



BOARD OF DIRECTORS REGULAR MEETING

Thursday, November 21, 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, 10/17/2024 – Distributed
 - 3.1 Motion on minutes as distributed
4. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 11/4/2024 – Distributed – Pawlak, Ch/
Girard, V Ch
 - 4, 6-9 4.1 Res# 2411001: Approve the 2025 Risk Management Plan – *See page 4 resolution sheet, pages 6-9 & plan attached to back of packet*
 - 4.2 Motion on minutes as distributed
5. PERSONNEL & COMPENSATION COMMITTEE, 11/6/2024 – Distributed – Crete, Ch/ Conley, V Ch
 - 4 5.1 Res# 2411002: Approve revising the effective date for Health, Dental, and Vision benefits to the first of the month following thirty (30) days of employment effective January 1, 2025 – *See page 4 resolution sheet*
 - 5.2 Motion on minutes as distributed
6. RECIPIENT RIGHTS (RR) ADVISORY & APPEALS COMMITTEE, 11/7/2024 – Distributed – McFarland, Ch/
Mrozinski, V Ch
There were no motions forward to the full Board
 - 6.1 Motion on minutes as distributed
7. FINANCE COMMITTEE, 11/13/2024 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
 - 10-11 7.1 Motion to accept investment earnings balances for period ending October 31, 2024 – *See pages 10-11*
 - 4, 12 7.2 Res# 2411003: Approve the Finance November 2024 contract list – *See page 4 resolution sheet & page 12*
 - 4, 13 7.3 Res# 2411004: Approve purchasing a 2025 Chevrolet Trax from one of the three local dealerships for a cost not to exceed \$24,000 – *See page 4 resolution sheet & page 13*
 - 7.4 Motion on minutes as distributed



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8. BYLAWS & POLICIES COMMITTEE, 11/13/2024 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
4, 14-18 8.1 Res# 2411005: Approve the policies ending 30-day review – *See page 4 resolution sheet & pages 14-18*
4, 19-40 8.2 Res# 2411006: Approve the policies beginning 30-day review – *See page 4 resolution sheet & pages 19-40*
8.3 Motion on minutes as distributed
9. PROGRAM COMMITTEE, 11/14/2024 – Distributed – Girard, Ch/Mrozinski, V Ch
5 9.1 Res# 2411007: Approve the requests for clinical privileges – *See page 5 resolution sheet*
9.2 Motion on minutes as distributed
10. AUDIT COMMITTEE, 11/19/2024 – Distributed – McFarland, Ch/ Pawlak, V Ch
5, 41-47 10.1 Res# 2411008: Accept financial statements – *See page 5 resolution sheet & pages 41-47*
5, 48-51 10.2 Res# 2411009: Accept electronic fund transfers – *See page 5 resolution sheet & pages 48-51*
5, 52 10.3 Res# 2411010: Approve disbursement & health care claims payments – *See page 5 resolution sheet & page 52*
10.4 Motion on minutes as distributed
11. REPORT FROM ADMINISTRATION
53-60 11.1 State Health Policy Update – *See pages 53-60*
61 11.2 Bay & Arenac County Updates – *See page 61*
12. UNFINISHED BUSINESS
12.1 None



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13. NEW BUSINESS

- 62 13.1 Bid Report for Relocating Offices & Equipment from Wirt Building to Mulholland & North Bay
Consideration of a motion to award the bid for relocating office from the Wirt Building to Pinnacle Design for a total amount of \$5,928.57 – *See page 62*
- 13.2 Recipient Rights (RR) Advisory & Appeals Committee Non-board Member Appointment
Board Chair appointment of Laurie Van Wert to the RR Advisory & Appeals Committee for a three-year term commencing January 1, 2025 and expiring December 31, 2027
- 13.3 Community Mental Health Association (CMHA) Fall Conference Update
- 13.4 Holiday Hours
BABH Offices will be closed on Thursday & Friday, November 28 & 29, 2024 for the Thanksgiving holiday

14. ADJOURNMENT



**BOARD OF DIRECTORS
REGULAR MEETING**

Thursday, November 21, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

RESOLUTIONS

Health Care Improvement & Compliance Committee, November 4, 2024

Res# 2411001: Resolved by Bay Arenac Behavioral Health to approve the 2025 Risk Management Plan.

Personnel & Compensation Committee, November 6, 2024

Res# 2411002: Resolved by Bay Arenac Behavioral Health to approve revising the effective date for Health, Dental, and Vision benefits to the first of the month following thirty (30) days of employment effective January 1, 2025.

Finance Committee, November 13, 2024

Res# 2411003: Resolved by Bay Arenac Behavioral Health to approve the Finance November 2024 contract list.

Res# 2411004: Resolved by Bay Arenac Behavioral Health to approve purchasing a 2025 Chevrolet Trax from one of the three local dealerships (Garber Chevrolet, Graff Chevrolet, or Richardson Chevrolet) for a cost not to exceed \$24,000

Bylaws & Policies Committee, November 13, 2024

Res# 2411005: Resolved by Bay Arenac Behavioral Health to approve the following policies to end 30-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# 2411006: Resolved by Bay Arenac Behavioral Health to approve the following policies to begin 30-day review:

- 1) Organizational Credentialing – Special Provisions for Selected Providers, 08-06-07 (deletion)
- 2) Early & Periodic Screening, Diagnosis, and Treatment, 04-03-11 (revision)
- 3) Development of Bay-Arenac Charge Schedule, 08-03-02 (revision)
- 4) Third Party Revenue Collection & Repayment, 08-03-13 (revision)
- 5) Requirements for Contracts Serving Beneficiaries, 08-06-02 (revision)
- 6) Fiscal Intermediary Audit Guidelines, 08-06-05 (deletion)
- 7) ACH – Electronic Direct Deposit, 08-04-08 (revision)
- 8) Payroll Check Disbursement, 08-04-10 (revision)
- 9) Financial Liability for Behavioral Health Services, 08-03-03 (revision)
- 10) Financial Liability: Determining Ability to Pay for Minors, 08-03-06 (revision)



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RESOLUTIONS

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Program Committee, November 14, 2024

Res# 2411007: Resolved by Bay Arenac Behavioral Health to approve the following requests for clinical privileges:

- 1) Mary Holbrook, PMHNP-BC – Renewal privileges for a three-year term expiring 11/30/2027
- 2) Casey Binkley, LP, PsyD – Renewal privileges for a three-year term expiring 12/31/2027

Audit Committee, November 19, 2024

Res# 2411008: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending October 31, 2024.

Res# 2411009: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period ending October 31, 2024.

Res# 2411010: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from October 21, 2024 through November 22, 2024.

Risk Management is defined as the ability to identify, assess, prevent, monitor, and remediate risk for the organization. The goal of the plan is to manage risk and reduce the severity of a loss if one were to occur, while accomplishing our mission and core objectives in providing quality behavioral health care to the people of Bay and Arenac Counties. It is the policy of BABHA to ensure there are diligent actions to identify, assess, prevent, monitor, and remediate risk for the organization. BABHA will engage in a coordinated set of activities designed to control threats to its people, property, incomes, goodwill, and ability to accomplish goals.

Business Environment:

- Added the difficulty in retaining staff and the implementation of continued remote work environments.
- Deleted the references to the pandemic and infection control efforts to meet the orders related to the Public Health Emergency.
- Actions Steps:
 - Added re-evaluating the CCBHC model and making formal recommendation to Board by FY25Q1
 - Added implementation of tools to enhance Leadership's ability to monitor and evaluate staff activity in a remote environment and to evaluate physical plant and equipment needs.
 - Deleted/Completed the infection control strategies, testing, and other strategies to mitigate risks of the pandemic.

Medical and Clinical Practices:

- Deleted the Quality of Care Reviews from the Health Care Practices Committee. They are continuing to be completed.
- Added that Dr. Marrone, Addictionologist and Medical Examiner has regularly attended the Health Care Practices Committee and provided updates on trends related to substance use and deaths in Bay and Arenac Counties.
- Actions Steps:
 - Continue Root Cause Analysis of risk situations and take necessary system and process improvements.
 - Completed working with BI and PCE to get the death determination process and the Root Cause analysis process fully electronic.
 - Completed Narcan at all clinic sites and distribution to consumers, as well as Fentanyl test strips and Narcan dispensing machines in the community.
 - Completed the Coordination of Care letter in the electronic system and the universal consent form allows sharing of information to other health care providers without a consent.
 - Continuing Quarterly reports related to infection control, medication errors, morbidity and mortality, controlled substances, critical incidents that are reviewed by the Health Care Practices Committee.
 - Continue to have the Addictionologist participate in the Health Care Practices Committee meeting to provide input into Root Cause Analysis, Deaths and other Critical Incidents.
 - Continue quarterly Priority Performance Measures reports.
 - Continue quarterly reports on the Michigan Mission Based Performance Measures.

Service Needs:

- Added significant shortage of behavioral health workers and capacity to the provider network. Risk of capacity issues with Specialized Residential, Community Living Services, Outpatient Therapy, and community inpatient hospitalization for children diagnosed with severe autism spectrum disorders.
- Added efforts to support the Specialized Residential and CLS included helping debrief with staff after a death, ongoing meetings with CLS providers, Northbay and Horizon Home staff assisting in emergent situations, Northbay moving to a community-based service.
- Added update on Outpatient Therapy which included the implementation of BABHA OPT groups, hiring two more therapists and two master's level clinicians to establish Same Day Access assessments for new referrals.

- Added update on Community inpatient for children and youth with severe ASD which included establishing single case agreements with ABA providers to provide enhanced CLS services to children and youth at risk of out of home placement.
- Added Ten 16 as an SUD agency working with the Arenac Center to expand SUD services in Arenac.
- Action Steps:
 - Continue to complete the Community Needs Assessment every two years.
 - Continue to participate in MDHHS and MSHN workgroups related to HCBS implementation, 1915i implementation, and CFA & P.
 - Continue working with Specialized Residential and CLS providers to strengthen the workforce and be able to handle individuals with higher needs.
 - Continue to increase the monitoring of Self Determination to address the higher risk for fraud and abuse.
 - Continue to monitor the capacity levels throughout the provider network.
 - Completed expansion of SUD services in Arenac County.
 - Added advocacy for additional inpatient and residential treatment capacity for children and youth diagnosed with ASD.

Environment and Safety:

- Added that all hazard assessments will be updated once the emergency declarations have been revoked.
- Action Steps:
 - Continue annual inspection process by the Facility Manager to assess for safety hazards and potential areas of risk.
 - Continue working with the Facility Manager and the Safety Committee and SLT to review and revise the BABHA EPP for the purpose of updating HVA every two years.
 - Continue to coordinate and conduct ALICE (Alert-Lockdown-Inform-Counter-Evacuate) safety training on security measures in the event of an active shooter.
 - Completed the implementation of Rave Smart 911 which provides 911 and first responders critical information in an emergency.
 - Continue to expand information available to 911 operators through Rave Smart.
 - Completed the distribution of PPE during the pandemic.

Legal and Regulatory:

- Added the increase of Medicaid Event Verification audits completed for each provider.
- Added the implementation of a Supervisors training to teach their role in compliance with program integrity.
- Action Steps:
 - Continue the verification process for providers
 - Completed modifying the event verification sampling to focus on atypical providers and self determination arrangements.
 - Continue monitoring of compliance with IPOS training requirements and continue to advocate for moderation of requirements at the state and regional enforcement levels.
 - Added increase education on Fraud, Abuse and Waste to Supervisors and consumers and in response to any substantiated Fraud and Abuse cases.

Ethical:

- Action Steps:
 - Continue to conduct two Ethics Committee meetings per year, provide annual Ethics training and solicit topics for discussion that the Ethics Committee meetings, and revise policies and procedures related to the outcome of the Ethics Committee meetings, as appropriate.

Financial:

- Action Steps:
 - Continue to complete the Risk Assessment Tool to monitor the performance of the direct operated and contracted service provider organizations.
 - Revised the Michigan Employment First Initiative for outcomes based contracts with the vocational providers to include the MDHHS Consultant recently engaged to provide feedback on this service model and whether the rates are competitive.

- Continue to assess positions as they become vacant to consolidate functions if at all feasible to reduce costs.
- Completed the assessment of the financial impact of the pandemic on the Network Providers and provide financial assistance as needed.

Personnel Qualifications and Training:

- Deleted the references to policy updates related to the pandemic.
- Action Step:
 - Continue to evaluate employees in accordance to the performance management system and identify areas of risk or deficiency and opportunity to address through training. Supervisors will continue to make use of reports available to them to monitor staff. Continue to monitor exclusions and debarment.

Media Relations and Social Media:

- Added the training that has been conducted on privacy breaches for employees at hire and annually.
- Added the IS Department has a process and are posting requests to the website and Facebook page.
- Added that there have been alerts added to let the IS Department know when there have been posts to the Facebook page so they can monitor.
- Action Steps:
 - Completed policy revisions made to address contact with the media.
 - Added to continue training on privacy with regard to social media and monitoring of postings.

Security and Technology:

- Added that multiple phishing tests have been implemented and training has been conducted for those that clicked on the phishing emails.
- Added that a phishing alert button has been installed so users can report to the Help Desk potential compromised emails.
- Added that the IS Manager conducted a Disaster Recovery Training for all Leadership staff.
- Action Steps:
 - Completed implementation of multifactor authentication
 - Completed implementation of multifactor authentication for providers that utilize the E.H.R.
 - Added Microsoft licensing upgrades for better remote management of devices to provide better security.
 - Added to continue end user education on security threats utilizing phishing campaigns and creating and implementing individual trainings for repeat clickers.
 - Added to monitor and make recommendations to SLT and the Board on systems that are becoming end of life. The phone system will be end of life 12/2025.

Infection Control:

- Added that in addition to providing education on infections, the community Nurses monitor and encourage individuals in Specialized Residential settings to obtain vaccinations.
- Action Steps:
 - Continue the Health Care Practices Committee will monitor infections on a quarterly basis.
 - Continue the Nursing Manager will review annual data and designate a goal for the upcoming year based on the data of the previous year.
 - Continue to have the Nursing Manager collaborating with the CDC and MDHHS on emerging health issues and communicates to BABHA staff.
 - Deleted monitoring of CDC and MDHHS information related to the pandemic.

Review of Insurance:

- Action Steps:
 - Continue to evaluate and renew the general liability coverage options through MMRMA, Workers Compensation coverage, Physician Malpractice coverage for the Medical Director and contractual Physician and Nurse Practitioner and crime bond coverage.

Management of Risk in the Contracted Service Provider Network:

- Action Steps:
 - Continue the Quality and Compliance Coordinator conducting quarterly performance improvement reviews of contract service providers as well as bi-annual MEV reviews.

- Added annual site reviews will be completed for designated contract service providers with an abbreviated review of the standards.

Mitigation, Remediation and Monitoring of Effectiveness of Risk Management Plan:

- No changes

Safety Committee Statement of Purpose:

- No changes

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances October 31, 2024

Balance October 1, 2024	6,361,175.21
Balance October 31, 2024	5,771,843.67
Average Daily Balance	5,531,654.68
Estimated Actual/Accrued Interest October 2024	17,686.45
Effective Rate of Interest Earning October 2024	3.84%
Estimated Actual/Accrued Interest Fiscal Year to Date	17,686.45
Effective Rate of Interest Earning Fiscal Year to Date	3.84%

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

Cash Available - Operating Fund

	Rate	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		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
Cash in		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	12,579,891
Cash out		(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)	(13,159,621)
Ending Balance Operating Fund		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	5,308,628
Investments													
Money Markets		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	5,308,628
	90.00												
	180.00												
	180.00												
	270.00												
	270.00												
Total Operating Cash, Cash equivalents, Invested		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	5,308,628
Average Rate of Return General Funds		3.96%	4.01%	4.04%	4.05%	4.08%	4.08%	4.08%	4.08%	4.08%	4.08%	4.05%	3.70%
		4.09%	4.13%	4.11%	4.10%	4.24%	4.08%	4.05%	4.08%	4.05%	4.08%	3.72%	3.70%
Average		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	5,308,628

Cash Available - Other Restricted Funds

	Rate	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		440,817	442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413
Cash in		1,812	1,880	1,888	1,773	1,903	1,850	1,919	1,865	1,935	1,943	1,828	1,803
Cash out													
Ending Balance Other Restricted Funds		442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216
Investments													
Money Market		442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216
Total Other Restricted Funds		442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216
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%	4.99%	4.84%
		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.84%	4.84%
Average		441,723	442,651	443,587	444,504	445,432	446,359	447,294	448,229	449,170	450,117	451,058	463,216
Total - Bal excludes payroll related cash accounts		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	5,771,844
Total Average Rate of Return		4.08%	4.20%	4.21%	4.17%	4.20%	4.19%	4.19%	4.18%	4.19%	4.19%	4.17%	3.84%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
November 13, 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	M	Iris Telehealth 3.2% rate increases to hourly rate: Sylvia Exum Christopher Fox Andrew Meyer	\$252/hour \$77/hour \$235/hour	\$260/hour \$79/hour \$242/hour	Effective 1/1/25	Y N
2	T	Samaritas Termination of the Contract for CLS Services	\$6.59/unit	\$0	Terminated effective 11/24/24	Y N
3	N	Westwood Specialized Residential Services, LLC CLS Services for 1 BABHA individual plus up to 16 hours/day of 1:1 staffing	\$0	\$12.06/unit	TBD - 9/30/25	Y N
4	N	Mercy Plus Healthcare Services, LLC Autism Diagnostic Evaluations 96112 - first hour 96113 - each addl. 30 mins.	\$0 \$0	\$80 - \$95 \$40 - \$47.50 Rates above vary based on the staff's credentials	12/1/24 - 9/30/25	Y N
5	N	Partners in Change Single Case Agreement for outpatient therapy services for one BABHA individual	\$0	\$165/session	10/21/24 - 10/31/25	Y N
6	M	Paramount Rehabilitation Services Addition of two services to the Contract: 97533 - OT Sensory 97535 - OT Self-Care/Home Management Trng	\$0 \$0	\$36/unit \$36/unit	10/1/24 - 9/30/25	Y N
7	N	Serenity House Albany Specialized Residential Services for 1 BABHA individual	\$0	\$530/day	11/11/24 - 9/30/25	Y N
8	T	Aidaly Care Termination of the Contract for CLS Services	\$6.07/unit	\$0	Terminated effective 1/4/25	Y N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)						
9	R	Saginaw County Community Mental Health Single Case Agreement for behavior treatment services for 1 Saginaw County CMH individual: <i>Functional Behavioral Assessment</i> <i>Behavior Identification Assessment</i> <i>Behavior Treatment Plan Monitoring</i> <i>Treatment Planning</i>	\$454/hour \$113.50/unit \$201.25/event \$330.00/event	\$931.25/hour \$485.75/event \$288.75/event \$481.75	10/1/24 - 9/30/25	Y N
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL						
10	R	CMHAM FY25 CMHSP Membership Dues	\$18,483	\$19,330	10/1/24 - 9/30/25	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:

**Bay Arenac Behavioral Health
Report of Bids Received
November 13, 2024**

I Description of Goods or Services Subject to the Request for Bids: Purchase Vehicle for the Assisted Outpatient Treatment Program (Grant Funds)

II Itemization of Bids Received:

2025 CHEVROLET TRAX	
Bidder Name	Amount
Garber Chevrolet (Linwood)	23,000.00
Graff Chevrolet (Bay City)	23,379.00
Richardson Chevrolet (Standish)	24,000.00

III Recommendation:

2025 Chevrolet Trax: Garber Chevrolet

**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	<hr/> <i>Board Chairperson Signature</i> <hr/> <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: 10/3/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>			
<small>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</small>			

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	<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, 4-14-15, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-23, 4-14-27, 4-14-28, 4-14-29			
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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	<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, 4-14-15, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-23, 4-14-27, 4-14-28, 4-14-29			
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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
H. Beson	C. Pinter	9/24/24	Archive	This policy is being archived due to no longer being in effect.

