overall I/they are satisfied with the services they receive for the IDD/Guardian survey.'	80%	Quality Manager	Annually	Expanded SLT and PNOQMC

Section 4: Performance Measurement Methodologies

The BABHA QM program uses a variety of methods to identify quality concerns and opportunities for improvement, establish measures, collect data, analyze, and report findings, and implement and monitor corrective actions as necessary.

Identification of Quality Concerns and Opportunities for Improvement

Quality improvement opportunities are brought to the attention of the quality team in a variety of ways. Routine data collection, such as: service encounter information; activity/caseload reports; chart reviews, including Medicaid event verification and performance improvement projects; MDHHS clinical process related indicators, including quality improvement, performance, and demographic data; and the MDHHS annual local needs assessment may illustrate areas for improvement. Regional, and where available, statewide, performance comparisons are also made to better gauge local performance. Stakeholders, including consumers, staff, committees, and community agencies may also suggest improvement opportunities. Incident reporting of safety and risk events, complaints, appeals and grievances, safety drills and inspections, clinical record reviews, utilization review activities, special studies or projects, and other information, such as financial and human resources reports may also provide insight into opportunities for improvement. Routine performance of environmental scans and assessments of organizational strengths, weaknesses, opportunities, and threats as a component of leadership strategic planning activities are also used to bring about positive change. Root cause analyses of systems in response to the occurrence of critical clinical and administrative incidents also provide information on improvement opportunities. The evaluation of risk points in new systems using tools such as failure mode and effects analysis to review system weaknesses prior to implementation is also used as a means to ensure effective implementation and outcomes.

Establishing Measures

Measures are chosen based upon their relevancy to stakeholders due to the prevalence of a condition, the need for a service, demographics, health risks, the interests of stakeholders as determined through qualitative and quantitative assessment, or other aspects of care and service as identified by BABHA

and/or MDHHS. Measures may be clinical or non-clinical. Indicators are objective, measurable, actionable, based on current knowledge and clinical experience, are likely to yield credible and reliable data over time, are selected consistent with established BABHA QAPIP priorities as stated earlier in this plan, and are developed using a standardized “Projection Description/Data Specifications” (Attachment 1). Measures in use by BABHA include treatment effectiveness and outcome, functional ability, fidelity, process, prevalence and incidence rates, quality of life indicators, and satisfaction.

BABHA participates in at least two PIHP Performance Improvement Projects (PIP) per year and a regional program to verify the delivery of services billed to Medicaid. The PIP and ~~Medicaid service event verification~~ MEV reviews are completed on a regional level basis. PIP topics are either mandated by MDHHS or selected by the PIHP and its partner CMHSPs. Data collected through the PIP are aggregated, analyzed, and reported by BABHA Quality Management staff for review at the regional Quality Improvement Council and local PNOQMC meetings and opportunities for improvements are identified.

Performance measures and dashboard data are reviewed at a variety of different committee meetings including, but not limited to, PNOQMC, Expanded SLT, and Board Meetings. Additionally, a quarterly report and annual report are presented to the Board.

Data Collection

The “Project Description Data Specifications” document template (Attachment 1), defines the sample population and data sources, sampling method, standardized data collection methodology and frequency, and when known, desired performance ranges and/or external benchmarks. If sampling is to be used, appropriate sampling techniques are employed to achieve a stated confidence level. Data collection methodology and frequency, as detailed in the project description, are appropriate and sufficient to detect the need for program change. Each data collection description delineates strategies to minimize inter-rater reliability concerns and maximize data validity. Provisions for primary source verification of data completeness and accuracy as well as maintenance of documentation are also addressed in the project description. BABHA uses the leadership dashboard and various plans to monitor other non-clinical business operations.

Data Analysis and Reporting

Analysis is the dynamic process by which data becomes information; data must be systematically aggregated and analyzed to become actionable information. Information is the critical product of performance measurement that facilitates clinical decision-making, organizational decision-making, performance improvement, and priorities for risk reduction.

Data is aggregated at a frequency appropriate to the process or activity being studied. Data aggregation timeframes and methods are defined in project descriptions. Statistical testing and analysis are then used as appropriate to analyze and display the aggregated data. BABHA data is analyzed over time to identify patterns and trends and compared to desired performance levels, including externally derived benchmarks when available. Quality Management staff utilize a dashboard or a summary report for data results including recommendations for further investigation, data collection improvements to resolve data validity concerns, and/or system improvements.

Undesirable patterns, trends, and variations in performance are identified. In some instances, further data collection and analysis is necessary to isolate the causes of poor performance or excessive variability

and remedial/corrective actions may be required. The department responsible for a pattern of desirable performance may also be asked to document their strategy for maintaining positive performance.

The quarterly and annual reports are formally reviewed by the Board and includes details on studies undertaken, results, subsequent actions, and aggregate data on utilization and quality of services rendered to assess the QAPIP's continuity, effectiveness, and current acceptability.

Corrective Actions

Remedial and/or corrective actions are taken when benchmarks are not met as determined by performance measurement. We utilize a corrective action process that outlines how quantitative measures are evaluated by reporting period and historical performance. Patterns and variations are considered in context, and corrective action response requirements are outlined in the process document. Actions taken are implemented systematically to ensure any improvements achieved are associated with the corrective action. Corrective actions are monitored and evaluated to assure that appropriate changes have been implemented and maintained. Adhering to the following steps promotes process integrity: develop a step-by-step action plan; limit the number of variables impacted; implement the action plan, preferably on a small or pilot scale initially; collect data to check for expected results; and modify the plan as necessary based on post-implementation findings. Specifics on the review and response process are available by request from the Quality Manager.

Communicating Process and Outcome Improvements

The results of BABHA provider operations performance measurement and improvement activities are communicated through the periodic dissemination of materials to employees, providers, and stakeholders via the BABHA Website, BABHA Board of Directors, Strategic Leadership Team, agency Leadership Team, Consumer Councils, PNOQMC, staff meetings as well as the general distribution of applicable information through the leadership dashboard, BABHA intranet, and other outlets as deemed appropriate.

