

AGENDA

**BAY ARENAC BEHAVIORAL HEALTH
 BOARD OF DIRECTORS
 HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING**
 Monday, December 2, 2024 at 5:00 pm
 Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

	Committee Members: Robert Pawlak, Ex Off, Ch Christopher Girard, V Ch Tim Banaszak Patrick Conley	Present _____ _____ _____ _____	Excused _____ _____ _____ _____	Absent _____ _____ _____ _____	Committee Members: Patrick McFarland Pam Schumacher Richard Byrne, Ex Off	Present _____ _____ _____	Excused _____ _____ _____	Absent _____ _____ _____	Others Present: BABH: Karen Amon, Jesse Bellinger, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
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	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report 3.2) Corporate Compliance Committee notes from October 14, 2024		3.1) No action necessary 3.2) No action necessary
4.	Other Reports 4.1) Primary Network Operations and Quality Management Committee notes from October 10, 2024		4.1) No action necessary
5.	Unfinished Business 5.1) Donation of Personal Protection Equipment (PPE)		5.1) No action necessary

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6.	New Business 6.1) 2024-2025 Information Management Strategic & Operational Plan (IMSOP) 6.2) Quality Dashboard/Report 6.3) Wirt Building Update 6.4) HCIC Committee Changes 2025		6.1) Consideration of a motion to refer the 2024-2025 IMSOP to the full Board for approval 6.2) No action necessary 6.3) No action necessary 6.4) No action necessary
7.	Adjournment		

BAY-ARENAC BEHAVIORAL HEALTH

BABHA CORPORATE COMPLIANCE COMMITTEE MEETING

Monday, October 14, 2024 (1:00 –3:00 pm)

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Karen Amon, Comp.& Privacy Officer, Chair	X	Heather Friebe, Clinical Program Manager	X	Melissa Prusi, Rec. Rights/Cust. Serv. Manager	X
Amy Folsom, Clinic Practice Manager	X	Jennifer Lasceski, director of HR	X	Sarah Holsinger, Quality Manager	X
Lynn Meads, Medical Records, Recorder	X	Jesse Bellinger, Security Officer	X	Stephanie Gunsell, Contract Manager	x
Ellen Lesniak, Finance Manager, Vice Chair	X	Joelin Hahn, Director of Integrated Healthcare	X	GUESTS	
Heather Beson, Director of Integrated Healthcare	E	Marci Rozek, CFO	E		
Michele Perry, Finance Manager	E				

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) Agenda: Review/Additions</p> <p>b) Meeting Notes: Approval of September 9, 2024, meeting notes.</p> <p>c) Next Meeting: December 9, 2024 (Nov. 11th Meeting is a holiday)</p>	<p>a) No additions to the agenda.</p> <p>b) September 9, 2024, meeting approved as written.</p> <p>c) The next meeting is scheduled for December 9, 2024.</p>	
2.	<p>State-Federal Laws, MDHHS Notices and Regulations</p> <p>a) Review of Log and Subject Matter Expert Report Outs</p>	<p>a) Karen and the committee reviewed the log: (Log can be found under Corporate Compliance Reg tab. Go to issue # to see what was talked about and what needs to be reviewed.)</p> <p>Log No: 348 Restraint. Monitoring.</p> <p>Log No: 358 Guardianship of IDD Individuals. Monitoring.</p> <p>Log No: 359 Professional guardianship requirements. Monitoring.</p> <p>Log No: 360 Children’s protections in community camps/programs. Monitoring.</p> <p>Log No: 367 Targeted Case Management for persons incarcerated. Monitoring.</p> <p>Log No: 379 Telemedicine extension for Controlled substances. Monitoring.</p> <p>Log No: 382 EVV Provider enrollment. Close.</p> <p>Log No: 392 AFC Licensing Changes. Monitoring.</p> <p>Log No: 394 UIR Memo from RRO. Working on.</p> <p>Log No: 396 SW Licensure Requirements. Monitoring.</p> <p>Log No: 398 Death with Dignity. Monitoring.</p> <p>Log No: 399 Mental Health Insurance Parity. Monitoring.</p> <p>Log No: 400 CCBHC. Monitoring. No movement. Lame duck.</p> <p>Log No: 401 Psychologists requirements for MA providing ABA services. Monitoring.</p> <p>Log No: 402 Extreme Risk order. Monitoring.</p> <p>Log No: 403 EVV. Close.</p>	

