



BOARD OF DIRECTORS REGULAR MEETING

Thursday, December 19, 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. COMMUNICATIONS
 - 6 3.1 Thank you card from the family of John E. Goik – *See page 6*
 - 7 3.2 Resignation letter from Board Member Toni Reese – *See page 7*
4. REGULAR BOARD MEETING, 11/21/2024 – Distributed
 - 4.1 Motion on minutes as distributed
5. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 12/2/2024 – Distributed – Pawlak, Ch/
Girard, V Ch
 - 4, 8-9 5.1 Res# 2412001: Approve the 2024-2025 Information Management Strategic & Operational Plan – *See page 4 resolution sheet, pages 8-9 & plan attached to back of packet*
 - 5.2 Motion on minutes as distributed
6. RECIPIENT RIGHTS (RR) ADVISORY & APPEALS COMMITTEE, 12/5/2024 – Distributed – McFarland, Ch/
Mrozinski, V Ch
 - 4, 10-26 6.1 Res# 2412002: Approve the BABH 2024 annual Recipient Rights report – *See page 4 resolution sheet & pages 10-26*
 - 6.2 Motion on minutes as distributed
7. FACILITIES & SAFETY COMMITTEE, 12/9/2024
 - 4, 27 7.1 Res# 2412003: Approve the Facilities December 2024 contract list – *See page 4 resolution sheet & page 27*
 - 4, 28 7.2 Res# 2412004: Approve awarding the North Bay duct cleaning to Modernistic for an amount not to exceed \$2,480 – *See page 4 resolution sheet & page 28*
 - 7.3 Motion on minutes as distributed



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8. FINANCE COMMITTEE, 12/11/2024 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
29-30 8.1 Motion to accept investment earnings balances for period ending November 30, 2024 – *See pages 29-30*
4, 31 8.2 Res# 2412005: Approve the Finance December 2024 contract list – *See page 4 resolution sheet & page 31*
8.3 Motion on minutes as distributed
9. BYLAWS & POLICIES COMMITTEE, 12/11/2024 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
4, 32-53 9.1 Res# 2412006: Approve the policies ending 30-day review – *See page 4 resolution sheet & pages 32-53*
9.2 Motion on minutes as distributed
10. PROGRAM COMMITTEE, 12/12/2024 – Distributed – Girard, Ch/Mrozinski, V Ch
There were no motions forwarded to the full Board
10.1 Motion on minutes as distributed
11. AUDIT COMMITTEE, 12/17/2024 – Distributed – McFarland, Ch/ Pawlak, V Ch
5, 54-60 11.1 Res# 2412007: Accept financial statements – *See page 5 resolution sheet & pages 54-60*
5, 61-64 11.2 Res# 2412008: Accept electronic fund transfers – *See page 5 resolution sheet & pages 61-64*
5, 65 11.3 Res# 2412009: Approve disbursement & health care claims payments – *See page 5 resolution sheet & page 65*
11.4 Motion on minutes as distributed
12. BOARD MEETING CONTRACT LIST, 12/19/2024
66 12.1 Consideration of a motion to approve the Board meeting December 2024 contract list – *See page 66*
13. REPORT FROM ADMINISTRATION
67-95 13.1 Federal & State Health Policy Update – *See pages 67-95*
96 13.2 Bay & Arenac County Updates – *See page 96*



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- 14. UNFINISHED BUSINESS
 - 14.1 None
- 15. NEW BUSINESS
 - 15.1 Medical Director Contract
 - Consideration of a motion to approve the Medical Director Contract with Dr. Roderick Smith with terms expiring December 31, 2027
 - 15.2 Midstate Health Network (MSHN) Regional Consumer Advisory Council Appointment
 - BABH Board Chair appointment of Tim Doyle as a Bay County representative on the MSHN Regional Consumer Advisory Council
 - 97-100 15.3 2025 Board & Committee Meeting Schedule – *See pages 97-100*
 - 15.4 Holiday Hours
 - BABH Offices will be closed on Tuesday & Wednesday, December 24 & 25, 2024 for the Christmas holiday. BABH Offices will also be closed on Tuesday December 31, 2024 & Wednesday, January 1, 2025 for the New Year's holiday.
 - 15.5 Community Mental Health Association (CMHA) Winter Conference
 - The CMHA Winter conference is scheduled for Tuesday & Wednesday, February 4 & 5, 2025 at the Radisson Plaza Hotel in Kalamazoo, MI
- 16. ADJOURNMENT



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RESOLUTIONS

Health Care Improvement & Compliance Committee, December 2, 2024

Res# 2412001: Resolved by Bay Arenac Behavioral Health to approve the 2024-2025 Information Management Strategic and Operational Plan.

Recipient Rights Advisory & Appeals Committee, December 5, 2024

Res# 2412002: Resolved by Bay Arenac Behavioral Health to approve the BABH 2024 annual Recipient Rights report.

Facilities & Safety Committee, December 9, 2024

Res# 2412003: Resolved by Bay Arenac Behavioral Health to approve the Facilities December 2024 contract list.

Res# 2412004: Resolved by Bay Arenac Behavioral Health to approve awarding the North Bay duct cleaning to Modernistic for an amount not to exceed \$2,480.

Finance Committee, December 11, 2024

Res# 2412005: Resolved by Bay Arenac Behavioral Health to approve the Finance December 2024 contract list.

Bylaws & Policies Committee, December 11, 2024

Res# 2412006: Resolved by Bay Arenac Behavioral Health to approve the following policies to end 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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Audit Committee, December 17, 2024

Res# 2412007: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending November 30, 2024.

Res# 2412008: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period ending November 30, 2024.

Res# 2412009: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from November 25, 2024 through December 20, 2024.



To Thank You

BABH BOARD OF DIRECTORS,
CEO & CEO ASST,

THANK YOU FOR
THE DONATION TO THE
PARDEE CANCER
FOUNDATION IN JOHN'S
MEMORY!

*In times of needed comfort,
it's the embrace of
family and friends that
means so much.*

*The family of
John E. Goik*

Sara McRae

Subject: FW: Resignation

From: REESE TONI <tonireese0314@yahoo.com>
Sent: Tuesday, December 17, 2024 11:31 AM
To: Sara McRae <smcrae@babha.org>
Subject: Fw: Resignation

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

----- Forwarded Message -----

From: "REESE TONI" <tonireese0314@yahoo.com>
To: "EC Tim Banaszak" <tim27mary@aol.com>
Sent: Tue, Dec 17, 2024 at 10:50 AM
Subject: Fw: Resignation

Below is my resignation letter, but i did not date it but it is in the email and I do not want it changed. The more I thought about it I don't like the idea. You can tell them that it was lost or misplaced, because that must be what happened.

Best Regards,
Toni Reese

----- Forwarded Message -----

From: "REESE TONI" <tonireese0314@yahoo.com>
To: "begickv@baycountymi.gov" <begickv@baycountymi.gov>
Sent: Tue, Sep 17, 2024 at 12:21 PM
Subject: Resignation

Dear Chairman Begick,

I am writing to you and the Bay County Commissioners board to regretfully tender my resignation from the two current boards that I am seated on: Bay-Arenac Behavioral Health Board and The Board of Canvassers as an alternate. The reason for my resignation is that I have moved outside of Bay County which regrettably makes me ineligible to sit on either of these boards.

I want to thank the board for allowing me to sit on both of these boards, it has been my pleasure to serve with my fellow board members in support of the people of Bay County.

Sincerely,
Toni Marie Reese



Information Management Strategic and Operational Plan for 2024-2025

Executive Summary

Overview

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

Program Priorities for 2024-2025

1. Transition to a cloud based unified communications system in 2025. This will replace the current legacy phone system that will be end of life in December of 2025. Additional benefits will include improving the reliability of our phone system and eliminating points of failure with local carriers, as well as increasing access to phone system services to remote and community-based workers.
2. Continue end user education on security threats, especially with phishing campaigns and individualized training as necessary; this will have the greatest impact on hardening our defenses.
3. Transition to Microsoft 365 licenses from Office 365 licenses. This will provide additional management and security tools to better manage and secure the de-centralized nature of our workforce and allow us to roll out tools that improve real time collaboration.

Summary of updates from previous year's plan

1. Replaced names with titles for all resources sections to improve change management efforts.
2. Updated "Maintain Cost Effective Telecommunications Systems" to reflect the transition to cloud-based unified telecommunications system.
3. Updated "Increase Mobile and Remote Work Technologies" to reflect the move to Microsoft 365 licenses.
4. Updated "Increase Technical Training Offered to Staff" to include creating a central repository of tech tips.
5. Removed "Assess Overall User Satisfaction" section, as it was found to be ineffective and redundant in practice.
6. Updated "Vendor Management and Performance Monitoring" to move to a more accurate means of tracking vendor and systems performance, as well as modernizing what is reported on to provide relevant information to leadership.
7. Updated network map to reflect the move to a cloud-based Wi-Fi controller from the legacy controller previously at Wirt as part of our Wi-Fi replacement project completed in 2024.
8. Updated the Security Risk Assessment with the plan generated in 2024.
9. Updated the Equipment Replacement Schedule for 2025.
10. Updated the Master Agreement List with the most up to date information as of 2024.

Office of Recipient Rights Demographic Data

**Data Report Covering
October 1, 2023 through September 30, 2024**

CMH/LPH Name

Bay Arenac Behavioral Health Authority

Rights Office Director Name

Melissa Prusi

Unduplicated Count of Individuals Served (CMH)

5129

-or-

Number of Beds (LPH)

Staff Performing Recipient Rights Functions

Staff Name	Hours Per Week	Role
Melissa Prusi	40	Investigation
Kevin Motyka	40	Investigation
Bridget Hayes	40	Investigation
Tamera Matuszewski	40	Administration/Cle

Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0	0	0	0
72221	Abuse Class II - Nonaccidental Act	7	7	0	2
72222	Abuse Class II - Unreasonable Force	6	6	0	4
72223	Abuse Class II - Emotional Harm	0	0	0	0
72224	Abuse Class II - Treating as Incompetent	0	0	0	0
72225	Abuse Class II - Exploitation	10	10	0	4
7223	Abuse Class III	10	10	0	4
7224	Abuse Class I - Sexual Abuse	2	2	0	0
72251	Neglect Class I	1	1	0	0
72252	Neglect Class I - Failure to Report	0	0	0	0
72261	Neglect Class II	9	9	0	4
72262	Neglect Class II - Failure to Report	1	1	0	1
72271	Neglect Class III	34	34	0	25
72272	Neglect Class III - Failure to Report	0	0	0	0
7550	Rights Protection System	0	0	0	0
7555	Retaliation/Harassment	0	0	0	0
7040	Civil Rights	0	0	0	0
7044	Religious Practice	0	0	0	0
7045	Voting	0	0	0	0
7081	Mental Health Services Suited to Condition	26	21	5	11
7082	Safe, Sanitary, and Humane Treatment Environment	3	2	1	1
7083	Least Restrictive Setting	0	0	0	0
7084	Dignity and Respect	33	33	0	13
7100	Physical and Mental Exams	0	0	0	0
7110	Family Rights	1	1	0	1

Code	Category	Total Received	Investigation	Intervention	Substantiated
7120	Individual Written Plan of Service	3	2	1	1
7130	Choice of Physician/Mental Health Professional	0	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0
7150	Services of a Mental Health Professional	0	0	0	0
7160	Surgery	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0
7180	Psychotropic Drugs	0	0	0	0
7190	Medication Side Effects	0	0	0	0
7240	Fingerprints, Photographs, Audio Recordings, and Use of One-Way Glass	1	0	1	1
7249	Video Surveillance	0	0	0	0
7261	Communications - Visits	0	0	0	0
7262	Communications - Telephone	0	0	0	0
7263	Communications - Mail	0	0	0	0
7281	Personal Property - Possession and Use	6	4	2	5
7286	Personal Property - Limitations	0	0	0	0
7300	Safeguarding Money (State Hospitals Only)	0	0	0	0
7360	Labor and Compensation	0	0	0	0
7440	Freedom of Movement	4	3	1	2
7400	Restraint	0	0	0	0
7420	Seclusion	2	2	0	0
7460	Complete Record	0	0	0	0
7480	Disclosure of Confidential Information	23	16	7	13
7481	Withholding Confidential Information/Access Denial to Records	0	0	0	0
7490	Correction of Record	0	0	0	0
7500	Privileged Communication	0	0	0	0
0000	No Right Involved	25			
0001	Outside ORR Jurisdiction	9			

Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Abuse Class II - Unreasonable Force	Contracted	Other		0	0	1
Neglect Class III	Contracted	Training	Written Reprimand	0	0	1
Neglect Class III	Contracted	Employment Termination		0	0	1
Mental Health Services Suited to Condition	Agency	Written Counseling	Training	0	0	0
Neglect Class III	Contracted	Employment Termination		0	0	3
Mental Health Services Suited to Condition	Contracted	Employment Termination		1	0	0
Neglect Class III	Contracted	Employment Termination		0	0	1
Neglect Class III	Contracted	Written Counseling		0	0	2
Personal Property - Possession and Use	Contracted	Training	Employment Termination	0	0	1
Neglect Class III	Contracted	Written Counseling	Training	0	0	2
Disclosure of Confidential Information	Contracted	Written Counseling	Training	0	0	2
Dignity and Respect	Contracted	Employment Termination	Training	0	0	3
Personal Property - Possession and Use	Contracted	Other		0	0	0
Mental Health Services Suited to Condition	Contracted	Written Reprimand	Training	0	0	0
Dignity and Respect	Contracted	Written Counseling	Training	0	0	4
Abuse Class II - Unreasonable Force	Contracted	Suspension	Training	0	0	1
Personal Property - Possession and Use	Contracted	Other		0	0	1
Neglect Class I - Failure to Report	Contracted	Written Counseling	Employee left the agency, but substantiated	0	0	1
Neglect Class III	Contracted	Training	Training	0	0	1
Disclosure of Confidential Information	Contracted	Training	Other	0	0	0

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Mental Health Services Suited to Condition	Contracted	Written Counseling		1	0	0
Abuse Class II - Unreasonable Force	Contracted	Employment Termination	Training	0	0	1
Abuse Class II - Unreasonable Force	Contracted	Employee left the agency, but substantiated		0	0	0
Mental Health Services Suited to Condition	Agency	Other	Other	0	0	0
Disclosure of Confidential Information	Contracted	Verbal Counseling	Employment Termination	0	0	1
Fingerprints, Photographs, Audio Recordings, and Use of One-Way Glass	Contracted	Written Counseling		0	0	1
Disclosure of Confidential Information	Contracted	Written Counseling		0	0	1
Abuse Class III	Contracted	Employment Termination		0	0	0
Personal Property - Possession and Use	Contracted	Other		0	0	2
Neglect Class III	Contracted	Employment Termination		0	0	2
Personal Property - Possession and Use	Contracted	Other		0	0	0
Neglect Class III	Contracted	Contract Action	Training	0	0	1
Neglect Class III	Contracted	Employee left the agency, but substantiated		0	0	0
Disclosure of Confidential Information	Agency	Employment Termination		0	0	0
Disclosure of Confidential Information	Contracted	Written Reprimand	Other	0	0	0
Neglect Class III	Contracted	Employment Termination	Written Reprimand	0	0	0
Mental Health Services Suited to Condition	Contracted	Written Counseling	Suspension	0	0	1
Disclosure of Confidential Information	Agency	Training		0	0	0
Freedom of Movement	Contracted	Training		0	0	0
Abuse Class III	Contracted	Written Reprimand	Employment Termination	0	0	0
Neglect Class III	Contracted	Written Reprimand	Training	0	0	0
Disclosure of Confidential Information	Contracted	Employee left the agency, but substantiated	Training	0	0	0

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Mental Health Services Suited to Condition	Agency	Policy Revision/Development	Training	0	0	0
Neglect Class III	Contracted	Written Reprimand	Employment Termination	0	0	1
Dignity and Respect	Contracted	Employment Termination	Training	0	0	0
Freedom of Movement	Contracted	Employment Termination		0	0	0
Abuse Class II - Exploitation	Contracted	Training	Written Reprimand	0	0	2
Neglect Class III	Contracted	Training	Written Reprimand	0	0	2
Neglect Class II	Contracted	Training	Contract Action	0	0	1
Dignity and Respect	Contracted	Staff Transfer	Training	0	0	1
Family Rights	Contracted	Staff Transfer	Training	0	0	1
Neglect Class III	Contracted	Contract Action	Other	0	0	1
Neglect Class II	Contracted	Contract Action		0	0	1
Neglect Class III	Contracted	Written Reprimand	Suspension	0	0	1
Mental Health Services Suited to Condition	Agency	Training	Verbal Counseling	0	0	0
Abuse Class III	Contracted	Employment Termination		0	0	5
Disclosure of Confidential Information	Contracted	Training		0	0	5
Neglect Class II	Contracted	Written Reprimand	Employment Termination	0	0	1
Neglect Class III	Contracted	Written Reprimand	Written Reprimand	0	0	0
Neglect Class III	Contracted	Employment Termination		0	0	2
Abuse Class II - Nonaccidental Act	Contracted	Written Reprimand	Suspension	0	0	1
Disclosure of Confidential Information	Agency	Training		0	0	0
Neglect Class III	Agency	Written Reprimand	Training	0	0	0
Disclosure of Confidential Information	Agency	Written Reprimand	Training	0	0	0

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Neglect Class III	Contracted	Employment Termination		0	0	0
Disclosure of Confidential Information	Agency	Training		0	0	0
Mental Health Services Suited to Condition	Contracted	Training		0	0	6
Neglect Class III	Contracted	Written Counseling		0	0	3
Neglect Class III	Contracted	Suspension	Training	0	0	11
Abuse Class III	Contracted	Employee left the agency, but substantiated		0	0	0
Dignity and Respect	Contracted	Training	Other	0	0	1
Dignity and Respect	Contracted	Written Reprimand	Employment Termination	0	0	0
Mental Health Services Suited to Condition	Contracted	Written Counseling		0	0	4
Mental Health Services Suited to Condition	Contracted	Written Counseling	Suspension	0	0	0
Neglect Class III	Contracted	Written Reprimand	Training	0	0	1
Neglect Class III	Contracted	Written Counseling	Staff Transfer	0	0	1
Abuse Class II - Exploitation	Contracted	Training	Employment Termination	0	0	0
Abuse Class II - Exploitation	Contracted	Training	Employment Termination	0	0	0
Dignity and Respect	Agency	Written Reprimand		0	0	0
Dignity and Respect	Agency	Written Reprimand		0	0	0
Disclosure of Confidential Information	Contracted	Training	Written Counseling	0	0	2
Neglect Class II	Contracted	Written Reprimand	Training	0	0	1
Neglect Class III	Contracted	Written Reprimand		0	0	1
Dignity and Respect	Contracted	Employment Termination		0	0	0
Dignity and Respect	Contracted	Written Reprimand	Suspension	0	0	2
Safe, Sanitary, and Humane Treatment Environment	Contracted	Written Reprimand	Employment Termination	0	0	3

Training Provided by the Office of Recipient Rights

Topic	Mode	Length	Number of attendees by type			
			Agency	Contracted	Recipient	Other
Provider test	eLearning	4.5		9		
Recipient Rights zoom training	Instructor-Led (Virtual)	6.0		40		
New Employee Orientation	Instructor-Led (Virtual)	1.0	4			
Recipient Rights training w/ Melissa Prusi	Instructor-Led (In Person)	4.5		52		
Provider test	eLearning	3.5		7		
Recipient Rights zoom training	Instructor-Led (Virtual)	6.0		29		
Provider test	eLearning	1.0		2		
Recipient Rights zoom training	Instructor-Led (Virtual)	6.0		32		
Provider test	eLearning	0.5		1		
Recipient Rights zoom training	Instructor-Led (Virtual)	6.0		20		
New Employee Orientation	Instructor-Led (Virtual)	1.0	4			
Provider test	eLearning	0.5		1		
Recipient Rights zoom training	Instructor-Led (Virtual)	7.0		20		
New Employee Orientation	Instructor-Led (Virtual)	1.0	2			
Provider test	eLearning	1.0		2		