Section 5: Review/Evaluation of Plan Effectiveness

BABHA has led and been involved in many performance improvement activities during 202~~4~~3. Given the nature and scope of the accomplishments, the 202~~4~~3 QAPIP plan has been determined to be effective and any updates, revisions, and new projects have been added to the 202~~4~~5 plan as necessary to continue the pursuit of exceptional performance. During 202~~5~~4, continued evaluation of the QAPIP will take place. Continued evaluation will occur to develop, define, collect, and validate data within current systems; and to communicate/collaborate with providers and internal programs for such areas that need improvement. There have been some gaps and improvements that have been identified during the review of the QAPIP and these will be addressed as priorities for 202~~5~~3. At the request of the Consumer Council, BABHA will make an outline of the goals determined for this year and make those available as handouts to consumers who may want to know more about the priority areas for FY2~~4~~5.

Section 6: Quality Assessment and Performance Improvement Priority Focus Areas for 202~~5~~4

BABHA has identified access to care/utilization and outcomes as key areas to focus on in 202~~5~~4. Below are the activities that have been identified to assist with improving the quality of services and outcomes for the consumers served.

Access to Care/Utilization

BABHA continues to look at the MMBPIS data quarterly to determine overall performance related to access of care and utilization and has struggled with meeting the standards set by MDHHS. BABHA has identified an ongoing trend with consumer no-shows for the intake appointment and first service appointment ~~that will continue to be explored during 2024~~ and embedded clinical assessment specialists into the Emergency and Access Service department to improve same day access to services. During recent MDHHS Waiver reviews, BABHA has noticed a higher level of scrutiny surrounding amount, scope, and duration of the IPOS as well as training from the author of the IPOS. The MSHN region has had repeated findings with these standards so BABHA has identified these standards as a priority to review and monitor for 20254.

Goals:

Goal	20254 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Improve compliance for the question, “Services written in the IPOS are delivered at the consistency identified” in the Quality-of-Care Record Reviews.	90%	Quality Manager	Quarterly	PNOQMC/CCC
Improve compliance for the question, “All services authorized in the IPOS are identified within the goals/objectives of the POS” in the Quality-of-Care Record Reviews.	90%	Quality Manager	Quarterly	PNOQMC/CCC
BABHA will complete reviews to ensure that the staff responsible for implementing the IPOS <u>a Plan of Service (POS)</u> are receiving training from the author of the IPOS.	95%	Quality Manager	Quarterly	PNOQMC

Outcomes

In 20254, BABHA will make concerted efforts to focus on outcome measures and quality reporting. A LOCUS fidelity review was completed in March 2020 and there were gaps identified in the area of outcome measures. Changes in upcoming regulations have placed a focus on the LOCUS data as a tool to determine level of care.

Goals:

Goal	202 5 4 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Develop and finalize quarterly reports to primary providers to increase the quality of reporting for LOCUS and outcome measures.		Quality Manager	Quarterly	PNOQMC
Track baseline data from the LOCUS assessment to determine specific areas to focus on for improvement.		Quality Manager	Quarterly	PNOQMC
<u>Continue completing</u> Increase the MEV reviews for internal services to reduce risk.	Increase by 10%	Quality Manager	Annual	PNOQMC/CCC

Attachment 1



Quality Assessment and
 Performance Improvement Program

PROJECT DESCRIPTION/DATA SPECIFICATIONS

REQUESTOR	PROJECT/REPORT NAME
STAFF COMPLETING THIS FORM	DATE
PROJECT SUMMARY	
OPTIONAL OR REQUIRED? IF REQUIRED, BY WHOM?	

STUDY QUESTION(S)

INDICATORS (WHICH ANSWER THE QUESTION)

Indicator #1

Numerator:	
Denominator:	
Baseline Measurement:	
Benchmark:	
Baseline Goal:	

Indicator #2

Numerator:	
Denominator:	
Baseline Measurement:	
Benchmark:	
Baseline Goal:	

Indicator #3

Numerator:	
Denominator:	
Baseline Measurement:	
Benchmark:	
Baseline Goal:	

DATA VALIDATION METHODS TO BE USED

(face validity checks, primary source verification, known logic errors)

FREQUENCY OF DATA PULL AND/OR REPORT GENERATION

ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY OTHER (DESCRIBE)

STATISTICAL ANALYSIS/TESTING METHODS, IF ANY

STUDY POPULATION/DATA PARAMETERS

Data Universe

Fund Source	All	
Fund Source	Autism Waiver (Medicaid, MI Child)	
Fund Source	General Fund	
Fund Source	Medicaid (EPSDT, B3, HSW, State Plan)	
Fund Source	Medicaid Fee for Service (Child Waiver, SED Waiver)	
Fund Source	Medicaid Healthy Michigan Plan	
Fund Source	Other State (ABW, MI Child)	
Fund Source	Medicare	
Fund Source	Other Insurance	

Fund Source	Fund Source Not Specified	
Sampling Frame		
Record Source	Encounter data (sent or unsent)	
Record Source	Fully adjudicated claims	
Record Source	Service activity logs (SAL's)	
Document	Phoenix document data field tables	
Other Source(s)		
Sampling Unit		
	Encounters	
	Claim lines	
	Service activity events	
	Consumers	
	Clinical Document(s)	
	Clinical Service(s) (HCPCS Code or Modifier)	
	Clinical Program(s) or Provider(s)	
Detail/Filters		
Age at Service Date	Adult or Child	
Age at Service Date	Age	
Age at Service Date	Age Grouping - Census	
Age at Service Date	Age Groupings	
Consumer	Consumer Status (Closed-Not Yet Open-Open-Deleted)	
Consumer	County Name by Zip Code	
Consumer	Address Plus Zip	
Consumer	Zip Code	
Consumer	Disability Designations (SPMI, SED, IDD, MI/IDD)	
Consumer	Substance Use Problem (from BH-TEDS field)	
Phoenix Views (diagnosis)	Diagnosis Source (Claims-Phoenix Diagnostic Module)	
Phoenix Views (diagnosis)	Diagnosis Code (DSM/ICD)	
Consumer	Primary Program	
Consumer	Primary Site	
Consumer	Primary Staff	
Consumer	Primary Type (Contract, Direct Operated, Unassigned)	
Consumer	Integrated SUD & MH Treatment	
Consumer	Education Level	
Consumer	Employment Status	
Consumer	Gender	
Consumer	Race/Hispanic	
Consumer	Corrections Related Status	
Consumer	Living Arrangements	
Consumer	School Attendance Status	
Consumer	Case Number	
Consumer	Consumer Name	
Provider	Address	
Provider	Org Type (Contracted, Direct or Hospital)	
Provider	Primary Office Site	
Provider	Provider Name	