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		<p>Log No: 409 CMS Fee Schedule changes. Needs Review.</p> <p>Log No: 410 42 CFR Part 2 Updates. Working on. Karen will send a summary out to this group. Consider staff education.</p> <p>Log No: 412 HCBS - restrictions in the IPOS and BTRC. Working on.</p> <p>Log No: 413 Medicaid Provider Manual updates. Needs Review</p> <p>Log No: 414 Children’s and Adolescents Durable equipment revisions. Needs Review. Review for next meeting and made recommendations.</p> <p>Log No: 417 BHH Expansion and addition of Codes. Needs Review.</p> <p>Log No: 418 MichiCANS. Letter went out regarding CAFAS and PECFAS which was put in folder.</p> <p>Log No: 419 WHODAS Announcement. Needs Review. Full implementation Fall 2026</p> <p>Log No: 420 Telemedicine updates in the Medicaid Provider Manual. Needs Review. Amy to update.</p> <p>Log No: 421 Proposed policies for Speech Language pathologists. Needs Review.</p> <p>Log No: 422 Non-Emergency transportation. Effective date 10/1/2024</p> <p>Log No: 423 Heath Care Items in lieu of services guide. Needs Review.</p> <p>Log No: 424 Coordination of Services between Medicaid Behavioral Health and MI Choice. Heather B. has reviewed. Karen will follow up with Heather and Melanie to make sure there is nothing we need to do.</p> <p>Log No: 425 Direct Care Wage Increase. New guideline. Finance will handle this. Per Stephanie, this has been incorporated in the 2025 contract. Closed.</p> <p>Log No: 426 ICCW Billing. On hold until at least January because CMS didn’t approve the application yet.</p> <p>Log No: 427 New Medicaid Provider Manual. Came out 10/01/24. The first thing that Joelin noted is in 1.6: Beneficiary Eligibility. The state has changed it that in the Neuropsychiatric Testing, the MHP is responsible for the Primary Care Physician doing the screening saying, “I think this person needs Neuropsych testing”, then, if they determine someone needs Neuropsych testing then it becomes our responsibility to pay for that assessment and evaluation. When the results come back, it is either going to determine that a person does meet eligibility for Specialty Mental Health Services, or they don’t. If they don’t, anything from then on goes back to the MHP for responsibility. So, this is just a shift in funding responsibility on who pays for that. Joelin is somewhat concerned regarding our budget, but we do not get a lot of requests for Neuropsych testing. The other thing noticed is that the “Educational equipment and supplies expected to be provided by the school are not covered”. This is in multiple places within the Manual. Basically, we need to make sure that anything we are paying for, that we have justification from the school system on why they cannot pay for it. We may need to seek clarification as we do have some kids with autism and IDD that have special speech devices. Is this something that the school is supposed to be providing for them. This has been added to our coverage “excludes list” and we need to make sure we are cautious that we are not paying for anything that the school system should be providing. One other issue that Joelin is looking into right now is that when people are doing the Medicaid Eligibility lookup in PCE, that every single case is coming back with the 291 Plan, which is the plan first. When looking into this, Joelin noted that when brought up it says 291 Plan but then if you scroll down to the lower section of the Eligibility lookup, it clearly states that they have the Medicaid. DHS states that is shows that they clearly have full Medicaid coverage. Joelin wants to verify what 291 Plan means to DHS and then we may have to get with PCE as this may be a glitch in their system. Ellen also checking into this and may have already asked this question.</p>	