Topic	Mode	Length	Agency	Contracted	Recipient	Other
Recipient Rights zoom training	Instructor-Led (Virtual)	3.5		14		
New Employee Orientation	Instructor-Led (Virtual)	1.0	8			
Provider test	eLearning	1.5		3		
Recipient Rights zoom training	Instructor-Led (Virtual)	7.0		28		
New Employee Orientation	Instructor-Led (Virtual)	1.0	5			

Data Summary

Demographic Information

Reporting CMH/LPH	Bay Arenac Behavioral Health Authority
Recipient Rights Office Director Name	Melissa Prusi
Reporting Period	October 1, 2023 through September 30, 2024
Number of Rights Office Staff	4
Full Time Equivalents (FTEs)	4
Staff with an Investigative Role	3
FTEs for Investigation	3.00
Complaints per FTE	72

Complaint Data Summary

<i>Type</i>	<i>Received</i>
All Allegations Received	216
Allegations Received Subject to Investigation/Intervention	182
Allegations Received with No Right Involved or Outside Jurisdiction	34
Investigations Completed	164
Interventions Completed	18
Allegations Substantiated	92
Percent of All Allegations Substantiated	51%

<i>Highlighted Complaint Categories</i>	<i>Received</i>	<i>Substantiated</i>
Abuse I, II, III	35	14
Neglect I, II, III	45	30
Dignity and Respect	33	13
MH Services Suited to Condition	26	11
Individual Written Plan of Service	3	1
Disclosure of Confidential Information	23	13

Complaint Remediation

<i>Remediation Type</i>	<i>Total</i>	<i>Waiver Type</i>	<i>Total</i>
Verbal Counseling	2	SEDW	2
Written Counseling	15	CWP	0
Verbal Reprimand	0	HSW	99
Written Reprimand	27		
Suspension	8		
Demotion	0		
Staff Transfer	3		
Training	42		
Employment Termination	20		
Employee Left the Agency but Substantiated	6		
Contract Action	4		
Policy Revision/Development	1		
Environmental Repair/Enhancement	0		
Plan of Service Revision	0		
Recipient Transfer to Another Provider/Site	0		
Other	12		

None	0
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Training Received by the Office of Recipient Rights

Training Categories	Hours
I - Operations	41
II - Legal Foundations	2.5
III - Leadership	0
IV - Augmented Training	19.5
Total	63

Training Provided by the Office of Recipient Rights

	Agency	Contracted	Recipient	Other
Instructor-Led (In Person)	0	52	0	0
Instructor-Led (Virtual)	23	183	0	0
eLearning	0	25	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	23	260	0	0

Appeals

Grounds	Total
Findings	1
Action Taken	0
Timeliness	0
Decision	
	Total
Denied Appeal	0
Upheld Investigative Findings	1
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

Desired Outcomes and Progress Toward These Outcomes

Outcomes

Maintain full compliance with MDHHS ORR standards.

Promote visibility of the Recipient Rights/Customer Service Staff.

Complete investigations within 30 calendar days unless awaiting outside information for completion.

Continue to provide effective Recipient Rights training to those we serve, employees, contract staff, and any agent of the agency.

Provide Initial Recipient Rights site review within four months of fully executed contract with new providers.

Outcomes established for the Office of Recipient Rights for 2025

Maintain full compliance with MDHHS ORR standards.

Promote visibility of the Recipient Rights/Customer Service Staff.

Complete investigations within 30 calendar days unless awaiting outside information for completion.

Continue to provide effective Recipient Rights training to those we serve, employees, contract staff, ar

Provide Initial Recipient Rights site review within four months of fully executed contract with new provi

Recommendations to the Governing Board

The Office of Recipient Rights and Recipient Rights Advisory Committee Recommends:

1. Continue training on Recipient Rights policies and topics and additional training modules from Relias as approved by the Committee.

2. Continue to encourage all members and at a minimum have the Chair and Vice-chair of the Advisory Committee attend the Recipient Rights Conference.

3. Continue the Recipient Rights Online Training Fair for all provider staff and board members.

4. Continue to have the Advisory Committee attend a total of seven site reviews pending Board chair authorization for more than one per diem annually.

5. Continue to receive training and conduct at least one mock appeal annually in the absence of actual appeals. Review the appeal guideline annually with Committee.

Director Attestation

(To be completed by the CMH/LPH Director)

I attest that I have reviewed this annual report and I am submitting it as required by law.

Name (sign or type below)

DATE

**Bay-Arenac Behavioral Health
Facilities Committee
Summary of Proposed Contracts
December 2024**

			Old Rate	New Rate	Term
1	R	Ten16 Recovery Network			
		Rental Agreement for Space at Arenac	\$0	\$100/month	10/1/24 – 9/30/25
2	T	Bay County			
		Month to month lease for Rose Home	\$2,600/month	\$0	12/28/24
3	T	Subleases with those residing at Rose Home			
		Month to month subleases between BABHA and 3 individuals residing at Rose Home	\$800/month	\$0	12/28/24

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/Lease
NC = New Consumer
T = Terminate

**Bay Arenac Behavioral Health
Report of Bids Received
December 9, 2024**

I Description of Goods or Services Subject to the Request for Bids: Duct Cleaning at North Bay facility.

II Itemization of Bids Received:

Duct Cleaning at North Bay facility.	
Bidder Name	Amount
Custom Engineering, Inc	3,288.00
Modernistic	2,480.00
ServPro	14,220.00
Cleanfreak Restoration	2,700.00

III Recommendation:
Modernistic \$2,480

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

Balance November 1, 2024	5,758,966.77
Balance November 30, 2024	9,065,837.45
Average Daily Balance	5,547,464.81
Estimated Actual/Accrued Interest November 2024	16,535.91
Effective Rate of Interest Earning November 2024	3.58%
Estimated Actual/Accrued Interest Fiscal Year to Date	34,222.36
Effective Rate of Interest Earning Fiscal Year to Date	3.71%

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

Cash Available - Operating Fund

	Rate	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		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	5,308,678
Cash in		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	12,579,941	20,255,107
Cash out		(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)	(16,962,838)
Ending Balance Operating Fund		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	5,308,678	8,600,946
Investments													
Money Markets		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	5,308,678	8,600,946
	90.00												
	180.00												
	180.00												
	270.00												
	270.00												
Total Operating Cash, Cash equivalents, Invested		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	5,308,678	8,600,946
Average Rate of Return General Funds		4.01%	4.04%	4.05%	4.08%	4.08%	4.08%	4.08%	4.08%	4.08%	4.05%	3.70%	3.61%
		4.13%	4.11%	4.10%	4.24%	4.08%	4.05%	4.08%	4.05%	4.08%	3.72%	3.70%	3.52%
average		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	5,308,678	6,954,812

Cash Available - Other Restricted Funds

	Rate	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		442,629	444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216
Cash in		1,880	1,888	1,773	1,903	1,850	1,919	1,865	1,935	1,943	1,828	1,803	1,675
Cash out													
Ending Balance Other Restricted Funds		444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216	464,891
Investments													
Money Market		444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216	464,891
	91.00	0.70%											
	91.00	1.10%											
	91.00	1.15%											
	91.00	1.35%											
	90.00	1.70%											
	91.00	2.05%											
	90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-
Total Other Restricted Funds		444,508	446,396	448,169	450,072	451,922	453,841	455,706	457,642	459,585	461,413	463,216	464,891
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%	4.99%	4.84%	4.84%
		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.84%	4.84%	4.84%
average		442,651	443,587	444,504	445,432	446,359	447,294	448,229	449,170	450,117	451,058	463,216	464,054
Total - Bal excludes payroll related cash accounts		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	5,771,894	9,065,837
Total Average Rate of Return		4.20%	4.21%	4.17%	4.20%	4.19%	4.19%	4.18%	4.19%	4.19%	4.17%	3.84%	3.71%

**Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
December 11, 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	N	North Shores Center, LLC Single Case Agreement for Respite Services for 1 BABHA individual	\$0	\$350/day	11/15/24 - 11/17/24	Y N
2	N	Bay City CRU Single Case Agreement for Respite Services for 1 BABHA individual	\$0	\$350/day	11/18/24 - 12/2/24	Y N
3	N	Dr. Raval Monthly Collaboration, Phone Consultation & Clinical Consultation for Second Opinions	\$0	\$175/hour	12/1/24 - 9/30/25	Y N
4	N	Grounded Therapy Network Recreational Therapy Services: <i>Recreational Therapy Assessment (H0031)</i> <i>Recreational Therapy - Plan Development (H0032)</i> <i>Activity Therapy (G0176)</i> <i>Family Training (S5110 & S5111)</i> <i>Non-Family Training (S5116)</i>	\$0	\$250/encounter \$85/encounter \$85/encounter \$22/unit \$22/unit	1/1/25 - 9/30/25	Y N
5	N	Valley Residential Services BABHA Staffing of Rose Home During Transition Period & reimbursement of VRS staff training	\$0	\$26.30/hour	11/26/24 - 12/28/24	Y N
6	N	DBT Institute of Michigan Single Case Agreement for one BABHA individual	\$0	\$1,200/day	12/10/24 - 1/19/25	Y N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)						
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS						
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL						
7	N	CARF International Survey fee	\$0	\$18,360	2/1/25 - 3/31/25	N/A N/A
8	T	A2Z Cleaning & Restoration Termination of the Contract for services at the Wirt location	\$600/month	\$0	Terminated eff. 12/20/24	Y N
9	N	Bay Area Human Services Collaborative Council 2025 HSCC Membership Dues	\$500	\$500	1/1/25 - 12/31/25	N/A N/A
10	R	Accident Fund Workers Compensation Renewal	\$99,412	\$107,751	1/1/25 - 12/31/25	N/A N/A

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 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:	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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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**

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	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**

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Section: 3	Assessment		
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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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			<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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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
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
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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/> <i>Board Chairperson Signature</i> <hr/> <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		
Section: 6	Contract Management		
Topic: 2	Requirements for Contracts Serving Beneficiaries		
Page: 3 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;"/> <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
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
POLICIES AND PROCEDURES MANUAL**

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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**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: 3 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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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="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <i>Board Chairperson Signature</i> </div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <i>Chief Executive Officer Signature</i> </div>
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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	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <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	
			<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 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		
Topic: 3	Financial Liability for Mental Behavioral Health Services		
Page: 2 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: 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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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> <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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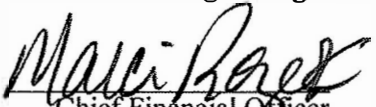
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M. Jezierski	M. Rozek	07/06/15	Revision	Chapter 8 review – format changes only
M. Jezierski	E. Lesniak	10/30/18	No Changes	Triennial review-no changes
M. Jezierski	E Lesniak	8/27/21	No Changes	Triennial Review – No Changes
E Lesniak	M. Rozek	6/18/24	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 11/30/2024**

Certified for Accuracy


Accounting Manager


Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

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

Column Identifiers		
A	B	C

		<u>Nov 30, 2024</u>	<u>Sept 30, 2024</u>	
1	ASSETS			
2	<u>Current Assets</u>			
3	Cash and cash equivalents	\$7,619,231.19	\$4,894,930.68	
4	Consumer and insurance receivables	240,745.39	192,843.18	
5	Due from other governmental units	4,044,554.27	7,094,667.58	
6	Contract and other receivables	304,983.07	288,615.57	
7	Interest receivable	0.00	0.00	
8	Prepaid items	449,220.97	444,849.69	
9	Total Current Assets	<u>12,668,734.89</u>	<u>12,915,906.70</u>	(3+4+5+6+7+8)
10	Noncurrent Assets			
11	<u>Cash and cash Equivalents - restricted</u>			
12	Restricted for compensated absences	1,518,254.18	1,514,776.32	
13	Restricted temporarily - other	91,413.31	111,510.10	
14	Cash and Cash Equivalents - restricted	<u>1,609,667.49</u>	<u>1,626,286.42</u>	(12+13)
15	<u>Capital Assets</u>			
16	Capital assets - land	424,500.00	424,500.00	
17	Capital assets - depreciable, net	6,391,374.54	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	(613,824.99)	(613,824.99)	
21	Accumulated depreciation	(4,134,334.38)	(4,103,871.94)	
22	Capital Asset, net	<u>4,340,534.64</u>	<u>4,347,997.08</u>	(16+17+18+19+20+21)
23	Total Noncurrent Assets	<u>5,960,202.13</u>	<u>5,974,283.50</u>	(14+22)
24	TOTAL ASSETS	<u>18,608,937.02</u>	<u>18,890,190.20</u>	(9+23)
25	LIABILITIES			
26	<u>Current Liabilities</u>			
27	Accounts payable	2,463.73	3,852,625.64	
28	Accrued wages and payroll related liabilities	411,152.48	275,406.50	
29	Other accrued liabilities	4,883,517.50	1,360,069.00	
30	Due to other governmental units	249,316.00	243,583.00	
31	Deferred Revenue	2,903.73	2,903.73	
32	Current portion of long term debt	16,738.31	16,738.31	
33	Other current liabilities	-	-	
34	Total Current Liabilities	<u>5,566,091.75</u>	<u>5,751,326.18</u>	(27+28+29+30+31+32+33)
35	<u>Noncurrent Liabilities</u>			
36	Long term debt, net of current portion	227,382.20	230,134.98	
37	GASB 87 Noncurrent Lease Liability	1,502,277.10	1,502,277.10	
38	Compensated absences	1,427,295.30	1,359,019.52	
39	Total Noncurrent Liabilities	<u>3,156,954.60</u>	<u>3,091,431.60</u>	(36+37+38)
40	TOTAL LIABILITIES	<u>8,723,046.35</u>	<u>8,842,757.78</u>	(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	3,092,101.20	3,253,642.95	
46	Total Net Assets	<u>\$9,885,890.67</u>	<u>\$10,047,432.42</u>	(43+44+45) and (24-40)

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

		Column Identifiers					
A	B	C	D	E (C-D)	F (C / D)	G	
	November Actual	2025 YTD Actual	2025 YTD Budget	Variance	% to Budget	2025 Monthly Budget	
Income Statement							
1	REVENUE						
2	Risk Contract Revenue						
3	Medicaid Specialty Supports & Services	4,875,040.82	9,462,270.28	10,493,560.33	(1,031,290.05)	90%	5,246,780.17
4	Medicaid Autism	970,301.14	2,058,131.15	973,491.50	1,084,639.65	211%	486,745.75
5	State Genl Fund Priority Population	135,504.00	271,009.00	271,008.83	0.17	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	5,980,845.96	11,791,410.43	11,738,060.67	53,349.76	100%	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	(16,076.32)	55,181.62	64,963.17	(9,781.55)	85%	32,481.58
11	Total Program Service Revenue	(16,076.32)	55,181.62	64,963.17	(9,781.55)	86%	32,481.58 (9+10)
12	Other Revenue						
13	Grants and Earned Contracts	122,701.62	276,974.87	262,568.17	14,406.70	105%	131,284.08
14	SSI Reimbursements, 1st/3rd Party	6,339.00	12,688.10	12,515.00	173.10	101%	6,257.50
15	County Appropriation	65,587.83	131,175.66	131,175.75	(0.09)	100%	65,587.87
16	Interest Income - Working Capital	16,860.76	34,772.12	52,762.92	(17,990.80)	66%	26,381.46
17	Other Local Income	4,062.00	6,851.84	77,239.83	(70,387.99)	9%	38,619.92
18	Total Other Revenue	215,551.21	462,462.59	536,261.66	(73,799.07)	86%	268,130.83 (13+14+15+16+17)
19	TOTAL REVENUE	6,180,320.85	12,309,054.64	12,339,285.50	(30,230.86)	100%	6,169,642.75 (7+11+18)
20	EXPENSE						
21	SUPPORTS & SERVICES						
22	Provider Claims						
23	State Facility - Local portion	25,831.28	25,831.28	29,226.50	3,395.22	88%	14,613.25
24	Community Hospital	632,146.67	1,396,599.93	1,252,009.83	(144,590.10)	112%	626,004.92
25	Residential Services	1,120,368.23	2,413,311.77	2,567,408.50	154,096.73	94%	1,283,704.25
26	Community Supports	2,367,672.35	4,634,673.10	4,321,199.50	(313,473.60)	107%	2,160,599.75
27	Total Provider Claims	4,146,018.53	8,470,416.08	8,169,844.33	(300,571.75)	104%	4,084,922.17 (23+24+25+26)
28	Operating Expenses						
29	Salaries	1,280,618.21	2,565,035.84	2,389,468.80	(175,567.04)	107%	1,194,734.40
30	Fringe Benefits	413,870.09	751,590.90	796,646.85	45,055.95	94%	398,323.42
31	Consumer Related	9,046.08	9,266.53	7,908.60	(1,357.94)	117%	3,954.30
32	Program Operations	275,496.65	289,804.41	313,507.51	23,703.10	92%	156,753.75
33	Facility Cost	60,671.83	101,319.45	116,836.67	15,517.22	87%	58,418.33
34	Purchased Services	869.00	2,761.50	8,867.56	6,106.06	31%	4,433.78
35	Other Operating Expense	137,762.51	212,816.10	354,313.85	141,497.75	60%	177,156.93
36	Local Funds Contribution	17,906.00	35,812.00	35,812.00	0.00	100%	17,906.00
37	Interest Expense	653.74	1,311.14	1,372.83	61.69	96%	686.42
38	Depreciation	15,330.21	30,462.44	36,079.00	5,616.56	84%	18,039.50
39	Total Operating Expenses	2,212,224.32	4,000,180.31	4,060,813.66	60,633.35	99%	2,030,406.83 (29+30+31+32+33+34+35+36+37+38)
40	TOTAL EXPENSES	6,358,242.85	12,470,596.39	12,230,658.00	(239,938.39)	102%	6,115,329.00 (27+39)
41	NET SURPLUS/(DEFICIT)	(177,922.00)	(161,541.75)	108,627.50	(270,169.25)	-149%	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): (\$2,069,525)
- Medicaid (shortage): (\$430,593)
- Healthy Michigan (shortage): (\$673,304)
- Autism (shortage): (\$965,628)

BASED ON APPROVED BUDGET:

- Net Medicaid (shortage): (\$34,526)
- Medicaid (surplus): \$337,785
- Healthy Michigan (shortage): (\$204,880)
- Autism (shortage): (\$167,431)

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

	TOTALS
Fund Balance 09/30/2024	10,047,432.42
Net (loss)/income November 2024	(161,541.75)
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 11/30/2024	9,885,890.67
Statement of Net Assets Fund Balance 11/30/2024	9,885,890.67
Difference	-

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

	<u>TOTALS</u>
Unrestricted Fund Balance 9/30/2024	6,080,779.42
Net (loss)/income November 2024	(161,541.75)
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 11/30/2024	5,919,237.67
Statement of Net Assets Unrestricted Fund Balance 11/30/2024	5,919,237.67
Difference	-

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

	Sept. 30, 2024 Unrestricted <u>Fund Balance</u>	Nov 30, 2024 Permanently <u>Restricted</u>	Nov 30, 2024 Temporarily <u>Restricted</u>	Nov 30, 2024 Unrestricted/ <u>Reserved</u>	Nov 30, 2024 Total <u>Fund Balance</u>
Unrestricted	3,253,643	-	-	3,092,101	3,092,101
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	2,827,136	-	-	2,827,136	2,827,136
Balances	10,047,432	-	-	9,885,891	9,885,891

BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow

	<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>	<u>Nov 25</u>
Estimated Funds:												
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	8,600,902	8,562,623	7,458,204	7,250,067	7,211,788	7,057,370	6,849,233	6,810,954	6,656,535	5,498,399	5,460,120	4,905,701
Total Medicaid	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130	4,877,130
Total General Fund	135,504	135,505	135,505	135,504	135,505	135,506	135,504	135,505	135,506	135,504	135,505	135,506
Estimated Misc. Receipts	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	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	14,861	14,861	14,861	14,861	14,861	14,861	14,861	14,861	14,861	14,861	14,861	14,861
Total Estimated Cash	13,889,296	13,734,878	12,630,458	12,538,462	12,384,043	12,229,623	12,137,628	11,983,209	11,828,789	10,786,793	10,632,375	10,077,955
Total Estimated Available Funds	13,889,296	13,734,878	12,630,458	12,538,462	12,384,043	12,229,623	12,137,628	11,983,209	11,828,789	10,786,793	10,632,375	10,077,955
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	638,809	638,809	638,809	638,809	638,809	638,809	638,809	638,809	638,809	638,809	638,809	638,809
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	884,588	884,588	884,588	884,588	884,588	884,588	884,588	884,588	884,588	884,588	884,588	884,588
Board Week Bay Batch	761,906	761,906	761,906	761,906	761,906	761,906	761,906	761,906	761,906	761,906	761,906	761,906
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	960,995	960,995	960,995	960,995	960,995	960,995	960,995	960,995	960,995	960,995	960,995	960,995
5th Friday Claims	-	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	-	-	-	-	-	-	-	-	-	-	-	-
Funds from MSHN	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) HRA	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) Investment	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	5,326,674	6,276,674	5,380,391	5,326,674	5,326,674	5,380,391	5,326,674	5,326,674	6,330,391	5,326,674	5,726,674	5,380,391
Estimated Month End Cash Balance	8,562,623	7,458,204	7,250,067	7,211,788	7,057,370	6,849,233	6,810,954	6,656,535	5,498,399	5,460,120	4,905,701	4,697,564

Bay-Arenac Behavioral Health

Cash Flow Forecasting For the Month of December

	<u>Bank Balance</u>	<u>Investment Balance</u>
Estimated Cash Balance December 1, 2024	8,600,902	-
Investment Purchased/Interest	-	
Investments coming due during month	-	-
Estimated Cash Balance December 31, 2024	8,600,902	-
Estimated Cash Inflow:		
Medicaid Funds:	4,877,130	
General Fund Dollars:	135,504	
Board Receipts:	205,900	
Client Receipts:	55,000	
Funds from Investment:	-	
Interest:	14,861	
Total Estimated Cash Inflow:	5,288,395	
Estimated Cash Outflow:		
Payroll Dated: 12/06/24	(550,000)	
Payroll Dated: 12/20/24	(550,000)	
Board Per Diem Payroll: 12/20/24	(3,343)	
Payroll Dated:		
Claims Disbursements: 12/06/24	(638,809)	
Claims Disbursements: 12/13/24	(884,588)	
Claims Disbursements: 12/20/24	(975,000)	
A/P Disbursements: 12/20/24	(761,906)	
Mortgage Payment: 12/22/24	(2,032)	
Claims Disbursements: 12/27/24	(960,995)	
Claims Disbursements:	-	
Local FFP Payment:	-	
Transfer to Reserve Acct:	-	
HRA transfer:	-	
Transfer to(from) MSHN:	-	
Transfer to State of MI:	-	
Purchased Investment	-	
Total Estimated Cash Outflow:	(5,326,674)	
Estimated Cash Balance on December 31, 2024	8,562,623	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
November 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	285,000.00	11/4/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	20,000.00	11/4/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	10,000.00	11/5/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	8,949.49	11/6/2024	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	20,000.00	11/6/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,719.58	11/7/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	564,486.11	11/7/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	5,000.00	11/7/2024	Transfer from General H.S.A. Account	Marci Rozek
Flagstar Bank	Flagstar Bank	440,000.00	11/7/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	894,883.98	11/7/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	600,000.00	11/8/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	30,000.00	11/13/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	55,000.00	11/14/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,702,850.49	11/14/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	880,000.00	11/15/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	JP Morgan Chase	53,717.00	11/15/2024	Transfer from General Account to MSHN - local match drawdown	Marci Rozek
Flagstar Bank	Flagstar Bank	585,000.00	11/20/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,000.00	11/21/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	105,000.00	11/21/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	580,000.00	11/21/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,765,588.90	11/21/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	4,060,000.00	11/22/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	11/22/2024	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	3,535,000.00	11/29/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	752,252.05	11/29/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek

Total Withdrawals: 16,962,479.56



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
November 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	E6706	Bay Human Services, Inc.	87.79	11/1/2024	Marci Rozek
Flagstar Bank	E6707	MICHIGAN COMMUNITY SERVICES IN	880.27	11/1/2024	Marci Rozek
Flagstar Bank	E6708	LIBERTY LIVING, INC.	24,529.44	11/1/2024	Marci Rozek
Flagstar Bank	E6709	NORTH SHORES CENTER LLC	8,828.00	11/1/2024	Marci Rozek
Flagstar Bank	E6710	DISABILITY NETWORK	13,888.40	11/1/2024	Marci Rozek
Flagstar Bank	E6711	HEALTHSOURCE	34,194.00	11/1/2024	Marci Rozek
Flagstar Bank	E6712	FOREST VIEW HOSPITAL	7,700.00	11/1/2024	Marci Rozek
Flagstar Bank	E6713	CEDAR CREEK HOSPITAL	13,548.00	11/1/2024	Marci Rozek
Flagstar Bank	E6714	PHC OF MICHIGAN - HARBOR OAKS	7,524.61	11/1/2024	Marci Rozek
Flagstar Bank	E6715	MPA GROUP NFP, Ltd.	24,753.09	11/1/2024	Marci Rozek
Flagstar Bank	E6716	LIST PSYCHOLOGICAL SERVICES	1,103.16	11/1/2024	Marci Rozek
Flagstar Bank	E6717	SAGINAW PSYCHOLOGICAL SERVICES	20,793.48	11/1/2024	Marci Rozek
Flagstar Bank	E6718	ARENAC OPPORTUNITIES, INC	25,409.17	11/1/2024	Marci Rozek
Flagstar Bank	E6719	DO-ALL, INC.	6,883.92	11/1/2024	Marci Rozek
Flagstar Bank	E6720	TOUCHSTONE SERVICES, INC	8,236.80	11/1/2024	Marci Rozek
Flagstar Bank	E6721	Winningham, Linda Jo	1,745.00	11/1/2024	Marci Rozek
Flagstar Bank	E6722	Nutrition for Wellness	693.20	11/1/2024	Marci Rozek
Flagstar Bank	E6723	WILSON, STUART T. CPA, P.C.	116,101.13	11/1/2024	Marci Rozek
Flagstar Bank	E6724	AUTISM SYSTEMS LLC	9,612.98	11/1/2024	Marci Rozek
Flagstar Bank	E6725	Flourish Services, LLL	7,344.93	11/1/2024	Marci Rozek
Flagstar Bank	E6726	GAME CHANGER PEDIATRIC THERAPY	70,024.90	11/1/2024	Marci Rozek
Flagstar Bank	E6727	Spectrum Autism Center	22,085.32	11/1/2024	Marci Rozek
Flagstar Bank	E6728	ENCOMPASS THERAPY CENTER LLC	72,696.12	11/1/2024	Marci Rozek
Flagstar Bank	E6729	Acorn Health of Michigan	139.96	11/1/2024	Marci Rozek
Flagstar Bank	E6730	MERCY PLUS HEALTHCARE SERVICES LLC	1,381.26	11/1/2024	Marci Rozek
Flagstar Bank	E6731	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	11/1/2024	Marci Rozek
Flagstar Bank	E6732	HAMPTON AUTO REPAIR	358.81	11/1/2024	Marci Rozek
Flagstar Bank	E6733	Yeo & Yeo Technology	1,207.50	11/1/2024	Marci Rozek
Flagstar Bank	E6734	MONTCALM CARE NETWORK	4,190.45	11/8/2024	Marci Rozek
Flagstar Bank	E6735	HAVENWYCK HOSPITAL	29,146.51	11/8/2024	Marci Rozek
Flagstar Bank	E6736	HOPE NETWORK BEHAVIORAL HEALTH	21.02	11/8/2024	Marci Rozek
Flagstar Bank	E6737	MICHIGAN COMMUNITY SERVICES IN	103,055.35	11/8/2024	Marci Rozek
Flagstar Bank	E6738	CENTRAL STATE COMM. SERVICES	34,790.12	11/8/2024	Marci Rozek
Flagstar Bank	E6739	LIBERTY LIVING, INC.	32,253.92	11/8/2024	Marci Rozek
Flagstar Bank	E6740	SUPERIOR CARE OF MICHIGAN LLC	8,574.60	11/8/2024	Marci Rozek
Flagstar Bank	E6741	Closer to Home, LLC	14,596.32	11/8/2024	Marci Rozek
Flagstar Bank	E6742	NORTH SHORES CENTER LLC	5,296.80	11/8/2024	Marci Rozek
Flagstar Bank	E6743	SAMARITAS	35,081.34	11/8/2024	Marci Rozek
Flagstar Bank	E6744	HEALTHSOURCE	33,480.00	11/8/2024	Marci Rozek
Flagstar Bank	E6745	FOREST VIEW HOSPITAL	40,385.00	11/8/2024	Marci Rozek
Flagstar Bank	E6746	MPA GROUP NFP, Ltd.	35,209.55	11/8/2024	Marci Rozek
Flagstar Bank	E6747	LIST PSYCHOLOGICAL SERVICES	5,355.88	11/8/2024	Marci Rozek
Flagstar Bank	E6748	SAGINAW PSYCHOLOGICAL SERVICES	31,715.96	11/8/2024	Marci Rozek
Flagstar Bank	E6749	PARAMOUNT REHABILITATION	214.96	11/8/2024	Marci Rozek
Flagstar Bank	E6750	ARENAC OPPORTUNITIES, INC	28,787.90	11/8/2024	Marci Rozek
Flagstar Bank	E6751	DO-ALL, INC.	22,618.63	11/8/2024	Marci Rozek
Flagstar Bank	E6752	TOUCHSTONE SERVICES, INC	14,177.28	11/8/2024	Marci Rozek
Flagstar Bank	E6753	Winningham, Linda Jo	556.00	11/8/2024	Marci Rozek
Flagstar Bank	E6754	Nutrition for Wellness	1,414.30	11/8/2024	Marci Rozek
Flagstar Bank	E6755	WILSON, STUART T. CPA, P.C.	56,262.04	11/8/2024	Marci Rozek
Flagstar Bank	E6756	CAREBUILDERS AT HOME, LLC	12,922.99	11/8/2024	Marci Rozek
Flagstar Bank	E6757	CENTRIA HEALTHCARE LLC	21,389.33	11/8/2024	Marci Rozek
Flagstar Bank	E6758	Flourish Services, LLL	8,796.65	11/8/2024	Marci Rozek
Flagstar Bank	E6759	GAME CHANGER PEDIATRIC THERAPY	63,639.09	11/8/2024	Marci Rozek
Flagstar Bank	E6760	Spectrum Autism Center	20,369.51	11/8/2024	Marci Rozek
Flagstar Bank	E6761	ENCOMPASS THERAPY CENTER LLC	57,367.40	11/8/2024	Marci Rozek
Flagstar Bank	E6762	MERCY PLUS HEALTHCARE SERVICES LLC	16,396.11	11/8/2024	Marci Rozek
Flagstar Bank	E6763	Positive Behavior Supports Corporation	21,449.78	11/8/2024	Marci Rozek
Flagstar Bank	E6764	Smith, Bridget M	4,200.00	11/8/2024	Marci Rozek
Flagstar Bank	E6765	SAGINAW CO CMH AUTHORITY	6.68	11/15/2024	Marci Rozek
Flagstar Bank	E6766	AUGRES CARE CENTER, INC	3,842.14	11/15/2024	Marci Rozek
Flagstar Bank	E6767	HOPE NETWORK BEHAVIORAL HEALTH	73,785.69	11/15/2024	Marci Rozek
Flagstar Bank	E6768	BEACON SPECIALIZED LIVING SVS	20,801.00	11/15/2024	Marci Rozek
Flagstar Bank	E6769	Fitzhugh House, LLC	12,367.68	11/15/2024	Marci Rozek
Flagstar Bank	E6770	Bay Human Services, Inc.	325,085.07	11/15/2024	Marci Rozek
Flagstar Bank	E6771	MICHIGAN COMMUNITY SERVICES IN	221,999.00	11/15/2024	Marci Rozek

Flagstar Bank	E6772	VALLEY RESIDENTIAL SERVICES	86,428.27	11/15/2024	Marci Rozek
Flagstar Bank	E6773	LIBERTY LIVING, INC.	25,415.91	11/15/2024	Marci Rozek
Flagstar Bank	E6774	DISABILITY NETWORK	18,303.70	11/15/2024	Marci Rozek
Flagstar Bank	E6775	HEALTHSOURCE	20,297.00	11/15/2024	Marci Rozek
Flagstar Bank	E6776	FOREST VIEW HOSPITAL	11,000.00	11/15/2024	Marci Rozek
Flagstar Bank	E6777	CEDAR CREEK HOSPITAL	31,612.00	11/15/2024	Marci Rozek
Flagstar Bank	E6778	PHC OF MICHIGAN - HARBOR OAKS	1,274.22	11/15/2024	Marci Rozek
Flagstar Bank	E6779	MPA GROUP NFP, Ltd.	31,170.95	11/15/2024	Marci Rozek
Flagstar Bank	E6780	LIST PSYCHOLOGICAL SERVICES	2,633.87	11/15/2024	Marci Rozek
Flagstar Bank	E6781	SAGINAW PSYCHOLOGICAL SERVICES	25,108.35	11/15/2024	Marci Rozek
Flagstar Bank	E6782	PARAMOUNT REHABILITATION	36,233.06	11/15/2024	Marci Rozek
Flagstar Bank	E6783	ARENAC OPPORTUNITIES, INC	14,251.14	11/15/2024	Marci Rozek
Flagstar Bank	E6784	DO-ALL, INC.	8,719.69	11/15/2024	Marci Rozek
Flagstar Bank	E6785	New Dimensions	8,069.83	11/15/2024	Marci Rozek
Flagstar Bank	E6786	Winningham, Linda Jo	966.00	11/15/2024	Marci Rozek
Flagstar Bank	E6787	Nutrition for Wellness	1,364.40	11/15/2024	Marci Rozek
Flagstar Bank	E6788	WILSON, STUART T. CPA, P.C.	79,694.19	11/15/2024	Marci Rozek
Flagstar Bank	E6789	CAREBUILDERS AT HOME, LLC	6,767.93	11/15/2024	Marci Rozek
Flagstar Bank	E6790	AUTISM SYSTEMS LLC	818.66	11/15/2024	Marci Rozek
Flagstar Bank	E6791	CENTRIA HEALTHCARE LLC	48,350.73	11/15/2024	Marci Rozek
Flagstar Bank	E6792	Flourish Services, LLL	8,695.79	11/15/2024	Marci Rozek
Flagstar Bank	E6793	GAME CHANGER PEDIATRIC THERAPY	60,967.28	11/15/2024	Marci Rozek
Flagstar Bank	E6794	Spectrum Autism Center	18,584.29	11/15/2024	Marci Rozek
Flagstar Bank	E6795	ENCOMPASS THERAPY CENTER LLC	63,509.79	11/15/2024	Marci Rozek
Flagstar Bank	E6796	MERCY PLUS HEALTHCARE SERVICES LLC	75,845.12	11/15/2024	Marci Rozek
Flagstar Bank	E6797	MID-STATE HEALTH NETWORK	22,901.07	11/15/2024	Marci Rozek
Flagstar Bank	E6798	Yeo & Yeo Technology	210.00	11/15/2024	Marci Rozek
Flagstar Bank	E6799	AZZ CLEANING & RESTORATION INC.	5,437.00	11/22/2024	Marci Rozek
Flagstar Bank	E6800	ARQUETTE, LORI	373.19	11/22/2024	Marci Rozek
Flagstar Bank	E6801	Badour Heating & Cooling	190.00	11/22/2024	Marci Rozek
Flagstar Bank	E6802	BICKEL, MEREDITH	112.56	11/22/2024	Marci Rozek
Flagstar Bank	E6803	Bryan, Kelly	558.11	11/22/2024	Marci Rozek
Flagstar Bank	E6804	BYRNE, RICHARD	257.95	11/22/2024	Marci Rozek
Flagstar Bank	E6805	CERESKE, KIM	56.03	11/22/2024	Marci Rozek
Flagstar Bank	E6806	Cook, Jordyn	105.86	11/22/2024	Marci Rozek
Flagstar Bank	E6807	Deshano, Jennifer	180.90	11/22/2024	Marci Rozek
Flagstar Bank	E6808	Diebel, Kari	49.58	11/22/2024	Marci Rozek
Flagstar Bank	E6809	Dunnem, Emily	470.68	11/22/2024	Marci Rozek
Flagstar Bank	E6810	FLEX ADMINISTRATORS INC	1,050.45	11/22/2024	Marci Rozek
Flagstar Bank	E6811	FOLSOM, AMY K	241.06	11/22/2024	Marci Rozek
Flagstar Bank	E6812	Gonzalez, Minverva	258.97	11/22/2024	Marci Rozek
Flagstar Bank	E6813	GUERTIN, SUSAN	165.76	11/22/2024	Marci Rozek
Flagstar Bank	E6814	HAMPTON AUTO REPAIR	2,891.16	11/22/2024	Marci Rozek
Flagstar Bank	E6815	HEWTTY, MARIA	281.87	11/22/2024	Marci Rozek
Flagstar Bank	E6816	HOSPITAL PSYCHIATRY PLLC	42,000.00	11/22/2024	Marci Rozek
Flagstar Bank	E6817	Iris Telehealth Medical Group, PA	76,277.00	11/22/2024	Marci Rozek
Flagstar Bank	E6818	JINKS, KIM	347.06	11/22/2024	Marci Rozek
Flagstar Bank	E6819	KING COMMUNICATIONS	154.95	11/22/2024	Marci Rozek
Flagstar Bank	E6820	Kohn, Jessica	350.41	11/22/2024	Marci Rozek
Flagstar Bank	E6821	KOIN, STACEY E.	167.50	11/22/2024	Marci Rozek
Flagstar Bank	E6822	Konwinski, Nicole	210.34	11/22/2024	Marci Rozek
Flagstar Bank	E6823	Lasceski, Jennifer	243.88	11/22/2024	Marci Rozek
Flagstar Bank	E6824	McCoy Heating and Cooling	394.70	11/22/2024	Marci Rozek
Flagstar Bank	E6825	MOVVA, USHA	16,900.00	11/22/2024	Marci Rozek
Flagstar Bank	E6826	NESTORAK, TIFFANY	299.49	11/22/2024	Marci Rozek
Flagstar Bank	E6827	NETSOURCE ONE, INC.	38,243.19	11/22/2024	Marci Rozek
Flagstar Bank	E6828	New Dimensions, Inc.	2,275.00	11/22/2024	Marci Rozek
Flagstar Bank	E6829	Niemiec, Kathleen	264.65	11/22/2024	Marci Rozek
Flagstar Bank	E6830	NIX, HEATHER	35.51	11/22/2024	Marci Rozek
Flagstar Bank	E6831	Nixon, Heidi	494.18	11/22/2024	Marci Rozek
Flagstar Bank	E6832	O'BRIEN, CAROLE	233.16	11/22/2024	Marci Rozek
Flagstar Bank	E6833	Patterson, Atisha	222.40	11/22/2024	Marci Rozek
Flagstar Bank	E6834	PRO-SCAPE, INC.	52.62	11/22/2024	Marci Rozek
Flagstar Bank	E6835	Rooker, Stephani	25.59	11/22/2024	Marci Rozek
Flagstar Bank	E6836	ROSE, KEVIN	44.22	11/22/2024	Marci Rozek
Flagstar Bank	E6837	Schneider, Maryssa	263.31	11/22/2024	Marci Rozek
Flagstar Bank	E6838	Schumacher, Pamela	49.31	11/22/2024	Marci Rozek
Flagstar Bank	E6839	Staples	4,818.54	11/22/2024	Marci Rozek
Flagstar Bank	E6840	TELNET WORLDWIDE, INC.	1,613.75	11/22/2024	Marci Rozek
Flagstar Bank	E6841	Tenney, Ben	105.86	11/22/2024	Marci Rozek
Flagstar Bank	E6842	Thomas, Linda	71.29	11/22/2024	Marci Rozek
Flagstar Bank	E6843	Trout, Amber	259.96	11/22/2024	Marci Rozek
Flagstar Bank	E6844	UNITED WAY OF BAY COUNTY/RENT	2,125.00	11/22/2024	Marci Rozek
Flagstar Bank	E6845	VanWert, Laurie	50.36	11/22/2024	Marci Rozek
Flagstar Bank	E6846	VASCONCELOS, FLAVIA	528.95	11/22/2024	Marci Rozek