(Zenith)	Provider Classification	
(Zenith)	Provider Type	
Staff	Primary Program	
Staff	Staff Name	
Staff	Staff Status (Active or Inactive)	
Staff	Supervisor Name	
Service Category	Procedure Code Type (CPT or Revenue Code)	
Service Category	Procedure Type (code groups)	
Service Category	Procedure Code (specific codes)	
CPT Mod1	CPT Modifiers	
Encounter Status	Encounter Status (Sent, Not Sent, Unreportable)	
Client Attendance	Client Attendance (cons cancelled, cons present, staff cancelled, no show)	
Place of Contact	Place of Contact	
Place of Contact	Unit of Time	
Medications	Medication Name	
Medications	Medication Therapeutic Class	
	Other (specify):	

DETAIL OF DIAGNOSTIC OR PROCEDURE CODES TO BE INCLUDED (IF NECESSARY)		
Service or Diagnosis Name	Code(s)	Modifiers/Specifiers

Attachment 2

Bay-Arenac Behavioral Health Authority		
Board of Directors		
April 1, 202 4 3 through March 31, 202 5 4		
Original Board Appointed 9/23/63		
County Elected to Come Under PA 258, effective 8/8/75		
MH Code revision PA 290, 1995, effective 3/27/96: All board member terms were extended 3 months to end on 3/31, and thereafter be 3-year terms		
Name	Term	County Represented
Richard Byrne Chair	04/01/22 to 03/31/25	Bay
Colleen Maillette Vice Chair	04/01/23 to 03/31/24	Bay
Robert Pawlak Treasurer Vice Chair/Parliamentarian	04/01/22 to 03/31/25	Bay

<u>Patrick McFarland</u> <u>Treasurer</u>	<u>04/01/24 to 03/31/27</u>	<u>Bay</u>
Chris Girard Secretary	04/01/22 to 03/31/25	Bay
Tim Banaszak	04/01/23 to 03/31/26	Bay
<u>Patrick Conley</u>	<u>04/01/24 to 03/31/27</u>	<u>Bay</u>
Jerome Crete	04/01/23 to 03/31/26	Bay
<u>Ernie Krygier</u>	<u>04/01/21 to 03/31/24</u>	<u>Bay</u>
<u>Sally Mrozinski</u>	<u>04/01/22 to 03/31/25</u>	<u>Arenac</u>
Kathy Niemiec	04/01/23 to 03/31/26	Bay
<u>Robert Luce</u>	<u>04/01/21 to 03/31/24</u>	<u>Arenac</u>
<u>Sally Mrozinski</u>	<u>04/01/22 to 03/31/25</u>	<u>Arenac</u>
<u>Patrick McFarland</u>	<u>04/01/21 to 03/31/24</u>	<u>Bay</u>
<u>Carole O'Brien</u>	<u>04/23/24 to 03/31/27</u>	<u>Arenac</u>
Marie (Toni) Reese	04/01/23 to 03/31/26	Bay
<u>Pamela Schumacher</u>	<u>04/01/24 to 03/31/27</u>	<u>Bay</u>

Revised 054/0724/20243

Attachment 3

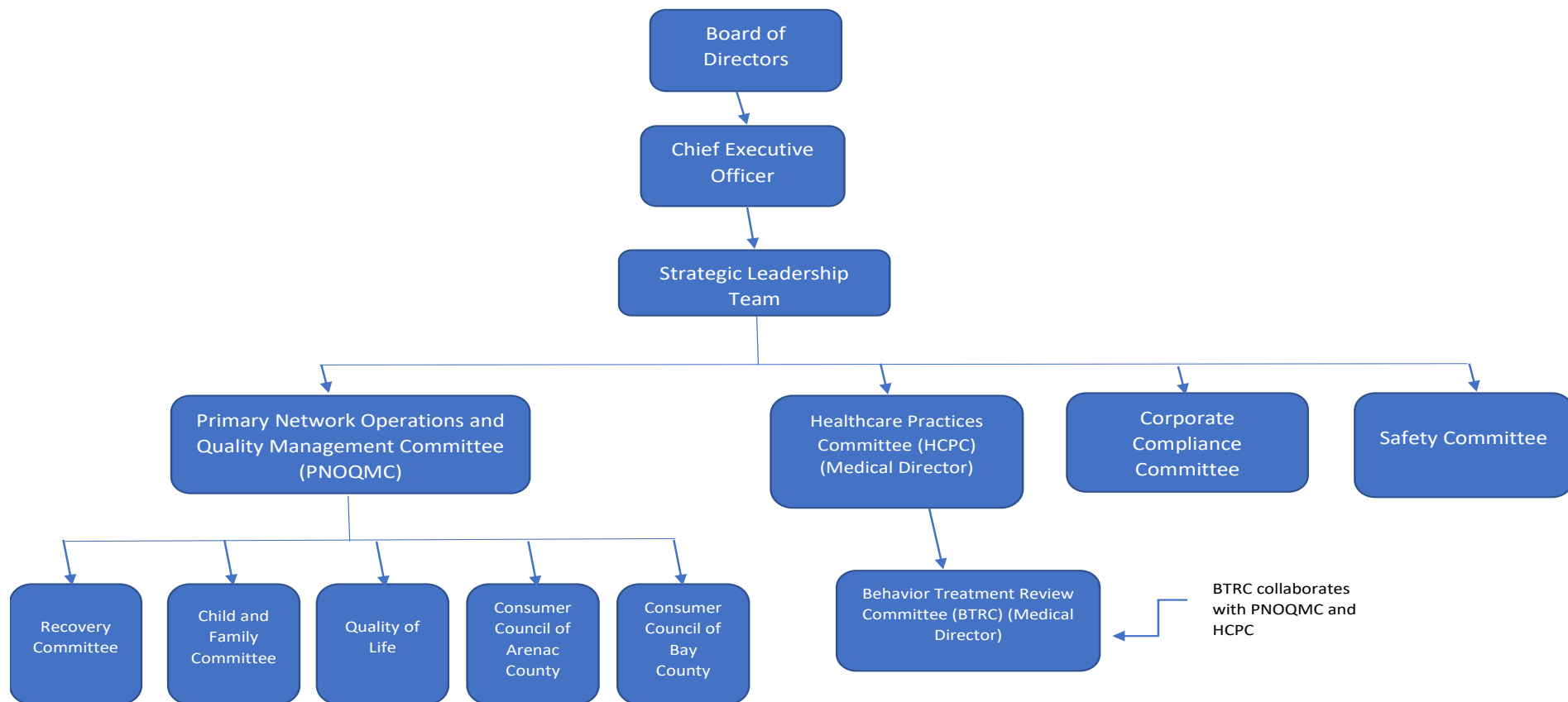
Primary Network Operations and
 Quality Management Committee Membership