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	<ul style="list-style-type: none"> b) Review of CMHA Update on Legislative and Policy Changes c) Review of Compliance Updates/Regulatory Education Needed for Staff d) Process for Ensuring Implementation of Policy Changes e) Updates from CMHAM ED Forum-sent out by Chris P f) Telehealth and In-Person Requirements email from CLC <p>3. Plans, Policies, Procedures, Assessments:</p> <ul style="list-style-type: none"> a) Status of Employee Attestations/Time for new ones (End of Summer/early fall). b) Appeals process to comply with releasing records. 	<ul style="list-style-type: none"> b) Discussed above. c) Discussed above. d) Discussed above. e) No Updates from CMHAM ED Forum meeting is in November: f) Per Amy, this is an update regarding requiring in-person. Per Karen, from the Clinical leadership, from Midstate, there may have had something sent out from them regarding In-person. Karen states there was concern because it is going to put several of us at risk because we don't have providers that are in person. Karen believes the last thing talked about was that Todd was going to reach out to the state to do some advocacy about this and he did ask for our feedback on how it is going to impact our agencies. <ul style="list-style-type: none"> a) Will send out again. The process is simple, just need to get people to do it. Karen does not feel this form needs to be updated. b) To move forward, Melissa P. needed more information regarding the patient portal. She has written everything up but is unsure if the patient portal can be used. Can we offer them to use the patient portal to get their "whole case file that is applicable to this appeal"? Can patient portal be used in this way? Amy states that there are some places where documents can be upload in the portal. She thinks that you can create a release packet and it can go to the patient portal. Karen states that there is a new requirement that we must provide the consumers information related to an appeal. Our thought was, if we could provide it to them in a way that doesn't involve us mailing documents out, if we could utilize the patient portal for that reason, that might be a better process. Amy states, the problem with this is, the person must have an email, and this must be collected and in the chart. We do not routinely collect emails. So, that would have to be part of the Customer Service process, to collect the person's email and add it to the chart, if packets will be generated by that dept. If someone doesn't have an email, then we would have to mail them their case file. Melissa will discuss with her team regarding obtaining consumer emails. Amy states she can help teach staff how to generate pin when in chart adding email. 	

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4.	<p>Data/Monitoring/Reports:</p> <ul style="list-style-type: none"> a) Phoenix and Gallery Breach Monitoring b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud/Abuse/Convictions during Staff Development Days) c) Monitoring of Group Drives for Unsecured PHI Files d) Security Officer Update e) Ethics/Recipient Rights/Customer Service Update f) Report of spot checks for compliance for Self Determination g) Corporate Compliance Activity Report: 	<ul style="list-style-type: none"> a) Monthly monitoring completed; Lynn reported no security breaches in Phoenix or Gallery for the month of September. b) Jennifer reported there were no employees or Board members who were excluded or debarred. Stephanie reported no findings. c) No unsecured PHI found. d) Blumira executive findings. There were no findings this month. More than 4.6TB of data were analyzed in the last 12 month. There were no threats. e) No updates. Next Ethics committee meeting is 10/30/24. There is only one topic at this point and reviewing policies as well. Melissa is sending out an intranet announcement requesting any ethics topics for discussion. f) Ben reported that he examined 16 sets of notes for September. Ben has been working on an issue with a mother regarding the inability to keep staff and going over the training budgets due to this issue. One person disenrolled from Self D in August. He did call in checks for the case that is being monitored and the staff was at the home at all the times she was supposed to be. He was able to work with another consumer to stay within budget. This person was consistently going over budget. g) Quarterly is due next week. There was an OIG meeting, Melissa and Karen reported on a potential fraud and they declared that they were not going to follow through on that referral because it did not meet the standards of criminal fraud. Karen will report this on quarterly report. At this time, it doesn't look like there will be any recoupment because it can't be determined whether the service was provided or not. This was the case involving copy and pasted notes so Karen will follow up with the provider and make sure there is some corrective action, supervision, and monitoring as this should have been caught sooner than it was. Amy inquired if Karen had looked at charts with unsigned documents sent from List Psychological. These are not electronically signed, just uploaded unsigned. We request Progress Notes from List because our Drs. demand them. Lynn requests records, copying Amy and if there are past due IPOS, copying Karen also. List has sent unsigned documents. Amy reminded Melanie Blank to not send notes that were incomplete. Karen states that in another Compliance issue, we never did get what we needed from Closer to Home and Ellen is working on trying to get us some kind of recoupment amount for the days that don't have complete progress notes, or complete notes. Karen states that we did have some Stuart Wilson compliance issues 	