**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>
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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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	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <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 AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 08	Fiscal Management		
Section: 06	Contract Management		
Topic: 07	Organizational Credentialing – Special Provisions For Selected Providers		
Page: 1 of 2	Supersedes Date: Pol: Proc:	Approval Date: Pol: 9-17-2020 Proc: 9-17-2020	<i>Board Chairperson Signature</i>
			<i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay Arenac Behavioral Health Authority (BABHA) to ensure the competency and qualifications of the service delivery network in the provision of selected specialty services and supports by verifying proper credentialing and recredentialing by contracted organizational providers.

Purpose

This purpose of this policy and procedure is to establish processes for:

- The credentialing and re-credentialing of professionals and technicians providing applied behavioral analysis services who are operating as part of an organizational provider.
- Ensuring organizational providers intending to delivery occupational, speech language pathology and/or physical therapy services are operating within the scope of their contractual agreement with BABH.

Education Applies to:

- All BABHA Staff
 Selected BABHA Staff, as follows: _____
 All Contracted Providers: Policy Only Policy and Procedure
 Selected Contracted Providers, as follows: Applied Behavioral Analysis Providers, Occupational Therapists, Physical Therapists, Speech Therapists and Assistants _____
 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

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

Chapter: 08	Fiscal Management		
Section: 06	Contract Management		
Topic: 07	Organizational Credentialing – Special Provisions For Selected Providers		
Page: 2 of 2	Supersedes Date:	Approval Date:	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
	Pol:	Pol: 9-17-2020	
	Proc:	Proc: 9-17-2020	
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Sarah Holsinger/Chris Tomczak	Corporate Compliance Committee	9/17/2020	New	Outline credentialing and re-credentialing process for ABA employees; and special provisions for ancillary service providers.
S. Gunsell	M. Rozek	10/21/24	Deletion	Recommend deletion as the content is the exact same as C08-S06-T08

DELETION

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

Chapter: 4	Care and Treatment Services		
Section: 3	Assessment		
Topic: 11	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)		
Page: 1 of 2	Supersedes: Pol: Proc: 9-26-13, 9-30-06 3-30-01	Approval Date: Pol: 4-9-02 Proc: 5-15-15	_____ <i>Board Chairperson Signature</i>
			_____ <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to participate in the Early and Periodic Screening, Diagnosis & Treatment (EPSDT) process by accepting referrals and performing assessment/evaluations necessary to determine medical necessity eligibility for specialty mental health services. ~~the mental health specialized portion of the health and developmental history upon referral or providing corrective specialty services for a defect detected by EPSDT screening.~~ It is also the policy of BABHA to consider all Medicaid-eligible persons under age 21 and who are receiving services to meet the EPSDT definition. ~~regardless of whether services were identified by a Qualified Mental Health Professional (QMHP) and referred to the Community Mental Health Services Program (CMHSP) or identified in the CMHSP's comprehensive assessment of the beneficiary's needs.~~

Purpose

This policy and procedure was developed to describe the Early and Periodic Screening, Diagnosis and Treatment entrance criteria.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff and Clinical Management
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Clinical Service Contract Providers
 - Policy Only Policy and Procedure
- Other:

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POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 3	Assessment		
Topic: 11	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)		
Page: 2 of 2	Supersedes: Pol: Proc: 9-26-13, 9-30-06 3-30-01	Approval Date: Pol: 4-9-02 Proc: 5-15-15	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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			Revision	Address change from Fifth St to M. Madison for Children's Service Director – No P/P changes
P. Baker	P. Baker	08/24/10	No Changes	Triennial review: no changes
S. LaMere	PNLT	09/26/13	Revision	Triennial review: minor changes. BABHA not required to provide PEDS to providers but to refer them to websites for download(s) or to complete online.
J. Hahn	C. Pinter	05/15/15	Revision	Triennial review: minor changes to reflect current process.
J. Hahn	J. Hahn	3-16-18	No Changes	Title change only Director to Manager
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes
J. Hahn	J. Hahn	10/25/2024	Revisions	Triennial Review – revised to reflect updates in the Medicaid Provider Manual.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 2	Development of Bay-Arenac Charge Schedule		
Page: 1 of 2	Supersedes Date: Pol: 5-29-99 Proc: 4-24-06, 10-21-03, 4-13-99	Approval Date: Pol: 6-15-06 Proc: 9-9-09	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to develop charges for services based on the actual cost of providing the service. The charge schedule will be developed on an annual basis. The charges will be established based upon utilization and productivity trends from prior fiscal year and current fiscal year budgeted expenditures.~~the current year's services and expenditures.~~ All ~~recipients of services rendered~~ will be charged the amount listed on the approved charge schedule ~~for services~~ regardless of type of third party coverage. ~~The amount collected from individuals or second parties will be based upon a completed financial liability determination, where applicable.~~

Purpose

This policy and procedure is established to define the process for developing the annual charge schedule.

Applicability

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

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Topic: 2	Development of Bay-Arenac Charge Schedule		
Page: 2 of 2	Supersedes Date: Pol: 5-29-99 Proc: 4-24-06, 10-21-03, 4-13-99	Approval Date: Pol: 6-15-06 Proc: 9-9-09	<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>
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Amy Keinath	J. Wesolowski	9/9/2009		Triennial review
E. Lesniak	M. Rozek	7/28/15	Revision	Triennial Review-Updated to current practices
E. Lesniak	M. Rozek	10/21/24	Revision	Triennial Review-Updated to current practices

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

Chapter : 8	Fiscal Management		
Section : 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 13	Third Party Revenue Collection and Repayments		
Page: 1 of 2	Supersedes Date: Pol: 8-20-15, 8-18-11, 5-20-99 Proc: 5-19-17, 7-6-15, 6-6-11, 9-9-09, 10-21-03, 4-13-99	Approval Date: Pol: 8-17-17 Proc: 8-30-2021	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to seek out and collect revenue from all fund sources for services rendered. This applies to third party reimbursements, ~~including all Medicaid Fee for Service programs~~, as well as payments from the individual and/or a second party, while abiding by federal regulations as they relate to co-payments and deductibles.

It is the policy of BABHA to promptly identify and refund any payments received for services billed that did not meet primary payer rules.

Purpose

This policy and procedure is created to establish guidelines for billing, collecting and refunding third party revenue, co-payments and deductibles.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Financial Services
- 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 : 8	Fiscal Management		
Section : 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 13	Third Party Revenue Collection and Repayments		
Page: 2 of 2	Supersedes Date: Pol: 8-20-15, 8-18-11, 5-20-99 Proc: 5-19-17,7-6-15, 6-6-11, 9-9-09, 10-21-03, 4-13-99	Approval Date: Pol: 8-17-17 Proc: 8-30-2021	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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A. Keinath	J. Wesolowski	09/09/09	Revision	Updated for current practices
J. Wesolowski	J. Wesolowski	06/06/11	Revision	Updated Policy state to incorporate Children's Waiver
M. Jezierski	M. Rozek E. Lesniak	07/06/15	Revision	Chapter review – updated policy statement to move Children's waiver detail to procedure/update to reflect current practices.
E. Lesniak		5/19/17	Procedure Revision	Chapter review – updated to incorporate language from Chapter 13 Section 02 Topic 10 Co-Payments and Deductibles. 13-2-10 is to be retired.
E. Lesniak	M. Rozek	10/31/18	No Changes	Triennial Review
M. Jezierski	E. Lesniak	8/30/2021	Changes to procedure	Triennial Review, added client invoicing and deleted billing of CW and injectables.
N. Konwinski	M. Perry	09/20/24	No Changes	Triennial Review- no changes

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

Chapter: 8	Fiscal Management		
Section: 6	Contract Management		
Topic: 2	Requirements for Contracts Serving Beneficiaries		
Page: 1 of 3	Supersedes Dates: Pol: 8-20-15, 9-20-12, 6-21-12, 4-20-06, 4-18-02 (C11-S06-T03), 9-20-01 (C07-S03-T01) Proc: 5-18-17, 9-24-15, 4-11-12, 4-21-09 (C11-S06-T01), 4-18-02 (C11-S06-T03), 9-20-01 (C07-S03-T02), 3-3-00	Approval Date: Pol: 3-21-19 Proc: 10-25-18	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of the Bay-Arenac Behavioral Health Authority (BABHA) that certain behavioral health services may be provided by way of subcontracts with public or private agencies, facilities, individuals, institutions, or other licensed providers within the limitations imposed by this policy, as follows:

- 1) BABHA shall ensure that contracting parties for services and/or supports to be provided to beneficiaries shall not enter into such contracts from a position of advantage over other parties in a competitive market place.
- 2) BABHA will not enter into a contractual relationship with a single provider organization delivering community living supports and/or personal care services in a licensed residential setting in more than 14 settings.
- 3) Contracted service providers must carry ~~general liability and workers compensation insurance and professional liability insurance~~appropriate insurance coverage reflective of coverage limitations set forth in their contract. and must provide evidence~~Proof of insurance coverage of such coverage is required to be provided~~ to BABHA.
- 4) Contracted service providers must be in good standing with State and Federal regulatory bodies including Medicare, Medicaid, and the Office of Inspector General (OIG).

It is the policy of BABHA to execute operating agreements with State institutions serving the mentally ill and developmentally disabled residents of Bay and Arenac Counties.

It is the policy of BABHA to execute referral agreements with public or private agencies on an as needed basis.

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ensure that organizations with which BABHA contracts with for the provision of supports and/or services to beneficiaries are informed of and comply with performance requirements and expectations. BABHA will delineate performance expectations in the provider contract and/or other applicable policies, procedures, directives, or guidelines, and make available for providers to access via the BABHA website.

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 6	Contract Management		
Topic: 2	Requirements for Contracts Serving Beneficiaries		
Page: 2 of 3	Supersedes Dates: Pol: 8-20-15, 9-20-12, 6-21-12, 4-20-06, 4-18-02 (C11-S06-T03), 9-20-01 (C07-S03-T01) Proc: 5-18-17, 9-24-15, 4-11-12, 4-21-09 (C11-S06-T01), 4-18-02 (C11-S06-T03), 9-20-01 (C07-S03-T02), 3-3-00	Approval Date: Pol: 3-21-19 Proc: 10-25-18	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <i>Chief Executive Officer Signature</i>
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Purpose

This policy and procedure is created to establish performance requirements for contracted providers for the provision of services and supports to beneficiaries, and the procedures by which dissemination and monitoring of compliance will occur.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Contract/Network Management
- 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 AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
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Topic: 2	Requirements for Contracts Serving Beneficiaries		
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E. Lewis	S. Peltier	04/21/09	Revision	Topic name has been revised (due to) procedures added
E. Lewis	S. Peltier	04/11/12	Replacement	De-centralization of contract management to 3 different departments. Replaces C11-S06-T01
E. Lewis	M. Rozek	09/24/15	Revision	Policy: Revised to require providers be in good standing with state/federal regulatory bodies Procedure: Revised to include additional contracted services (SUD included in Other Services), references to credentialing P&Ps, and additional tools BABH may use for provider monitoring.
E. Lewis	M. Rozek	5/18/17	Revision	Removed requirement that insurance policy include endorsement for sexual abuse and molestation to be consistent with State contracts. Other minor grammatical revisions.
E. Lewis	E. Lesniak	10/25/18	Revision	Triennial Review-Removed reference to Provider Manual, added reference to agency website
S. Gunsell	M. Rozek	9/30/21	No Revisions	Triennial review
S. Gunsell	M. Rozek	10/21/24	Revisions	Triennial Review - Updated insurance requirement language to be more generic

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 6	Contract Management		
Topic: 5	Fiscal Intermediary Management Services (FMS) Audit Guidelines		
Page: 1 of 3	Supersedes Date: Pol: Proc: 8-20-15	Approval Date: Pol: 8-20-15 Proc: 10-30-18	Board Chairperson Signature
			Chief Executive Officer Signature
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Policy

It is the policy of Bay Arenac Behavioral Health Authority (BABHA) to implement ongoing safeguards to ensure the financial accuracy and integrity of services provided through a Fiscal Intermediary (FI).

Purpose

This policy and procedure is established to describe the procedures to monitor the performance of entities that provide fiscal intermediary services. This annual performance monitoring will include:

- Verification that the FI is fulfilling contractual requirements
- Verification of demonstrated competency in safeguarding, managing and disbursing Medicaid and other public funds
- Verification that indemnification and required insurance provisions are in place and updated as necessary
- Evaluation of feedback (experience and satisfaction) from individuals using FI services and other FI performance data with alternate methods for collections data from individuals using services (more than mailed surveys); and
- An audit of a sample of individual budgets to compare authorizations versus expenditures

Education Applies to:

- All BABHA Staff
 Selected BABHA Staff, as follows: Finance, Self Determination Coordinator, Director Integrated Care — Specialty Care —
 All Contracted Providers: Policy Only Policy and Procedure
 Selected Contracted Providers, as follows: _____
 Policy Only Policy and Procedure
 Other: _____

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
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Chapter: 8	Fiscal Management		
Section: 6	Contract Management		
Topic: 5	Fiscal Intermediary Management Services (FMS) Audit Guidelines		
Page: 2 of 3	Supersedes Date: Pol: Proc: 8-20-15	Approval Date: Pol: 8-20-15 Proc: 10-30-18	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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Section: 6	Contract Management		
Topic: 5	Fiscal Intermediary Management Services (FMS) Audit Guidelines		
Page: 3 of 3	Supersedes Date: Pol: Proc: 8-20-15	Approval Date: Pol: 8-20-15 Proc: 10-30-18	<hr/> <i>Board Chairperson Signature</i> <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
J. Wesolowski	M. Rozek	07/06/15	New	Added new P&P regarding monitoring FIs.
J. Wesolowski	M. Rozek	5/18/17	Revision	Grammatical errors corrected
M. Jezierski	E. Lesniak	10/30/18	Revision	Chapter review- update to reflect changes to procedure
S. Gunsell	M. Rozek	10/21/24	Deletion	Recommend deletion of this P & P as there is a regional review now and Compliance has their own P & P as it relates to this process.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 4	Payroll		
Topic: 8	ACH – Electronic Direct Deposit		
Page: 1 of 2	Supersedes Date: Pol: Proc: 9-9-09, 11-18-03, 4-13-99	Approval Date: Pol: 12-18-03 Proc: 6-29-15	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Board Chairperson Signature</i>
			<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to [process an automated clearing house \(ACH\) transaction for ~~offer employees the option of~~ direct deposit of ~~employee their payroll~~ net wages.](#)

Purpose

This policy and procedure is created to establish a procedure for payroll disbursement by direct deposit.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows: Finance
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABH’s Affiliates: 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
J. Wesolowski	J. Wesolowski	09/09/09	Revision	Updated to current practices
K. Mullen	M. Rozek	06/29/15	Revision	Chapter review - format changes to Policy Statement. Procedure updated to add additional language regarding authorization agreements.
K. White	M. Rozek	10/30/18	No changes	Triennial Review.
K. White	M. Rozek	08/23/21	No changes	Triennial Review.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 4	Payroll		
Topic: 8	ACH – Electronic Direct Deposit		
Page: 2 of 2	Supersedes Date: Pol: Proc: 9-9-09, 11-18-03, 4-13-99	Approval Date: Pol: 12-18-03 Proc: 6-29-15	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Board Chairperson Signature</i>
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K. White K. White	M. Rozek	10/25/09 26/2 4	Revision No changes All EE's are on DD.	Triennial Review, <u>direct deposit is the only option for payroll.</u>

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 4	Payroll		
Topic: 10	Payroll Check Disbursement		
Page: 1 of 2	Supersedes Date: Pol: 12-18-03 Proc: 6-29-15, 11-18-03, 4-13-99	Approval Date: Pol: 8-20-15 Proc: 10-30-18	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Board Chairperson Signature</i> </div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Chief Executive Officer Signature</i> </div>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ~~process~~~~issue~~ ~~routine~~ payroll ~~via~~~~checks and~~ direct deposits bi-weekly, on Friday morning at 10:00 a.m. unless otherwise specified due to a holiday occurrence. Board per Diem ~~checks and~~ direct deposits are issued the week of the Board meeting.

Purpose

This policy and procedure is set forth to establish procedure to disburse payroll ~~checks and~~ direct deposits.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows: Financial Services Staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABH's Affiliates: Policy Only Policy and Procedure
- Other:

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 4	Payroll		
Topic: 10	Payroll Check Disbursement		
Page: 2 of 2	Supersedes Date: Pol: 12-18-03 Proc: 6-29-15, 11-18-03, 4-13-99	Approval Date: Pol: 8-20-15 Proc: 10-30-18	_____ <i>Board Chairperson Signature</i>
			_____ <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
M. Wolber	J. Wesolowski	11/25/09	Revision	Chapter review - format changes only
K. Mullen	M. Rozek	06/29/15	Revision	Chapter review - Policy Statement update to include issuance of Board Per Diems and ETO Buyouts. Procedure update related to the same and update to current practice.
K. White	M. Rozek	10/30/18	Changes	Revise Policy Statement to remove ETO buyouts. Revise Staff title in procedure.
K. White	M. Rozek	08/23/21	No changes	Triennial Review
K. White	M. Rozek	10/2509/26/24	Changes Updated to remove paper Payroll checks: BABH Board paystubs are disbursed via postal mail.	Triennial Review, updated to remove paper checks and current practice related to issuing paystubs.