Flagstar Bank	E6847	V.O.I.C.E., INC.	533.65	11/22/2024	Marci Rozek
Flagstar Bank	E6848	Weber, Ciera	175.67	11/22/2024	Marci Rozek
Flagstar Bank	E6849	Woodcock, Timothy	231.82	11/22/2024	Marci Rozek
Flagstar Bank	E6850	McClure, Laurel	228.54	11/22/2024	Marci Rozek
Flagstar Bank	E6851	Bav Human Services, Inc.	105,640.74	11/22/2024	Marci Rozek
Flagstar Bank	E6852	MICHIGAN COMMUNITY SERVICES IN	1,342.27	11/22/2024	Marci Rozek
Flagstar Bank	E6853	VALLEY RESIDENTIAL SERVICES	1,153.28	11/22/2024	Marci Rozek
Flagstar Bank	E6854	LIBERTY LIVING, INC.	45,590.69	11/22/2024	Marci Rozek
Flagstar Bank	E6855	NORTH SHORES CENTER LLC	3,972.60	11/22/2024	Marci Rozek
Flagstar Bank	E6856	HEALTHSOURCE	96,120.00	11/22/2024	Marci Rozek
Flagstar Bank	E6857	FOREST VIEW HOSPITAL	6,200.00	11/22/2024	Marci Rozek
Flagstar Bank	E6858	MPA GROUP NFP, Ltd.	39,711.42	11/22/2024	Marci Rozek
Flagstar Bank	E6859	LIST PSYCHOLOGICAL SERVICES	1,977.46	11/22/2024	Marci Rozek
Flagstar Bank	E6860	SAGINAW PSYCHOLOGICAL SERVICES	27,994.87	11/22/2024	Marci Rozek
Flagstar Bank	E6861	PARAMOUNT REHABILITATION	30,860.47	11/22/2024	Marci Rozek
Flagstar Bank	E6862	DO-ALL, INC.	7,874.85	11/22/2024	Marci Rozek
Flagstar Bank	E6863	New Dimensions	94.84	11/22/2024	Marci Rozek
Flagstar Bank	E6864	TOUCHSTONE SERVICES, INC	6,995.46	11/22/2024	Marci Rozek
Flagstar Bank	E6865	Winningham, Linda Jo	1,617.00	11/22/2024	Marci Rozek
Flagstar Bank	E6866	Nutrition for Wellness	990.30	11/22/2024	Marci Rozek
Flagstar Bank	E6867	WILSON, STUART T. CPA, P.C.	100,857.12	11/22/2024	Marci Rozek
Flagstar Bank	E6868	CAREBUILDERS AT HOME, LLC	6,669.08	11/22/2024	Marci Rozek
Flagstar Bank	E6869	AUTISM SYSTEMS LLC	9,658.02	11/22/2024	Marci Rozek
Flagstar Bank	E6870	CENTRIA HEALTHCARE LLC	37,825.73	11/22/2024	Marci Rozek
Flagstar Bank	E6871	PERSONAL ASSISTANCE OPTIONS INC	44,186.51	11/22/2024	Marci Rozek
Flagstar Bank	E6872	Flourish Services, LLL	12,440.13	11/22/2024	Marci Rozek
Flagstar Bank	E6873	GAME CHANGER PEDIATRIC THERAPY	55,492.20	11/22/2024	Marci Rozek
Flagstar Bank	E6874	Spectrum Autism Center	16,488.30	11/22/2024	Marci Rozek
Flagstar Bank	E6875	ENCOMPASS THERAPY CENTER LLC	56,831.12	11/22/2024	Marci Rozek
Flagstar Bank	E6876	FRIEBE, HEATHER	140.70	11/22/2024	Marci Rozek
Flagstar Bank	E6877	GoTo Technologies USA, Inc.	48.00	11/22/2024	Marci Rozek
Flagstar Bank	E6878	GUERTIN, SUSAN	206.02	11/22/2024	Marci Rozek
Flagstar Bank	E6879	PETER CHANG ENTERPRISES, INC.	23,364.15	11/22/2024	Marci Rozek
Flagstar Bank	E6880	SHRED EXPERTS LLC	326.00	11/22/2024	Marci Rozek
Flagstar Bank	E6881	Yeo & Yeo Technology	192.50	11/27/2024	Marci Rozek
Flagstar Bank	E6882	HAVENWYCK HOSPITAL	50,771.34	11/27/2024	Marci Rozek
Flagstar Bank	E6883	HOPE NETWORK BEHAVIORAL HEALTH	304.52	11/27/2024	Marci Rozek
Flagstar Bank	E6884	Fitzhugh House, LLC	9,655.51	11/27/2024	Marci Rozek
Flagstar Bank	E6885	Bay Human Services, Inc.	45,067.34	11/27/2024	Marci Rozek
Flagstar Bank	E6886	CENTRAL STATE COMM. SERVICES	38.85	11/27/2024	Marci Rozek
Flagstar Bank	E6887	LIBERTY LIVING, INC.	32,005.89	11/27/2024	Marci Rozek
Flagstar Bank	E6888	NORTH SHORES CENTER LLC	2,207.00	11/27/2024	Marci Rozek
Flagstar Bank	E6889	HEALTHSOURCE	13,480.00	11/27/2024	Marci Rozek
Flagstar Bank	E6890	CEDAR CREEK HOSPITAL	14,677.00	11/27/2024	Marci Rozek
Flagstar Bank	E6891	MPA GROUP NFP, Ltd.	37,396.31	11/27/2024	Marci Rozek
Flagstar Bank	E6892	LIST PSYCHOLOGICAL SERVICES	4,881.78	11/27/2024	Marci Rozek
Flagstar Bank	E6893	SAGINAW PSYCHOLOGICAL SERVICES	23,655.36	11/27/2024	Marci Rozek
Flagstar Bank	E6894	PARAMOUNT REHABILITATION	13,798.77	11/27/2024	Marci Rozek
Flagstar Bank	E6895	ARENAC OPPORTUNITIES, INC	14,479.25	11/27/2024	Marci Rozek
Flagstar Bank	E6896	DO-ALL, INC.	6,884.89	11/27/2024	Marci Rozek
Flagstar Bank	E6897	New Dimensions	14,262.64	11/27/2024	Marci Rozek
Flagstar Bank	E6898	TOUCHSTONE SERVICES, INC	6,951.36	11/27/2024	Marci Rozek
Flagstar Bank	E6899	Winningham, Linda Jo	553.00	11/27/2024	Marci Rozek
Flagstar Bank	E6900	WILSON, STUART T. CPA, P.C.	125,386.52	11/27/2024	Marci Rozek
Flagstar Bank	E6901	CAREBUILDERS AT HOME, LLC	13,454.18	11/27/2024	Marci Rozek
Flagstar Bank	E6902	PERSONAL ASSISTANCE OPTIONS INC	44,282.94	11/27/2024	Marci Rozek
Flagstar Bank	E6903	Flourish Services, LLL	15,006.98	11/27/2024	Marci Rozek
Flagstar Bank	E6904	GAME CHANGER PEDIATRIC THERAPY	55,497.19	11/27/2024	Marci Rozek
Flagstar Bank	E6905	Spectrum Autism Center	16,508.26	11/27/2024	Marci Rozek
Flagstar Bank	E6906	ENCOMPASS THERAPY CENTER LLC	66,767.89	11/27/2024	Marci Rozek
Flagstar Bank	E6907	MERCY PLUS HEALTHCARE SERVICES LLC	5,643.32	11/27/2024	Marci Rozek
Flagstar Bank	E6908	Positive Behavior Supports Corporation	16,196.58	11/27/2024	Marci Rozek
Flagstar Bank	E6909	STATE OF MICHIGAN DEPT OF COMM HEALTH A	14,421.71	11/27/2024	Marci Rozek

Total Withdrawals:

4,243,257.73



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

December 17, 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

Checks: #100617-100680 (dated 12/13/24), ACH E6972-E7023 (dated 12/20/24)

Employee travel, conference	\$ 9,678.56
Purchase Order Invoices	\$ 12,778.72
Routine Maintenance/Client & Recurring	\$ 645,681.28

SUBTOTAL - Monthly Batch \$ 668,138.56

ITEMS FOR REVIEW:

EFT transfer - Credit Card 12/04/2024 \$ 8,616.84

Weekly Special Checks:

11/22/2024 Checks 100541-100548, E6876-E6880	\$ 42,179.73
11/27/2024 Checks 100554-100560, E6881	\$ 25,867.23
12/06/2024 Checks 100573-100590, E6935-E6936	\$ 44,934.78
12/13/2024 Checks 100602-100616, E6968-E6970	\$ 170,643.19

SUBTOTAL - Special Checks \$ 283,624.93

Health Care payments

11/22/2024 Checks 100537-100540, ACH Pmts E6851-E6875	\$ 960,995.26
11/27/2024 Checks 100561-100566, ACH Pmts E6882-E6909	\$ 839,754.37
12/06/2024 Checks 100567-100589, ACH Pmts E6910-E6934	\$ 782,737.01
12/13/2024 Checks 100593-100601, ACH Pmts E6937-E6967	\$ 1,521,386.14

SUBTOTAL - Health Care Payments \$ 4,104,872.78

TOTAL DISBURSEMENTS \$ 5,065,253.11

Prepared by: Karl White

Reviewed by: [Signature]

Bay-Arenac Behavioral Health
Board of Directors Meeting
Summary of Proposed Contracts (Not Approved at Finance Committee Meeting)
12/19/2024

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES						
Admin/Other Services						
1	S	Arenac Opportunities, Inc. Vocational & CLS Services - fee for service: CLS Skill Building Supported Employment	Cost settled contract	\$14.79/unit \$14.79/unit Performance Based	1/1/25 - 9/30/25	Y N
2	ES/S	Do-All, Inc. 9 month contract extension	Cost settled contract	Cost settled contract	1/1/25 - 9/30/25	Y N
3	ES/S	Touchstone Services, Inc. 3 month contract extension	Cost settled contract	Cost settled contract	1/1/25 - 3/31/25	Y N
4	M	Michigan Community Services, Inc. Increase to the daily home per diem due to increase in FTEs/needs: Beechwood Parker	\$1,039.66/day \$805.23/day	\$1,227.24/day \$907.75/day	1/1/25 - 9/30/25	Y N
5	M	Valley Residential Services, Inc. VRS staffing of Rose Home during transition period & reimbursement of BABHA staff coverage	\$0	\$26.30/hour	12/29/24 - 1/20/25	Y N
6	S	Game Changer Pediatric Therapy Services Renewal of Single Case Agreement for CLS and Respite for one individual	CLS & Respite - \$10/unit	Same	11/12/24 - 5/12/25	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:

Sara McRae

From: Chris Pinter
Sent: Monday, December 16, 2024 2:28 PM
To: Richard Byrne (redhorse2121@yahoo.com); Robert Pawlak (bopav@aol.com); Patrick McFarland; Christopher Girard; Sally Mrozinski ; Banaszakt@baycounty.net; niemieck@baycounty.net; Jerome Crete; Toni Reese ; conleypat@gmail.com; CAROLE OBRIEN; pschumacher82@gmail.com
Cc: Marci A. Rozek; Sara McRae
Subject: Federal and State Updates

Follow Up Flag: Follow up
Flag Status: Flagged

BABHA Board of Directors,

These are a couple of updates related to federal and state activities that may have an impact on our organization:

Federal: Intense negotiations continue in Congress, with a Dec. 20 deadline for funding the government rapidly approaching. Congressional leaders are talking over the details of tens of billions of dollars in disaster aid they plan to attach to a continuing resolution that would likely fund the government into March of next year. Republicans' initial offer in negotiations to Democrats included **a three-year extension of Medicare telehealth flexibilities**, full reauthorization of the SUPPORT Act, and unnamed bipartisan Medicaid reforms. Democrats' counteroffer included the same language around bipartisan Medicaid reforms, along with a 2-year extension of Medicare telehealth flexibilities.

This might give us a delay on the *Medicaid telehealth in-person visit requirements for psychiatry* that have enabled BABHA to expand our services to a larger number of Medicaid beneficiaries since 2020. We could then work with advocacy groups and the new administration get permanent changes to these regulations.

State: The House met late Friday night in an attempt to get more bills passed through to the Senate which tentatively convenes next on December 23rd.

At this point, unless there is anything passed on December 18th, the only mental health related bills that **might** be moved by the Senate to the Governor in this session include:

HBs 5371 & 5372 – CCBHC Codification

The bills would codify the CCBHC program into state statute, for example it would:

- *Require DHHS to develop, in accordance with federal law and regulations, a prospective payment system under the medical assistance program for funding all of the following:*
 - o *A CCBHC, a community mental health service program (CMHSP), nonprofit organization, or private organization that provides mental health services that is certified by DHHS as a CCBHC, is licensed by DHHS, and adheres to all federal CCBHC requirements.*
- *Ensure continuing compliance with DHHS licensing and certification requirements.*
- *Prohibit the state government from implementing a policy that contradicts or interferes with the implementation of federal definitions or requirements for a CCBHC.*
- *Require the state government to develop a process of determination for additional CCBHC sites in specific geographic regions that must comply with federal CCBHC requirements, to address service area overlap.*

- *Require the state government to continue to participate with the federal government to implement CCBHCs. The bill states, “To opt out of participation, there must be a vote of the legislature.”*

It would be good to see bi-partisan support on these bills given our strategic decisions regarding pursuing CCBHC

HB 4833 – Dual Licensure Requirements / SUD

The bill, except as described below, a person could not establish, conduct, or maintain a substance use disorder services program that offers any service that is a substance use disorder treatment and rehabilitation service unless it is licensed under Part 62. A license under Part 62 would not be required to provide substance use disorder prevention services.

A license under Part 62 would not be required by any of the following:

- *A person that is otherwise licensed to provide psychological, medical, or social services.*
- *A hospital licensed under Article 17 of the Public Health Code.*
- *A psychiatric hospital or psychiatric unit licensed under section 134 of the Mental Health Code.*

This will backtrack and require BABHA to obtain an SUD license again as an agency

HB 6058 – Public Employer Health Insurance Contribution Caps and SBs 1129 & 1130

The bill would increase the hard caps for employer insurance contributions:

- *\$8,258 for single-person coverage*
- *\$17,271 for individual-and-spouse coverage*
- *\$22,523 for family coverage*

These increases represent a jump of 7.25 percent from 2024 levels. The bill maintains an inflationary adjustment tied to the medical care component of the U.S. Consumer Price Index (CPI), but adds a floor of a 3 percent annual increase, ensuring the caps rise even during periods of low inflation. On top of the indexed or 3 percent increase, the bill also allows for an additional 5 percent increase that would be a subject of bargaining. There are also differences between the House and Senate versions related to the 80/20 cost-sharing option and/or allowing for different bargaining units to have different caps, effectively slating some bargaining units to pay less for health premiums than others.

This may give the Board more options for compliance in 2026 instead of considering the opt-out strategy.

SB 870 – Open Meetings Act Change for persons with disabilities

This would amend the Open Meetings Act to allow an appointed member of a public body who has a disability to participate remotely in a meeting of the public body upon request. The member would not be required to disclose the nature or extent of the disability. The member would have to be physically present in Michigan throughout the meeting. The allowed remote participation would apply only to members absent due to a disability (that is, those who do not have a disability could not also participate in the meeting electronically).

This may permit more accommodations for board members for remote participation in BABHA Board or Committee meetings.

We will let you know if anything else moves in the House this week.

Chris

**STATE OF MICHIGAN
IN THE COURT OF CLAIMS**

**NORTHCARE NETWORK MENTAL HEALTH
CARE ENTITY,
NORTHERN MICHIGAN REGIONAL ENTITY,
and
REGION 10 PIHP**

Case No. 24- -MZ

Hon.

Plaintiffs,

v

**STATE OF MICHIGAN,
STATE OF MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES, a
Michigan State Agency, and its Director,
ELIZABETH HERTEL, in her official capacity,**

Defendants.

TAFT, STETTINIUS & HOLLISTER, LLP

Christopher J. Ryan (P74053)
Gregory W. Moore (P63718)
27777 Franklin Road, Suite 2500
Southfield, MI 48034
(248) 727-1553
cryan@taftlaw.com
Attorneys for Plaintiffs

THERE IS NO OTHER PENDING OR RESOLVED
CIVIL ACTION ARISING OUT OF THE SAME
TRANSACTION OR OCCURRENCE AS ALLEGED
IN THIS COMPLAINT.

VERIFIED COMPLAINT

Plaintiffs, by and through counsel, TAFT, STETTINIUS & HOLLISTER, LLP, state for their Verified Complaint:

OVERVIEW

1. Defendants are trying to strong-arm Plaintiffs into a “take it or leave it” contract that contains illegal and detrimental provisions that reduce Plaintiffs’ ability to provide necessary behavioral health services to the residents of Michigan.

2. Plaintiffs are 3 of Michigan’s 10 Prepaid Inpatient Health Plans that facilitate the delivery of behavioral health services for individuals with mental illness, developmental disabilities, and substance use disorders in 40 counties across the State.

3. In an attempt to bully Plaintiffs into agreeing to unreasonable and illegal provisions in its FY25 contract (“FY25 Contract” – Exhibit A), MDHHS threatened that if Plaintiffs did not sign by October 31, 2024, MDHHS would terminate its relationship with Plaintiffs and cut off the funding Plaintiffs need to ensure recipients in their respective regions continue to receive behavioral health services. Plaintiffs each signed the FY25 Contract after modifying the offending provisions, but MDHHS refused to counter-sign. As explained in more detail below, Defendants are now making good on their threat by withholding Medicaid funds from Plaintiffs to the detriment of the beneficiaries Plaintiffs serve.