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	<p><u>October Reports</u></p> <p>h) Email Security Phishing Drills</p> <p>i) Provider Network Site Review Summary</p> <p>j) Review of Licensure for AFC Homes</p> <p>k) Update Service Code Cheat Sheet & Post to Phoenix Help Tab</p>	<p>with rates and then Nicole came across another case where they were charging us inappropriately for services that they were not providing. Nicole was going to complete this and let Karen know the final result.</p> <p>h) August phishing test Results. Test was sent out to 250 recipients, 5 people clicked on this and 65 people reported it. Looking at our last three tests, we are now way under the industry average with our last test. The last two tests have been concerning as we were above the industry average. The people reporting these tests is steadily increasing. We did have to omit the July test, which was due to some false positives that we had from the way the software update interacted with our spam filter. Our next test will be this month. Jesse reminds everyone to keep hitting the Phish Alert Button (PAB) which is located in the top right corner, in the ribbon / tool bar.</p> <p>i) For FY24 there were 115 different MEV reports completed by Sarah’s team. Any issues that we have overall, with any providers, have already been addressed at this meeting or the provider management conference call. Overall, we are seeing consistent scores and no significant trends other than overall quality and training continues to be an issue but mostly minor issues. We are getting into a new cycle, getting ready to head up the regional audits for ABA which are extremely lengthy and time consuming. Everything else seems to be on track.</p> <p>j) Stephanie reviewed and everyone was ok except for Superior Care. An e-mail was sent out on Friday regarding this. It is still showing their license as active, but it is expired on LARA and there was a special investigation report. Stephanie is inquiring what the next step should be. This is pertaining to an out of county provider and we have one person residing at the location. Karen advises to reach out to the provider and ask for information and get an explanation or follow up. Melissa states, they should have communication with their licensing consultant if there is some kind of delay. There should be something noting what is going on and if they cannot produce this, it should be reported to SLT because they must be licensed to be compliant with our contract. Stephanie will update when she receives response.</p> <p>k) Meeting set up Wed. 10/16 @ 10:30.</p>	
5.	<p>Outstanding Items/Other</p> <p>a) Implementation of EVV</p>	<p>a) Nicole was having difficulty last week and she called a meeting together. Jesse stated, according to Nicole’s email, does she need to verify visits for every encounter or only for those visits that need to be corrected, so that is a question. Also, what does it mean if it says there is a “pre-billing problem, service provider compliance”, but the portal gave no explanation as to what that error meant or how to resolve it. Jesse will reach out to the Mid-State people and Nicole will reach out to the state e-mail for FAQs. So, there are some</p>	

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	b) Statewide Credentialing Work Group Updates	<p>glitches with it but her team is working through as much as they can. No providers have reached out concerning this. Stephanie did see an email from Disability Network regarding check in and checkout out times due to rounding rules.</p> <p>b) Per Jen L. there were videos sent out that were to be viewed prior to attending their training, which turned out to just be a Q & A session. As of 10/18, you have to start entering people into the credentialing. They did talk like the policy had already been issued, but it has not been issued. Effective 10/01/2024, credentialing has moved to every three years versus every two years but the policy hasn't been released. We will operate under the two years until we officially see the policy released from the state.</p>	
6.	Adjourn:	The next meeting is scheduled for Monday, December 9, 1:00 – 3:00 pm via MS Teams.	
7.	Credentialing Committee to follow	No Credentialing Committee Meeting today.	