Positions/Committee Representative	Attendance	Member
Business Intelligence Recorder	Required	Joelle Sporman
Recipient Rights/Customer Services Manager	Required	Melissa Prusi
SLT - Director of Healthcare Accountability Corporate Compliance Committee	Required	Karen Amon
SLT - Primary Care (Co-Chair)	Required	Joelin Hahn
SLT - Integrated Care Behavior Treatment Committee	Required	Heather Beson
Arenac Center	Required	Heather Friebe/Pam VanWormer
BI - Quality Manager (Co-Chair)	Required	Sarah Holsinger
BI - Quality and Compliance Coordinator	Required	Melissa Deuel
BI - Quality and Compliance Coordinator	Required	Amber Wade
Emergency Service/Access	Required	Stacy Krasinski/ James Spegel / Anne Sous
Medical Services - Prescribers Healthcare Practices Committee	Required	Amy Folsom
Adults with MI	Required Ad-hoc	Allison Gruehn Taylor Keyes
Adults with IDD	Required	Melanie Corrión/ Stephani Rooker
BI - Medical Records/Electronic Health Records	Ad-hoc	Denise Groh Lynn Meads / Brenda Beck
BABH Clinical Services Manager	Ad-hoc	Nicole Sweet
North Bay	Required	Lynn Blohm
Children with SED	Required	Kelli Maeiag Wilkinson
Children with ID	Required Ad-hoc	Noreen Kulhanek Emily Gerhardt / Emily Young /Amanda Johnson
BABHA Contracts	Adhoc	Stephanie Gunsell
Medical Director	Adhoc	Dr. Roderick Smith
Finance Rep	Adhoc	Ellen Lesniak Michele Perry
Medical Services - Nursing	Adhoc	Sarah Van Paris
Consumer Rep	Adhoc - Quarterly	Kathy Johnson
Contract Provider Reps	Attendance	Member
LPS	Required Ad-hoc	Jackie List / Abigail Burns Megan Smith Jackie List
MPA	Required	Emily Simbeck/Laura Sandy/ / Tracy Hagar
Saginaw Psych	Required Ad-hoc	Megan Crippin / Kristen Kolberg Jacklyn Nolan / Courtney Clark / Chelsea Hewitt / Barb Goss / Moregan LaMarr Nathalie Menendes
Other Subject Matter Experts as needed	Adhoc	

Revised 01/27/2021

Attachment 4

Bay-Arenac Behavioral Health
 Quality Assessment and Performance Improvement Program
 Reporting Structure
 2022



Monitors routine reports, receives assignments from and reports progress and activities directly to PNOQMC.

Monitors routine reports. Collaborates with PNOQMC when performance is not meeting standard, outcome measurement is needed and/or improvement is desired.

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

2023-2024-2025 **INFECTION CONTROL PLAN**

For Compliance With

Occupational Safety & Health Administration Standard
29 CFR 1910.1030

Jurisdictional Authority
Michigan Occupational Safety & Health Administration

Michigan Department of Consumer and Industry Services
R 325.70001 – R 325.79915

Commission on Accreditation of Rehabilitation Facilities
CARF

Board Approval: 09/21/2023

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- I. Statement of Purpose**

It is the intent and purpose of Bay-Arenac Behavioral Health Authority, (BABHA) to implement and maintain a comprehensive, coordinated and effective infection control program utilizing current standards and practices that will reduce the risks of endemic and epidemic

infections by prevention, surveillance, identification and control in the individuals we serve, to include nosocomial and community-acquired infections and responding appropriately to an influx, or the risk of an influx, of infectious individuals as part of the emergency management activities.

(BABHA is a provider of behavioral health services and as such cannot directly provide medical interventions, but will monitor the individuals we serve; visitors, families and community acquired infections to facilitate the above objectives and will make medical referrals as deemed necessary).

BABHA serves a diverse population in a multitude of programs and settings geographically covering two counties. The individuals served, range from children to geriatric, with cognitive status from severely impaired to college educated, and physical functioning from totally dependent to complete independence. The physical settings and programs have unique qualities and include but are not limited to, outpatient clinics, residential settings, emergency services, in-home visits, skill building/supported employment programs, and day activity programs. Individual contacts range from total care, twenty-four hours a day, to brief weekly sessions with a therapist, to monthly clinic visits for medication monitoring by their prescribing professional.

Subsequently, the infection control process of prevention, surveillance, identification and control of communicable diseases has the challenge of inherent limitations. Thus, the continuing plan focus is twofold, 1) concurrent data comparison to established baseline prevalence, and 2) implementing preventative interventions including vaccinations, TB testing, risk assessment and adherence to proper hand hygiene activities and universal precautions. As infection data is compiled and analyzed, it will be utilized to identify and develop educational programs regarding patterns or deficits.

BABHA will comply with all applicable laws and regulations pertaining to infection prevention and control.

II. Definitions, Key Concepts, and Terms

Baseline Rate: – the prevalence, frequency, and trends of infections that would normally occur in the community or population

Bloodborne pathogen: - any virus, bacteria, parasite or other infectious material transmissible via blood and/or other bodily fluids that is capable of causing disease, such as:

- a. Hepatitis B, and C,
- b. human immunodeficiency virus (HIV/AIDS), and
- c. prions (filterable, self-replicating agent).

Bodily fluids: - substances that may serve as vector in the transmission of infectious diseases.

These include:

- a. blood,
- b. semen,
- c. vaginal secretions,
- d. amniotic fluid,

- e. cerebrospinal fluid,
- f. peritoneal fluid,
- g. pleural fluid,
- h. pericardial fluid,
- i. synovial fluid,
- j. saliva (when serum is present), or
- k. any part of body where blood is evident or potentially present.
- l. feces

Colonization: - the presence of an organism but not causing pathological symptoms.

Community Acquired Infection: - an infection that results from an external unavoidable exposure that occurs during normal activities.

Control: - Preventing the transmission of identified infections.

Emergency Management: - A planned response to an influx or the risk of an influx, of infectious consumers to include potential for temporarily halting of services.

Endemic: - A disease which is present more or less continuously in a community.

Endogenous: - virus and bacteria that are part of a person's normal flora and frequently the source of an infection through autoinoculation.

Epidemic: - Appearance of an infectious disease not of local origin which attacks many people at the same time in the same area.