4. On behalf of all Plaintiffs, this suit seeks a declaration that three aspects of MDHHS’s form FY25 Contract are void.

5. First, Schedule A – Statement of Work, § 4, relates to Plaintiffs’ ability to fund and manage an Internal Service Fund (“ISF”). Certain provisions in that section violate state and federal law because they purport to restrict Plaintiffs’ ability to fund and utilize their respective ISF accounts. More specifically, Defendants placed an arbitrary 7.5% limit on the amount Plaintiffs can contribute their respective ISF accounts and a 7.5% limit on the balance that can be held in an ISF account. The limits are not set based on recognized accounting standards or principles, are not actuarially sound, and therefore fail to comply with federal regulations. Defendants further purport to prohibit Plaintiffs from using ISF funds to pay for services rendered during a prior fiscal year. This prohibition also violates federal law.

6. Second, Schedule A - Statement of Work, § 1, ¶ R.20., purports to require Plaintiffs to abide by a settlement agreement involving MDHHS and certain non-parties (the “Waskul Settlement”). But the Waskul Settlement has not even been finalized or received necessary federal court approval. Even if it had, requiring Plaintiffs to abide by the contemplated Waskul Settlement would permit the State to illegally direct Plaintiffs’ Medicaid expenditures. More importantly, requiring Plaintiffs to abide by the Waskul Settlement would benefit a select subset of Medicaid recipients, while detrimentally hurting the vast majority of recipients who receive the same services.

7. Third, Schedule A – Statement of Work, § 1, ¶ G.14., is an attempt by MDHHS to shift the financial burden of managing Certified Community Behavioral Health Clinics (“CCBHCs”) to Plaintiffs without State funding in violation of Article 9, § 25 and § 29 of the Michigan Constitution. Defendants’ own auditor concluded that the FY25 arrangement would require Plaintiffs to undertake 11 categories of “major new responsibilities” without “any increase to the variable administrative percentages” (i.e., without any funding).

8. This suit also seeks a declaration that even in the absence of a contract, MDHHS is statutorily obligated to continue providing funding to Plaintiffs.

9. Defendants recently retaliated against Plaintiffs by stating MDHHS will not provide Medicaid dollars to fund the Substance Use Disorder Health Home (“SUDHH”) programs in their respective regions. The SUDHH program has absolutely nothing to do with the parties’ dispute. While this shameful negotiation tactic will harm Plaintiffs, who have each expended resources in reliance on Defendants fulfilling their obligation to provide the funding, the most significant harm will come to the citizens eligible to receive SUDHH services. MDHHS’s pronouncement means all of the individuals currently enrolled in the SUDHH program will no

longer receive SUDHH services. And it means that the thousands of Michiganders who are eligible to enroll to receive SUDHH services are no longer able to enroll. Those residents were directed by Defendants to contact Plaintiffs to obtain SUDHH services, and now Plaintiffs are being directed to turn them away. Plaintiffs seek injunctive relief prohibiting Defendants from cutting off funding for the SUDHH program.

FACTS COMMON TO ALL CLAIMS FOR RELIEF

I. The Parties and Jurisdiction.

10. Plaintiffs are Prepaid In-Patient Health Plans (“PIHPs”) created by MCL § 330.1204b and related statutes.

11. Plaintiffs help facilitate delivery of behavioral health services for individuals with mental illness, developmental disabilities, and substance disorders in the counties in their respective regions.

12. Defendant Michigan Department of Health and Human Services (“MDHHS”) is an agency of the State of Michigan.

13. Elizabeth Hertel is the Director of MDHHS.

14. Pursuant to MCL 600.6419, this Court has jurisdiction over this action because it seeks declaratory relief against the State of Michigan, a department of the State of Michigan (MDHHS), and an officer of the State of Michigan (Director of MDHHS); seeks a writ of mandamus; and alleges violations of the Headlee Amendment to the Michigan Constitution.

II. Background.

15. Medicaid is a joint federal/state program that provides medical assistance to qualifying individuals who are unable to pay or do not have private insurance.

16. To qualify to receive federal Medicaid funds, states are required to create a Medicaid State Plan that complies with various federal requirements.

17. Each state’s Medicaid State Plan must be approved by the Centers for Medicare and Medicaid Services (“CMS”).

18. After approval of the Medicaid State Plan, states receive federal money to spend on services covered by the Medicaid program.

19. In Michigan, the Medicaid program is administered by MDHHS.

20. Pursuant to Michigan law, behavioral health services are provided at the county level through community mental health services programs (“CMHs”). To be sure, MCL 330.1116(2)(b) requires MDHHS to “shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program....”

21. MDHHS is required to “promote and maintain an adequate and appropriate system of community mental health services programs throughout the state.” MCL 330.1116(2)(b).

22. The State is required to financially support CMHs. MCL 330.1202(1) (“The state shall financially support...community mental health services programs....”)

23. In fact, the State “shall pay 90% of the annual net cost of a community mental health services program....” MCL 330.1308(1).

24. The “purpose of a community mental health services program” is to “provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual’s ability to pay.” MCL 330.1206.

25. CMHs must be a county community mental health agency, a community mental health organization, or a community mental health authority.

26. CMHs have numerous statutory rights set forth in the Mental Health Code. Among those rights, CMHs have the right to organize together and form a regional entity.

27. MCL 330.1204b(1) states that a “combination of community mental health organizations or authorities may establish a regional entity by adopting bylaws that satisfy the requirements of this section.”

28. Plaintiffs are regional entities.

29. Regional entities help manage services that are provided by individual CMHs, thus reducing administrative burden on the CMHs that form the regional entity.

30. Regional entities are public governmental entities separate from the county, authority, or organization that establishes them. MCL 330.1204b(3).

31. CMHs and regional entities are units of Local Government for purposes of Const. 1963, Art. 9, § 29. See Const. 1963, Art. 9, § 33.

32. After organizing into a regional entity, the regional entity has all of the “power, privilege, or authority that the participating community mental health services programs share in common and may exercise separately under the act....” MCL 330.1204b(2).

33. The State is required to financially support each regional entity. MCL 330.1202(1); MCL 330.1204b(2).

34. MDHHS is required to provide Medicaid-covered specialty services and supports through PIHPs. MCL 400.109f(1).

35. CMHs and regional entities can operate as PIHPs, which is true of each of the Plaintiffs. MCL 330.1232b(1).

36. PIHPs are public managed care organizations that receive funding from the State and arrange to pay for Medicaid services. MCL 400.109f(2).

37. The State of Michigan has 10 PIHPs (regions), and Plaintiffs collectively represent 3 of the 10 regions:

- a. Plaintiff NorthCare Network Mental Health Care Entity (“NorthCare”) is the PIHP for Region 1, and was formed by Pathways CMH (serving Alger, Delta, Luce, and Marquette counties), Copper Country CMH (serving Baraga, Houghton, Keewanaw, and Ontonagon counties), Hiawatha CMH (serving Chippewa, Mackinac, and Schoolcraft counties), Northpointe CMH (serving Menominee, Dickinson, and Iron counties), and Gogebic CMH (serving Gogebic county).
- b. Plaintiff Northern Michigan Regional Entity (“NMRE”) is the PIHP for Region 2, and was formed by AuSable CMH (serving Oscoda, Ogemaw, and Iosco counties), Manistee-Benzie CMH (serving Manistee and Benzie counties), North Country CMH (serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego counties), Northern Lakes CMH (serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties), and Northeast CMH (serving Alcona, Alpena, Montmorency, and Presque Isle counties).
- c. Plaintiff Region 10 PIHP (“Region 10”) is the PIHP for Region 10, and was formed by Genesee Health Systems (serving Genesee county), Lapeer CMH (serving Lapeer county), Sanilac CMH (serving Sanilac county), and St. Clair CMH (serving St. Clair county).

38. Because MDHHS is required to provide services through PIHPs, Michigan law restricts MDHHS’s ability to terminate its relationship with a PIHP.

39. MCL 330.1232b requires that as a condition for receiving Medicaid dollars, a PIHP shall certify that (a) it is in substantial compliance with the standards promulgated by the department and with applicable federal regulations, and (b) that the PIHP has established policies and procedures to monitor compliance with the standards promulgated by the department and with applicable federal regulations and to ensure program integrity. Each Plaintiff has done so.

40. MDHHS may only sanction or terminate a PIHP if the PIHP is not in substantial compliance with promulgated standards and with established federal regulations, if the PIHP has misrepresented or falsified information reported to the state of the federal government, or if the PIHP has failed substantially to provide necessary covered services to recipients. None of the Plaintiffs have done so.

41. According to the Mental Health Code, before imposing a sanction on a PIHP, MDHHS is required to provide that PIHP with notice of the basis and nature of the sanction and an opportunity for hearing to contest or dispute MDHHS’s findings and intended sanction.

42. Historically, Plaintiffs and MDHHS have been parties to annual PIHP contracts (“PIHP Contracts”).

43. In the simplest of terms, the PIHP Contracts provide that MDHHS will make capitated payments to Plaintiffs, which Plaintiffs use to pay administrative expenses and fund services provided by CMHs in the counties represented within each respective region.

44. Michigan’s Medicaid State Plan, as approved by CMS, relies heavily on MDHHS’s representations that Medicaid services will be provided by CMHs, through PIHPs. For example, the approved Medicaid State Plan for Michigan states:

- a. that for Home and Community Based Services (HCBS) benefit functions, MDHHS “contracts with regional managed care Pre-paid Inpatient Health Plans (PIHP), as the other contracted entity, to assist in monitoring functions of the HCBS benefit.... The PIHP...and local non-state entities/Community Mental Health Service Programs (CMHSP) will all be actively involved in assuring quality and implementation of identified quality improvement activities....”
- b. “MDHHS/BHDDA as the state Medicaid agency will deliver 1915(i) SPA services through contracted arrangements with its managed care PIHPs regions. The PIHPs have responsibility for monitoring person-centered service plans and the network’s implementation of the 1915 (i) SPA services, which require additional conflict of interest protections including separation of entity and provider functions within provider entities.”
- c. that to meet federal requirements that HCBS benefits eligibility be determined by an independent evaluation/reevaluation, MDHHS relies on assessments provided by the “PIHP provider network.”
- d. that to meet federal requirements concerning individualized, person-centered service plans, MDHHS relies on PIHPs to “monitor quality of implementation of person-centered planning” and places responsibility for “the development and implementation of the Individual Plan of Services” on the CMHSP under contract with the PIHP.

III. FY25 PIHP Contract Negotiations.

45. In the Summer/Fall of 2024, leading up to the filing of this Complaint, negotiations concerning the FY25 Contract between MDHHS and Plaintiffs broke down, centered primarily around three provisions detailed below.

46. After much negotiation, Plaintiffs each signed MDHHS’s form FY25 Contract after modifying/redlining the offending provisions. MDHHS refused to counter-sign.

47. On October 23, 2024, MDHHS stated it would not negotiate the contract any further. Instead, MDHHS stated the:

PIHPs will have until 5:00 PM EST on October 31, 2024, to electronically sign the FY 25 contract using the State of Michigan’s authorized electronic signature software application, e-Signature. Should any contracts remain unsigned by after this deadline, those PIHPs will be required to adhere to the Transition Responsibilities Language contained in Standard Contract Term 26 of the FY24 contract.

48. In other words, MDHHS stated that Plaintiffs were required to either sign the form FY25 Contract as presented by MDHHS without modification, or MDHHS would terminate its relationship with Plaintiffs.

49. Plaintiffs refused to sign the FY25 Contract because it contains illegal provisions that will hurt the region, the CMHs within the region, and most importantly, negatively impact their ability to properly and adequately serve the recipients of services within the region.

IV. Void Provisions in the form FY25 Contract.

A. ISF – Schedule A – Statement of Work, § 4.

50. The relationship between MDHHS and the PIHPs is a “shared risk” arrangement.

51. The historic PIHP Contracts contain risk-sharing provisions between Plaintiffs and MDHHS, whereby Plaintiffs are responsible for expenses that exceed capitated payments, up to a certain amount.

52. Risk-sharing is permitted by federal regulations, provided the arrangement meets certain requirements.

53. Federal law and the PIHP contracts (both historically and as proposed by MDHHS in the FY25 Contract) permit PIHPs to establish an Internal Service Fund (“ISF”) as part of its risk corridor as a “method for securing funds as part of the overall strategy for covering risk exposure.” Exhibit A.

54. An ISF account is like a savings account or reserve account, “established for the purpose of securing funds necessary to meet expected risk corridor financing requirements under the State/Contractor Contract.” Exhibit A.

55. In other words, when capitated payments from MDHHS exceed a PIHP’s expenses, PIHPs add excess funds to their ISF so that they have money in reserve. On the other hand, when expenses exceed the amount of the MDHHS capitated payments, PIHPs use the funds in their ISF to make up the shortfall.

56. Federal regulations require that “all applicable risk-sharing mechanisms...be developed in accordance with...generally accepted actuarial principles and practices.” 42 C.F.R. § 438.6(b)(1).

57. In addition, all ISF accounts must be established in compliance with GASB [Government Accounting Standards Board] Statement No. 10, Accounting and Financial Reporting for Risk Financing and Related Insurance Issues. (Exhibit A, Page 115.)

58. GASB Statement No. 10 states that “the total charge by the internal service fund to the other funds may also include a reasonable provision for expected future catastrophe losses.” (GASB Statement No. 10, ¶ 66c.)

59. Among other things, Schedule A – Statement of Work, § 4 of the FY25 Contract states that “[t]he ISF cannot be funded more than 7.5% of the annual operating budget in any given year...the ISF balance cannot be less than \$0.” (Exhibit A, Page 112.)

60. The FY25 Contract also states the PIHPs “may not reflect an ISF that exceeds 7.5% in any of [the PIHP’s] reporting requirements contained in this contract. If the Department determines that the ISF is over-funded, the ISF must be reduced within one fiscal year through the abatement of current charges. If such abatements are inadequate to reduce the ISF to the appropriate level, it must be reduced through refunds....” (Exhibit A, Page 113.)

61. In other words, if at any time a Plaintiff’s ISF exceeds 7.5% of its annual operating budget, that Plaintiff would be required to give the money back to MDHHS, irrespective of whether the 7.5% limit is actuarially sound.

62. Rather than develop the risk-sharing mechanisms in accordance with generally acceptable actuarial principles and practices, the FY25 Contract imposes an arbitrary 7.5% limit on the amount of funds Plaintiffs may hold in their respective ISF accounts.

63. Plaintiffs have determined that the 7.5% limit is not actuarially sound. Likewise, Plaintiffs have determined that the arbitrary 7.5% limit does not constitute a reasonable limit sufficient to cover future catastrophic losses.

64. Plaintiffs’ conclusion is supported by federal law. For example, 2 CFR Pt. 200, App. V states: “Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained

earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable.”

65. 60 calendar days equates to an ISF limit of 16.4%, far in excess of the arbitrary 7.5% limit contained in the FY25 Contract.

66. Accordingly, the FY25 Contract does not comply with 42 CFR § 438.6(b)(1).

67. The FY25 Contract also purports to prohibit PIHPs from using ISF funds to pay for services rendered during previous fiscal years.

68. It is basic accounting that during some years, a PIHP (and in turn the ISF) may operate in a deficit, whereas in other years, a PIHP (and in turn the ISF) may operate in a surplus.

69. GASB Statement No. 10 makes it clear that at times, an ISF may even have a negative balance: “The total charge by the internal service fund to the other funds is based on an actuarial method or historical cost information and adjusted over a reasonable period of time so that internal service fund revenues and expenses are approximately equal.” (GASB Statement No. 10, ¶ 66b.)

70. GASB Statement No. 10 also states that deficits do not need to be funded in any one year, but rather, can be funded over a reasonable period: “Deficits, if any, in the internal service fund...do not need to be charged back to the other funds in any one year, as long as adjustments are made over a reasonable period of time.”

71. The FY25 Contract provisions purporting to prohibit Plaintiffs from using ISF funds to pay for services rendered incurred in previous years violates GASB Statement No. 10 and 42 CFR § 438.6(b)(1).

72. The FY25 Contract provisions purporting to prohibit Plaintiffs from using ISF funds to pay for services rendered in previous years also violates 42 CFR 438.6(c)(1), which prohibits the State from directing a PIHP's Medicaid expenditures.

B. Waskul Settlement – Schedule A – Statement of Work, § 1, ¶ R.20.

73. Community Living Supports (“CLS”) services are designed to allow individuals with disabilities to live independently in their communities, rather than in institutions. The vast majority of Michigan's CLS recipients receive services through agency providers.

74. Pursuant to a Medicaid Waiver—known as the Habilitation Supports Waiver—separate funding is allocated to a program that allows the individuals receiving CLS services to participate in the decision-making process about what CLS services they will receive. This process of selecting services is known by several names including participant-direction, self-direction, or self-determination.

75. Recipients develop participant-centered service plans, which Michigan calls Individual Plans of Service (“IPOS”). Each IPOS sets forth medically necessary services designed to permit the beneficiary to achieve community inclusion, community participation, and independence.

76. After the IPOS is developed, it is implemented through a budgeting process. The cost of services set forth in the IPOS are determined and a budget is created. The budgeting process is handled between the participant and the PIHP.

77. After the budget is created, the participants may select any provider he or she wishes to furnish the actual services. The amount the providers are paid is determined through negotiations between the participant (or his/her family/guardian) and the provider. In other words, providers are not necessarily paid the amount set forth in the IPOS budget.

78. On March 15, 2016, Derek Waskul, by his guardian Cynthia Waskul, and others filed a lawsuit against MDHHS and others, Eastern District of Michigan Case No. 2:16-cv-10936 (the “Waskul Case”).

79. In a nutshell, the plaintiffs in the Waskul Case took issue with the budgeting process for CLS self-directed services. The lawsuit claimed that before 2015, an IPOS was created for each participant, and then a budget was created by multiplying staff hours by a prescribed rate. The amount and cost of other items needed in the budget that were not based on staff hours were then added separately to the budget. Plaintiff alleged that in 2015, the PIHP flipped the process, requiring participants to start with a fixed rate of \$13.88 per hour, inclusive of workers compensation, transportation, community participation, taxes, and training. Plaintiffs alleged that the new budgeting procedure reduced the amount recipients could pay staff, which in turn reduced CLS services available to enrollees.

80. Apparently, the State and the Waskul plaintiffs reached a proposed settlement that would increase the rates to be applied during the budgeting process for CLS services via the self-determination modality (“Waskul Settlement Agreement” – Exhibit B).

81. Although the object of the settlement is apparently to increase funding for those participants who take advantage of the self-determination modality, many believe the settlement would adversely impact the vast majority of CLS recipients who do not elect self-determination.

82. Among other things, the proposed Waskul Settlement Agreement requires MDHHS to amend its contract with the PIHPs, and requires PIHPs to create the CLS budget using a minimum fee schedule that is set forth in the Waskul Settlement Agreement.

83. The Waskul Settlement Agreement does not set forth any minimum fee schedule that the PIHPs or the participants are *actually* required to pay providers. In other words, the

minimum fee schedule only impacts the calculation of the budget and payment to the recipient, *not* payments to providers.

84. The FY25 Contract being proposed by MDHHS contains a provision purporting to require Plaintiffs to comply with the Waskul Settlement Agreement.

85. Specifically, the FY25 Contract states: “Contractor must comply with all terms and conditions of the Waskul Settlement Agreement once it is approved, and all contingencies have been met.” (Exhibit A, Page 80.)

86. Among the numerous problems with the FY25 Contract is that it does not take into account that the currently proposed Waskul Settlement Agreement may not be the same as what is eventually approved by the Court.

87. Nor does the FY25 Contract account for the fact that not a single one of the Plaintiff PIHPs are parties to the Waskul Settlement Agreement.

88. Most importantly, the currently proposed Waskul Settlement Agreement violates federal regulations because it illegally directs PIHPs expenditures.