**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/CSM/Sr. Outreach Prog. Mgr.	x	Karen Amon, BABH Healthcare Accountability Director	x	Amanda Johnson, BABH ABA/Wraparound Team Leader	
Amy Folsom, BABH Psych/OPT Svcs. Program Manager	x	Kelli Wilkinson, BABH Children’s IMH/HB Supervisor	x	Jacquelyn List, List Psychological COO	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Clinical Director & CSM Supervisor	x	Kathy Jonhson, Consumer Council Rep (J/A/J/O)	
Barb Goss, Saginaw Psychological COO		Lynn Blohm, BABH North Bay CLS Team Supervisor	x	Lynn Meads, BABH Medical Records Associate	x
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	x	Megan Smith, List Psychological Site Supervisor		Michele Perry, BABH Finance Manager	
Courtney Clark, Saginaw Psychological OPT Supervisor	x	Melanie Corrion, BABH Adult ID/DD Manager		Nathalie Menendes, Saginaw Psychological COO	
Emily Gerhardt, BABH Children Services Team Leader		Melissa Deuel, BABH Quality & Compliance Coordinator	x	Nicole Sweet, BABH Clinical Services Manager	x
Emily Simbeck, MPA Adult OPT Supervisor	x	Melissa Prusi, BABH RR/Customer Services Manager	x	Sarah Van Paris, BABH Nursing Manager	
Heather Beson, BABH Integrated Care Director		Moregan LaMarr, Saginaw Psychological Clinical Director		Stephanie Gunsell, BABH Contracts Manager	
Heather Friebe, BABH Arenac Program Manager	x	Pam VanWormer, BABH Arenac Clinical Supervisor	x	Taylor Keyes, Adult MI Team Leader	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Sarah Holsinger (Chair), BABH Quality Manager	x	GUESTS	
James Spegel, BABH EAS Mobile Response Team Supervisor	x	Stacy Krasinski, BABH EAS Program Manager	x	Taylor Forwerck (SPSI)	x
Joelin Hahn (Chair), BABH Integrated Care Director	-	Stephani Rooker, BABH ID/DD Team Leader		Mallory Erndt (LIST)	x
Joelle Sporman (Recorder), BABH BI Secretary III		Tracy Hagar, MPA Child OPT Supervisor		Rachel Gillespie (MRT)	x

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: c. Approval of Meeting Notes: 08/08/24 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were no additions to the agenda. b. No Presentations. c. The August 8th meeting notes were approved as written. d. Bay-Arenac Behavioral Health: <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> –Nothing to Report - <u>ACT/Adult MI</u> – Down 2 staff. No other changes. - <u>Arenac Center</u> – Nothing to report this month. - <u>Children’s Services</u> – Nothing to report this month. - <u>CLS/North Bay</u> – We did have one contract provider terminate their contract. Samaritas will no longer be one of our CLS providers. We have had some success with our relatively new contract provider, definitely promising. We have another one that we are contracted with that has been a challenge to get them to communicate. There are still quite a few referrals on the list that are not staffed. Regarding Rose Home, we are still staffing that location with internal staffing because of our provider not being able to get in their yet. For those that were not aware, the 	