Exogenous: - virus and bacteria that are environmental or external and not part of one's normal flora.

Nosocomial Infection: - the exposure to an exogenous pathogen that results in an infection that occurred as a result of receiving services from BABH.

OPIM (Other Potentially Infectious Material): - bodily fluids that may be a vector in the transmission of certain infectious diseases. These include:

- a. semen,
- b. vaginal secretions,
- c. amniotic fluid,
- d. cerebrospinal fluid,
- e. peritoneal fluid,
- f. pleural fluid,
- g. pericardial fluid,
- h. synovial fluid,
- i. saliva in dental procedures,
- j. any body fluid that is visibly contaminated with blood,
- k. all body fluids in situations where it is difficult or impossible to differentiate between body fluids,
- l. any unfixated tissue or organ, other than intact skin, from a living or dead human,

and

- m. cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Pandemic: - existing in the form of a widespread epidemic that affects people in many different countries.

Parenteral exposure: - exposure as a result of piercing of epidermal skin layer with a contaminated object, (i.e., needles that potentially contain a bloodborne pathogen). Open wound contact to skin with impaired integrity will be considered exposure.

PPE (Personal Protective Equipment) includes:

- a. gloves,
- b. gown,
- c. apron (impermeable),
- d. laboratory coat,
- e. head covering,
- f. foot covering,
- g. face shields and/or masks, eye protection,
- h. mouthpieces, and
- i. respirators.

Prevention: - Strategies to reduce the probability of an individual acquiring an infection (i.e. hand washing, or hand hygiene based on CDC guidelines, immunization and educational activities, including personal hand hygiene education to residential settings.

Prions: - is an infectious agent that is composed of protein. All known prion diseases affect the structure of the brain or other neural tissue, and all are currently untreatable and are always fatal.

Surveillance: - The continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control.

Universal (Standard) Precautions include:

- a. treating every situation with potential for exposure to blood or OPIM as if pathogens are present,
- b. hand washing (before and after each contact) and/or,
- c. hand disinfections or hand hygiene (before and after each contact, based on CDC guidelines),
- d. use of latex or non-latex gloves whenever potential for contact with blood or OPIM exists,
- e. use of PPE (when appropriate),
- f. isolation (when immuno-compromised), and
- g. reverse isolation (with airborne pathogens).

III. Process

A fundamental operation of Infection Control, Identification and Prevention is the surveillance of infectious diseases. Surveillance is a collaboration of a multidisciplinary process including Nurses, Primary Responsible Workers, Home Providers, Program Managers, Primary Care Providers, County Health Departments, Direct Care Staff, the individuals we serve and Families or Guardians. With such diverse ongoing monitoring and reporting, we are able to identify and intervene expeditiously to incidences of infections (emergency management).

The Nursing Manager or designee, utilizing epidemiological principles conducts and correlates data analysis to statistically identify random and isolated incidences from trends and clusters of infections. This information is used by the Nursing Manager and Healthcare Practices Committee (HPC) or designee, to perform an analysis and to guide and make recommendations in the review and revision of protocols. The process also ensures that appropriate treatment is initiated, and that referrals and follow-up are provided.

- A. Flow Chart - See attached flow chart for graphic interpretation of the infection control process.
- B. The Nursing Manager or designee, and the Healthcare Practices Committee (HPC) as needed, or minimally on an annual basis, will review and approve the Infection Control Plan, related policies and procedures of the BABH infection control program. The bloodborne pathogen exposure procedures will be reviewed by the (HPC) to reflect changes in standards and regulations in Infection Control and Prevention practices and to re-assess staff exposure potential based on current job duties. The Nursing-Quality Manager or designee, will prepare and submit a quarterly infection report to include prevalence rate with historical comparative data to the (HPC), which will flow upward to the Board.

IV. Regulatory Standards and Professional Recommendations

It is the policy of BABHA to abide by applicable laws and regulations as required. Additionally, the Manager or designee, will research, review and implement when applicable, other professional standards and recommendations set forth by the following:

- OSHA (Occupational Safety & Health Administration) federal requirement that health care organizations maintain a comprehensive infection control program that minimally addresses: employee risk exposure, training, bloodborne pathogens, prevention and annual program review.
- MDHHS (Michigan Department of Health & Human Service) collection of infection data through the local Health Departments. The Nursing Manager or designee, as needed, will maintain a collaborative relationship with the Bay, Saginaw and Arenac County Health Departments, as well as the IC Practitioner at McLaren Bay Regional Medical Center and Ascension Standish Hospital.
- MDCIS (Michigan Department of Consumer & Industry Services) requirements for infection control practices that supplant OSHA regulations.
- CDC (Center for Disease Control and Prevention) recommendations for specific aspects of infection control and prevention that are referenced when establishing State and Federal regulations. The Nursing Manager is registered with the CDC website receiving reports to monitor surveillance patterns of infectious diseases.

- APIC (Association of Professionals for Infection Control & Epidemiology) Interdisciplinary and multi-type recommendations from evidence-based research and experiential practices. The Nursing Manager or designee will review current publications to stay abreast on current infection control issues and findings.

V. Prevention

The dynamics of a behavioral health care organization is unique from those of other types of providers, necessitating the organization, to focus on preventative measures and the management of emergency response activities. A significant component of prevention is immunizations or vaccinations, as well as other components identified in other sections (education, compliance monitoring, performance improvement and intervening when infections are identified).

A. Immunizations and Vaccinations:

It will be the recommendation of BABHA that employees and the individuals we serve work with their primary care physician to obtain and remain current with immunizations and vaccinations as deemed medically prudent or necessary, and only when not contraindicated. These will include annual flu shots, [COVID-19 vaccine](#), pneumococcal vaccine, Hepatitis B series, mumps, measles, rubella, diphtheria, pertussis, tetanus, polio, varicella and any others based on individual need (reference attached – CDC Recommended Vaccinations).

B. All job classifications will be reviewed annually to determine exposure risks. Employees with high exposure potential, specifically those occupations that require procedures or other occupational-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials will be designated as Category A, all others (occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis. exposure does not include incidental exposures, which may take place on the job) will be classified as Category B.

C. All employees will undergo TB testing prior to employment, and re-testing as follows:

Category A - every 3 years

Category B - retested only if exposed

D. Environmental exposures will be minimized by ensuring water systems, heating, and cooling equipment are maintained and monitored per the BABH Environment of Care Plan, and in accord with BABHA policies and procedures.