89. 42 CFR 438.6(c)(1) states that a State may not direct a PIHP’s Medicaid expenditures.

90. Subpart (iii)(A) (42 CFR 4.386.6(C)(1)(iii)(A)) contains a limited exception allowing a State to require a PIHP to “adopt a minimum fee schedule for providers that provide a particular service under the contract using State plan approved rates.”

91. 42 CFR 4.386.6(C)(1)(iii)(A) does not apply because the Waskul Settlement Agreement incorporated into the FY25 Contract does not require PIHPs to pay providers any minimum rate. Instead, the Waskul Settlement Agreement only requires the PIHPs to use the rate when calculating and creating a budget with self-directed CLS recipients.

92. Moreover, even if 42 CFR 438.6(C)(1)(iii)(A) applied to the budget rates in the Waskul Settlement Agreement, where a State directs a payment, it must “[d]irect expenditures equally, and using the same terms of performance, for a class of providers providing the service under the contract.” 42 CFR 438.6(C)(2)(ii)(B).

93. In other words, the State cannot create a minimum fee schedule and then treat providers providing the same services differently. And that is exactly what the State proposes to do by treating providers providing services via the self-determination modality different than providers providing the exact same services, using the exact same billing codes, via a different modality.

94. Because the Waskul Settlement Agreement is not finalized, and as-drafted violates federal law, the requirement in the FY25 Contract purporting to require the PIHPs to abide by the Waskul Settlement Agreement is void.

C. CCBHCs – Schedule A – Statement of Work, § 1, ¶ G.14.

95. Federal legislation created the Certified Community Behavioral Health Clinic (“CCBHC”) Medicaid Demonstration Program, designed to provide funding to help expand access to substance use disorder and mental health services.

96. States must apply to CMS to receive funding. Michigan did so and became a CCBHC Demonstration state in 2020, with a start date in 2021. The initial two-year demonstration was set to expire in 2023, but additional legislation extended the demonstration by another 4 years.

97. CCBHC clinics are designed to expand services and ensure coordinated, comprehensive behavioral care. CCBHCs have requirements unique to those clinics that are not required of other providers: (1) 24/7/365 crisis response services, (2) screening, assessment, and diagnosis/risk management, (3) patient-centered treatment planning, (4) outpatient mental health and substance use disorder services, (5) outpatient clinic primary care screening, (6) case

management, (7) psychiatric rehabilitation, (8) peer support and counseling services, and (9) intensive community-based care for members of the armed forces and veterans.

98. The State of Michigan, and more specifically MDHHS, is responsible for certifying and monitoring CCBHCs and ensuring that the State is complying with the demonstration waiver. The State is responsible for overseeing the demonstration program, including clinic certification, payment, and compliance with federal reporting requirements. 42 USC § 1396a.

99. Under State and Federal law, Plaintiffs bear no responsibility for running, administering, or otherwise having any involvement in the CCBHC demonstration.

100. Nonetheless, over the past several years, MDHHS has systematically shifted responsibility for running the CCBHC program to Plaintiffs without providing appropriate funding.

101. The FY25 Contract and MDHHS policy purport to shift even more of the State's administrative responsibilities to Plaintiffs without providing Plaintiffs any funding for the new responsibilities.

102. The FY25 Contract states that Plaintiffs with a CCBHC Demonstration Site in their region must execute the PIHP duties and responsibilities set forth in the "MDHHS MI CCBHC Demonstration Handbook Version 2.0," (Exhibit C) which MDHHS claims it can amend as and when MDHHS deems fit.

103. Among the responsibilities MDHHS attempts to shift to the PIHPs per the FY25 Contract are: CCBHC oversight and support, CCBHC enrollment and assignment, CCBHC coordination and outreach, CCBHC payment, CCBHC reporting, CCBHC grievance monitoring, and encounter and review submissions.

104. Through the FY25 Contract, MDHHS is compelling and/or attempting to compel Plaintiffs to undertake new and additional activities and services without appropriating any funds to compensate Plaintiffs for the increased costs being imposed upon them.

105. Historically, the amount of the “supplemental payment” made by MDHHS to Plaintiffs was 1% of the rates paid pursuant to the CCBHC Demonstration.

106. To support the alleged actuarial soundness of the payments made to Plaintiffs, MDHHS retained the services of Milliman, Inc. to provide actuarial and consulting services.

107. On or about September 23, 2024, Milliman published its “State Fiscal Year 2024 Behavioral Health Capitation Rate Certification” for the period of October 1, 2024 through September 30, 2025 (“FY25 Milliman Rate Certification” – Exhibit D).

108. The FY25 Milliman Rate Certification acknowledges MDHHS is shifting additional responsibility for managing the CCBHC Demonstration to PIHPs via the CCBHC Handbook starting in FY25, yet specifically acknowledges there will be no corresponding increase in funding.

109. To be sure, the FY25 Milliman Rate Certification sets forth 11 categories of “major new responsibilities” being shifted to Plaintiffs, while simultaneously acknowledging that Defendants are not providing any additional funding:

Section 223 CCBHC Demonstration

We have reviewed the CCBHC handbook developed by MDHHS that outlines the roles and responsibilities of the PIHPs and CCBHCs to operationalize the demonstration program and utilized this information to support the PIHP administrative percentage of 1.0% added to the SFT 2025 CCBHC PPS-1 rates.

Many of the PIHP responsibilities for the CCBHC Demonstration are currently being performed as part of the existing program. The following are some of the major new responsibilities included in the CCBHC Handbook:

- Provide information about CCBHC benefits to all potential enrollees (community referral, peer support specialist/recovery coach networks other

providers, courts, health departments, law enforcement, schools, other community-based settings), including informational brochures, posters, outreach materials, identify and assign beneficiaries to the pertinent CCBHC site within Waiver Supports Application (WSA); includes verifying beneficiary consent to share information

- Review and process all CCBHC recommended potential enrollees; verify enrollment and attestation for eligibility
- Reimbursing CCBHC's at their PPS-1 rate for each valid CCBHC Medicaid daily visit in a timely manner
- PIHP-CCBHC quarterly reconciliation of actual to projected expense and utilization by CCBHC (may be separate reconciliations based on operational plan of PIHP)
- MDHHS-PIHP annual reconciliation of actual to projected expense and daily visits by CCBHC
- Reporting and distribution for quality bonus payments
- Additional contracting requirements related specifically to CCBHCs
- Establishing an infrastructure to support CCBHCs in care coordination and providing required services, including coordinated crisis services with the Michigan Crisis and Access Line (MiCAL), when available
- Additional trainings and technical assistance to support CCBHC delivery of services
- Distribution, review, validation, and submission of CCBHC data requests, quality metrics, level of care (LOC) data, and ad-hoc requests from MDHHS
- Monitor, collect, and report grievance, appeal, and fair hearing information as it relates to CCBHC services

(Exhibit D at pages 46-47 – emphasis added).

110. The FY25 Milliman Rate Certification makes it clear that despite MDHHS shifting responsibilities to the PIHPs—which Milliman characterizes as “major new responsibilities”—MDHHS is not providing *any* additional funding to the PIHPs: “We have reviewed the historical

administrative expenditures reported in the EQI reports and *have not included any increase to the variable administrative percentages* based on this data.” (Emphasis added.)

V. Substance Use Disorder Health Home (“SUDHH”) Program.

111. The SUDHH Program is designed to “provide comprehensive care management and coordination services to Medicaid beneficiaries” with opioid use disorder (“OUD”), alcohol use disorder (“AUD”), and stimulant use disorder (“StUD”). The program previously existed only for individuals with OUD and was known as the Opioid Health Home program (“OHH”). Michigan, with the approval of CMS, expanded the program to include AUD and StUD, and thus OHH became SUDHH.

112. On Wednesday, November 27, 2024, NorthCare received an email from MDHHS, stating that because it refused to sign the FY25 Contract, MDHHS would not be providing Medicaid funds NorthCare needs to provide SUDHH benefits to recipients:

I apologize that we didn’t make this connection sooner, but without a signed Medicaid contract Northcare is not able to implement the SUDHH with Medicaid funds. You can continue with OHH activities and any billable services for those with AUD or StUD, but those SUDHH beneficiaries will have to be removed from the WSA. Please work with Kelsey to get the beneficiary list updated.

Exhibit E.

113. NMRE and Region 10 received substantively the same email as was received by NorthCare.

114. As of December, 2024, NorthCare’s region contains 4,080 individuals who are eligible for SUDHH benefits. NMRE’s region contains 7,886. Region 10’s region contains 19,039.

115. Without SUDHH funding, the over 31,000 Michigan residents in Plaintiffs’ regions who are entitled to receive the benefits of the SUDHH program will no longer be eligible to enroll.

COUNT I: DECLARATORY RELIEF RE: ISF
(ON BEHALF OF ALL PLAINTIFFS)

116. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

117. Defendants claim they can restrict Plaintiffs' ability to fund their respective ISF accounts above 7.5% of their respective capitated Medicaid & Healthy Michigan Plan revenues. Defendants also claim they can prevent Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years.

118. On the other hand, Plaintiffs' maintain that Defendants' position violates federal law, that they can fund their respective ISF up to an amount determined to be actuarially sound, that Defendants' 7.5% limit is arbitrary and not based on any acceptable actuarial method, that Defendants have no ability to otherwise restrict Plaintiffs' ability to fund their ISF, and that Defendants have no ability to restrict Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years.

119. Thus, there is an actual and present controversy between the parties.

120. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs' future conduct to preserve their legal rights, and to settle the dispute between the parties.

COUNT II: DECLARATORY RELIEF RE: WASKUL SETTLEMENT
(ON BEHALF OF ALL PLAINTIFFS)

121. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

122. Defendants claim they can require Plaintiffs to create a CLS budget using a minimum fee schedule set forth in the proposed Waskul Settlement Agreement, and that doing so does not violate federal law.

123. On the other hand, Plaintiffs maintain that Defendants' attempt to compel Plaintiffs to create a CLS budget using the rates set forth in the proposed Waskul Settlement violates federal

law including because it improperly directs Plaintiffs' expenditures under the contract, and otherwise fails to direct expenditures equally for providing the same services.

124. Thus, there is an actual and present controversy between the parties.

125. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs' future conduct to preserve their legal rights, and to settle the dispute between the parties.

COUNT III: DECLARATORY RELIEF RE: ADDED RESPONSIBILITIES RELATED TO THE CCBHC DEMONSTRATION BEING IMPOSED IN FY25 (ON BEHALF OF PLAINTIFF REGION 10)

126. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

127. Via the FY25 Contract and MDHHS MI CCBHC Demonstration Handbook Version 2.0, Defendants claim they can require Region 10 to undertake various additional duties that are otherwise Defendants' responsibility.

128. On the other hand, Region 10 maintains Defendants cannot require it to undertake various additional duties imposed upon Defendants pursuant to the CCBHC Demonstration via the FY25 Contract, including those set forth in the MDHHS MI CCBHC Demonstration Handbook Version 2.0, because Defendants have not appropriated any funds to pay for the necessary increased costs of those additional duties in violation of the Headlee Amendment and MCL 21.235.

129. Thus, there is an actual and present controversy between the parties.

130. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Region 10's future conduct to preserve its legal rights, and to settle the dispute between the parties.

COUNT IV: VIOLATION OF THE HEADLEE AMENDMENT RE: ADDED RESPONSIBILITIES RELATED TO THE CCBHC DEMONSTRATION BEING IMPOSED IN FY25 (ON BEHALF OF PLAINTIFF REGION 10)

131. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

132. Cost. 1963, Art. 9, § 25, part of the Headlee Amendment, states in part:

The state is prohibited from requiring any new or expanded activities by local governments without full state financing, from reducing the proportion of state spending in the form of aid to local governments, or from shifting the tax burden to local government.

133. Const. 1963, Art. 9, § 29, also part of the Headlee Amendment, states:

The state is hereby prohibited from reducing the state financed proportion of the necessary costs of any existing activity or service required of units of Local Government by state law. A new activity or service or an increase in the level of any activity or service beyond that required by existing law shall not be required by the legislature or any state agency of units of Local Government, unless a state appropriation is made and disbursed to pay the unit of Local Government for any necessary increased costs. The provision of this section shall not apply to costs incurred pursuant to Article VI, Section 18.

134. MCL 21.235 requires the legislature to appropriate an amount sufficient to make disbursements for the necessary cost of each state requirement. An initial disbursement is required to be made in advance, at least 30 days prior to the effective date of the requirement. MCL 21.235(1) & (2).

135. Defendants, including through the FY25 Contract and the MDHHS MI CCBHC Demonstration Handbook Version 2.0, are shifting new activities and services, and increasing the level of other activities and services, related to administering and running the CCBHC Demonstration, to Region 10, without making any appropriation at all for any of the necessary increased costs.

136. The new activities and services relate to the administration of the CCBHC Demonstration, and include the new “major responsibilities” referenced in the FY25 Milliman Rate Certification (Exhibit D, Pages 46-47) and the new activities and services to be rendered by Region 10 as set forth in the MDHHS MI CCBHC Demonstration Handbook Version 2.0.

137. Defendants are in violation of the prohibition of unfunded mandates (“POUM”) provisions of the Headlee Amendment (i.e., the second sentence of Const. 1963, Art. 9, § 29), Const. 1963, Art. 9, § 25, and MCL 21.235.

138. Region 10 does not need to plead and prove the extent of the harm caused, because neither the Legislature nor MDHHS have made any appropriation or disbursements necessary to cover the cost of the increased mandates. *Adair v Michigan*, 497 Mich 89, 96; 860 NW2d 93 (2014).

139. Region 10 does not anticipate any particular factual questions that require resolution by the Court related to this Count. MCR 2.112(M).

140. There are no ordinances or municipal charter provisions involved. Available documentary evidence supportive of this claim includes the MDHHS CCBHC Handbook Version 2.0 (Exhibit C) and the FY25 Milliman Rate Certification (Exhibit D).

141. Plaintiffs reserve the right to supplement this pleading with additional documentary evidence as it becomes available. MCR 2.112(M).

COUNT V: DECLARATORY RELIEF RE: CONTINUED FUNDING
(ON BEHALF OF ALL PLAINTIFFS)

142. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

143. Defendants claim they can terminate their contractual relationship with Plaintiffs simply because Plaintiffs refused to sign the FY25 Contract inclusive of the illegal/void provisions contained therein. Defendants further claim that they can withhold SUDHH Medicaid funds from Plaintiffs.

144. On the other hand, Plaintiffs maintain that State and Federal law require Defendants to continue funding, including by providing SUDHH funding to, Plaintiffs even in the absence of a signed FY25 Contract.

145. In addition, Plaintiffs maintain that the steps Defendants have taken to terminate MDHHS's contractual relationship with Plaintiffs constitutes an action for which Plaintiffs are entitled to notice and opportunity for hearing to contest the proposed action. MCL 330.1232b.

146. Thus, there is an actual and present controversy between the parties.

147. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs future conduct to preserve their legal rights, and to settle the dispute between the parties.

**COUNT VI: WRIT OF MANDAMUS
(ON BEHALF OF ALL PLAINTIFFS)**

148. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

149. Defendants have a non-discretionary statutory duty to continue funding Plaintiffs, even in the absence of a signed contract. MCL 330.1202(1); MCL 330.1204b(2); MCL 330.1116; MCL 400.109f.

150. Defendants also have a non-discretionary statutory duty to supply Plaintiffs with a hearing prior to terminating their relationship. MCL 330.1232b.

151. Defendants’ obligations are ministerial acts, leaving nothing to the exercise of discretion or judgment.

152. Plaintiffs have no adequate remedy at law.

REQUEST FOR RELIEF

WHEREFORE, Plaintiffs request:

1. A declaration that:
 - a. Plaintiffs can fund their respective ISF accounts up to an amount determined to be actuarially sound despite any contractual provision to the contrary;
 - b. Defendants cannot restrict Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years despite any contractual provision to the contrary;
 - c. Plaintiffs are not required to comply with the proposed Waskul Settlement Agreement despite any contractual provision to the contrary;

- d. Region 10 is not required to undertake any added administrative responsibilities related to the CCBHC Demonstration imposed starting in FY25, or alternatively, that Defendants must provide adequate funding before requiring Region 10 to undertake said administrative responsibilities;
- e. Defendants must continue to provide Medicaid and general funding to Plaintiffs; and
- f. Defendants must provide Plaintiffs with notice and an opportunity for hearing prior to attempting to terminate their relationship with Plaintiffs.

2. A Writ of Mandamus compelling Defendants to:

- a. continue to provide Medicaid and general funds to Plaintiffs;
- b. retract all communications and actions taken to terminate the relationship between MDHHS and Plaintiffs; and
- c. supply Plaintiffs with the opportunity for a hearing to contest and dispute MDHHS's proposed termination.

3. Compensatory damages in the amounts that should have been appropriated to Plaintiffs but for Defendants' violation of the Headlee Amendment.

4. An award in favor of Plaintiffs granting them all attorneys' fees, expenses, and costs incurred in bringing this action.

5. All other relief as the Court deems just and proper.

TAFT, STETTINIUS & HOLLISTER, LLP

Dated: December 9, 2024

By: /s/Christopher J. Ryan
Christopher J. Ryan (P74053)
Gregory W. Moore (P63718)
27777 Franklin Road, Suite 2500
Southfield, MI 48034
(248) 727-1553
cryan@taftlaw.com
Attorneys for Plaintiffs

VERIFICATION

I declare under penalties of perjury that this Verified Complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief. MCR 1.109(D)(3).