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1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>director of New Dimensions passed away unexpectedly. New Dimensions was closed for a couple of days. The are now still taking referrals and continuing with their operation.</p> <ul style="list-style-type: none"> - <u>Contracts</u> – Nothing to report this month. - <u>Corporate Compliance</u> – We are seeing some trends with fraud with CLS services. Primarily we are seeing some fraud cases with copy and pasting of notes and not having adequate notes and not catching it. There was one situation that went back to 2022 where notes and signatures were being copied and pasted and dates changed. If you have case managers on your team, make sure that they are meeting with people and reviewing the CLS notes and making sure that the person is actually providing the CLS to the amount scope and duration and whether their notes are reflecting this. - <u>EAS (Emergency Access Services)/Mobile Response</u> –MRT is still hiring second shift position. - <u>Finance</u> – Nothing to report this month. - <u>ID/DD</u> – Nothing to report this month. - <u>IMH/HB</u> – Nothing to report this month. - <u>Madison Clinic</u> – Psychiatric services are getting tight. Amy will be putting out a note to suspend transferring services due to one prescriber going on leave and one leaving the system. Unless there is something significant consumers will need to stay with present provider. We have hired Ashley Badour to replace Tami Trea. She will not be credentialed and onboarded until the second week of December. Tami’s last day is Dec. 1. Letters have gone out to her case load. We will be covering that caseload with nurses, Dr. Myers and Preston. Dr. Exum is going on maternity leave. Abbie Brothers will be moving to Advance Health Services. Sarah V. will be opening some integrated health appointments. - <u>Medical Records</u> – Nothing to report this month. - <u>Quality</u> – Just wrapped up the waiver audit and are waiting for the final approval for the corrective action plan. 	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> - <u>Recipient Rights/Customer Services</u> –No updates other than the EVV templates started on 10/01. They should be the updated versions according to the state templates. Melissa will test template. We are hoping the appeal process works, as far as if people are coming back within the first 30 days, only coming to customer service if there are concerns or issues with that. We are seeing an upward trend in CLS staff borrowing money, using cash apps for money to recipients. It’s all about “I need gas to get there”, “I need to pay my bills”, “I just need \$10 for this”, etc. People are gaining access to recipient’s debit cards and draining bank accounts so people can’t pay their bills. Maybe have case managers have conversations with individuals and ask them certain questions like “Is anybody asking to borrow money from you?” - <u>Self Determination</u> – Nothing to report this month. <p>List Psychological: We have 4 new trained clinicians, 2 of which are interns. One clinician is no longer taking BABH clients. We are open to referrals.</p> <p>MPA: Referrals are very low. They are asking for EAS to send more referrals to them so they can keep their therapists fully staffed.</p> <p>Saginaw Psychological: We have 2 new therapists starting in November. In August there was a Case Manager hired and we are now fully staffed and open to Case management referrals. With Jackie and Courtney taking over as supervisor for OPT case managers, the case managers have been at the Johnson location and the Med clinic has been at the Euclid location, the two locations are switching places. Therapists and Case Managers will be at Euclid and the Med Clinic will be at the Johnson location. The move will take place on November 4. Clients will be notified of the transition. Will phone #s be the same? Courtney will look into this.</p>	

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2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month.	
3. Reports a. QAPIP Quarterly Report (Feb, May, <u>Aug</u> , Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. MSHN Priority Measures Report (Jan, Apr, <u>Jul</u>, Oct)	a. QAPIP Quarterly Report b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. MSHN Priority Measures Report: This report is in the folder for you to look at. We have started revisiting the care alerts, the diabetes screen, the diabetes monitoring, and cardiovascular monitoring since our numbers had dropped significantly. This Priority Measures report is from MSHN. There are a lot of other measures on this that we currently are not doing anything to action, but we do have the performance indicators. This is our last year for performance indicators and then they are going to get rid of them, but they are replacing them with other things. The performance indicators were designed for the state of Michigan and so we really can't compare numbers against other states and other places across the US because it is a Michigan measure. These will be replaced with the HEDIS measures, which are national measures. MSHN as a region has been tracking several HEDIS measures for years but we only specifically were looking at the cardiovascular screening, diabetes monitoring, and diabetes screening. The other measures on this report are things that we will probably need to be looking at in the future. It is a 3 year roll out starting in January. There are the new measures and then after that we will get a new set of measures and the next year, another set. There has not been a lot of information. Mid-State is in the process of trying to figure out what data points we already have and what we can already use. Sarah will keep everyone informed and up to date as she receives information. It will probably have impact on this group as primary case holders. We do have to continue tracking the performance indicators and doing all of that until the end	