E. Food borne transmission will be minimized by adherence to BABHA Nutrition and Food Service Guidelines.

VI. Exposure Control

- A. During a pandemic employee must adhere to BABH Pandemic Protocol Directory for appropriate use of necessary PPE, screening, exposure, and illness reporting and enhanced hygiene and facility cleaning procedures.
- B. Employees must adhere to Universal Precautions (see related policy/procedure for UP specifics) and utilize appropriate PPE (see the PPE listing) whenever potential for exposure to blood or OPIM exists. Minimally, this includes hand washing, the use of an alcohol-based hand rub or disinfectant prior to and post personal contact and the use of latex or non-latex gloves, if there is a potential for exposure.
- C. Nursing will utilize safety needles and dispose of in an approved sharps container that are maintained by a certified service provider. If obtaining and/or transporting blood, will transport in a red puncture resistant and leak proof container labeled "BIOHAZARD" (see related policy and procedure: Hazardous Waste Handling and Emergency Procedures, C05-S03-T02).

On an annual basis, newer safety needle devices will be reviewed for potential replacement, if appropriate.

- No change in needle devices has been required (no needle sticks reported)
- D. Hepatitis B vaccinations will be provided for identified at risk employees by BABHA, at no cost to the employee. Hepatitis A vaccinations will be encouraged for any staff that identify themselves as high risk for contracting Hepatitis A. This would include Category A staff and those that work with individuals that identify themselves as high risk per the Hepatitis A screening tool.

VII. Post-Exposure

- A. An employee will notify their supervisor, the Human Resource Department or the Nursing Manager **and** complete an Employee Accident, Incident, Illness Occurrence Report immediately following an exposure to blood or OPIM (includes potential exposure to TB)

~~B. COVID-19 Pandemic specific: The employee will self quarantine according to CDC recommendations. (C14-S04-T04 Infection Control Management; Recovery From COVID-19 Preparedness and Response Plan).~~

~~B.~~ Appropriate prophylactic treatment should be initiated as deemed necessary by BABHA designated occupational physician.

~~D.C.~~ A review shall be completed to determine if exposure was unavoidable or could be prevented by procedural change. If due to procedural knowledge deficit, individual coaching by the Nursing Manager or designee, will be provided.

VIII. Surveillance/Reporting/Data Analysis

The individuals served will have comprehensive monitoring in that their home provider, case manager, BABHA assigned nurse, or program personnel report to the Nursing Manager or designee, when an individual served has symptoms of an infectious disease ~~w~~When there is a possibility that transmission could occur, the individual will be sequestered from certain activities on the advice of the Nursing Manager or designee, physician, health department professional or individual's assigned nurse. Additionally, as a control measure, it is ensured that the individual receives appropriate treatment, medications, follow-up and employees may be notified when those individual contacts should be avoided.

- A. Incidences of infections with mandated reporting by MDCH and BABHA (see attached MDHHS Required Disease Reporting) will be reported for all consumers minimally on a weekly basis to the Nursing Manager or designee, Bolded typed items on the MDHHS list require notification within 24 hours.
- B. Reported information (see attached surveillance form) will be entered into a secure database that is maintained by the Nursing Manager or designee, which will be used to identify and conduct comparative analysis to identify possible transmissions.
- C. Data will be sent to the Nursing Quality Manager or designee, and will be grouped by date, individual, program, residence, and classification to —identify clusters and/or trends of infections. The Quality Manager will report clusters or trends to the Nursing Manager for further investigation. Isolated incidences or clusters correlating with community rates will be considered insignificant.
- E. Appropriate interventions will be instituted to prevent, and control identified clusters and/or trends in nosocomial infections.
- F. A journal of significant incidences will be maintained identifying actions initiated and follow-up resolution(s).
- G. The Nursing Manager or designee will report required infections to the appropriate County Health Department, if appropriate.
- H. Minimally, an annual survey will be conducted by the Nursing Quality Manager or designee, in coordination with the Nursing Manager, and reviewed by the Healthcare Practices Committee for the BABHA operated programs and periodic site visits will be completed by BABHA for the provider programs and residences to ensure compliance, identify potential concerns and assist with implementing corrective measures.

IX. Emergency Management

All reported infections will be reviewed on a continual basis and if there appears to be an influx or risk of an influx of infectious individuals we serve, the Nursing Manager or designee, with consultation of appropriate management, the CEO and appropriate external resources (depending on the type of infection introduced and the speed and mode of transmission) will recommend:

- 1. Disallowing the individual served, or individuals served —living in a particular home from participating in activities at the day programs or any other services provided by BABHA,
- 2. Delaying any transfers, admissions or discharges, and/or
- 3. Limiting visitors or families.

X. Infection Control In-servicing and Continuing Education

The cornerstone of an effective Infection Control and Prevention program is to ensure employees have a thorough knowledge base of infection control principles and practices. This is accomplished by providing comprehensive training, post testing, return demonstrations, overt and covert observations for compliance.

- A. Employees will receive Infection Control education during the orientation process (Category A employees will complete within 10 days of assignment) to minimally include the etiology, transmission, prevention, and treatment of bloodborne pathogens and OPIM. Upon completion, employees will complete the Bloodborne Pathogen Exposure Control Education certification (see attached). This includes, but is not limited to:
1. Accessibility to the MIOSHA rules and an explanation of the content of the rules, to include appendices,
 2. A general explanation of the epidemiology and symptoms of bloodborne diseases,
 3. An explanation of the modes of transmission of bloodborne pathogens,
 4. An explanation of the exposure control plan, including the standard of operating procedures and how an employee can access the written plan,
 5. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material,
 6. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment,
 7. Information on all of the following with respect to personal protective clothing and equipment:
 - Types
 - Proper Use
 - Limitations
 - Location
 - Removal
 - Handling
 - Decontamination
 - Disposal
 8. An explanation of the basis for selecting protective clothing and equipment,
 9. Information on the Hepatitis A and B vaccines and post exposure prophylaxis, including all the following information:
 - Availability
 - Efficacy
 - Safety
 - The benefits of being vaccinated
 - Method of administration
 - The Hepatitis B vaccination is free of charge
 - The Hepatitis A vaccination is a covered benefit of most insurance plans and is available at the Bay and Arenac County Health Departments at no cost or a reduced rate.
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material,

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and medical follow-up and counseling that will be made available, and
 12. An explanation of the signs and labels or color-coding, as required and if applicable.
- B. All employees will receive annual infection control updates through staff development (Staff Development Days) and/or an electronic self-directed education system.
 - C. Category A employees will receive annual education/retraining to minimally include all of the elements identified in A.
 - D. Individuals will receive in-services at on-site orientation relevant to specific job duties by their supervisor, or designee that pertain to infection control.
 - E. When non-compliance to task specific infection control procedures is identified, individual coaching or instruction will be provided by a supervisor, Nursing Manager or a designated qualified individual. Understanding will be verbalized and return demonstration performed by the employee, as appropriate.