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter 8	Fiscal Management		
Section 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 3	Financial Liability for Mental Behavioral Health Services		
Page: 1 of 2	Supersedes Date: Pol: Proc: 7-26-15,10-28-08, 10-29	Approval Date: Pol: 5-20-99 Proc: 5-25-17	
			<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to determine financial liability for mental-behavioral health services according to the rules adopted by the Michigan Department of Health and Human Services (MDHHS) and Chapter 8 of the Michigan Mental Health Code (MMHC). These rules became effective August 15, 1997 September 27, 2022.

Purpose

This policy and procedure is established to define the process to determine financial liability, or ability to pay, for recipients of mental-behavioral health services.

Applicability

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical Management, Primary Care, ~~AAM~~ All Staff, Clerical, Financial Services
- 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 8	Fiscal Management		
Section 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
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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
A. Keinath	J. Wesolowski	10/28/08	Revision	Clarified process for notifying contract agencies of changes in ATP
M. Jezierski	M. Rozek E. Lesniak	07/06/15	Revision	Chapter review – Policy format changes only/update to reflect current procedure.
M. Jezierski	E. Lesniak	5/25/17	Revision	Chapter review – update to reflect current procedure
M Jezierski	E Lesniak	8/26/21	No Revisions	Triennial Review
E Lesniak	M.Rozek	3/17/23	Revision	Update to reflect current procedure and to remove Consumer Signature Requirement
E Lesniak	M.Rozek	6/18/24	Revision	Update to reflect revised administrative rules adopted 9/27/22 and enforced 10/1/23

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 6	Financial Liability: Determining Ability-to-Pay for Minors		
Page: 1 of 2	Supersedes Date: Pol: 5-20-99 Proc: 10-21-03, 4-13-99	Approval Date: Pol: 10-16-03 Proc: 7-6-15	_____ <i>Board Chairperson Signature</i>
			_____ <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to determine financial liability for minors according to the rules adopted by the Michigan Department of Health and Human Services (MDHHS) and Chapter 8 of the Michigan Mental Health Code. These rules became effective ~~August 15, 1997~~ September 27, 2022.

Purpose

This policy and procedure is established to define the process to determine ~~ability to payability-~~ to-pay for minors.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
- Policy Only Policy and Procedure
- BABH's Affiliates: 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
M. Wolber	J. Wesolowski	11/25/09		

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 8	Fiscal Management		
Section: 3	Administration of Charges for Services, Financial Liability of Clients and Other Fund Sources		
Topic: 6	Financial Liability: Determining Ability to Pay for Minors		
Page: 2 of 2	Supersedes Date: Pol: 5-20-99 Proc: 10-21-03, 4-13-99	Approval Date: Pol: 10-16-03 Proc: 7-6-15	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i>
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M. Jezierski	M. Rozek	07/06/15	Revision	Chapter 8 review – format changes only
M. Jezierski	E. Lesniak	10/30/18	No Changes	Triennial review-no changes
M. Jezierski	E Lesniak	8/27/21	No Changes	Triennial Review – No Changes
E Lesniak	M. Rozek	6/18/24	Revision	Update to reflect revised administrative rules adopted 9/27/22 and enforced 10/1/23

**Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 10/31/2024**

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>Oct 31, 2024</u>	<u>Sept 30, 2024</u>	
1	ASSETS			
2	<u>Current Assets</u>			
3	Cash and cash equivalents	\$4,982,545.85	\$4,894,945.38	
4	Consumer and insurance receivables	262,128.66	174,784.56	
5	Due from other governmental units	7,558,977.62	6,350,041.27	
6	Contract and other receivables	264,329.36	227,195.50	
7	Interest receivable	0.00	0.00	
8	Prepaid items	<u>247,438.22</u>	<u>238,624.65</u>	
9	Total Current Assets	13,315,419.71	11,885,591.36	(3+4+5+6+7+8)
10	Noncurrent Assets			
11	<u>Cash and cash Equivalents - restricted</u>			
12	Restricted for compensated absences	1,516,578.99	1,514,776.32	
13	Restricted temporarily - other	<u>107,418.26</u>	<u>111,510.10</u>	
14	Cash and Cash Equivalents - restricted	1,623,997.25	1,626,286.42	(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	6,368,374.54	
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	<u>(4,119,004.17)</u>	<u>(4,103,871.94)</u>	
22	Capital Asset, net	4,537,473.18	4,552,605.41	(16+17+18+19+20+21)
23	Total Noncurrent Assets	6,161,470.43	6,178,891.83	(14+22)
24	TOTAL ASSETS	19,476,890.14	18,064,483.19	(9+23)
25	LIABILITIES			
26	<u>Current Liabilities</u>			
27	Accounts payable	908,102.51	777.95	
28	Accrued wages and payroll related liabilities	86,998.25	43,856.60	
29	Other accrued liabilities	4,645,916.16	4,225,813.56	
30	Due to other governmental units	237,906.43	243,583.00	
31	Deferred Revenue	6,073.23	6,073.23	
32	Current portion of long term debt	16,212.86	16,212.86	
33	Other current liabilities	-	-	
34	Total Current Liabilities	5,901,209.44	4,536,317.20	(27+28+29+30+31+32+33)
35	<u>Noncurrent Liabilities</u>			
36	Long term debt, net of current portion	229,285.85	230,660.41	
37	GASB 87 Noncurrent Lease Liability	1,699,121.29	1,699,121.29	
38	Compensated absences	<u>1,391,528.54</u>	<u>1,359,019.52</u>	
39	Total Noncurrent Liabilities	3,319,935.68	3,288,801.22	(36+37+38)
40	TOTAL LIABILITIES	9,221,145.12	7,825,118.42	(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	2,827,136.47	
45	Unrestricted fund balance	<u>3,461,955.55</u>	<u>3,445,575.30</u>	
46	Total Net Assets	\$10,255,745.02	\$10,239,364.77	(43+44+45) and (24-40)

Bay Arenac Behavioral Health
For the Month Ending October 31, 2024
Summary of All Units

		Column Identifiers					
A	B	C	D	E (C-D)	F (C / D)	G	
	October Actual	2025 YTD Actual	2025 YTD Budget	Variance	% to Budget	2025 Monthly Budget	
Income Statement							
1	REVENUE						
2	Risk Contract Revenue						
3	Medicaid Specially Supports & Services	4,587,229.46	4,587,229.46	5,246,780.17	(659,550.71)	87%	5,246,780.17
4	Medicaid Autism	1,087,830.01	1,087,830.01	486,745.75	601,084.26	223%	486,745.75
5	State Genl Fund Priority Population	135,505.00	135,505.00	135,504.42	0.58	100%	135,504.42
6	GF Shared Savings Lapse	0.00	0.00	0.00	0.00	0%	0.00
7	Total Risk Contract Revenue	5,810,564.47	5,810,564.47	5,869,030.33	(58,465.86)	99%	5,869,030.33 (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	71,257.94	71,257.94	32,481.58	38,776.36	219%	32,481.58
11	Total Program Service Revenue	71,257.94	71,257.94	32,481.58	38,776.36	219%	32,481.58 (9+10)
12	Other Revenue						
13	Grants and Earned Contracts	154,273.25	154,273.25	131,284.08	22,989.17	118%	131,284.08
14	SSI Reimbursements, 1st/3rd Party	6,349.10	6,349.10	6,257.50	91.60	101%	6,257.50
15	County Appropriation	65,587.83	65,587.83	65,587.87	(0.04)	100%	65,587.87
16	Interest Income - Working Capital	17,911.36	17,911.36	26,381.46	(8,470.10)	68%	26,381.46
17	Other Local Income	2,789.84	2,789.84	38,619.92	(35,830.08)	7%	38,619.92
18	Total Other Revenue	246,911.38	246,911.38	268,130.83	(21,219.45)	92%	268,130.83 (13+14+15+16+17)
19	TOTAL REVENUE	6,128,733.79	6,128,733.79	6,169,642.75	(40,908.96)	99%	6,169,642.75 (7+11+18)
20	EXPENSE						
21	SUPPORTS & SERVICES						
22	Provider Claims						
23	State Facility - Local portion	0.00	0.00	14,613.25	14,613.25	0%	14,613.25
24	Community Hospital	764,453.26	764,453.26	626,004.92	(138,448.34)	122%	626,004.92
25	Residential Services	1,292,943.54	1,292,943.54	1,283,704.25	(9,239.29)	101%	1,283,704.25
26	Community Supports	2,267,000.75	2,267,000.75	2,160,599.75	(106,401.00)	105%	2,160,599.75
27	Total Provider Claims	4,324,397.55	4,324,397.55	4,084,922.17	(239,475.38)	106%	4,084,922.17 (23+24+25+26)
28	Operating Expenses						
29	Salaries	1,284,417.63	1,284,417.63	1,194,734.40	(89,683.23)	108%	1,194,734.40
30	Fringe Benefits	337,720.81	337,720.81	398,323.42	60,602.61	85%	398,323.42
31	Consumer Related	220.45	220.45	3,954.30	3,733.85	6%	3,954.30
32	Program Operations	14,307.76	14,307.76	156,753.75	142,445.99	9%	156,753.75
33	Facility Cost	40,647.62	40,647.62	58,418.33	17,770.71	70%	58,418.33
34	Purchased Services	1,892.50	1,892.50	4,433.78	2,541.28	43%	4,433.78
35	Other Operating Expense	75,053.59	75,053.59	177,156.93	102,103.34	42%	177,156.93
36	Local Funds Contribution	17,906.00	17,906.00	17,906.00	0.00	100%	17,906.00
37	Interest Expense	657.40	657.40	686.42	29.02	96%	686.42
38	Depreciation	15,132.23	15,132.23	18,039.50	2,907.27	84%	18,039.50
39	Total Operating Expenses	1,787,955.99	1,787,955.99	2,030,406.83	242,450.84	88%	2,030,406.83 (29+30+31+32+33+34+35+36+37+38)
40	TOTAL EXPENSES	6,112,353.54	6,112,353.54	6,115,329.00	2,975.46	100%	6,115,329.00 (27+39)
41	NET SURPLUS/(DEFICIT)	16,380.25	16,380.25	54,313.75	(37,933.50)	30%	54,313.75 (19-40)

Notes:
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:

BASED ON PEPM FUNDING:
 Net Medicaid (shortage): (\$777,462.76)
 Medicaid surplus: \$31,379.21
 Healthy Michigan (shortage): (\$278,500.18)
 Autism (shortage): (\$530,341.79)

**BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF FUND BALANCE
AS OF OCTOBER 31, 2024**

	TOTALS
Fund Balance 09/30/2024	10,239,364.77
Net (loss)/income October 2024	16,380.25
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 10/31/2024	10,255,745.02
Statement of Net Assets Fund Balance 10/31/2024	10,255,745.02
Difference	-

**BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF OCTOBER 31, 2024**

	<u>TOTALS</u>
Unrestricted Fund Balance 9/30/2024	6,272,711.77
Net (loss)/income October 2024	16,380.25
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 10/31/2024	6,289,092.02
Statement of Net Assets Unrestricted Fund Balance 10/31/2024	6,289,092.02
Difference	-

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

	Sept. 30, 2024 Unrestricted <u>Fund Balance</u>	Oct 31, 2024 Permanently <u>Restricted</u>	Oct 31, 2024 Temporarily <u>Restricted</u>	Oct 31, 2024 Unrestricted/ <u>Reserved</u>	Oct 31, 2024 Total <u>Fund Balance</u>
Unrestricted	3,445,575	-	-	3,461,956	3,461,956
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	<u>2,827,136</u>	<u>-</u>	<u>-</u>	<u>2,827,136</u>	<u>2,827,136</u>
Balances	10,239,365	-	-	10,255,745	10,255,745

**BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow**

	<u>Nov 24</u>	<u>Dec 24</u>	<u>Jan 25</u>	<u>Feb 25</u>	<u>Mar 25</u>	<u>Apr 25</u>	<u>May 25</u>	<u>Jun 25</u>	<u>Jul 25</u>	<u>Aug 25</u>	<u>Sep 25</u>	<u>Oct 25</u>
Estimated Funds:												
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	5,308,675	7,805,188	7,046,558	5,221,788	4,293,301	3,534,672	2,659,902	1,731,415	2,972,785	2,098,015	2,219,529	1,460,899
Total Medicaid	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551	4,852,551
Total General Fund	135,505	135,504	135,505	135,505	135,504	135,505	135,506	135,504	135,505	135,506	135,504	135,505
Estimated Misc. Receipts	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759
Client Receipts	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
Total Estimated Cash	10,459,343	13,071,996	12,197,226	10,372,456	9,560,109	8,685,340	7,810,570	6,998,223	8,123,453	7,248,683	7,486,337	6,611,567
Total Estimated Available Funds	10,459,343	13,071,996	12,197,226	10,372,456	9,560,109	8,685,340	7,810,570	6,998,223	8,123,453	7,248,683	7,486,337	6,611,567
Estimated Expenditures:												
1st Payroll	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	-	-	-	-	-	-	-	-	-	-	-	-
ETO Buyouts	-	-	-	-	-	-	-	-	-	-	-	-
2nd Payroll	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	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	-	-	-	-	-	-	550,000	-	-
1st Friday Claims	881,869	881,869	881,869	881,869	881,869	881,869	881,869	881,869	881,869	881,869	881,869	881,869
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
2nd Friday Claims	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532	1,120,532
Board Week Bay Batch	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246	1,188,246
Board Week Claims	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	754,416	754,416	754,416	754,416	754,416	754,416	754,416	754,416	754,416	754,416	754,416	754,416
5th Friday Claims	400,000	-	400,000	-	-	-	-	-	-	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)	-	-	-	-	-	-	-	-	-	-	-
Funds from MSHN	-	-	-	-	-	-	-	(2,000,000)	-	(2,000,000)	-	(1,000,000)
Transfer to (from) HRA	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) Investment	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	2,654,155	6,025,438	6,975,438	6,079,155	6,025,438	6,025,438	6,079,155	4,025,438	6,025,438	5,029,155	6,025,438	5,425,438
Estimated Month End Cash Balance	7,805,188	7,046,558	5,221,788	4,293,301	3,534,672	2,659,902	1,731,415	2,972,785	2,098,015	2,219,529	1,460,899	1,186,129

Bay-Arenac Behavioral Health

Cash Flow Forecasting For the Month of November

	<u>Bank Balance</u>	<u>Investment Balance</u>
Estimated Cash Balance November 1, 2024	5,308,675	-
Investment Purchased/Interest	-	-
Investments coming due during month	-	-
Estimated Cash Balance November 30, 2024	5,308,675	-
Estimated Cash Inflow:		
Medicaid Funds:	4,852,551	
General Fund Dollars:	135,505	
Board Receipts:	89,759	
Client Receipts:	55,000	
Funds from Investment:	-	
Interest:	17,853	
Total Estimated Cash Inflow:	5,150,668	
Estimated Cash Outflow:		
Payroll Dated: 11/08/24	(550,000)	
Payroll Dated: 11/22/24	(550,000)	
Board Per Diem Payroll: 11/22/24	(3,343)	
Payroll Dated:		
Claims Disbursements: 11/01/24	(881,869)	
Claims Disbursements: 11/08/24	(1,120,532)	
Claims Disbursements: 11/15/24	(975,000)	
A/P Disbursements: 11/22/24	(1,188,246)	
Mortgage Payment: 11/22/24	(2,032)	
Claims Disbursements: 11/22/24	(754,416)	
Claims Disbursements: 11/29/24	(400,000)	
Local FFP Payment: 11/15/24	(53,717)	
Transfer to Reserve Acct:	-	
HRA transfer:	-	
Transfer to(from) MSHN: 11/22/24	3,825,000	
Transfer to State of MI	-	
Purchased Investment	-	
Total Estimated Cash Outflow:	(2,654,155)	
Estimated Cash Balance on November 30, 2024	7,805,188	-
	-	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
October 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	566,202.51	10/3/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	790,000.00	10/4/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	25,000.00	10/4/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	27,244.09	10/7/2024	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	170,000.00	10/7/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	570,000.00	10/9/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,734.58	10/10/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	566,250.13	10/10/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,741,465.27	10/10/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	895,000.00	10/11/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	20,000.00	10/11/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	40,000.00	10/16/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,242,367.41	10/17/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	200,000.00	10/18/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	10,000.00	10/18/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,615.89	10/18/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	10/22/2024	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	565,000.00	10/23/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,719.58	10/24/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	567,478.89	10/24/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	902,920.05	10/24/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	3,585,000.00	10/25/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	663,258.73	10/31/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek

Total Withdrawals: 13,159,289.09


 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
October 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	E6524	MICHIGAN COMMUNITY SERVICES IN	34,820.53	10/4/2024	Marci Rozek
Flagstar Bank	E6525	DISABILITY NETWORK	12,325.76	10/4/2024	Marci Rozek
Flagstar Bank	E6526	SAMARITAS	34,331.50	10/4/2024	Marci Rozek
Flagstar Bank	E6527	HEALTHSOURCE	1,176.00	10/4/2024	Marci Rozek
Flagstar Bank	E6528	PHC OF MICHIGAN - HARBOR OAKS	10,790.00	10/4/2024	Marci Rozek
Flagstar Bank	E6529	MPA GROUP NFP, Ltd.	36,289.79	10/4/2024	Marci Rozek
Flagstar Bank	E6530	LIST PSYCHOLOGICAL SERVICES	1,198.80	10/4/2024	Marci Rozek
Flagstar Bank	E6531	SAGINAW PSYCHOLOGICAL SERVICES	22,073.33	10/4/2024	Marci Rozek
Flagstar Bank	E6532	PARAMOUNT REHABILITATION	3,379.92	10/4/2024	Marci Rozek
Flagstar Bank	E6533	ARENAC OPPORTUNITIES, INC	33,164.62	10/4/2024	Marci Rozek
Flagstar Bank	E6534	DO-ALL, INC.	22,143.85	10/4/2024	Marci Rozek
Flagstar Bank	E6535	New Dimensions	5,571.00	10/4/2024	Marci Rozek
Flagstar Bank	E6536	TOUCHSTONE SERVICES, INC	11,258.33	10/4/2024	Marci Rozek
Flagstar Bank	E6537	Winningham, Linda Jo	1,160.00	10/4/2024	Marci Rozek
Flagstar Bank	E6538	Nutrition for Wellness	1,302.00	10/4/2024	Marci Rozek
Flagstar Bank	E6539	WILSON, STUART T. CPA, P.C.	76,733.13	10/4/2024	Marci Rozek
Flagstar Bank	E6540	AUTISM SYSTEMS LLC	9,115.47	10/4/2024	Marci Rozek
Flagstar Bank	E6541	CENTRIA HEALTHCARE LLC	23,967.96	10/4/2024	Marci Rozek
Flagstar Bank	E6542	Flourish Services, LLL	9,171.50	10/4/2024	Marci Rozek
Flagstar Bank	E6543	GAME CHANGER PEDIATRIC THERAPY	58,950.21	10/4/2024	Marci Rozek
Flagstar Bank	E6544	Spectrum Autism Center	19,971.35	10/4/2024	Marci Rozek
Flagstar Bank	E6545	ENCOMPASS THERAPY CENTER LLC	61,768.96	10/4/2024	Marci Rozek
Flagstar Bank	E6546	Acorn Health of Michigan	140.00	10/4/2024	Marci Rozek
Flagstar Bank	E6547	MERCY PLUS HEALTHCARE SERVICES LLC	990.26	10/4/2024	Marci Rozek
Flagstar Bank	E6548	Yeo & Yeo Technology	326.00	10/4/2024	Marci Rozek
Flagstar Bank	E6549	HAVENWYCK HOSPITAL	29,833.65	10/11/2024	Marci Rozek
Flagstar Bank	E6550	HOPE NETWORK BEHAVIORAL HEALTH	68,194.30	10/11/2024	Marci Rozek
Flagstar Bank	E6551	Hope Network Southeast	127,525.80	10/11/2024	Marci Rozek
Flagstar Bank	E6552	BEACON SPECIALIZED LIVING SVS	18,033.30	10/11/2024	Marci Rozek
Flagstar Bank	E6553	Fitzhugh House, LLC	11,486.70	10/11/2024	Marci Rozek
Flagstar Bank	E6554	Bay Human Services, Inc.	308,377.18	10/11/2024	Marci Rozek
Flagstar Bank	E6555	MICHIGAN COMMUNITY SERVICES IN	316,662.58	10/11/2024	Marci Rozek
Flagstar Bank	E6556	CENTRAL STATE COMM. SERVICES	36,796.45	10/11/2024	Marci Rozek
Flagstar Bank	E6557	VALLEY RESIDENTIAL SERVICES	84,123.01	10/11/2024	Marci Rozek
Flagstar Bank	E6558	LIBERTY LIVING, INC.	71,142.11	10/11/2024	Marci Rozek
Flagstar Bank	E6559	SUPERIOR CARE OF MICHIGAN LLC	8,232.00	10/11/2024	Marci Rozek
Flagstar Bank	E6560	Closer to Home, LLC	18,534.00	10/11/2024	Marci Rozek
Flagstar Bank	E6561	DISABILITY NETWORK	16,690.88	10/11/2024	Marci Rozek
Flagstar Bank	E6562	SAMARITAS	2,412.40	10/11/2024	Marci Rozek
Flagstar Bank	E6563	HEALTHSOURCE	35,761.73	10/11/2024	Marci Rozek
Flagstar Bank	E6564	FOREST VIEW HOSPITAL	8,460.00	10/11/2024	Marci Rozek
Flagstar Bank	E6565	PHC OF MICHIGAN - HARBOR OAKS	5,810.00	10/11/2024	Marci Rozek
Flagstar Bank	E6566	MPA GROUP NFP, Ltd.	29,093.82	10/11/2024	Marci Rozek
Flagstar Bank	E6567	LIST PSYCHOLOGICAL SERVICES	2,680.10	10/11/2024	Marci Rozek
Flagstar Bank	E6568	SAGINAW PSYCHOLOGICAL SERVICES	34,250.87	10/11/2024	Marci Rozek
Flagstar Bank	E6569	PARAMOUNT REHABILITATION	28,214.41	10/11/2024	Marci Rozek
Flagstar Bank	E6570	ARENAC OPPORTUNITIES, INC	12,921.10	10/11/2024	Marci Rozek
Flagstar Bank	E6571	DO-ALL, INC.	20,445.30	10/11/2024	Marci Rozek
Flagstar Bank	E6572	TOUCHSTONE SERVICES, INC	9,023.28	10/11/2024	Marci Rozek
Flagstar Bank	E6573	Winningham, Linda Jo	730.00	10/11/2024	Marci Rozek
Flagstar Bank	E6574	Nutrition for Wellness	520.30	10/11/2024	Marci Rozek
Flagstar Bank	E6575	WILSON, STUART T. CPA, P.C.	86,261.54	10/11/2024	Marci Rozek
Flagstar Bank	E6576	CAREBUILDERS AT HOME, LLC	6,360.80	10/11/2024	Marci Rozek
Flagstar Bank	E6577	CENTRIA HEALTHCARE LLC	31,391.16	10/11/2024	Marci Rozek
Flagstar Bank	E6578	Flourish Services, LLL	7,575.41	10/11/2024	Marci Rozek
Flagstar Bank	E6579	GAME CHANGER PEDIATRIC THERAPY	64,687.72	10/11/2024	Marci Rozek
Flagstar Bank	E6580	Spectrum Autism Center	18,031.19	10/11/2024	Marci Rozek
Flagstar Bank	E6581	ENCOMPASS THERAPY CENTER LLC	66,477.81	10/11/2024	Marci Rozek
Flagstar Bank	E6582	MERCY PLUS HEALTHCARE SERVICES LLC	41,613.59	10/11/2024	Marci Rozek
Flagstar Bank	E6583	AUTISM AND NEURODIVERSITY SERVICES LLC	1,280.00	10/11/2024	Marci Rozek
Flagstar Bank	E6584	FLEX ADMINISTRATORS INC	1,058.45	10/11/2024	Marci Rozek
Flagstar Bank	E6585	HAMPTON AUTO REPAIR	1,764.45	10/11/2024	Marci Rozek
Flagstar Bank	E6586	A2Z CLEANING & RESTORATION INC.	5,178.00	10/18/2024	Marci Rozek
Flagstar Bank	E6587	FLEX ADMINISTRATORS INC	1,058.45	10/18/2024	Marci Rozek
Flagstar Bank	E6588	HOSPITAL PSYCHIATRY PLLC	42,000.00	10/18/2024	Marci Rozek
Flagstar Bank	E6589	Iris Telehealth Medical Group, PA	76,988.00	10/18/2024	Marci Rozek

Flagstar Bank	E6590	KING COMMUNICATIONS	166.30	10/18/2024	Marci Rozek
Flagstar Bank	E6591	MOVVA, USHA	14,400.00	10/18/2024	Marci Rozek
Flagstar Bank	E6592	NETSOURCE ONE, INC.	38,287.66	10/18/2024	Marci Rozek
Flagstar Bank	E6593	New Dimensions, Inc.	875.00	10/18/2024	Marci Rozek
Flagstar Bank	E6594	PRO-SCAPE, INC.	210.48	10/18/2024	Marci Rozek
Flagstar Bank	E6595	SHRED EXPERTS LLC	513.50	10/18/2024	Marci Rozek
Flagstar Bank	E6596	UNITED WAY OF BAY COUNTY/RENT	2,125.00	10/18/2024	Marci Rozek
Flagstar Bank	E6597	Yeo & Yeo Technology	490.00	10/18/2024	Marci Rozek
Flagstar Bank	E6598	ADLER, THERESA	50.78	10/18/2024	Marci Rozek
Flagstar Bank	E6599	BICKEL, MEREDITH	164.15	10/18/2024	Marci Rozek
Flagstar Bank	E6600	BINKLEY, CASEY	311.42	10/18/2024	Marci Rozek
Flagstar Bank	E6601	BYRNE, RICHARD	294.80	10/18/2024	Marci Rozek
Flagstar Bank	E6602	Castillo, Mariah	332.19	10/18/2024	Marci Rozek
Flagstar Bank	E6603	CERESKE, KIM	210.99	10/18/2024	Marci Rozek
Flagstar Bank	E6604	COOK, BRIANNA	67.00	10/18/2024	Marci Rozek
Flagstar Bank	E6605	Cook, Jordyn	89.11	10/18/2024	Marci Rozek
Flagstar Bank	E6606	Deshano, Jennifer	190.28	10/18/2024	Marci Rozek
Flagstar Bank	E6607	FOLSOM, AMY K	120.54	10/18/2024	Marci Rozek
Flagstar Bank	E6608	FRIEBE, HEATHER	70.35	10/18/2024	Marci Rozek
Flagstar Bank	E6609	HECHT, KERENSA	44.89	10/18/2024	Marci Rozek
Flagstar Bank	E6610	HEINRICH, KAREN	107.20	10/18/2024	Marci Rozek
Flagstar Bank	E6611	HEWTTY, MARIA	346.52	10/18/2024	Marci Rozek
Flagstar Bank	E6612	JINKS, KIM	695.46	10/18/2024	Marci Rozek
Flagstar Bank	E6613	KOIN, STACEY E.	84.42	10/18/2024	Marci Rozek
Flagstar Bank	E6614	Lagalo, Lori	116.31	10/18/2024	Marci Rozek
Flagstar Bank	E6615	Lasceski, Jennifer	191.20	10/18/2024	Marci Rozek
Flagstar Bank	E6616	MOSCISKI, DEIDRA	191.62	10/18/2024	Marci Rozek
Flagstar Bank	E6617	Niemiec, Kathleen	150.75	10/18/2024	Marci Rozek
Flagstar Bank	E6618	NIX, HEATHER	17.42	10/18/2024	Marci Rozek
Flagstar Bank	E6619	O'BRIEN, CAROLE	168.84	10/18/2024	Marci Rozek
Flagstar Bank	E6620	RICKER, AMY	180.90	10/18/2024	Marci Rozek
Flagstar Bank	E6621	Rooker, Stephani	20.44	10/18/2024	Marci Rozek
Flagstar Bank	E6622	ROSE, KEVIN	66.33	10/18/2024	Marci Rozek
Flagstar Bank	E6623	ROZEK, MARCI	46.90	10/18/2024	Marci Rozek
Flagstar Bank	E6624	Schneider, Maryssa	273.23	10/18/2024	Marci Rozek
Flagstar Bank	E6625	Schumacher, Pamela	49.31	10/18/2024	Marci Rozek
Flagstar Bank	E6626	SPELLERBERG, MELISSA	17.00	10/18/2024	Marci Rozek
Flagstar Bank	E6627	Thomas, Linda	118.52	10/18/2024	Marci Rozek
Flagstar Bank	E6628	Truhn, Emelia	185.66	10/18/2024	Marci Rozek
Flagstar Bank	E6629	VanWert, Laurie	50.36	10/18/2024	Marci Rozek
Flagstar Bank	E6630	VASCONCELOS, FLAVIA	317.71	10/18/2024	Marci Rozek
Flagstar Bank	E6631	VOGEL, HOLLI	203.35	10/18/2024	Marci Rozek
Flagstar Bank	E6632	WELLS, JEFF	198.06	10/18/2024	Marci Rozek
Flagstar Bank	E6633	Woodcock, Timothy	223.11	10/18/2024	Marci Rozek
Flagstar Bank	E6634	Martinez, Nicole	97.82	10/18/2024	Marci Rozek
Flagstar Bank	E6635	Staples	5,678.57	10/18/2024	Marci Rozek
Flagstar Bank	E6636	SAGINAW CO CMH AUTHORITY	122.02	10/18/2024	Marci Rozek
Flagstar Bank	E6637	AUGRES CARE CENTER, INC	3,718.20	10/18/2024	Marci Rozek
Flagstar Bank	E6638	HAVENWYCK HOSPITAL	5,517.52	10/18/2024	Marci Rozek
Flagstar Bank	E6639	HOPE NETWORK BEHAVIORAL HEALTH	171.84	10/18/2024	Marci Rozek
Flagstar Bank	E6640	Bay Human Services, Inc.	42,548.73	10/18/2024	Marci Rozek
Flagstar Bank	E6641	MICHIGAN COMMUNITY SERVICES IN	31,028.56	10/18/2024	Marci Rozek
Flagstar Bank	E6642	CENTRAL STATE COMM. SERVICES	147.09	10/18/2024	Marci Rozek
Flagstar Bank	E6643	VALLEY RESIDENTIAL SERVICES	1,053.28	10/18/2024	Marci Rozek
Flagstar Bank	E6644	HEALTHSOURCE	96,484.27	10/18/2024	Marci Rozek
Flagstar Bank	E6645	FOREST VIEW HOSPITAL	12,330.11	10/18/2024	Marci Rozek
Flagstar Bank	E6646	CEDAR CREEK HOSPITAL	3,387.00	10/18/2024	Marci Rozek
Flagstar Bank	E6647	PHC OF MICHIGAN - HARBOR OAKS	18,260.00	10/18/2024	Marci Rozek
Flagstar Bank	E6648	MPA GROUP NFP, Ltd.	41,346.23	10/18/2024	Marci Rozek
Flagstar Bank	E6649	LIST PSYCHOLOGICAL SERVICES	3,780.35	10/18/2024	Marci Rozek
Flagstar Bank	E6650	SAGINAW PSYCHOLOGICAL SERVICES	20,279.80	10/18/2024	Marci Rozek
Flagstar Bank	E6651	PARAMOUNT REHABILITATION	13,706.61	10/18/2024	Marci Rozek
Flagstar Bank	E6652	ARENAC OPPORTUNITIES, INC	2,246.68	10/18/2024	Marci Rozek
Flagstar Bank	E6653	DO-ALL, INC.	5,115.35	10/18/2024	Marci Rozek
Flagstar Bank	E6654	New Dimensions	19,632.17	10/18/2024	Marci Rozek
Flagstar Bank	E6655	TOUCHSTONE SERVICES, INC	5,385.75	10/18/2024	Marci Rozek
Flagstar Bank	E6656	Winningham, Linda Jo	632.00	10/18/2024	Marci Rozek
Flagstar Bank	E6657	Nutrition for Wellness	250.00	10/18/2024	Marci Rozek
Flagstar Bank	E6658	WILSON, STUART T. CPA, P.C.	97,522.36	10/18/2024	Marci Rozek
Flagstar Bank	E6659	AUTISM SYSTEMS LLC	10,637.72	10/18/2024	Marci Rozek
Flagstar Bank	E6660	CENTRIA HEALTHCARE LLC	34,966.72	10/18/2024	Marci Rozek
Flagstar Bank	E6661	Flourish Services, LLL	6,132.90	10/18/2024	Marci Rozek
Flagstar Bank	E6662	GAME CHANGER PEDIATRIC THERAPY	60,612.01	10/18/2024	Marci Rozek
Flagstar Bank	E6663	Spectrum Autism Center	16,264.89	10/18/2024	Marci Rozek
Flagstar Bank	E6664	ENCOMPASS THERAPY CENTER LLC	58,673.55	10/18/2024	Marci Rozek

Flagstar Bank	E6665	Acorn Health of Michigan	117.32	10/18/2024	Marci Rozek
Flagstar Bank	E6666	MERCY PLUS HEALTHCARE SERVICES LLC	3,455.22	10/18/2024	Marci Rozek
Flagstar Bank	E6667	AUTISM AND NEURODIVERSITY SERVICES LLC	1,280.00	10/18/2024	Marci Rozek
Flagstar Bank	E6668	JINKS, KIM	218.42	10/18/2024	Marci Rozek
Flagstar Bank	E6669	PETER CHANG ENTERPRISES, INC.	23,330.34	10/18/2024	Marci Rozek
Flagstar Bank	E6670	Yeo & Yeo Technology	805.92	10/18/2024	Marci Rozek
Flagstar Bank	E6671	HAVENWYCK HOSPITAL	6,328.35	10/25/2024	Marci Rozek
Flagstar Bank	E6672	Fitzhugh House, LLC	11,594.70	10/25/2024	Marci Rozek
Flagstar Bank	E6673	Bay Human Services, Inc.	101,612.03	10/25/2024	Marci Rozek
Flagstar Bank	E6674	LIBERTY LIVING, INC.	55,077.12	10/25/2024	Marci Rozek
Flagstar Bank	E6675	HEALTHSOURCE	1,935.00	10/25/2024	Marci Rozek
Flagstar Bank	E6676	FOREST VIEW HOSPITAL	7,402.50	10/25/2024	Marci Rozek
Flagstar Bank	E6677	CEDAR CREEK HOSPITAL	9,864.00	10/25/2024	Marci Rozek
Flagstar Bank	E6678	PHC OF MICHIGAN - HARBOR OAKS	6,780.00	10/25/2024	Marci Rozek
Flagstar Bank	E6679	MPA GROUP NFP, Ltd.	50,056.70	10/25/2024	Marci Rozek
Flagstar Bank	E6680	LIST PSYCHOLOGICAL SERVICES	2,226.92	10/25/2024	Marci Rozek
Flagstar Bank	E6681	SAGINAW PSYCHOLOGICAL SERVICES	14,289.12	10/25/2024	Marci Rozek
Flagstar Bank	E6682	DO-ALL, INC.	8,365.74	10/25/2024	Marci Rozek
Flagstar Bank	E6683	New Dimensions	109.80	10/25/2024	Marci Rozek
Flagstar Bank	E6684	TOUCHSTONE SERVICES, INC	6,814.08	10/25/2024	Marci Rozek
Flagstar Bank	E6685	Nutrition for Wellness	250.00	10/25/2024	Marci Rozek
Flagstar Bank	E6686	WILSON, STUART T. CPA, P.C.	46,513.40	10/25/2024	Marci Rozek
Flagstar Bank	E6687	CAREBUILDERS AT HOME, LLC	12,760.34	10/25/2024	Marci Rozek
Flagstar Bank	E6688	CENTRIA HEALTHCARE LLC	45,306.86	10/25/2024	Marci Rozek
Flagstar Bank	E6689	PERSONAL ASSISTANCE OPTIONS INC	81,082.72	10/25/2024	Marci Rozek
Flagstar Bank	E6690	Flourish Services, LLL	9,186.46	10/25/2024	Marci Rozek
Flagstar Bank	E6691	GAME CHANGER PEDIATRIC THERAPY	57,785.71	10/25/2024	Marci Rozek
Flagstar Bank	E6692	Spectrum Autism Center	13,907.75	10/25/2024	Marci Rozek
Flagstar Bank	E6693	ENCOMPASS THERAPY CENTER LLC	46,198.03	10/25/2024	Marci Rozek
Flagstar Bank	E6694	MERCY PLUS HEALTHCARE SERVICES LLC	6,142.90	10/25/2024	Marci Rozek
Flagstar Bank	E6695	Positive Behavior Supports Corporation	5,806.28	10/25/2024	Marci Rozek
Flagstar Bank	E6696	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	10/25/2024	Marci Rozek
Flagstar Bank	E6697	NORTH SHORES CENTER LLC	441.40	10/25/2024	Marci Rozek
Flagstar Bank	E6698	ARENAC OPPORTUNITIES, INC	5,188.56	10/25/2024	Marci Rozek
Flagstar Bank	E6699	New Dimensions	3,699.35	10/25/2024	Marci Rozek
Flagstar Bank	E6700	GoTo Technologies USA, Inc.	62.34	10/25/2024	Marci Rozek
Flagstar Bank	E6701	HAMPTON AUTO REPAIR	374.34	10/25/2024	Marci Rozek
Flagstar Bank	E6702	Smith, Bridget M	11,200.00	10/25/2024	Marci Rozek
Flagstar Bank	E6703	STATE OF MICHIGAN DEPT OF COMM HEALTH A	5,676.57	10/25/2024	Marci Rozek
Flagstar Bank	E6704	TELNET WORLDWIDE, INC.	1,607.59	10/25/2024	Marci Rozek
Flagstar Bank	E6705	V.O.I.C.E., INC.	2,095.01	10/25/2024	Marci Rozek

Total Withdrawals:

3,598,156.16



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



INTEROFFICE CORRESPONDENCE

BEHAVIORAL HEALTH

November 19, 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

11/22/24 Checks Sequence: #100462-100536, ACH E6799-E6850

Table with 2 columns: Description and Amount. Rows include Employee travel, conference; Purchase Order Invoices; Invoices for Routine Maintenance, services, purchase requisition invoices; Recurring invoices, utilities, phone, leases.