NORTHCARE NETWORK MENTAL HEALTH CARE ENTITY

NORTHERN MICHIGAN REGIONAL ENTITY

Signed by:
By: Megan Rooney
48ED892AE4934FC...
Megan Rooney

Signed by:
By: Eric Kurtz
14403AB16461420...
Eric Kurtz

Subscribed and sworn to before me this day of 12/9/2024, 2024

Subscribed and sworn to before me this day of 12/9/2024, 2024

DocuSigned by:
Deborah Gutierrez
6BA59119555B41A...
Deborah Gutierrez, Notary Public
 wayne County, Michigan
My Commission Expires: 08/22/2025

DocuSigned by:
Deborah Gutierrez
6BA59119555B41A...
Deborah Gutierrez, Notary Public
 wayne County, Michigan
My Commission Expires: 08/22/2025

REGION 10 PIHP

Signed by:
By: Jim Johnson
1566D15A15F4490...
Jim Johnson

DEBORAH GUTIERREZ
Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

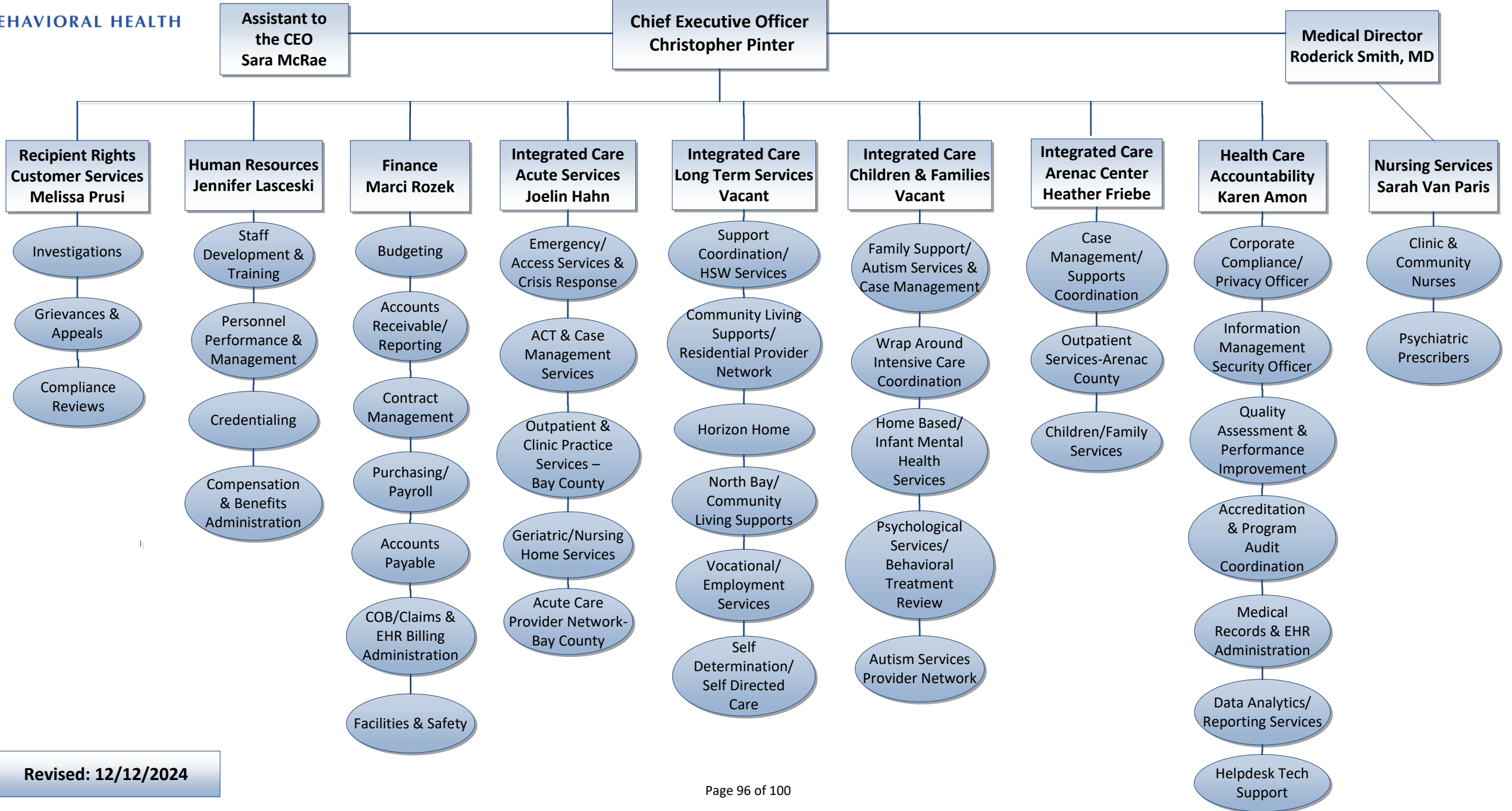
Subscribed and sworn to before me this day of 12/9/2024, 2024

DEBORAH GUTIERREZ
Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

DocuSigned by:
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Deborah Gutierrez, Notary Public
 wayne County, Michigan
My Commission Expires: 08/22/2025

DEBORAH GUTIERREZ
Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

BAY ARENAC BEHAVIORAL HEALTH AUTHORITY BOARD OF DIRECTORS





PUBLIC NOTICE

Board of Directors 2025 Board Committee Meeting Schedule

All Board Committee Meeting are scheduled for 5:00 pm in Room 225 at the Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Personnel & Compensation Committee
January 2, 2025
April 3, 2025
July 3, 2025
October 2, 2025

Corporate Compliance Committee
February 6, 2025
May 1, 2025
August 7, 2025
November 6, 2025

Facilities & Safety Committee
March 6, 2025
June 5, 2025
September 4, 2025
December 4, 2025

Recipient Rights Advisory & Appeals Committee
January 6, 2025
February 10, 2025
March 10, 2025
April 7, 2025
May 5, 2025
June 9, 2025
July 7, 2025
August 11, 2025
September 8, 2025
October 6, 2025
November 10, 2025
December 8, 2025

Finance Committee
January 8, 2025
February 12, 2025
March 12, 2025
April 9, 2025
May 7, 2025
June 11, 2025
July 9, 2025
August 13, 2025
September 10, 2025
October 8, 2025
November 12, 2025
December 10, 2025

Program Committee
January 9, 2025
February 13, 2025
March 13, 2025
April 10, 2025
May 8, 2025
June 12, 2025
July 10, 2025
August 14, 2025
September 11, 2025
October 9, 2025
November 13, 2025
December 11, 2025

Audit Committee
January 13, 2025
February 17, 2025
March 17, 2025
April 14, 2025
May 12, 2025
June 16, 2025
July 14, 2025
August 18, 2025
September 15, 2025
October 13, 2025
November 17, 2025
December 15, 2025

Nomination Committee
TBD in February through April as needed

Bylaws Committee
TBD in 2nd quarter of calendar year as needed

Bay Arenac Behavioral Health will provide necessary and reasonable auxiliary aids and services to individuals with disabilities upon prior notice. Individuals with disabilities requiring aids or services should call the Michigan Relay service at 711.

This notice was posted on December 19, 2024 in accordance with the Open Meeting Act, 1976, PA 267, MCL 15.265, as amended. Please call the Bay Arenac Behavioral Health Board Office at 989-895-2348 for additional information or if you have questions.



PUBLIC NOTICE

Board of Directors 2025 Meeting Schedule

All Regular Board Meetings are scheduled for the third Thursday of each month at 5:00 pm in Room 225 at the Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708, except for the August and February Board Meetings, which are held at the Arenac Center, 1000 W. Cedar, Standish, MI 48658

January 16, 2025

July 17, 2025

February 20, 2025
(At Arenac Center)

August 21, 2025
(At Arenac Center)

March 20, 2025

September 18, 2025

April 17, 2025

October 16, 2025

May 15, 2025

November 20, 2025

June 19, 2025

December 18, 2025

This notice was posted on December 19, 2024 in accordance with the Opens Meeting Act, 1976, PA 267, MCL 15.265, as amended.

Bay Arenac Behavioral Health will provide necessary and reasonable auxiliary aids and services to individuals with disabilities upon prior notice to the Board Office. Individuals with disabilities requiring aids or services should call the Michigan Relay service at 711.

Please call the Bay Arenac Behavioral Health Board Office at 989-895-2348 for additional information or if you have questions.

January 2025

BABH Board of Directors

January 2025						
Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	1	2	3	4
12	13	14	8	9	10	11
19	20	21	15	16	17	18
26	27	28	22	23	24	25
			29	30	31	

February 2025						
Su	Mo	Tu	We	Th	Fr	Sa
2	3	4	5	6	7	1
9	10	11	12	13	14	8
16	17	18	19	20	21	15
23	24	25	26	27	28	22

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dec 29	30	31	Jan 1, 25 New Year's Day/BABH Offices Closed	2 5:00pm Personnel & Compensation Committee	3	4
5	6 5:00pm Recipient Rights Advisory & Appeals Committee	7	8 5:00pm Finance Committee	9 5:00pm Program Committee	10	11
12	13 5:00pm Audit Committee	14	15	16 5:00pm REGULAR BOARD MEETING	17	18
19	20 Martin Luther King, Jr. Day/BABH Offices Closed	21	22	23	24	25
26	27	28	29	30	31	Feb 1



2024-2025 Information Management Strategic and Operational Plan

Updated by IS Manager: November 8, 2024

Strategic Leadership Team Approval: November 12, 2024

Full Board Approval Date



2024-2025 Information Management Strategic and Operational Plan

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2024-2025 Information Management Strategic and Operational Plan

Scope

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

Overview

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

Methodology

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

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

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

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

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

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



2024-2025 Information Management Strategic and Operational Plan

Values/Guiding Philosophies

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



2024-2025 Information Management Strategic and Operational Plan

Core Strategies

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



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

SECTION DESCRIPTION

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

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

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

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

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

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

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

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

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

Environmental Scan: HEALTH INFORMATION EXCHANGE

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

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

Threats

- None identified

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

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

Weaknesses

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

Breakthrough Initiatives:

Target:

Resources:

1. Continue to build upon Mi Gateway and VPR health information exchange (HIE) solutions to exchange information with the primary health care and hospital communities.

IS Manager; Director of Health Care Accountability; I.S. Help Desk/EHR Administrator, Medical Records Associate, Clinical Services Program Manager, Nursing Manager

2. Use direct address to exchange information that we routinely exchange PHI with, if/when other health care providers have direct messaging capability.

Ongoing

IS Manager, I.S. Help Desk/EHR Administrator, Medical Records Associate, Clinical Services Program Manager, Nursing Manager

Environmental Scan: MANAGEMENT OF COMPUTING RESOURCES

Lead Team Member: IS Manager

Status: Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

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

Threats

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

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

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

Weaknesses

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

Breakthrough Initiatives:

1. Current cloud environment allows organization to consider leveraging less expensive O365 cloud storage options where practical and applicable

Target

Ongoing

Resources:

IS Manager, Director of Health Care Accountability, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, IS Help Desk Specialist, Senior Programmer/ Analyst

2. Work with departments and users to establish unified data storage practices

Ongoing

IS Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator

3. Migrate seldom-used data to secure cloud storage where practical and applicable

Ongoing

IS Manager, Senior Systems Administrator, Senior Programmer/ Analyst

Environmental Scan: BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN AND TESTING

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Strengths and Weaknesses (Response to Opps/Threats):

Opportunities

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

Threats

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

Strengths

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

Weaknesses

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

Breakthrough Initiatives:

Target

Resources:

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

Environmental Scan: MAINTAIN COST EFFECTIVE TELECOMMUNICATIONS SYSTEMS

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities:

- Ensures that organization is not overpaying for outdated or underperforming services
- Can move to cloud based telephone service to improve reliability and increase access to phone system to remote and field workers

Threats:

- TelNet services are inexpensive, but organization voice services with a single vendor represents single point of failure
-
- Current phone system will be end of life December 2025.

Strengths and Weaknesses (Response to Opps/Threats):

Strengths:

- The TelNet rates are very inexpensive compared to the previous carrier rates
- Agency has redundant internet access at all our primary facilities that would allow for conversion to cloud-based telephone service

Weaknesses:

- TelNet outages illustrated that relying on local carriers to route calls introduces additional points of failure.

Breakthrough Initiatives:

Target

Resources:

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

Director of Health Care
Accountability, IS
Manager

Implement RingCentral (or similar) cloud-based unified communications solution to replace our EOL phone system.

12/31/25

IS Manager, Senior
Systems Administrator,
I.S. Help Desk/EHR
Administrator

Environmental Scan:

IMPROVE SYSTEM SECURITY PRACTICES AND TECHNOLOGY

Lead Team Member:

IS Manager

Status:

Revised for 2024-2025

Impact on Ability to Accomplish Mission:

- Improve security practices that govern system audits, security reviews, and documentation

Opportunities or Threats:

Strengths and Weaknesses (Response to Opps/Threats):

Opportunities

- Continue to use KnowBe4 email phishing campaigns and user training

Threats

- Email phishing threats represent the greatest risk to organizational data

Strengths

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

Weaknesses

- The human factor is still a weak link in our security

Breakthrough Initiatives:

Target

Resources:

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

Ongoing

IS Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, IS Help Desk Specialist

Environmental Scan: INCREASE MOBILE AND REMOTE WORK TECHNOLOGIES

Lead Team Member: IS Manager

Status: Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

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

Threats

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

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

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

Weaknesses

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

Breakthrough Initiatives:

- 1.
2. Implement the change to Microsoft 365 licenses from Office 365 licenses for additional management and security features, allowing for the IT Department to effectively manage the de-centralized nature of SharePoint.
3. Test SharePoint online and OneDrive on a per-department basis

Target

02/15/25

09/30/25

Resources:

Director of Health Care
Accountability Senior Systems
Administrator I.S. Help Desk/EHR
Administrator

IS Manager, Senior Systems
Administrator

IS Manager, Director of Health Care
Accountability, Senior Systems
Administrator, I.S. Help Desk/EHR
Administrator

Environmental Scan: INCREASE TECHNICAL TRAINING OFFERED TO STAFF

Lead Team Member: IS Manager

Status: Revised 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Strengths and Weaknesses (Response to Opps/Threats):

Opportunities

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

Threats

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

Strengths

- IS Department staff are eager to provide training to staff on tools most commonly referred to the Help Desk
- Relias training library is extensive and easily deployed to staff
- Staff generally know how to use current common technology
- Staff reach out to the helpdesk if they have questions on how to use technology
- Staff are trained every time a new technology is implemented

Weaknesses

- Lack of staff participation with voluntary trainings offered
- Staff do not engage in additional training due to training overload

Breakthrough Initiatives:

Target

Resources:

1. Provide users software tips and training opportunities through electronic means as a more efficient alternative to recommending more mandatory annual training
2. Investigate a wiki-style location on intranet/SharePoint for organizing and accessing past tips

09/30/25

09/30/25

IS Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, Senior Programmer/Analyst, LAN / Database Specialist, IS Help Desk Specialist

IS Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, Senior Programmer/Analyst, LAN / Database Specialist, IS Help Desk Specialist

1.

I.S. Help Desk/EHR Administrator
IS Help Desk Specialist
Senior Systems Administrator
Senior Programmer/Analyst
LAN / Database Specialist

Operational Initiatives

Environmental Scan: VENDOR MANAGEMENT AND PERFORMANCE MONITORING

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

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

Threats

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

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

- Users are quick to report issues to the helpdesk, and outage reports can be tracked in a SharePoint list, accessible to all IT staff to collaborate on.

Weaknesses

- Too reliant on vendor to report performance problems with their services
- Lack of diversity in vendors can impact operations when experiencing service disruptions from a particular vendor
- Old reporting tool “What’s Up Gold” did not provide adequate insight into actual outages, instead only reporting if the IP address of the service responded to a ping, which resulted in many false positives, and false negatives.

Breakthrough Initiatives:

Resources:

1. Compare outage calculations against SLA parameters or other performance guidelines to ensure vendor compliance	IS Manager
2. Provide performance data for Leadership Dashboard reporting <ul style="list-style-type: none"> ○ Wide and local area network issues ○ Telepresence issues ○ Cloud computing and Virtual Desktop Infrastructure (VDI) issues ○ Phone issues ○ Phoenix issues 	IS Manager, Director of Health Care Accountability, I.S. Help Desk/EHR Administrator
3. Generate power BI reports for leadership dashboard from outage SharePoint list.	IS Manager, LAN / Database Specialist, Senior Programmer/Analyst
5. Audit use of staff software and application subscriptions (such as Zoom, Doxy, Adobe and Microsoft products) on a routine basis and adjust vendor agreements where feasible to eliminate unnecessary costs.	IS Manager, LAN / Database Specialist, Senior Systems Administrator, Senior Programmer / Analyst, I.S. Help Desk/EHR Administrator, IS Help Desk Specialist

Operational Initiative: CONTINUED DEVELOPMENT OF STANDARDIZED COMMUNICATIONS KNOWLEDGE

Lead Team Member: IS Manager

Status: Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Operational Actions:

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

Resources:

IS Manager, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator

IS Manager, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator

IS Manager, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator, Medical Records Associate

Environmental Scan: INFORMATION SYSTEMS DOCUMENTATION

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

- Create central repository for documentation
- Cross-training within department will make documentation essential to success

Threats

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

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

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

Weaknesses

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

Breakthrough Initiatives:

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

Resources:

IS Manager, Senior Systems Administrator, Senior Programmer/Analyst, I.S. Help Desk/EHR Administrator, LAN / Database Specialist, IS Help Desk Specialist

Director of Health Care Accountability, IS Manager, Quality Manager, Senior Programmer/Analyst, LAN / Database Specialist

Senior Programmer/Analyst, LAN / Database Specialist

IS Manager, I.S. Help Desk/EHR Administrator, Senior Programmer/Analyst, LAN / Database Specialist

Environmental Scan: CONTINUE TO IMPROVE ANNUAL RISK ASSESSMENT PROCESS

Lead Team Member: IS Manager **Status:** Revised for 2024-2025

Impact on Ability to Accomplish Mission:

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

Opportunities or Threats:

Opportunities

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

Threats

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

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

- 2024 risk assessment can be used as a building block for broader inspections of security
- Tightly integrated cloud computing environment should limit number of technical anomalies reported

Weaknesses

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

Breakthrough Initiatives:

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

Resources:

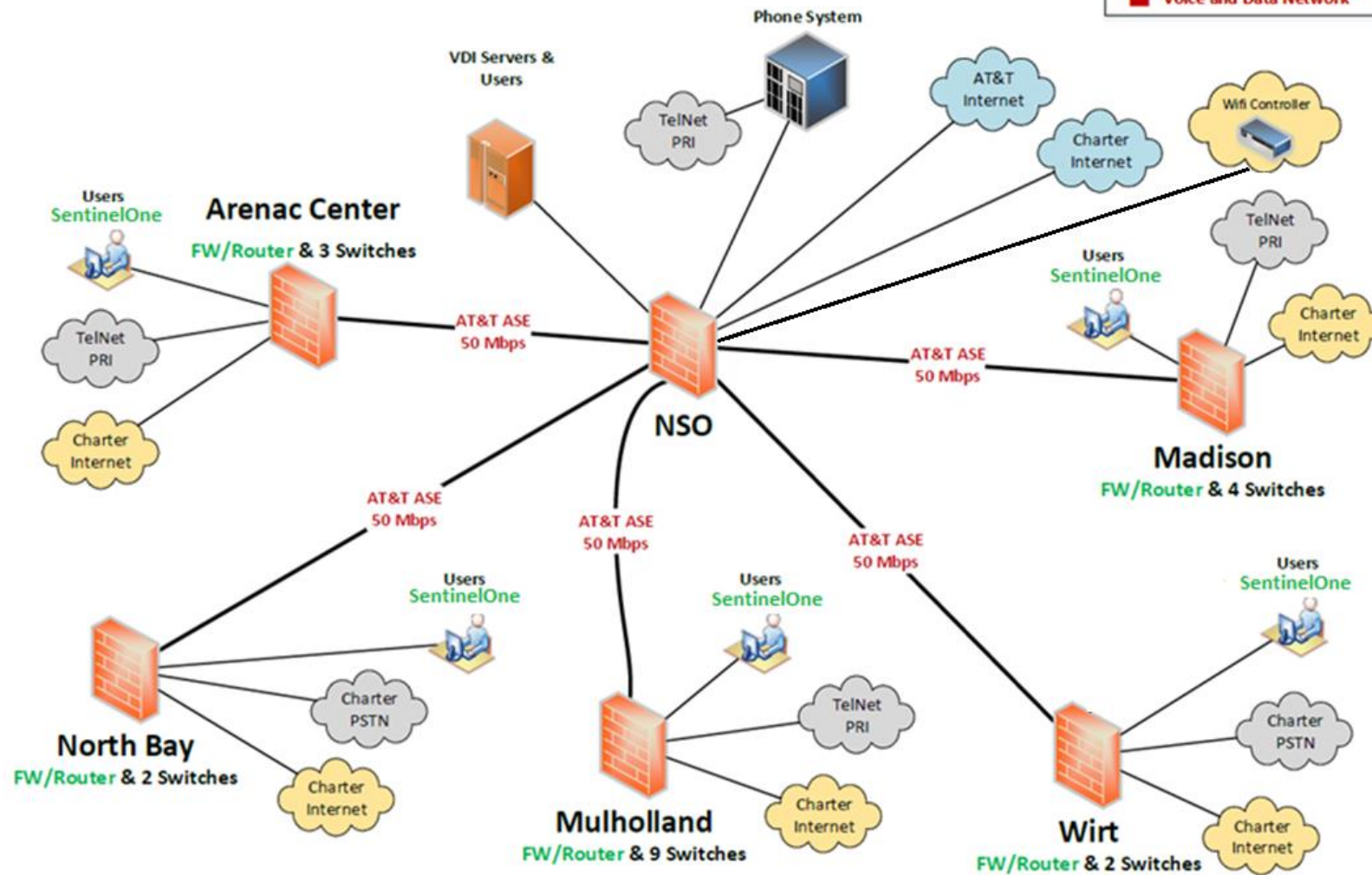
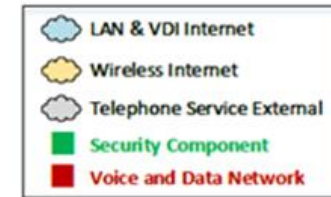
IS Manager
IS Manager
IS Manager, Senior Systems Administrator, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator, LAN / Database Specialist, IS Help Desk Specialist