XI. Performance Improvement and/or Annual Goals

Based on an annual risk analysis, the HPC will determine annual priorities and goals.

Goals for Fiscal Year 2023-2024:

- 1) Increase awareness and education related to COVID-19 vaccinations.
- 2) Reduce the number of urinary tract infections by providing education regarding; recognizing the signs and symptoms of UTI's, prevention of UTI's, and recognizing when treatment of UTI's is not effective and when additional follow up may be required.
- 3) ~~Increase awareness of and provide education regarding the signs and symptoms of sepsis to reduce the incidence of sepsis, provide immediate recognition and reduce mortality from sepsis.~~ Provide education to individuals and staff in Specialized Residential Homes the risks, signs and symptoms, monitoring and treatment of skin infections and wounds.

XII. Resources

Occupational Health & Safety Agency. Bloodborne Pathogen Standard. 1998 (rev. 2000) Standard 29CFR 1910.1030

Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report V.43; 1-38. 1994. V.46; 1-42. 1997.

Michigan Department of Licensing and Regulatory Affairs. Part 554. Bloodborne Infectious Diseases. October 18, 2001.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994 and 2005, to include the TB risk assessment work sheet

XIII. Attachments

1. Infection Control Process Flow Chart
2. BABHA Reportable Infections and Criteria Listing
3. Infection Control Surveillance Report Form
4. BABH Hepatitis A Virus Prevention Plan
5. BABHA Policy C14-S04-T03 Infection Control Management; Management of Epidemic/Pandemic Prone Illnesses
6. BABHA Policy C14-S04-T04 Infection Control Management; Recovery From COVID-19 Preparedness and Response Plan
7. BABH Pandemic Protocol Directory – G:\BABH\COVID-19 Info\PANDEMIC PROTOCOL DIRECTORY

Bloodborne Pathogen Exposure Control Education

I have completed the training for HIV/AIDs, Hepatitis and Universal Precautions and I understand the following:

- How HIV and Hepatitis are transmitted,
- The Universal Precautions Procedures,
- Type, location, limitations and use of protective clothing and equipment,
- The cleaning procedure for blood or body fluids spills,
- The procedure to follow if I think I was exposed to blood or potentially infectious body fluids, and know that
- The Hepatitis B vaccine is strongly recommended, and I can receive the vaccine at no charge to myself.
-

I have had the opportunity to ask questions and know whom to contact if I need more information.

Signature

Job Classification

Date

CDC RECOMMENDED VACCINATIONS

COVID-19

Hepatitis B (HepB)

DTaP, DT (Diphtheria, tetanus, acellular pertussis)

Td, Tdap (Tetanus, diphtheria, acellular pertussis)

Polio (IPV)

Human papillomavirus (HPV)

Varicella (Var) (Chickenpox)

MMR (Measles, mumps, rubella)

Influenza vaccine

Rotavirus (RV)

Hib (Haemophilus influenzae type b)

Pneumo. Conjugate (PCV13) and/or **Pneumo. polysacch.** (PPSV23)

Hepatitis A (HepA)

Meningococcal conjugate (MCV and/ or **Polysaccharide** (MPSV)

2024 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)	Measles (Measles/Rubeola virus) (6)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Melioidosis (<i>Burkholderia pseudomallei</i>) (4)
Anthrax (<i>Bacillus anthracis</i> and <i>B. cereus</i> serovar anthracis) (4)	Meningitis: bacterial, viral, fungal, parasitic and amebic
Arboviral encephalitis, neuro- and non-neuroinvasive:	Meningococcal Disease, sterile sites (<i>Neisseria meningitidis</i>) (4)
Chikungunya, Eastern Equine , Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)	Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
Babesiosis (<i>Babesia microti</i>)	Mumps (Mumps virus)
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Orthopox viruses, including: Smallpox, Mpox (4)
Botulism (<i>Clostridium botulinum</i>) (4)	Pertussis (<i>Bordetella pertussis</i>)
Brucellosis (<i>Brucella abortus</i>, <i>melitensis</i>, <i>suis</i>, and <i>canis</i>) (4)	Plague (<i>Yersinia pestis</i>) (4)
Campylobacteriosis (<i>Campylobacter</i> species)	Polio (Poliovirus)
Candidiasis (<i>Candida auris</i>) (4)	Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Carbapenemase-Producing Organisms (CPO) (4)	Psittacosis (<i>Chlamydophila psittaci</i>)
Chancroid (<i>Haemophilus ducreyi</i>)	Q Fever (<i>Coxiella burnetii</i>) (4)
Chickenpox / Varicella (<i>Varicella-zoster</i> virus) (6)	Rabies (<i>Rabies virus</i>) (4)
Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (<i>Chlamydia trachomatis</i>) (3,6)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Cholera (<i>Vibrio cholera</i>) (4)	Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
Coccidioidomycosis (<i>Coccidioides</i> species)	Rubella (<i>Rubella virus</i>) (6)
Cryptosporidiosis (<i>Cryptosporidium</i> species)	Salmonellosis (<i>Salmonella</i> species) (5)
Coronaviruses, Novel (SARS , MERS-CoV) (5)	Shigellosis (<i>Shigella</i> species) (5)
COVID-19; including SARS-CoV-2 variant identification	Spotted Fever (<i>Rickettsia</i> species)
<i>Cronobacter sakazakii</i> (infants < 1 year of age) (4, blood or CSF only)	<i>Staphylococcus aureus</i> , vancomycin intermediate/resistant (VISA) (5)/VRSA (4)
Cyclosporiasis (<i>Cyclospora</i> species) (5)	<i>Streptococcus pneumoniae</i> , sterile sites
Dengue Fever (Dengue virus)	<i>Streptococcus pyogenes</i> , group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Diphtheria (<i>Corynebacterium diphtheriae</i>) (5)	Syphilis (<i>Treponema pallidum</i>) (for any reactive result, report all associated syphilis tests, including negative results) (6)
Ehrlichiosis (<i>Ehrlichia</i> species)	Tetanus (<i>Clostridium tetani</i>)
Encephalitis, viral or unspecified	Toxic Shock Syndrome (non-streptococcal) (1)
<i>Escherichia coli</i> , O157:H7 and all other Shiga toxin positive serotypes (5)	Trichinellosis (<i>Trichinella spiralis</i>)
Giardiasis (<i>Giardia</i> species)	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4)
Glanders (<i>Burkholderia mallei</i>) (4)	Tularemia (<i>Francisella tularensis</i>) (4)
Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3, 4 – isolates from sterile sites only, 6)	Typhoid Fever (<i>Salmonella typhi</i>) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Guillain-Barre Syndrome (1)	Vibriosis (Non-cholera <i>Vibrio</i> species) (5)
<i>Haemophilus influenzae</i> , sterile sites (5, submit isolates for serotyping for patients <15 years of age)	Yellow Fever (Yellow Fever virus)
Hantavirus	Yersiniosis (Non-pestis <i>Yersinia</i> species) (5)
Hemolytic Uremic Syndrome (HUS)	
Hemorrhagic Fever Viruses (4)	
Hepatitis A virus (IgM anti-HAV, HAV genotype)	
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)	
Histoplasmosis (<i>Histoplasma capsulatum</i>)	
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Influenza pediatric mortality (< 18 years of age), report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis (<i>Legionella</i> species) (5)	
Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>)	
Leptospirosis (<i>Leptospira</i> species)	
Listeriosis (<i>Listeria monocytogenes</i>) (5,6)	
Lyme Disease (<i>Borrelia burgdorferi</i>)	
Malaria (<i>Plasmodium</i> species)	