SUBTOTAL - Monthly Batch \$ 535,900.18

ITEMS FOR REVIEW:

EFT transfer - Credit Card 11/04/2024 \$ 19,369.73

Weekly Special Checks:

Table with 2 columns: Description and Amount. Rows include weekly check sequences from 10/18/2024 to 11/15/2024.

SUBTOTAL - Special Checks \$ 133,022.42

Health Care payments

Table with 2 columns: Description and Amount. Rows include health care payment checks from 10/18/2024 to 11/15/2024.

SUBTOTAL - Health Care Payments \$ 4,651,261.50

TOTAL DISBURSEMENTS \$ 5,339,553.83

Prepared by: Karl White

Reviewed by: [Signature]



BEHAVIORAL HEALTH

November 5, 2024

Chief Executive Officer
Christopher Pinter

Kristen Jordan, Director
Bureau of Specialty Mental Health Services
MI Department of Health and Human Services (MDHHS)
PO Box 30195
Lansing, MI 48909

Board of Directors
Richard Byrne, Chair
Robert Pawlak, Vice Chair
Patrick McFarland, Treasurer
Christopher Girard, Secretary
Tim Banaszak
Patrick Conley
Jerome Crete
Sally Mrozinski
Kathy Niemiec
Carole O'Brien
Marie (Toni) Reese
Pamela Schumacher

Dear Ms. Jordan:

Thank you so much for the follow-up communication dated September 11, 2024 addressing concerns raised by the Arenac and Bay County Commissions regarding federal Conflict Free Access and Planning requirements. In particular, the clarification that **“CMS has determined the safeguards currently in place in Michigan’s specialty behavioral health system are not sufficient, and that with limited exception, a direct service provider cannot also be responsible for service planning or determining financial or service eligibility”** was very insightful.

Board Administration
Behavioral Health Center
201 Mulholland
Bay City, MI 48708
800-448-5498 Access Center
989-895-2300 Business

It is important to note that none of the Community Mental Health Service Programs (CMHSPs) in Michigan are responsible for determining Medicaid *financial eligibility* (this is completed by MDHHS) and that the overwhelming majority, i.e. 43 of the 46 CMHSPs, do not perform 1915i *service eligibility* (this is completed by the 7 regional Pre-paid Inpatient Health Plans (PIHPs)). The only possible conflict related to service eligibility is limited to the 3 single county PIHPs for Macomb, Oakland and Wayne and then, only if they provide direct 1915i services. A compliance strategy targeted at the unique nature of these 3 specific PIHPs and consistent within the larger recommendations below should be given consideration to resolve these conflict of interest concerns without unnecessary state-wide application.

Arenac Center
PO Box 1188
1000 W. Cedar
Standish, MI 48658

In regard to the broader issue of the federal conflict of interest concerns related to direct service provision and service planning, MDHHS had proposed pursuing an “only willing and qualified provider” exception as permitted under 42 CFR 441.301(c)(1)(vi). The exception would be predicated on the provider being located in a rural county, the provider being the only entity offering service planning in the area, and the provider delivering Home and Community Based Services (HCBS) due to a lack of other service providers in the area.

North Bay
1961 E. Parish Road
Kawkawlin, MI 48631

William B. Cammin Clinic
1010 N. Madison
Bay City, MI 48708

Although we appreciate the efforts of MDHHS to identify an alternative compliance strategy, it ultimately falls short due to the fact that the majority of Michigan’s 83 counties are rural and many likely would qualify, making this approach more of a **rule** than an **exception**. In addition, this proposed exception strategy, while appearing to be practical, continues to seriously mischaracterize the actual foundations of both the CMHSP and county-based public mental health system in Michigan.

Wirt Building
909 Washington Ave.
Bay City, MI 48708

www.babha.org

The CMS standards were put in place in 2014 to ensure that conflicts of interest do not compromise the integrity of decisions concerning a person's eligibility for HCBS or decisions about the specific services to be included in the related service plan. This is the basis for prohibiting direct service providers from also being responsible for service planning or determining financial or service eligibility.

As discussed above, most CMHSPs in general **do not** determine financial or service eligibility for specialty behavioral health services. However, nearly all of the CMHSPs perform **both** service planning and direct service provision to some extent and ***it has absolutely no relationship to the financial or pecuniary conflict of interest concerns as defined in the federal Conflict Free Access & Planning standards.*** For example, CMHSPs are not often just the only willing and qualified agents to perform service planning and direct services in a specific geographic area, CMHSPs are the ***only agent required by law to provide both planning and direct services to any resident meeting the priority population requirements of the geographic area.*** This includes specific prohibitions currently in Michigan Compiled Laws (MCL) 330.1800-1842 against making **any** service planning or delivery decisions on the basis of insurance or ability to pay.

In addition, the CMHSP and PIHPs are prepaid on a capitated basis through a shared regional risk contract with the State, preventing any direct pecuniary relationships from assessment, planning, case management and/or the volume of services delivered, ***even if we were not already prohibited by state law from making decisions in this manner.*** CMHSPs are essentially local non-state entities that, by statutory design, are unable to benefit financially from being a provider of HCBS. As a result, any financial conflict of interest concerns for CMHSPs beyond those specifically detailed in 42 CFR 441.730(b)(1-4) are unfounded and unnecessary.

Recommendation

CMS makes it clear in initial guidance related to 42 CFR 441.730(b) that conflict of interest mitigation strategies are not intended to preempt an "individual's right to obtain services from any willing and qualified provider"¹. It also suggests that administrative safeguards should reflect each state individually and consider the ***"...unique characteristics and needs of each state and include conflict free protections that address the development of the plan and choice of providers with an emphasis on individual preferences"***. Unfortunately, a literal application of the 441.730(b)(5) requirements in Michigan, even with the proposed exception, contradicts these principles.

In order to reaffirm the primary role of the individual's right to exercise choice and preference of providers, preserve the governmental safety net provider responsibilities of CMHSPs in Michigan law, and remain consistent with the actual intent of the federal conflict of interest requirements, the following safeguards should be given consideration as a mitigation strategy:

- All CMHSPs and PIHPs are required to fully comply with the conflict of interest requirements of 42 CFR 441.730(b)(1-4).

¹ Federal Register / Vol. 79, No. 11 / Thursday, January 16, 2014 / Rules and Regulations, pg. 2991-2992.

- All CMHSPs are required to use uniform formats to disclose **any** financial conflict of interests between eligibility, planning and service provision for any providers available to the consumer. This includes disclosure of the shared-risk nature of the PIHP Medicaid contract, protections against financial interest decisions by CMHSPs in MCL 330.1800-1842, the CMHSP reimbursement mechanisms and any other provider financial interests that may compromise 1915i HCBS provision².
- Persons facilitating the service planning process cannot be providers of any 1915i HCBS to those with whom they facilitate the planning process.
- The consumer has the right to choose an independent facilitator (not employed by or affiliated with the CMHSP/PIHP) to facilitate the service planning process, and/or their case manager/supports coordinator (employed by a CMHSP or contract agency) to the maximum extent possible.
- The consumer has the right to choose to have their 1915i services managed and delivered through a self-directed care arrangement with no CMHSP involvement in direct service provision.
- Any consumer or guardian concerns related to eligibility, service planning, independent facilitation, choice of case manager/supports coordinator, access to self-directed options or choice of 1915i HCBS provider are subject to Medicaid grievance and appeal/fair hearing requirements and state recipient rights protections.
- **As long as all of the requirements noted above have been met, the consumer retains the right to formally waive the specific conflict of interest requirements of 42 CFR 441.730(b)(5) and receive both service planning and provision from the agent of their choice.**

These combined mitigation strategies build on the foundation of empowering consumers to make planning and service delivery decisions from their vantage point of lived experience, incentivize CMHSPs to respect consumer choice as much as possible, and offer multiple remediation pathways in the event the consumer perceives a pecuniary conflict of interest. This will also avoid the bifurcation of required planning and provider responsibilities at the county CMHSP level often necessary for protecting the health & safety of vulnerable persons in our communities.

Thank you for your attention regarding this important matter. If you have any questions regarding this correspondence, please feel free to contact me anytime at (989) 415-4422.

Sincerely,



Christopher Pinter
Chief Executive Officer

² U.S. DHHS, Aging and Long-Term Care Policy, The use of 1915(i) Medicaid Plan Option for individuals with Mental Health and Substance Use Disorders, November 2016, pg. 23.

Feds launch disability rights probe into ‘unnecessary institutionalizations’ at Michigan psychiatric hospitals

Updated: Nov. 13, 2024, 6:36 p.m. | Published: Nov. 13, 2024, 6:35 p.m.



Jeff Schrier | MLive.com The U.S. Department of Justice announced Wednesday, Nov. 13, 2024, that it will investigate whether Michigan fails to provide community-based mental health services required under the Americans with Disabilities Act and instead unnecessarily institutionalizes people at state psychiatric hospitals, like the Caro Center, a state psychiatric hospital at 2000 Chambers Road just outside Caro The Saginaw News/MLive.com The Saginaw News/MLive.com

By [Sheri McWhirter](#) | smcwhirter@mlive.com

Federal investigators are launching a probe into whether Michigan unnecessarily institutionalizes adults with serious mental illness into state psychiatric hospitals.

The U.S. Department of Justice announced Wednesday, Nov. 13, that it will investigate whether the state fails to provide community-based mental health

people to transition from state psychiatric hospitals and remain stable in the community.

Federal officials reportedly notified both the Michigan Department of Health and Human Services and the State Attorney General that the investigation is being launched.

Michigan state officials could not immediately be reached for comment Wednesday evening.

Assistant U.S. Attorney General Kristen Clarke of the DOJ's Civil Rights Division said they will advocate for states to provide people with disabilities the services they need to avoid unnecessary institutionalization.

"The Americans with Disabilities Act protects people's right to receive mental health services in the community, rather than remaining in hospitals when they are ready to go home," Clarke said in a statement.

U.S. Attorney Dawn N. Ison for the Eastern District of Michigan said her office is committed to investing resources needed to investigate the claims against the state.

Anyone with relevant information is encouraged to contact the DOJ via email sent to Community.Michigan@usdoj.gov or by calling 888-392-5415.

Sara McRae

Subject: FW: In media interview, CMHA provides context to DOJ investigation of Michigan's state psychiatric hospitals

From: Monique Francis <MFrancis@cmham.org>

Sent: Tuesday, November 19, 2024 9:40 AM

To: Monique Francis <MFrancis@cmham.org>

Cc: Robert Sheehan <RSheehan@cmham.org>; Alan Bolter <ABolter@cmham.org>

Subject: In media interview, CMHA provides context to DOJ investigation of Michigan's state psychiatric hospitals

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

To: CEOs of CMHs, PIHPs, and Provider Alliance members

CC: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons

From: Robert Sheehan, CEO, CMH Association of Michigan

Re: CMHA provides context, in media story, to DOJ investigation of Michigan's state psychiatric hospitals

As you may know, the US Justice Department announced, last week, that it has opened an investigation under the Americans with Disabilities Act (ADA) into whether the State of Michigan unnecessarily institutionalizes adults with serious mental illness in state psychiatric hospitals. DOJ indicated that it will investigate whether the state fails to provide necessary community-based mental health services to enable people to transition from the state psychiatric hospitals and remain stable in the community. The DOJ press release can be [found here](#)

In follow up to this press release a reporter from Gongwer, one of the most trusted Capitol news outlets, reached out to CMHA for comment. Below is the recent Gongwer article summarizing the discussions of the Gongwer reporter with CMHA staff regarding the DOJ investigation:

After last week's announcement that the U.S. Department of Justice will investigate whether Michigan's state-run psychiatric hospitals are keeping patients for unnecessary amounts of time, community mental health advocates hope the new federal focus will bring attention to underlying issues that have been impacting the system for years.

Community Mental Health Association of Michigan CEO Robert Sheehan said he sees the DOJ investigation as a positive for Michigan's mental health system, with the potential to push lawmakers towards solutions to the root causes of excessive hospitalizations, like staffing issues and the complex care required for patients with cognitive impairments and severe mental health conditions.

"This could move the state to say that we have a direct care worker crisis, which the Direct Care Worker Coalition has been saying for over a decade, and there's no other way to solve this besides getting qualified people in who have the skills," Sheehan said. "It takes a lot of skills to deescalate, to avoid using physical management, it takes an incredibly skilled staff member, and if you pay fifteen bucks an hour, most people can work at lots of other jobs that are less complex."

Examining the contributing factors of longer psychiatric hospital stays, Sheehan said the complexity of care needed for those with serious mental health issues and the lack of direct care workers to offer that help outside of the hospital setting makes it difficult for people to access the level of treatment they require.

Beyond that, beds in intensive crisis stabilization treatment centers are paid for out of the General Fund as opposed to Medicaid, which Sheehan said further limits access for people hoping to transition out of longer-term hospital stays.

"Our members actually have a hard time placing people in state hospitals who need them, because the beds are full of people who can't get out," Sheehan said. "It's called a flow through problem, which means there's no way to enter. So, our members are struggling with people in local hospitals really don't belong there."

Sheehan said he imagines the DOJ investigation will turn up largely what community mental health organizations in Michigan already know: despite best efforts to move people out of psychiatric hospitals and back into their communities, institutional boundaries make it difficult.

Most direct care workers in Michigan are making about \$15 per hour, a minimum wage they've lobbied to see increased. Sheehan said in order to make a dent in the number of patients in state-run hospitals, direct care workers in community mental health facilities would have to see a wage increase of up to \$28 per hour or higher, with competitive benefits.

"It becomes kind of obvious that people are sitting there because they don't have a place to go, and there's a lack of beds. And DOJ, I think, would say, 'what's causing you as a state not to have enough beds out in the community?' And I think it's pay," Sheehan said. "You'd have to really increase the pay to get people in. We're talking about a boost. People have asked us if we understand how much this is going to cost. And I say, because you've underfunded it for so long, it's hard to catch up in one fell swoop."

Direct care worker minimum wages have seen increases in the past several years to hit the \$15 threshold, but Sheehan said more effort is needed from lawmakers. He hopes the DOJ investigation prompts further action.

"At this pace, (if we) keep coming back and getting Dixie cups worth of water to fight a forest fire, we're going to be back a lot of times," he said. "Well, I think DOJ will say you can't use the Dixie cup anymore."

Robert Sheehan
Chief Executive Officer
Community Mental Health Association of Michigan
2nd Floor
507 South Grand Avenue
Lansing, MI 48933
517.374.6848 main
517.237.3142 direct
www.cmham.org



**Community Mental Health
Member Authorities**

Bay-Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral
Health



The Right Door for
Hope, Recovery &
Wellness (Ionia County)



LifeWays



Montcalm Care
Network



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

November 18, 2024

TO: Mid-State Health Network CMHSP Participants

FROM: Joseph P. Sedlock, MSA, Chief Executive Officer,
Mid-State Health Network (MSHN)

**RE: REGIONAL IMPLEMENTATION OF LEGISLATIVELY MANDATED
BEHAVIORAL HEALTH TREATMENT (BHT) – APPLIED BEHAVIOR
ANALYSIS (ABA) SERVICE RATE INCREASE**

The Michigan Department of Health and Human Services (MDHHS) has issued a Medicaid Policy MMP 24-51 effective November 1, 2024 which requires, in applicable part, that “contracted Pre-Paid Inpatient Health Plans (PIHPs) will pay for BHT-ABA services (current procedure terminology [CPT] code 97153), at a rate of not less than \$16.50 per unit or \$66.00 per hour. The increase will come from a state general fund with federal match and be paid to PIHPs through an increase to their capitation rates.”

MSHN recognizes the effective date of the MDHHS policy bulletin. MSHN also recognizes that MDHHS has submitted a pre-print to the Centers for Medicare and Medicaid Services (CMS) and anticipates CMS approval. MSHN also notes the future tense used to indicate funding will be provided, and that at least to our knowledge, has not yet been provided.

Given the actual FY 24 year end deficit of over \$18M and the projected FY 25 regional deficit approaching \$10M, and the yet to be determined fiscal impact of implementing the now required rate increase, MSHN advises the region to HOLD on implementation until MSHN determines the regional fiscal impact and resources required to implement, communicates same to MDHHS and the MDHHS actuary, and confirms that funding has been provided to this region. While this will delay distribution of resources to ABA providers that are likely expecting it, once the steps described above are implemented and resources are provided, implementation should be retroactive to the effective date of the policy.

Please contact our office with any questions, comments, or other concerns on this or any topic of importance to you.



BEHAVIORAL HEALTH

November 15, 2024

Chief Executive Officer
Christopher Pinter

CMURC
Attn: MLive-Gus Burns
203 S. Washington Ste 260
Saginaw, MI

Board of Directors
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Robert Pawlak, Vice Chair
Patrick McFarland, Treasurer
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Tim Banaszak
Patrick Conley
Jerome Crete
Sally Mrozinski
Kathy Niemiec
Carole O'Brien
Marie (Toni) Reese
Pamela Schumacher

Via email: fburns@mlive.com

RE: State-wide Michigan Recipient Rights Processes

Dear Mr. Burns:

Bay-Arenac Behavioral Health (BABH) is in receipt of your email message dated November 12, 2024, raising questions related to the public mental health recipient rights protection system in Michigan. In particular, you asked questions concerning the investigative process, authority for decision-making, appeals, and the role of the community mental health services program (CMHSP) board in the recipient rights protection system.

Board Administration
Behavioral Health Center
201 Mulholland
Bay City, MI 48708
800-448-5498 Access Center
989-895-2300 Business

These are all very good questions, and to ensure that you receive information that is reflective of state-wide application, we are recommending that you contact the Michigan Department of Health and Human Services (MDHHS) Office of Recipient Rights (ORR) directly.