Attachments

Wide Area Network and Security Map

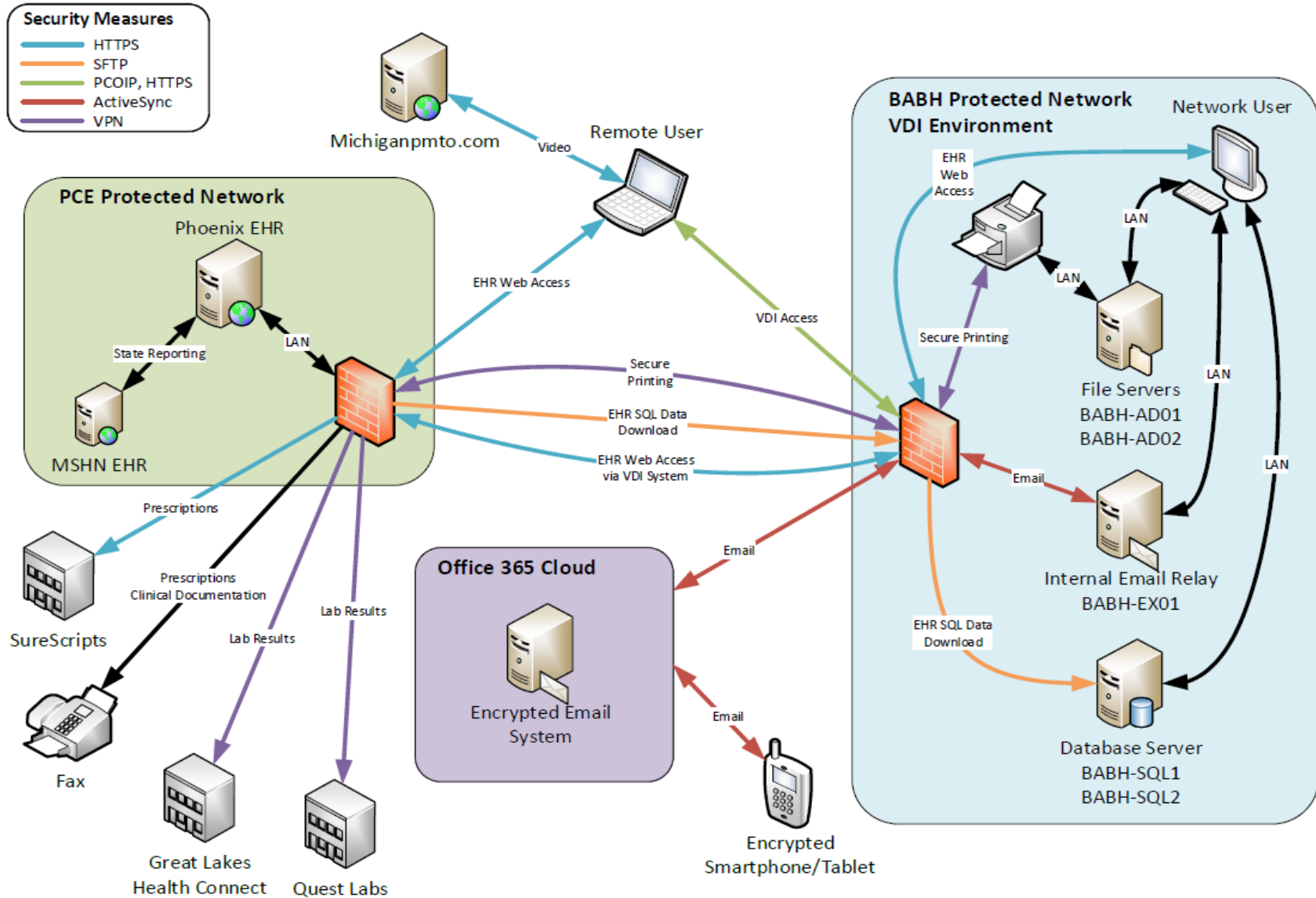
Bay-Arenac Behavioral Health

Wide Area Network and Security Map 2023-10-03



e-PHI Workflow Diagram

BABH ePHI Workflow Diagram 2019-08-15



Security Risk Assessment Findings and Remediation Plan 2024

Bay-Arenac Behavioral Health

Completed By: Jesse Bellinger, IT Manager/Security Officer

Date Completed: July 01, 2024

I. Overview

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

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

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

II. Security Risk Assessment Findings

Section 1 – SRA Basics

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

Results

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

BABH is fully compliant within this section.

Section 2 – Security Policies

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

Results

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

BABH is fully compliant within this section.

Section 3 – Security and Workforce

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

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

Results

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

BABH is fully compliant within this section.

Section 4 – Security and Data

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

Results

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

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

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

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

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

Section 5 – Security and the Practice

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

Results

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

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

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

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

DHHS Guidance: Consider appropriate methods of validating access to your facility. Implement and document safeguards determined to be reasonable and appropriate. Always keep data and network closets locked. Grant access using badge readers rather than traditional key locks.

Section 6 – Security and Business Associates

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

Results

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

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

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

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

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

Section 7 – Contingency Planning

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

Results

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

BABH is fully compliant within this section.

III. Security Risk Assessment Findings Summary

SRA Results

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

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

IV. Security Risk Assessment Remediation Plan

Section 4 – Security and Data

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

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

Remediation Plan: Available options to limit device access to the cloud based EHR include IP Filtering and/or a browser cookie. Due to BABH’s use of contracted providers, both options present an unreasonable burden to both end users and IT staff.

Standard 164.312(d) “Person or Entity Authentication” is the referenced rule for Section 4, Question 23. This standard has no implementation specifications and requires a covered entity to “Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed”.

Access to PHI via our EHR software is protected by username, password, and 2 factor authentication. This ensures the person seeking access is who they say they are by requiring them to combine something they have (the time sensitive 2FA code generated by the token or authenticator app) and something they know (their username and password).

Our current practice provides reasonable security without placing an unreasonable burden on end users and IT staff. It is therefore not reasonable for us to follow the guidance within the SRA tool in this case.

Section 5 – Security and the Practice

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

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

Remediation Plan: Access to most facilities is controlled except for Mulholland. A recent change at the Mulholland site caused the doors to be open to the public. Most sites have video monitoring to track attempts to access the facility, except for North Bay.

The Security Officer will work with the Senior Leadership Team and the Facility Manager on ways to improve monitoring unauthorized attempts to access our facilities, and work on reasonable measures to secure Mulholland.

Section 6 – Security and Business Associates

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

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

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

Information Technology Equipment Replacement Schedule

Objective

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

Older computing equipment is:

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

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

Schedule

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

Replacement Cost

Device Type	Quantity	Unit Cost	Total Cost
Chromebooks (swap with Surface)	23	\$800	\$18,400
iPad	12	\$450	\$5,400
Laptop	19	\$1,500	\$28,500
<i>totals</i>	54		\$52,300

Equipment Qualifying for Replacement in 2025

Category	BABH Asset Tag	Purchased Date	Years Since Purchase	Manufacturer	Model Number	Signed out to
ChromeBook	8637	7/1/2021	3	Acer	314	Birdie Brown
ChromeBook	8656	7/1/2021	3	Acer	314	Lisa Husarick
ChromeBook	8653	7/1/2021	3	Acer	314	Jenna Mahar
ChromeBook	8651	7/1/2021	3	Acer	314	Lori Lagalo
ChromeBook	8647	7/1/2021	3	Acer	314	Allison Gruehr
ChromeBook	8645	7/1/2021	3	Acer	314	Brian Kruzell
ChromeBook	8643	7/1/2021	3	Acer	314	Stephanie Blaylock
ChromeBook	8642	7/1/2021	3	Acer	314	Susan Guertin
ChromeBook	8658	7/1/2021	3	Acer	314	Ashley Furtaw
ChromeBook	8638	7/1/2021	3	Acer	314	Andrea Rayl
ChromeBook	8636	7/1/2021	3	Acer	314	Jodi Histed
ChromeBook	8635	7/1/2021	3	Acer	314	Sarah VanParis
ChromeBook	8632	7/1/2021	3	Acer	314	Amanda Christie
ChromeBook	8629	7/1/2021	3	Acer	314	Monica Baniel
ChromeBook	8625	7/1/2021	3	Acer	314	Shalynda Rutherford
ChromeBook	8624	7/1/2021	3	Acer	314	Caset Birkley
ChromeBook	8621	7/1/2021	3	Acer	314	Jessica Hegenaver
ChromeBook	8620	7/1/2021	3	Acer	314	Kim Jinks
ChromeBook	8640	7/1/2021	3	Acer	314	Holli Vogel
ChromeBook	8663	7/1/2021	3	Acer	314	Brad Parker
ChromeBook	8633	7/1/2021	3	Acer	314	Sarah VanParis
ChromeBook	8664	7/1/2021	3	Acer	314	Maryssa Schneider
ChromeBook	8666	7/1/2021	3	Acer	314	Timothy Woodcock
iPad	8286	1/4/2021	3	Apple	8th Gen 10.2"	Timothy Woodcock
iPad	8275	9/13/2019	5	Apple	iPad 6th Generation	Nichole Sweet
iPad	6740	9/4/2019	5	Apple	6th Gen	Tracy Landrey
iPad	6735	11/1/2019	5		6th Gen	Anne Sous
iPad	6748	9/23/2019	5		6th Gen	Ellen Leskiak
iPad	6724	9/23/2019	5		6th Gen	Justin Louks
iPad	8140	10/9/2019	5		6th Gen	Anne Sous
iPad	8142	11/1/2019	5		6th Gen	Sara McRae
iPad	6734	11/1/2019	5		6th Gen	Theresa Adler
iPad	8149	11/6/2019	5		6th Gen	Audra Jungnitsch
iPad	8126	9/24/2019	5	apple		Melissa Haney
iPad	6521	5/17/2017	7	Apple	iPad Pro 12.9"	Kelly Bryan
Laptop	6026	10/15/2018	6	Dell	Latitude	Kelly Bryan
Laptop	1720	3/1/2017	7	Lenovo	Yoga 460	Lori Boucard
Laptop	6520	3/1/2017	7	Dell	Latitude 3460	Tina Dilley
Laptop	1728	8/25/2017	7	Dell	XPS 15	Viki Atkinson
Laptop	1717	3/1/2017	7		Yoga 460	Heather Nix
Laptop	1736	8/25/2017	7	Dell	XPS 13"	Nicholas Berkobien
Laptop	1735	8/25/2017	7	Dell	XPS 13"	Amber Wade

Laptop	1725	8/29/2017	7	Dell	XPS	Lisa Nagel
Laptop	1733	8/25/2017	7	Dell	XPS	Traci Hopper
Laptop	1746	8/25/2017	7	Dell	XPS 13	Recipient Rights
Laptop	1744	8/25/2017	7	Dell	XPS 13	Shaun Beyer
Laptop	1730	8/25/2017	7	Dell	XPS 15	Melanie Corrion
Laptop	1731	8/25/2017	7	Dell	XPS 15"	Marci Rozek
Laptop	1697	12/15/2016	8	Dell	Latitude E5550	Alexandria Karas
Laptop	1706	12/15/2016	8	Dell	XPS	Tina Dilley
Laptop	1695	12/12/2016	8	Dell	Latitude E5570	Teri Rosa
Laptop	1692	8/15/2016	8	Dell	Latitude E7270	Mariah Castillo
Laptop	1701	12/15/2016	8	Dell	XPS 15	Greg Lietzow
Laptop	6332	1/1/2015	9	Dell	Latitude E5550	Ann Nephews

BABH Master Agreement List

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosti ng/ Vendors	Term Start	Term End	Scope/ Users	Fee/Rate	Annu al Cost
NSO	Cloud computing environment	Monthly summary laas \$10,875.75 Security \$2954.60 Backups \$2,195 Management \$2,775.80 3rd party subs \$9,979.20 Total monthly: \$28,780.35		X		NSO	2/1/2023	2/1/2026			#### #### #
BlueHost.com	Website Hosting and Support					Blue Host.com	4/23/2022	4/23/2025		\$323.64 for 36m	\$107.88 per year
Go To Meeting	Meeting services and audio conferencing service	Help Desk is admin – investigate reducing to 1 license	x				3/20/2014	evergreen	3 users	16.00/month/ seat	\$576
OpenVoice Conf Rm # 7833212 Moderator PIN 8240193	conference calling service	T Adler is administrator	X						3 users	.08 cents/per minute + ISF rate (usually around 20/25 percent)	
Zoom	Telepsychiatry and conference room video conferencing	Month to month service used for telepsychiatry and video conferencing	X			Zoom	Month to Month	Month to Month	78 users	\$14.99 per user per month	4718.28

									1 Room Conne ctors	\$34.20 per H.232 Room Connector for external meetings	
Verizon Wireless	for mobile phone service	Monthly access fees for service on 225 lines & equipment charts on 225 lines									
Communications as a Services (CaaS) - ShoreTel and BABH network equipment	Call center functionality and support for IP communicator	ES/Access Center call center and Help Desk phone systems	X	X	"	NSO	9/1/2017	9/1/2022	Phone System Network switches Network routers Fax system	1778.75 / mo	#### #### #
Charter Acct 8245-12-318-007-7655	for general guest access at offices					Charter		evergreen			
- ASE Circuit (Ethernet)	Mulholland Building	AT&T Account Number: 989 R41-0200 612 2		X		NSO	- 8/23/2018	Montly	50 MBPS	- -\$752.64/mo 3/21	- \$9,031.68
- ASE Circuit (Ethernet)	Madison Building	AT&T Account Number: 989 R41-0125 619 9		X		NSO	- 8/23/2018	Montly	50 MBPS	- -\$752.64/mo 3/21	- \$9,031.68
ASE Circuit	Arenac Building	ASE 20mb Circuit between Arenac and NSO Hampton Place location		X		NSO	- 8/23/2018	Montly	- 50 MPBS	- -	- -

										\$752.64/mo 3/21	\$9,031.68
- ASE Circuit (Ethernet)	Wirt Building	AT&T Account Number: 989 R41-0068 081 1		X		NSO	- 8/23/2018	Mont hly	50 MBPS	- - \$752.64/mo 3/21	- - \$9,031.68
ASE Circuit (Ethernet)	ASE Fiber Hub - NSO Hampton Place	ASE Hub req'd to provide a hub-and-spoke infrastructure for ASE Circuits being installed as of 8/23/18		X		NSO	8/23/2018	8/23/2021	250 MBPS	\$1257.57/mo 3/21	#### #### #
- ASE Circuit (Ethernet)	Kawkawlin Site (North Bay)	AT&T Account Number: 989 R41-0229 718 4		X		NSO	8/23/2018	Mont hly	50 MBPS	\$752.64/mo 3/21	\$9,031.68
T1-PRI Circuit - Mulholland	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for \$80/month				- Tel-Net	5/30/2020	Mont hly	12 mos	- - \$440/mo	
T1-PRI Circuit - for NSO site for BABH calls	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for \$80/month				Tel-Net	5/30/2020	Mont hly	12 mos	- - \$440.65	

PRI - Arenac Center	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet Account Number: TN021779		x		TelNet	- - - -	Monthly		\$405.15	
PRI - Madison	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet PRI - Account # TN021871 Order # TNN4589753 Circuit ID PPTHT1000041168		x		TelNet	- - - -	Monthly		\$421.70	
Omnilert - Mass Notification System	Omnilert - mass notification system for alerting staff of emergent situations via email, SMS, and calling cell and desk phones	Licensed for 425 Users. 250 staff contacts and 2 contacts for each provider.		x		Omnilert	9/28/2021	9/28/2022	- - 378 users	Platform Cost \$1,800/yr User \$4.20/yr (378 users)	- \$3,388
			14				-	-		-	-

Ruckus Wireless - NSO		Support license renewals for controller and access point licenses; provides the latest patches and free warranty replacement if the device fails. This renewal is being done through Abadata at this time.				NSO/Ruckus	- - - - 10/21/2022	- - - - 10/21/2023		- - \$170/month	- -
Fortinet UTM Firewall Support includes FW hardware, FortiMgr support, and IOS subscriptions		Support for Fortinet UTM firewalls. Includes all branch firewalls and main FW at NSO network hub; support for Forti-Mgr and Forti-Analyzer servers; subscription for ongoing threat to keep security devices upgraded. Bought service with 5-year term when purchasing equipment.		x		NSO/Fortinet	11/1/2020	11/1/2025		Prepaid 5 year term.	\$464/yr
SSL Certificate - Wild Card	for multiple use *babha.org					Go-Daddy	- - 5/20/2022	5/20/2023	one multi-use cert	- \$449.99	\$449.99
Domain Registration Account - babha.org	web domain for access to network for BABHA	Some domains are through Go-Daddy; others through Network Solutions			x			10/9/2025		Prepaid 5-year term \$105.85	\$21.17

Adobe	Acrobat used to update PDF documents	BABH has 5? Adobe subscriptions - Acrobat (T Adler, J Louks, S. McRae, B. Beck; Medical Records Associate);	X				Acrobat - May 2013	n/a	Acrobat – IS Help Desk Specialist, T Adler, S. McRae, B. Beck, Medical Records Associate	Acrobat - \$14.99/month/user	179.88/user
Fixed Asset Software (Sage)	Finance - asset management	-handled by Finance directly	X				11/1/2020	11/1/2021	5 licenses	\$3,211/yr	\$3,211/yr
PCE Clinical Information Systems	EMR Implementation						9/20/2013	3/3/2014		\$219,940	
PCE Clinical Information Systems	ASP Services						3/1/2020	2/28/2023		\$21,600/Month	
PCE Clinical Information Systems	EPCS	E-prescribing (including controlled substances) for 10 prescribers	X				1/16/2014	evergreen	10 licenses	\$1,500/month per prescriber	\$18,000.00

CAFAS (Functional Assessment Systems)	web service with Multi-Health Systems	to permit PCE-Phoenix integration w/ CAFAS/ PECAFAS					3/12/2015	3/12/2016	implementation fee and annual fee	\$1,999 implementation fee \$499 annual fee	\$1,999
SpeechExec-Pro Transcribe	Dictation software for Madison Clinic						#1 01/2022 #2 08/19/22	#1 01/2024 #2 08/19/24	Two licenses	\$254.15 per two-year subscription	\$254.16
Jam Software – TreeSize Professional	program used to monitor/report file sizes, folders, folder permissions.						9/1/2022	8/31/2023	1 license – T.Adler	\$27.98/year	\$27.98
MSDN (Microsoft Developer Network) was through PC Connection; now CDW	software development tools used by Greg W and Greg L; Visual Studio is obtained through MSDN; (used for Gallery)	Licenses have been established for both Lisa Nagel and Greg Lietzow	X						- - 2 licenses - LNagel and GLietzow	\$799 (for GL renewal)	n/a
Telerik DevCraft Support and Maintenance	software development tools (used for Gallery)	Reduced from 5 licenses to 2	X	X			2/27/2021	2/27/2022	2 licenses	\$606.69 ea (inc 10% discount and govt discount)	\$1,213.38

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