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
 - (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
 - (4) A laboratory shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
 - (5) Specimen and/or isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory*: Submit specimens, if available.
 - (6) Report pregnancy status.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo REV. 12/2023
Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention

2020 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)	Lyme Disease (<i>Borrelia burgdorferi</i>)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Malaria (<i>Plasmodium</i> species)
Anthrax (<i>Bacillus anthracis</i> and <i>B. cereus</i> serovar anthracis) (4)	Measles (Measles/Rubeola virus)
Arboviral encephalitis, neuro- and non-neuroinvasive:	Melioidosis (<i>Burkholderia pseudomallei</i>) (4)
Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse,	Meningitis: bacterial, viral, fungal, parasitic and amebic
Powassan, St. Louis, West Nile, Western Equine, Zika (6)	Meningococcal Disease, sterile sites (<i>Neisseria meningitidis</i>) (5)
Babesiosis (<i>Babesia microti</i>)	Middle East Respiratory Syndrome (MERS-CoV) (5)
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Mumps (Mumps virus)
Botulism (<i>Clostridium botulinum</i>) (4)	Orthopox viruses, including: Smallpox, Monkeypox (4)
Brucellosis (<i>Brucella</i> species) (4)	Pertussis (<i>Bordetella pertussis</i>)
Campylobacteriosis (<i>Campylobacter</i> species)	Plague (<i>Yersinia pestis</i>) (4)
Candidiasis (<i>Candida auris</i>) (4)	Polio (Poliovirus)
Carbapenemase Producing – Carbapenem Resistant	Prion disease, including CJD
Enterobacteriaceae (CP-CRE): <i>Klebsiella</i> spp., <i>Enterobacter</i> spp., and	Psittacosis (<i>Chlamydia psittaci</i>)
<i>Escherichia coli</i> (5)	Q Fever (<i>Coxiella burnetii</i>) (4)
Chancroid (<i>Haemophilus ducreyi</i>)	Rabies (<i>Rabies virus</i>) (4)
Chickenpox / Varicella (<i>Varicella-zoster virus</i>) (6)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Chlamydial infections (including trachoma, genital infections,	Rubella (<i>Rubella virus</i>) (6)
LGV) (<i>Chlamydia trachomatis</i>) (3, 6)	Salmonellosis (<i>Salmonella</i> species) (5)
Cholera (<i>Vibrio cholera</i>) (4)	Severe Acute Respiratory Syndrome (SARS) (5)
Coccidioidomycosis (<i>Coccidioides immitis</i>)	Shigellosis (<i>Shigella</i> species) (5)
Cryptosporidiosis (<i>Cryptosporidium</i> species)	Spotted Fever (<i>Rickettsia</i> species)
Cyclosporiasis (<i>Cyclospora</i> species) (5)	Staphylococcus aureus, vancomycin intermediate/ resistant (VISA (5)/VRSA (4))
Dengue Fever (Dengue virus)	Streptococcus pneumoniae, sterile sites
Diabetes (<i>Gonococcus meningitidis</i>) (5)	
Ehrlichiosis (<i>Ehrlichia</i> species)	Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Encephalitis, viral or unspecified	Syphilis (<i>Treponema pallidum</i>) (6)
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)	Tetanus (<i>Clostridium tetani</i>)
Giardiasis (<i>Giardia</i> species)	Toxic Shock Syndrome (non-streptococcal) (1)
Glanders (<i>Burkholderia mallei</i>) (4)	Trichinellosis (<i>Trichinella spiralis</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3, 6) (4, submit isolates from sterile sites only)	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4)
Guillain-Barre Syndrome (1)	Tularemia (<i>Francisella tularensis</i>) (4)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients < 15 years of age)	Typhoid Fever (<i>Salmonella typhi</i>) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Hantavirus	Vibriosis (Non-cholera vibrio species) (5)
Hemolytic Uremic Syndrome (HUS)	Yellow Fever (Yellow Fever virus)
Hemorrhagic Fever Viruses (4)	Yersiniosis (<i>Yersinia enterocolitica</i>) (4, submit isolates only)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)	
Hepatitis B virus (HBsAg, HBeAg, anti-HBe IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)	
Histoplasmosis (<i>Histoplasma capsulatum</i>)	
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Pediatric influenza mortality, report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis (<i>Legionella</i> species) (5)	
Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>)	
Leptospirosis (<i>Leptospira</i> species)	
Listeriosis (<i>Listeria monocytogenes</i>) (5,6)	

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Report HIV lab results to MDHHS electronically/by arrangement & case reports to MDSS or by MDHHS Form 1335.
 - (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
 - (4) A laboratory shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
 - (5) Isolate requested. Enteric: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. Respiratory: Submit specimens, if available.
 - (6) Report pregnancy status, if available.
- Blue Bold Text = Category A bioterrorism or select agent, notify the MDHHS Laboratory immediately: (517) 335-8063

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111 MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention REV. 12/2019