Arenac Center
PO Box 1188
1000 W. Cedar
Standish, MI 48658

The MDHHS ORR establishes administrative rules and has central oversight responsibility for all the CMHSP Recipient Rights programs and is the best source of information on this matter. The MDHHS ORR Director is Raymie Postema, and their office may be reached at 1-800-854-9090.

North Bay
1961 E. Parish Road
Kawkawlin, MI 48631

If you have any other questions, please feel free to contact me at (989) 895-2348.

William B. Cammin Clinic
1010 N. Madison
Bay City, MI 48708

Sincerely,

Christopher Pinter
Chief Executive Officer

Wirt Building
909 Washington Ave.
Bay City, MI 48708

**Bay-Arenac Behavioral Health
Report of Bids for Wirt Relocation
November 21, 2024**

I. Description of Goods/Services Subject to Bid Request:

Relocating offices, content, and equipment from Wirt to Mulholland and Parish Road, including tear down and set up of cubicles.

II. Vendor	Total Bid
NBS Commercial Interiors (Bay City)	10,700.00
Pinnacle Design (Saginaw)	5,928.57
Suite Set Ups (Commerce Township)	5,550.00

III. Recommendation:

The recommended Vendor is Pinnacle Design. Pinnacle fully understands the scope of work and has met with the BABH Facility Manager multiple times on-site. Suite Set Ups provided an email quote, opting not to meet for a walk thru of the sites.



Risk Management Plan

2024-2025

Approved by SLT Agency Leadership: 10/29/24

Reviewed by Healthcare Improvement and Compliance Committee: 11/4/24

Full Board Approval Date:

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Overview

This document sets forth the Risk Management Plan for Bay-Arenac Behavioral Health Authority (BABHA). Risk Management is defined as the ability to identify, assess, prevent, monitor, and remediate risk for the organization. The goal of the plan is to manage risk and reduce the severity of a loss if one were to occur, while accomplishing our mission and core objectives in providing quality behavioral health care to the people of Bay and Arenac Counties.

It is the policy of BABHA to ensure there are diligent actions to identify, assess, prevent, monitor, and remediate risk for the organization. BABHA will engage in a coordinated set of activities designed to control threats to its people, property, incomes, goodwill, and ability to accomplish goals.

Risk Management Practices

BABHA's risk management practices include the following steps:

- Identification of loss exposures
- Evaluation and analysis of loss exposures
- Identification of how to rectify identified exposures
- Implementation of actions to reduce risk
- Monitoring of actions to reduce risk
- Reporting results of actions taken to reduce risks
- Inclusion of risk reduction in performance improvement activities
- Review of the organization's insurance package including:
 - Review for adequacy on an annual basis
 - Protection of assets
 - Review of property, liability, and other coverage, as appropriate

Identification of Risk

BABHA maintains various committees and councils in which risk is identified on an ongoing basis. These committees and councils are multidisciplinary groups of individuals who are continually assessing the activities within our organization and potential loss exposures. These committees and councils include, but are not limited to: Safety Committee, Performance Improvement Council, Strategic Leadership Team, Agency Leadership, Corporate Compliance Committee, Ethics Committee, and the Healthcare Practices Committee. In addition, BABHA complies with all applicable Federal, State, and regulatory agency laws, standards, rules, and regulations.

Areas of Risk Identified

- Business Environment
- Medical and Clinical Practices
- Service Needs
- Environmental and Safety
- Legal, Regulatory and Ethical
- Financial
- Personnel Qualifications and Training
- Security and Technology
- Infection Control

- Media Relations/Social Media
- Review of Insurance
- Management of Risk in the Contracted Service Provider Network

Analysis of Risk Areas (Potential Loss Exposures)¹

Business Environment

[Chris]

The Agency Leadership engages in strategic planning on a regular basis and incorporates the assessment of risks, in the business environment through its core strategies and environmental scans. When conducting environmental scans, BABHA reviews both threats and weaknesses of the organization. This includes conditions internal and external to BABHA that may hinder achievement of core objectives if not decreased or eliminated. Strategies for responding are specific initiatives which may include policy and/or procedure changes, additional planning activities, staff training, program closure or development, emergency preparedness revisions, physical plant development, modernization or purchase of equipment, etc.

- See the [BABHA Strategic Plan](#)

Review of Past Year Actions to Mitigate Business Risk:

BABHA has implemented significant changes to service operations in since March of 2020 due to the international COVID-19 pandemic. ~~Staff shortages and ability to retain employees has become increasingly difficult. Implementation of continued remote work environments post-pandemic has been necessary to maximize efficiency and retainment of existing staff. Policies and procedures have been expanded from virtual work arrangements to a more widely implemented remote work environment. Tools have been created to assist managers in providing supervision and managing the work force. One example is a Leadership dashboard that assists the Managers in real time to evaluate the staff's activity. This has included expansion of infection control, tracking, and screening measures, closing several work locations, redeploying staff to critical operations, training staff on pandemic procedures, expanding telehealth/telephonic service delivery options, more flexible sick leave/time off, environmental safety measures and expanded remote office practices. Many of these changes have been driven by CDC guidance, State Executive Orders, Local Health Department Emergency Orders and MIOSHA Emergency Rules. This has been particularly challenging for person with complex medical and mental health/disabilities living in the community that depend upon BABHA services. This includes the residential/community living network of over 300 persons in our area.~~

~~BABHA has coordinated our infection control and community distancing efforts with the Bay County health Department, the Michigan Department of Health and Human Services (MDHHS), Mid State Health Network (MSHN) and our provider network to reduce the likelihood of community spread of the coronavirus. BABHA expanded its leadership team meetings to discuss pandemic planning efforts and ensure uniformity of action. BABHA has continued additional financial and resource support measures with our provider network to~~

¹ CARF: 1. Aspire to Excellence; G Risk Management; 1.a.

~~protect consumers and support preservation of these services through the pandemic. BABHA has also administered over 1600 Moderna COVID_19 initial vaccinations and subsequent boosters to consumers, employees, providers and the general public on a regular basis through our Madison clinic location. This has included mobile clinics to outlying Bay and Arenac service areas. BABHA will be continuing these efforts for the foreseeable future until our county and regional incidence and prevalence is under control.~~

An intense healthcare integration policy dialogue has continued at the state level since early 2016. Private and commercial health care interests continue to use the guise of “healthcare integration” to advocate for a transition from a state-county safety net mental health system in Michigan to a managed care insurance model. These efforts have continued despite ~~consistent public~~consistent public opposition to this approach, particularly from persons, families and advocates. These approaches are promised on the concept that private health care interests, far removed from any local constituent-based protections and only marginally overseen in Lansing, will produce cost savings and outcomes far better than existing safety net systems that have been in place for more than 50 years. In fact, several international studies including the Legatum Institute, the Commonwealth Fund and the Peterson-Kaiser Family Foundation consistently rank the commercial health care model in the United States as underperforming in patient outcomes as compared to other high-income nations despite having the highest per capita health care expense. As an alternative, both federal and state officials have been encouraging the implementation of integrated models such as Certified Community Behavioral Health Clinics and Person-centered Health Homes that integrate services at the point of contact. BABHA will continue to work with our stakeholders including consumers, families, community partners and county governments to advocate for system changes that build on the existing safety net and protect the important constituent-based democratic processes for our citizens.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
BABHA will continue to monitor health policy discussions at the federal and state levels and actively pursue opportunities to implement an integrated CCBHC model in Bay and Arenac Counties built on the constituent-based state and county community mental health system.	Chris Pinter	Revised	These policy discussion and post-pandemic proposals will be monitored on a regular basis throughout 2023. It is anticipated that CCBHC opportunities will be available in the next 6 months. The BABHA Board has asked Administration to evaluate the CCBHC model in other counties and make a formal recommendation to the Board by FY25Q1.
<u>Implement tools to enhance Leadership to monitor and evaluate staff activity in a remote work environment. Evaluate long term staff equipment and physical plant needs.</u>	<u>Chris Pinter</u>	<u>New</u>	<u>BABHA will continue to monitor staff activity and productivity through the monthly Leadership Meeting. BABHA is evaluating long term space needs and will make a recommendiaton to the Board by June 2025.</u>
<u>Advocate for adequate funding to support the public Mental Health system.</u>	<u>Chris Pinter</u>	<u>New</u>	<u>BABHA will continue to monitor revenue and expense trends and communiante funding issues with the legislature, MDHHS and County Commissions throughout 2025.</u>
BABHA will continue to implement	Chris Pinter	Completed Revised	BABHA will continue efforts to incrementally

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
infection control strategies, remote service options, vaccination clinics, testing protocols and other initiatives to protect our consumers, families, providers and employees as much as possible until COVID-19 moves to endemic status in North America.			return to routine operations consistent with MDHHS and Bay County Health Department guidance. These efforts will be monitored regularly in 2023 and coordinated with providers and employees based on the current risk levels in the Bay and Arenac County regions until the public health emergency has ended.

Medical and Clinical Practices

[Sarah H, Amy, Sarah VP]

The Healthcare Practices Committee (HPC) provides a comprehensive and coordinated approach to ensuring high quality of clinical services in an environment that is safe and conducive to the wellbeing of persons served, employees, and the community, and to meet or exceed established standards of care. Specific functions and duties of the committee focus on clinical and medical practices, including the following:

- ~~Quality of Care Reviews including reviews on:

 - ~~All deaths/suicides~~
 - ~~Unacceptable abbreviations, dose designations, acronyms, and symbols~~
 - ~~All medication occurrences, to include adverse reactions, toxicity, hospitalizations due to medications, etc.~~
 - ~~Emergency medical treatment or hospitalization due to an injury or medication error~~
 - ~~Injury or death because of emergency physical intervention~~
 - ~~Events that seriously disrupt or adversely affect the course of treatment/care of the person served and require further clinical or administrative attention.~~
 - ~~Persons served taking three (3) psychotropic medications in the same class~~~~
- Medical Record/Peer Review Processes conducted at each site providing services for individuals.
- Persons served taking 3 psychotropic medications in the same class are also reviewed by the Behavior Treatment Review Committee and is a component of the prescriber peer record review, the results of which are received by the Healthcare Practices Committee.
- Review of all data related to medication management, infection control and adverse events.
- Recommendations to the appropriate leadership team(s) that will ultimately improve the medication management process, infection control process, and/or clinical care.
- Along with the BABHA Medical Director, review all applications for clinical privileges, whether initial or a renewal.

- See the [BABHA Medical Staff Plan](#)
- See the BABHA Policy and Procedure Manual [Chapter 6 Medication Management](#), Section 1 Operational

Review of Past Year Actions to Mitigate Medical Risk:

Monitoring of all adverse events through data collected through the incident reporting system. Data analyzed through sub reports of infection control, medication errors, morbidity & mortality reports, and controlled substances reports. Each report identified system improvements and actions taken to prevent recurrence. Each incident report was reviewed to ensure appropriate follow up and preventative actions on an individual basis. Root Cause Analyses were completed as deemed appropriate by the Quality Manager and Clinic Practice Manager to determine if any specific or casual factors impacted the outcomes of the incident being reviewed. Some of the action steps concluded were training and education to supervisors about utilizing an Emergency Risk Management meeting when necessary, increased coordination, accurate completion of incident reports, utilizing natural supports during treatment, and education regarding thorough documentation.

Incident rates for opiate and other forms of addiction have risen over the past few years in Arenac and Bay Counties. Opiate overdose remains a high risk for local populations served by BABHA. The BABHA Healthcare Practices Committee has added monitoring of controlled substances practices to its clinical practices oversight responsibilities to assist medical staff and leadership with monitoring use of medications with addictive qualities. In compliance with state regulatory requirements, prescribers are now checking the Michigan Automated Prescribing System (MAPS) for controlled substances before prescribing. Dr. Marrone, Addictionologist and Medical Examiner, has been attending the HCPC monthly and provided updates on trends related to substance use and deaths in Bay and Arenac Counties.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Root Cause Analyses will be conducted of identified risk situations as deemed appropriate to determine necessary action steps for process and system improvements. <u>Work with BI and PCE to get the death determination process and the Root Cause Analysis process fully electronic.</u>	<u>Quality Manager Sarah Holsinger, and Clinic Program Manager Amy Folsom</u>	Continue	<u>Throughout 2023 Ongoing as deemed necessary</u>
<u>Work with BI and PCE to get the death determination process and the Root Cause Analysis process fully electronic.</u>	<u>Quality Manager and Clinic Program Manager</u>	<u>Completed</u>	
<u>All clinic sites have a supply of Narcan Kits to distribute free of charge to consumers and community members at high risk of opiate overdose. BABHA can provide additional kits and training to local SUD providers and other community partners for distribution.</u>	<u>Amy Folsom, Sarah Van Paris</u>	<u>Completed/Continue</u>	<u>Maintain supply of Narcan kits on an ongoing basis, assuming funding/supply remains available to BABHA.</u>
<u>The coordination of care letter can be sent to primary care physicians to address any potential issues identified during the MAPS review and reduce the risk of adverse clinical outcomes. This has been made electronic for primary program and remains electronic for clinic sites but no longer need consent to share of obtain.</u>	<u>Amy Folsom, Dr. Smith</u>	<u>Continue/Cmpte</u>	<u>Throughout 2023</u>

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Quarterly sub reports related to infection control, medication errors, morbidity and mortality, controlled substances prescribed, and critical incidences will be reviewed by the Healthcare Practices Committee to analyze and determine any appropriate action steps for process and system improvements.	<u>Quality Manager Sarah Holsinger</u>	Continue	Throughout 202 5 ⁴ 3 on a quarterly basis
Local Addictionologist is invited to participate ^{ing} in monthly Healthcare Practices Committee meeting to provide valuable input into Root Cause Analysis, Deaths, and other Critical Incidents requiring review.	<u>Clinic Program Manager Amy Folsom</u>	continue ^{New}	Started 2020 and will continue throughout 2023

The BABHA Primary Network Operations/Quality Management Committee (PNOQMC) monitors events and reviews data that relates to areas of clinical risk for consumer populations and seeks to make system improvements to mitigate and remediate the risks identified. BABHA maintains a network-wide incident reporting system to identify opportunities for remediation and mitigation of risk.

Monitoring activities of the PNOQMC include:

- Quarterly review of Priority Performance Measures when the report is received from MSHN
- Quarterly review of Michigan Mission Based Performance Indicator System (MMBPIS)

- See the BABHA Quality Assessment and Performance Improvement Program Plan
- See the BABHA Policy and Procedure Manual Chapter 2 Continuous Quality Improvement, Section 1 Data Continuity and Section 3 Monitoring

Review of Past Year Actions to Mitigate Clinical Risk:

The Primary Network Operations and Quality Management Committee (PNOQMC) delegates the responsibility of reviewing and acting on data for adverse events related to risk events such as, but not limited to, emergency physical interventions and adverse clinical events to designated committees. Identification of system issues are discussed with appropriate committees and groups/programs to determine deficits and preventive measures. The Priority Performance Measures report is provided by MSHN and is distributed quarterly. The PNOQMC has reviewed the results and trends.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Priority Performance Measures are reviewed at least quarterly when the report is received, paying close attention to identified performance improvement projects and any other specific measures that are targeted by the Healthcare Integration	<u>Quality Manager Sarah Holsinger</u>	Continue	Throughout 202 5 ⁴ 3 at least quarterly

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Steering Committee or other internal committees.			
Michigan Mission Based Performance Indicator System (MMBPIS) reports will be reviewed quarterly to discuss access to care and potential specific and/or casual barriers.	Quality Manager Sarah Holsinger	Continue	Throughout 2023-2025 at least quarterly

Service Needs

[Heather B, Heather F, Karen, Joelin]

BABHA conducts an annual Needs Assessment to monitor for unmet or partially met service needs within the community. This process is guided by MDHHS requirements. Community Focus Groups or surveys are held to gather perspectives from local providers and stakeholders. BABHA also obtains input from the Consumer Councils, Provider Network Operations/Quality Management Committee (PNOQMC), the Health Care Practices Committee, and the Leadership meeting on potential risk, needs, and areas of improvement for adults with mental illness, individuals with co-occurring substance use disorders, children with serious emotional disturbance and adults/children with developmental and/or intellectual disabilities. In addition, evidence-based practices are implemented throughout clinical treatment practices to reduce potential risk.

Due to a significant shortage of behavioral health workers in Michigan, there has been a shortage of adequate capacity within the BABH Provider Network for various programs. BABHA has worked with the provider network to increase the availability of funding (via MSHN) to support recruitment and retention efforts of the providers. Services identified as being at risk of capacity issues include: Specialized Residential services and Community and Community Living Supports (CLS), Outpatient Therapy (OPT), and community inpatient hospitalization for children/youth diagnosed with severe autism spectrum disorder (ASD). Services for individuals in Arenac County with co-occurring mental illness and substance use disorder (SUD) that were previously at risk due to provider and behavioral health work force shortage have improved and will continue to be monitored.

Specialized Residential and Community Living Supports: Home and Community Based rule implementation, transition to 1915 (i), reduction in State Hospital beds, the pandemic and shortages of staff, and the difficulty getting people into the hospital has created a crisis for the Specialized Residential and Community Living Supports (CLS) services. Local providers are unable to hire enough qualified staff to care for individuals, especially those who have behavioral issues. Over the last year, there have been three specialized residential homes where the provider has ended their contract due to not being able to provide adequate services with the funding that is provided. All of these factors have created a situation where appropriate level of care options are limited. Local providers are reluctant to care for that individuals with significant behavioral challenges, resulting in many out of county placements for high need individuals which often have long waiting lists. It is anticipated that the minimum wage increase for Direct Care Workers (DCW) slated for 2/21/25 will significantly impact providers ability to retain and hire staff. All of these factors have created a situation where appropriate level of care options are limited. Over the last year, there have been three specialized residential homes where the provider has ended their contract due to not being able to provide adequate services with the funding that is provided.

The CLS Assessment tool has had revisions to better evaluate the CLS need for those individuals with behavioral or safety needs. Lack of adequate levels of CLS staffing has created some individuals to go without staffing for significant periods of time. Finding-Utilizing North Bay staff for more emergent needs and when individuals go without staffing is being explored as an alternative to address that issue. -The complexity of filling vocational providers availability based on the needs of the consumer has proved challenging. For those individuals with low hours of CLS, finding and matching staff has proven difficult. Those with higher hours are easier to find adequate staff. Referrals to providers to maximize the ability to find staff is difficult. As a result, there has been a significant increase in self-determination cases. Self-Determination and self-directed CLS services are a high-risk service for fraud and abuse. MDHHS is developing an Electronic Visit Verification (EVV) system to better monitor the activity of workers and the provision of services. MDHHS has new Technical Requirements that include a change in how the budgets are determined providing the individual a maximum amount of money the individual can use for services.

~~Self-Determination and self-directed services are a high-risk service for fraud and abuse. MDHHS is developing an Electronic Visit Verification (EVV) system to better monitor the activity of workers and the provision of services. MDHHS has new Technical Requirements that include a change in how the budgets are determined providing the individual a maximum amount of money the individual can use for services.~~

~~Due to a significant shortage of behavioral health workers in Michigan, there has been a shortage of adequate capacity within the BABH Provider Network for various programs. BABHA has worked with the provider network to increase the availability of funding (via MSHN) to support recruitment and retention efforts of the providers. There have been slight improvements of capacity during the past few months and network capacity will continued to be monitored during FY23. Services for individuals with co-occurring mental illness and substance use disorder (SUD) are at risk in Arenac County due to provider and behavioral health work force shortage.~~

Outpatient Therapy (OPT) capacity: During the past year, BABH has experienced significant provider network shortages of capacity specific to outpatient therapy services. Many providers faced staffing turnover concurrently with onboarding new hires, at a time when referrals for OPT services were at an all-time high. This created an overall decrease in network capacity for OPT services.

Community Inpatient and Autism services for children/youth with ASD: With the decrease in State Hospital bed availability, it is evident that there is a lack of qualified inpatient providers to support the treatment and support needs of children and youth diagnosed with severe autism. Even with the offered authorization of 1:1 or 2:1 staffing, many inpatient mental health units decline the admission of said youth. This has resulted in children/youth, who meet criteria for community inpatient services, experiencing extended stays in the local Emergency Department (ED) of the local hospital, which increased the risk to the child/youth, the parent/care giver, and the ED staff.

- See the [BABHA Community Needs Assessment](#)

Review of Past Year Actions to Mitigate Service Risk:

Specialized Residential/CLS: BABHA representatives participate in MDHHS and MSHN meetings addressing HCBS rules and BTRC, 1915 (i) implementation and requirements. BABHA and the Network Providers have

been addressing the DCW shortages by ~~providing provider stabilization funding, allocating funding to support wage increases,~~ advocating at a state level for increase in wages, providing crisis intervention when needed, debriefing after a death, and providing a Quality-of-Life Mentor and other additional supports for the staff and consumers. ~~BABHA has provided COVID testing, vaccinations, Personal Protective Equipment and nursing support to the providers. Providers and BABHA staff have been meeting monthly to address ongoing concerns related to the pandemic and staffing shortages. Meetings with all CLS providers have occurred to encourage continued recruitment of staff and to address barriers that they are experiencing.~~ Development of BABHA Transition and Crisis Team Policy was completed and approved and has been put in place several times this year for emergent case consultation and North Bay and Horizon Home staff have filled in for emergent situations. Community Living Support Services are being evaluated to assure that the services are being authorized based on medical necessity. The BABHA CLS Committee continues to review, approve, authorize and monitors the CLS requests. Northbay has moved to a community based CLS provider and have has been providing services to individuals in their homes as well as provide community integration opportunities. The vocational providers have increased their primarily community based CLS services. BABHA Self Determination Coordinator and Supports Broker implemented spot checks comparing billing and progress notes to assure the CLS services meet the Medicaid requirements.

Outpatient Therapy (OPT): During FY24, BABH increased monitoring OPT capacity from monthly to weekly, which substantiated the capacity issues. BABH implemented the use of OPT groups, facilitated by BABH clinical staff willing to work beyond their normal 40-hour work week. Simultaneously, BABH hired 2 internal therapists, which increased capacity for new referrals and gave the network OPT providers a chance to onboard new therapist to assume established caseloads without being overwhelmed with new referrals. BABH also hired 2 master's level clinicians and established Same Day Access assessments for new referrals. This process included providing initial assessments for a portion of the new referrals going to the provider network, which allowed providers additional time to adequately onboard the new therapist. The steps implemented by BABH have resulted in stabilization of the Outpatient Therapy services. BABH will continue to monitor referrals and the status of the provider network capacity monthly, with additional capacity discussions at the monthly Provider Network Operations and Quality Management Committee (PNOQMC).

Community inpatient for children/youth with severe ASD: During the past year, BABH has established single case agreements with a well-established ABA provider to provide enhanced CLS services to children/youth who are at risk of needed out-of-home placement (i.e.: inpatient hospitalization, treatment residential placement) due to significant symptoms and behavioral issues associated with severe autism. The enhanced CLS services include CLS staff who have knowledge and experience working with children diagnosed with autism, and who have been trained in crisis intervention and escalation skills. The enhanced CLS services may be provided in the home or as an additional support for extended stays in the ED. BABH has and will continue to advocate for additional inpatient and residential treatment capacity for child/youth diagnosed with ASD with MDHHS and Mid-State Health Network (MSHN).

Arenac County SUD Services: BABHA has expressed concerns regarding the lack of SUD services in Arenac County to Mid-State Health Network (MSHN), who manages the SUD provider network. Collaboration with Recovery Pathways and Peer 360 to enhance the SUD service availability in Arenac County has been successful in providing Medication Assisted Treatment and Peer Recovery services at the Arenac Center. Ten 16 is another SUD agency that is working with the Arenac Center to expand SUD services to that area. Four of the therapists at the Arenac Center are in the process of obtaining an Addiction Credential and continue to attend trainings to assure competency in this area.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
The community needs assessment will be completed every two years on an annual basis to ensure that progress is made, and areas of need are identified. All areas have been incorporated into the Strategic plan for action and are monitored through updates to the board and addressed through committees and workgroups as appropriate.	<u>Quality Manager Sarah Holsinger</u>	Continue	The Community Needs Assessment is completed every two years each year at the end of the calendar year and due to Michigan Department of Health and Human Services at the end of March <u>February</u> . The information gathered from the assessment are incorporated into the Strategic plan.
BABHA will continue to participate in MDHHS and MSHN workgroups related to HCBS Rule implementation, 1915 (i) implementation, Conflict Free Planning and Access workgroups to stay informed of initiatives that will impact service provision and develop processes to assure compliance.	Clinical Program Manager-IDD Services; Director of Integrated Services-Specialty Services	New <u>Continue</u>	Ongoing through Sept 30, 202 5-3 .
BABHA will work collaboratively with Specialized Residential and CLS providers to strengthen the workforce. Strategic Plan Initiatives will include potential expansion of specialized residential settings <u>that handle individuals with behavioral challenges. Work will be done with CLS providers to continue to encourage adequate hiring of staff.</u>	Director of Integrated Services	Continue	Residential and CLS stabilization will be included in the FY 2023 Strategic Plan to be completed by Sept 30, 2023 <u>Ongoing</u>
BABHA will continue to implement the current Action Plan to address the potential for fraud and abuse risks for Self-Determination arrangements. Continue to stay informed on the progress of an EVV system. Electronic Event Verification system selected with plans to begin transitioning providers early 2024.	Self Determination Coordinator; Director of Integrated Services	Continue	Policy has been updated on 10/18/22 and will be approved by 1/1/2023. Ongoing through Sept 30, 2023. Implementation of the EVV began 10/1/24. Monitoring of the system to continue through 9/30/25
BABHA will monitor program capacity levels throughout the provider network. BABHA will also continue to notify the provider network of regional and state opportunities that support staff recruitment and retention.	<u>Directors of Integrated Services, Arenac Program Manager, Chief Financial Officer Joelin Hahn; Marci Rozek; Karen Amon</u>	New <u>Continue</u>	It is projected that behavioral health workforce stability will continue to stabilize during FY23. <u>Ongoing</u>
BABHA will continue to work with the local SUD provider network and MSHN to secure expansion of SUD services in	Heather Friebe; Joelin Hahn	Continue <u>Completed</u>	It is projected that SUD service expansion efforts will continue in Arenac County through 2023.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Arenac County.			
<u>BABH will continue to advocate for additional inpatient and residential treatment capacity for child/youth diagnosed with ASD with MDHHS and Mid-State Health Network (MSHN).</u>	<u>Directors of Integrated Services, Chief Executive Officer</u>	<u>New</u>	<u>It is projected that advocacy efforts will result in change during FY25.</u>

Environment and Safety

[Marci]

The Safety Committee serves as a part of an integrated patient safety program at BABHA. Its purpose is to reduce or eliminate potential or actual risk and improve care through the identification, analysis, evaluation, and remediation of risks to persons served, visitors, volunteers, and employees. Specific functions and duties of the committee include, but are not limited to:

- Ensuring compliance with regulatory and accrediting body requirements related to environment of care, infection control, emergency preparedness, and risk management
- Supporting the safe delivery of care within reasonable limits
- Ensure proper disinfecting of office space and vehicles for staff, those served and visitors
- Receiving/reviewing reports on safety and environmental concerns and making recommendations for changes in practice as appropriate
- Facilitating the timely identification of and making objective recommendations regarding risks to reduce or prevent the potential(s) for injuries
- Exercising internal controls to reduce risks associated with injury
- Overseeing the development and ongoing assessment of the Environment of Care policies and procedures, including completing required reviews and making recommendations for revisions, as deemed necessary
- Conducting an annual community-based “all hazards” vulnerability analysis (HVA) to identify risk areas for inclusion in the BABHA Emergency Preparedness Plan

- See the BABHA Policy and Procedure Manual Chapter 5, Environment of Care
- See the BABHA Emergency Preparedness Plan

Review of Past Year Actions to Mitigate Environmental Risk:

Typically, the annual property inspection report from liability insurance carrier, MMRMA, is reviewed to ensure all leased and owned property/buildings met safety guidelines and standards as well as the Facility Manager’s annual Site Safety Inspection Report for compliance. The inspections conducted by the BABHA Facility Manager were completed on all properties/building during 202~~4~~². A property valuation was last conducted by CBIZ Valuation Group, LLC in May 2021 and those valuations incorporated into our policy renewal.

The Safety Committee quarterly reviewed consumer incident reports and building issues as they related to environmental concerns and the safety program performance measures. An HVA is now required every two years and was ~~due to be~~ conducted in the ~~third~~second quarter of FY242. ~~Due to the ongoing pandemic this was put on hold. An HVA will be completed once the public health emergency declarations have been revoked.~~ Completion of the HVA occurs in consultation with the Bay County Emergency Management Coordinator and the Central Michigan District Health Department contact for Arenac County. This activity will subsequently be completed by Site Safety Representatives and Supervisors at each building.

The agency-wide Emergency Preparedness Plan (EPP) based on federal regulations regarding HVA, emergency policies/procedures, communication plans and training/testing requirements was revised in March 20232. This report includes information that BABHA activated the agency EPP at the beginning of the pandemic which has remained active for the last 36 months, the BABHA all hazard assessments will be updated once the emergency declarations have been revoked and Mutual Aid Agreements are being updated, and redirected much of our operations into remote and telephonic service means. Due to the pandemic, there were limited opportunities for staff to attend any ongoing staff education regarding preparedness of safety risks in the workplace.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Outside of the required annual inspection process, Facility Manager assesses sites for safety hazards or potential areas of risk and addresses as needed.	Facility Manager <u>Eric Strode</u>	Continue	Ongoing
The Facility Manager will work with the Safety Committee and SLT to review and revise the BABHA EPP for purpose of an updated HVA every two years.	Eric Facility Manager <u>Strode</u>	Continue	Revisions to the BABHA EPP will be completed in February or March 2023. Due March 2025
The BABHA EPP will include agency participation in both a full-scale community exercise and facility-based table exercises for key service locations to continue ongoing training for all staff.	Facility Manager <u>Eric Strode</u>	Continue	Participation in full-scale community and facility-based table exercises will occur in 2026 <u>the year after the public health emergencies are revoked.</u>
Coordinate and conduct an active <u>ALICE (Alert-Lockdown-Inform-Counter-Evacuate) safety training on security measures that can be taken in the event of an shooter training which continues to be delayed due to the pandemic. The BABHA Facility Manager will become an active shooter. The BABHA Facility Manager has become and active shooter</u> trainer for purposes of conducting <u>these</u> staff trainings tailored to each facility.	Facility Manager <u>Eric Strode</u>	Continue	During fiscal year 2023 <u>During FY25.</u>
Implement Rave Smart 911 providing 911 operators and first responders critical information needed in any type of emergency.	Eric Strode	Completed	During fiscal year 2021
Continue to expand information available to 911 operators through Rave Smart 911 to include maps of	Facility Manager <u>Eric</u>	Continue	During fiscal year 2023 <u>During FY25</u>

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
each BABHA facility and emergency contact personnel at each of those locations.	Strode		
The Facility Manager will coordinate with the Nursing Manager to ensure proper amount of PPE on-site and available for staff and Contracted Network Providers.	Eric Strode/ Sarah VanParis	Continue Completed	During fiscal year 2023

Legal and Regulatory

[Janis_Karen]

The Corporate Compliance Committee conducts risk assessments to identify and mitigate the risk of Medicaid, Medicare and other state and federal healthcare program related fraud and/or abuse. The Committee closely tracks federal and state legislation, as well as federal Medicare/Medicaid and state Medicaid policy, to ensure BABHA is responsive to changes in the regulatory environment. Members of the Committee perform routine monitoring of key risk areas related to participation in federal and state health care programs, which are outlined in the BABHA Corporate Compliance Plan.

Current focal areas include ensuring rendering service providers meet the qualifications set by the state for delivery of Medicaid funded behavioral health services, and complying with increasingly complex Medicaid waivers (used by the state to fund behavioral health services).

Medicaid waiver program requirements are increasingly aligned with traditional utilization management principles, versus the person centered and recovery philosophies which have driven behavioral health services for many years. This evolution is increasing BABHA's risk of audit findings (and therefore potential recoupment of overpayment) due to non-compliance with increasingly inflexible mandatory service delivery parameters.

BABHA performs exclusion and debarment checks monthly to mitigate the risk of an excluded individual being involved in whole or in part, either directly or indirectly in the delivery of federal and state funded health care services. Contracted clinical service providers are also asked to complete such checks. Emerging risk areas related to provider qualifications are ensuring compliance with population specific designations which are required of rendering providers for certain Medicaid service ~~codes and~~ codes and maintaining evidence of direct care staff training in each individual's plans of service. Higher staff turnover due to the current job market is making compliance challenging for BABHA and contracted providers.

BABHA continues to perform its own verification of service claims, in addition to those required of the PIHP by Federal regulations, to reduce the risk of invalid claims causing an overpayment of Medicaid or Medicare funds. Priority in sampling claims is given to service encounters rendered by atypical providers (i.e., not licensed medical personnel) and those service areas where the nature of the Medicaid service delivery format limits BABHA's locus of control, such as self-determination arrangements (where the person served acts as the employer of some of their service providers) and Community Living Support services being provided by a Provider agency in individuals homes.

The State of Michigan implemented a provider enrollment system for typical health care providers, to increase its controls over provider qualifications. A system is also planned for atypical health care providers, but

implementation by MDHHS has been delayed. However, under a Federal mandate, the State has begun to implement ~~is preparing to implement~~ an electronic event verification system statewide which will require direct service professionals and similar personnel to log-in and track service delivery information.

- See the [BABHA Corporate Compliance Plan](#)
- See the BABHA Policy and Procedure Manual [Chapter 13 Corporate Compliance; Section 2 Administrative and Operational Practices](#)

Review of Past Year Actions to Mitigate Regulatory Risk:

BABHA expanded staff capacity to perform service event verification. The Policy and procedures for Medicaid Event Verification has been revised to reflect the increase in audits for providers. BABHA continues to provide ~~increased its~~ oversight of provider qualifications through expanded credentialing processes for higher risk providers, such as Autism service providers. BABHA continues to ~~expanded its~~ review of personnel records during site reviews of contracted service providers. Routine training of providers in documentation requirements has been added. A Supervisors training was developed to teach their role in program integrity and corporate compliance. Individual training was conducted with two new Program Managers.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Increase verification of rendering provider population designations	Janis Pinter; Sarah Holsinger <u>Director of Heath Care Accountability, Quality Manager</u>	<u>Continue</u> New	<u>Ongoing</u> 03/01/23
Modify event verification sampling to focus atypical providers and self determination arrangements.	Janis Pinter; Sarah Holsinger	<u>Completed</u> New	03/01/23
Increase monitoring of compliance with plan of service training requirements; continue to advocate for moderation of requirements at state and regional enforcement levels	Janis Pinter; Sarah Holsinger; <u>Karen Amen, Director of Health care Accountability, Quality Manager</u>	<u>Continue</u> New	<u>Ongoing</u> 09/30/23
<u>Increase education on Fraud, Abuse and Waste to Supervisors and consumers and in response to any substantiated Fraud and Abuse cases.</u>	<u>DHCA</u>	<u>New</u>	<u>Beginning 10/1/24 and Ongoing</u>

Ethical

[Jennifer]

BABHA operates an Ethics Committee, which is a sub-group of the Corporate Compliance Committee. The Ethics Committee offers critical analysis and recommendations for courses of action in response to ethical risks/ challenges faced by employees in their day-to-day work. The Committee is available to all staff for consultation. BABHA maintains a manual for staff that provides guidance for dealing with ethical concerns including conflicts of interest, called the BABHA Operating Philosophy and Ethical Guidelines.

- See the [BABHA Operating Philosophy and Ethical Guidelines](#)

Review of Past Year Actions to Mitigate Ethics Risk:

The Ethics Committee reviewed ethical dilemmas brought to the committee by BABHA staff. Several concerns were addressed, including the COVID-19 and the vaccine, and continued discussion regarding expectations related to professional boundaries, family members with medical licensure writing prescriptions for minor children residing in licensed settings, and informing consumers of medical diagnosis. Professional boundaries is an ongoing ethical issues and will remain on the Ethics Committee agenda for continued discussion.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
The Ethics Committee will continue to meet as scheduled 2 x per year and as ethical concerns arise. In addition, BABHA will continue to provide annual ethics training during Staff Development Days and in response to ethical dilemmas. The Ethics Committee will proactively solicit topics for discussion prior to each scheduled meeting. Policies and procedures will be developed and/or revised based on the outcome of Ethics Committee meetings, as appropriate	Jennifer Lasceski Human Resources Director	Continue	Training will occur each year and on an as-needed basis. Requests for ethical topics for discussion will be made in May and November each year.

Financial

[Marc]

The Finance Department provides the Agency’s budget on a regular basis with monthly budget reports to managers responsible for the agency’s various programs and departments. External compliance audits are conducted on an annual basis. BABHA is part of routine actuarial assessments through its affiliation with a capitated Medicaid Pre-Paid Health Plan covering a 21-county region. The assessments are performed to ensure long term financial obligations can be met. BABHA financial statements are reviewed monthly by the Board of Directors.

- See the [BABHA Annual Operating Budget](#)
- See BABHA monthly [Financial Statements](#)
- See the BABHA Policy and Procedure Manual [Chapter 8 Fiscal Management](#)

Review of Past Year Actions to Mitigate Financial Risk:

BABHA submitted an Original Budget to the Board of Directors in September 202~~3~~⁴, prior to the start of the fiscal year. Subsequently a final amendment was submitted for approval. The agency’s FY 2~~3~~⁴ Financial Audit was conducted, and the final report presented to the Board for adoption on March ~~28, 202~~⁴~~2~~. The Annual Compliance Audit was completed with preliminary results presented to the Board on March ~~28, 2022~~²⁰²⁴.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
<p>BABHA continues to complete the Risk Assessment tool that was developed in FY17 which is a means to formally monitor the performance of the agency’s network of specialty behavioral health direct operated and contracted service provider organizations through the review of performance data and site reviews. This Risk Assessment tool returns a risk score for each provider and for BABHA of high, moderate, or low and is associated with four outcomes related to ongoing monitoring activities. Scoring of the Risk Assessment was updated during FY22 by adding an additional outcome to more accurately represent performance. When contracts are proposed for renewal to the Board of Directors, the most recent risk assessment is presented.</p>	<p><u>Stephanie Gunsell</u> <u>Contracts Manager</u></p>	<p>Continue</p>	<p>Ongoing</p>
<p>The agency continually assesses contracts as they come up for renewal to determine current need and any potential to restructure the contract for costing savings. In response to the Michigan Employment First Initiative assistance was sought and provided by MDHHS to restructure rates in vocational contracts to be outcomes based. A significant amount of progress has been made through this assistance which has resulted in revised contracts. <u>BABHA has begun working with an MDHHS consultant to review these outcome based services and payment model. The consultant will provide feedback on this service model and whether the rates are competitive. This payment structure will continue to be monitored during the current year since data was skewed as a result of lower than anticipated utilization as a result of the ongoing pandemic.</u></p>	<p><u>Marci Rozek</u> <u>Chief Financial Officer</u></p>	<p>Continue</p>	<p>Ongoing</p>
<p>The agency assesses positions as they become vacant to determine whether consolidation of functions is possible or feasible.</p>	<p><u>Marci Rozek</u> <u>Chief Financial Officer</u></p>	<p>Continue</p>	<p>Ongoing</p>
<p>BABHA will assess the financial impact the pandemic has had on our Network Providers’ business operations. Financial assistance may be provided under the parameters of the MSHN Provider Network Stabilization Plan and/or the MSHN Network Staffing Crisis Stabilization Plan.</p>	<p><u>Marci Rozek</u> <u>Chief Financial Officer</u></p>	<p><u>Completed</u>Continue</p>	<p>Ongoing</p>

Personnel Qualifications and Training

[Jennifer]

Personnel participate in the BABHA performance management system, which evaluates job performance and competency. This process also identifies areas for growth and areas where additional training/education is needed, to reduce the risk of error due to incompetency. The Employee Handbook, along with the BABHA’s Operating Philosophy and Ethical Guidelines, describes employee performance expectations to ensure at least

minimum quality standards are met. Annual and new employee training requirements to mitigate risk are defined in the Agency Training Plan and policies governing minimum training requirements.

- See the [BABHA Agency Training Plan](#)
- See the BABHA Policy and Procedure Manual [Chapter 7 Human Resources](#), Section 1 Administration of Personnel Management and Section 3 Education

Review of Past Year Actions to Mitigate Personnel Risk:

The Employee Handbook is reviewed on an annual basis and updated as needed to address areas that may place BABHA at risk such as conflict of interest, use of agency equipment/technology, workplace safety, standards of conduct, etc. All staff acknowledge training related to updates to the Handbook.

Performance evaluations were conducted on BABHA staff during 2023~~22~~ and at 3 and 6-month intervals for new hires. Performance Improvement Plans (PIPs) were developed as warranted, to address areas of deficiency.

~~HR related policies and procedures (including training) have been under review in 2022. Due to the continuation of the COVID19 pandemic, BABHA has continued the policy to provide BABHA staff with necessary paid leave to protect the health and wellbeing of staff and their eligible family members, and to ensure adequate staffing levels are maintained. This review also resulted in several updates including those related to staff credentialing and credentialing and privileging of Individual Practitioners.~~

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
BABHA will continue to evaluate employees in accordance with the performance management system and identify areas of risk or deficiency and the opportunity to address through internal or external training. Supervisors will make use of reports available to them through Phoenix and will document supervision using supervision logs. HR staff will continue to monitor exclusion databases monthly to ensure that staff are not excluded from providing services to people supported by BABHA.	Jennifer Laseeski Human Resources Director	Continue	All actions noted above are ongoing. Evaluations and training will be completed within designated timeframes as identified. Completion after required due dates will be addressed on an individual level.

Media Relations and Social Media²

[Chris/Jennifer/KarenJanis]

Contact with the media by BABHA personnel requires prior approval of management to ensure that any communication with local or national media is consistent with the agency’s mission, values, core strategies

² CARF; 1. Aspire to Excellence; G. Risk Management; 3.

and reduces the likelihood of any -potential adverse effect on BABHA business operations, the Board of Directors or the Bay and Arenac Communities

BABHA personnel are not discouraged from using social media in their personal lives, but a business-related social medial presence must be pre-approved by the appropriate SLT member. Employees are prohibited from posting information attributable to BABHA without permission and must include a disclaimer dis-associating BABHA from their communications if a political opinion is expressed.

BABHA privacy policies are restrictive regarding any release of protected health information without the authorization of the person served, although social media is not always specifically addressed. Information regarding persons served must be protected consistent with regulatory requirements and BABHA policies and procedures regarding disclosure of protected health information, including in situations involving any form of social or other media.

BABHA has a limited social media presence as a business and centralized management of these venues in the IT Department in collaboration with clinical leadership. This included revisions to BABHA social media profiles to reduce the likelihood of negative, non-constructive messaging to be linked to the organization.

- See the [BABHA Operating Philosophy and Ethical Guidelines](#)
- See the BABHA Employee Handbook; Social Media

Review of Past Year Actions to Mitigate Media Relations and Social Media Risk:

Training on the risks of privacy breaches related to social media has been conducted with employees at hire and annually. The IS Department has received requests to post various informational materials on the website and the Facebook page. There have been alerts set up to notify BABHA when there are posts being displayed so that better monitoring can be done. ~~None.~~

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
Ensure direct references to social media and contact with the media are addressed in BABHA policies.	Director of Health Care Accountability, IT Manager, Directors of Integrated Services Janis Pinter; Jesse Bellinger; Karen Amon; Joelin Hahn	Completed	12/31/22
<u>Continue with Training on Privacy with regard to social media and monitoring of postings.</u>	<u>Director of Health Care Accountability, IS Manager.</u>	<u>New</u>	<u>Ongoing</u>

Security and Technology

[Jesse]

BABHA developed a disaster recovery plan and system configuration that provides core computing functions in the event of a disaster. Security provisions, including Unified Threat Management Systems (UTMS), firewalls, and anti-virus software, are in place, which actively monitor for security/privacy lapses and breach attempts. An annual security risk assessment is completed, and remediation performed to address areas of weakness identified in the organization’s technology. Multi-factor authentication is used when accessing our private cloud computing resources, public cloud computing resources, and our Electronic Health Record.

- See the [BABHA Information Management Strategic and Operational Plan](#)
- See the BABHA Policy and Procedure Manual [Chapter 9 Information Management](#)

Review of Past Year Actions to Mitigate Security Risk:

Unified Threat Management firewalls were implemented at all 5 of our locations. These firewalls monitor internal network traffic between sites for malicious activity while also providing protection for our local cable internet connections. The firewalls also provide redundant network connections between all our locations via SD-WAN technology that allows for multiple networks to be used simultaneously. Multi-factor authentication is used when accessing our private cloud computing resources, public cloud computing resources, and our Electronic Health Record. Multiple phishing tests have been implemented and training conducted for those that click on the phishing email. Both individual and group trainings have occurred because of these phishing tests. A phishing alert button has been installed so that staff can quickly alert the Help Desk if they suspect an email is compromised. The IS Manager conducted a Disaster Recovery Training for all Leadership staff.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
BABHA will implement multi-factor authentication access to our critical systems	Jesse Bellinger, Greg Wedge, Theresa Adler	Completed	September 30, 2021
BABHA will implement multi-factor authentication access with providers that utilize BABHA's EHR	Jesse Bellinger, Greg Wedge, Theresa Adler, Justin Louks	Completed	September 30, 2022
<u>Microsoft licensing upgrades for better remote management of devices to provided better security.</u>	<u>IS Manager</u>	<u>New</u>	<u>2/2025</u>
<u>Continue end user education on security threats utilizing phishing campaigns and creating and implementing individual training for repeat clickers.</u>	<u>IS Manager</u>	<u>New</u>	<u>Ongoing</u>
<u>Monitor and make recommendations to SLT and the Board on systems that are becoming end of life. The phone system will be end of life 12/2025.</u>	<u>IS Manager</u>	<u>New</u>	<u>12/2025</u>

Infection Control

[Sarah VP]

The Infection Control and Prevention program incorporates the accepted principles of surveillance, prevention, identification, and control through an agency wide interdisciplinary collaborative initiative that utilizes a standardized approach for the identification of adverse events, tracking outcomes, and implementing evidence-based interventions. Subsequently, episodic and epidemic/pandemic patterns of nosocomial and community acquired infections will be proactively minimized and prevented, and the organization will respond to an influx, or the risk of an influx, of infectious individuals as part of its emergency management activities.

- See the [BABHA Infection Control Plan](#)
- See the BABHA Policy and Procedure Manual [Chapter 14 Infection Control](#)
- See [BABHA Risk Management Plan](#)

Review of Past Year Actions to Mitigate Infection Risk:

BABHA monitors infections in the specialized residential group home settings through infection control reports monthly. The data is compiled on a quarterly basis and is reviewed by the Healthcare Practices Committee. BABHA community-based nurses serve as a resource to give recommendations and education to group home staff to help decrease the incidence of infection. The Community Based Nurses provided each Specialized Residential Home educational information regarding early identification of the warning signs of sepsis in 2020. The information in this binder is updated and reviewed annually. The Community Based Nurses also monitor and encourage individuals residing in Specialized AFC homes to obtain recommended vaccinations to prevent infection.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
The Healthcare Practices Committee will monitor infections on a quarterly basis through data collected from Specialized Residential Homes through the infection control reporting process.	Sarah Van Paris Nursing Manager	Continue	Ongoing
The Nursing Manager will review annual data and designate a goal for the upcoming year based on the previous years' data.	Sarah Van Paris Nursing Manager	Continue	Ongoing
The Nursing Manager receives Health Advisories from the CDC and MDHHS regarding emerging health issues and provides necessary communication to BABHA staff in a timely manner.	Sarah Van Paris Nursing Manager	Continue	Ongoing
The Nursing Manager monitors the CDC and MDHHS websites and any advisory related to the pandemic for changes to any guidelines for employers and reports to the appropriate SLT member	Sarah Van Paris	Ongoing	Undetermined/ through pandemic

Review of Insurance³

[Marci/Jennifer]

BABHA retains comprehensive insurance coverage available to local governments as a member of the MI Municipal Risk Management Authority (MMRMA). This includes specific coverage for general liability, motor vehicle physical damage, property protection and crime. There are also ancillary coverages included per occurrence related to network/information security, media injury, data breach mitigation (including certain

³ CARF: 1. Aspire to Excellence; G. Risk Management: 2.a-c.

types of ransomwares), business interruption loss, PCI assessments, social engineering loss, reward coverage and telecommunications fraud. BABHA reviews these coverages on an annual basis with the assistance of the Lighthouse Group as our insurance broker. Most of the coverage limits range up to \$15 million.

BABHA has Worker’s Compensation coverage through the Accident Fund with limits established at \$1 million for each accident, employee and/or disease. BABHA also secures specific physician malpractice insurance for our Medical Director, Roderick Smith through Admiral (medical director responsibilities) up to \$1 million per event/\$3 million in aggregate and through The Doctors Company (medical malpractice) up to \$1 million per event/\$4 million in aggregate. The coverages for Worker’s Compensation and the medical director are also reviewed on an annual basis.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
BABHA will evaluate and renew the general liability coverage options available through MMRMA	Marci Rozek, Karl White	Continue	This review will be completed for a July, 202 53 renewal date.
BABHA will evaluate and renew Worker’s Compensation coverage	Jennifer Lasceski	Continue	This review will be completed by December, 202 42 .
BABHA will evaluate and renew Physician Malpractice coverage for the Medical Director and Malpractice coverage for the agency’s contractual Physician and Nurse Practitioner	Jennifer Lasceski	Continue	These reviews will be completed in February <u>March</u> February and August, 202 53 .
BABHA will evaluate and renew crime bond coverage available to protect BABHA assets.	Marci Rozek, Karl White	Continue	This review will be completed for a February 2025-February 2023 renewal date.

Management of Risk in the Contracted Service Provider Network⁴

[Sarah H]

BABHA seeks CARF accreditation for direct operated programs only. BABHA contracts with outpatient treatment and case management/service coordination providers, however, they seek their own accreditation. BABHA does have a formal process for completing annual site reviews of these contract service providers. These annual site reviews assess performance in relation to the scope and requirements of their contracts, ensure the providers follow applicable policies and procedures, review qualifications of personnel including training, background checks, and exclusion/debarment checks, evaluate primary source verification to complete Medicaid Event Verifications.

In addition to the annual site review process, BABHA conducts quarterly reviews of the contracted service providers for performance activities and bi-annual reviews of documentation/billing. These reviews consist of MEV and quality type activities including, but not limited to, evidence of healthcare coordination, the Individual Plan of Service being given to the consumer within 15 business days, and the completion of a crisis

⁴ CARF: 1. Aspire to Excellence; G. Risk Management: 4. a-d.

plan. The results are communicated to the provider who then completes a corrective action plan for the findings identified.

BABHA also completes Organizational Credentialing for contracted clinical service providers which assigns a risk rating for each organization based upon the past two years of performance in a variety of risk domains, including financial, fraud/abuse, recipient rights protections, quality and prevention of adverse clinical events, among others. These ratings are used by the Board of Directors when determining whether to renew contractual agreements.

Review of Past Year Actions to Mitigate Security Risk:

Due to the COVID-19 pandemic, the annual site reviews for the contracted services providers were placed on hold, but were resumed in May 2022 with an abbreviated review of the standards. BABHA will continue to explore how to move forward with a review process for providers in a way that does not impose disruption to services and administrative burdens. For FY22, quarterly reviews (MEV and performance improvement activities) were completed for the contracted service providers.

Planned Action(s) to Mitigate Risk	Assigned To	Status (New; Continuation; Completed)	Planned Completion Date
The Quality and Compliance Coordinator will conduct quarterly <u>MEV and</u> performance improvement reviews of contract service providers <u>as well as bi-annual MEV reviews</u> .	<u>Sarah Quality Manager and Quality and Compliance Coordinators</u> Holsinger, Amber Wade, Melissa Deuel	Continuation	Ongoing
Annual site reviews will be completed for designated contract service providers with an abbreviated review of the standards.	Sarah Holsinger, Amber Wade <u>Quality Manager and Quality and Compliance Coordinators</u>	New	Ongoing

Mitigation, Remediation and Monitoring of Effectiveness of Risk Management Plan⁵

The risk management activities of BABHA are supported by the BABHA Strategic Plan, Emergency Preparedness Plan, Training Plan, Corporate Compliance Plan, Infection Control Plan, Medical Staff Plan, Quality Assessment and Performance Improvement Plan (QAPIP), Information Management Strategic and Operational Plan, Annual Needs Assessment and other strategic documents such as security and fraud/abuse risk assessments. Each plan identifies priority areas, action steps or recommendations which serve to mitigate and remediate organizational risk and improve the agency’s performance.

⁵ CARF: 1. Aspire to Excellence: G. Risk Management: 1.b., 1-2.

When the plans and assessments are updated, progress toward actioning these recommendations is assessed. The Corporate Compliance Plan, Strategic Plan, QAPIP and the Infection Control Plan also include regular reporting of data and other status information to relevant organizational committees.

Senior Leadership Team incorporates risk management action items into its standing agenda for monitoring over the course of the year. BABHA generates a Leadership Dashboard [and Power BI reports](#) through which key risk and performance indicators are monitored by agency leadership.

The Risk Management Plan is updated annually by senior leadership and key staff and more frequently if needed. The Plan is reviewed and approved by the BABHA Board of Directors.

Attachments

References

1. BABHA Agency Action Plans
 - Strategic Plan
 - Medical Staff Plan
 - Quality Assessment and Performance Improvement Program Plan
 - Corporate Compliance Plan
 - Emergency Preparedness Plan
 - Agency Training Plan
 - Information Management Strategic and Operational Plan
 - Infection Control Plan
2. BABHA Financial Statements
3. BABHA Needs Assessment
4. BABHA Employee Handbook
5. BABHA Operating Philosophy and Ethical Guidelines
6. BABHA Policy and Procedure Manual

Safety Committee Statement of Purpose

[Marci]

The Safety Committee (formerly Risk Management) was established in July 1998 in response to federal, state and accreditation requirements. The purpose of the committee is to reduce or eliminate potential or actual risk and improve the quality of care through the identification, analysis, evaluation and remediation of risks to persons served, visitors, volunteers and employees.

The committee oversees the development and compliance level of the Environment of Care policies and procedures and emergency preparedness and 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)
- Oversight of the community based HVA

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.

The membership consists of a multidisciplinary group and includes representation from Strategic Leadership (ad hoc), Clinical Leadership, Specialized Residential Program (ad hoc), Finance Department, Medical Practices, Environment of Care, Infection Control, Program Coordinators, Clinical staff and Site Safety Representatives.

The current members of the Safety Committee are:

- Facility Manager (also Safety Coordinator and Committee Chair)
- Nursing Manager
- Clinic Service Program Manager – Arenac Center
- Arenac Center Safety Rep.
- Madison Safety Reps (2).
- Washington (First Level) Site Safety Rep.
- North Bay Safety Rep.
- Washington (Lower Level) Site Safety Rep.
- Mulholland 2nd Floor Safety Rep.
- Mulholland 3rd Floor Safety Rep.
- Madison Secretary
- (ad hoc) Manager Residential Program and Safety Rep.
- (ad hoc) Human Resources Director
- (ad hoc) Supervisor, North Bay
- (ad hoc) Accounting Manager
- Clinic Practice Manager

The Safety Committee meets quarterly in the months of February, May, August and November on the 1st Wednesday from 8:30 - 10:00 a.m. Any staff member who has a safety concern can contact a committee member and request evaluation and consideration by the Safety Committee. We welcome ideas, suggestions and participation from all stakeholders.