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Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> ii. Recipient Rights Report (Jan, Apr, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) 	<p>of this fiscal year and at that point we will not have to do that. For the purpose of this meeting, with the diabetes screening we are at 74% but we have made improvements internally with starting this again. Diabetes Monitoring in comparison with the region, we are at 78.95%. Case Managers may get an email from Quality staff encouraging the primary worker to assist the consumer in getting their labs done.</p> <ul style="list-style-type: none"> ii. Recipient Rights: Nothing to report this month. iii. RAS: This report is in the folder for you to look at. We had 633 overall that we had respond in FY24Q3. When comparing initial and ongoing, the hope is that once somebody is in services that their scores would go up because they are addressing things and there is improvement. There were two statements that scored lower for individuals receiving ongoing services during FY24Q3 when compared to those initially entering services. One statement on the RAS, "I have goals in life that I want to reach", continues to score less for those in ongoing treatment compared to those initially entering treatment. This trend has been consistent for over a year. Is this something that can be addressed in the planning session? In comparison of the responses for active consumers for FY24Q2 and FY24Q3, all of the statements scored lower for FY24Q3 compared to FY24Q2. This was a significant difference from last quarter when there were only two statements that scored less when comparing quarters. It may be worth sending an email out to this group, that can be shared with staff regarding this process. Improvement Strategies are as follows: Continue to train and educate staff regarding the purpose of the RAS; Ensure that a standardized process for administering the RAS is followed by all staff; Review questions and/or trends for scores that are lower for individuals actively receiving services compared to those individuals newly entering services; Encourage consumers to 	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) 	<p>personalize their goals during the person centered planning process to focus on their own unique and individual preferences.</p> <ul style="list-style-type: none"> iv. <u>MHSIP/YSS</u>: Nothing to report this month. v. <u>Provider Satisfaction Report</u>: We had 52 responses which was consistent with what we typically see. We had this go out to residential, vocational, club house, primary, ABA, Community living supports and inpatient. Overall, all the statements scored above 85% standard and all of the nine statements had an increase in percentage in 2024 compared to 2023. The one statement that scored less in 2024 was “BABH operates as a partner with provider agencies” (90% in 2024 and 91% in 2023). “BABH communicates clearly, the standards and requirements that providers are expected to meet” had a 9% increase and “BABH responds in a timely manner” had an 11% increase for 2024 compared to 2023. The breakdown of staff completing the survey is as follows: vocational – 6%, residential – 36%, therapy – 11%, case management – 9%, applied behavioral analysis – 34%, community living supports – 19% and other – 9%. There were eight surveys out of 52 responses that accounted for the 19 ‘disagree’ responses. Eight of the disagrees were from the same survey. A trend that we did see is some staff are welcoming and friendly, but others are not. There was a comment about the relationship between BABH and providers feeling more like a formality then a collaborative relationship to serve clients in the community. This comment came with the suggestions for BABH to give providers feedback on what they are doing well, how they can improve the relationship, and/or quick notes of appreciation for their communication and documentation. There were also a few comments made about there being a lack of communication from BABH when a new referral is made and when a staff is out of the office. Sometimes there is not a warm transfer, it just shows up in their box that a new referral was coming through. Sarah sent out an 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>email on how to set up outlook messages and how to set up PCE as a response to this to remind staff to be putting that on there when they are out and who they should be contacting if they are out of the office. We did have some single comments that were not trends but not overlooked such as there being more training on documentation and expectations for audits, higher pay, there was a recommendation about using nursing services after hours to keep staff from having to take individuals to the hospital and information not being passed along to managers. We did have other positive comments that are listed in the Report for your review. We always ask what are some of the significant mental health needs in the community or trends that you have seen? We want to know what people are noticing. Every 2 years we survey where we try to get that feedback. This year it was homelessness, lack of staff – both direct support and professional level staff, lacking substance use disorder services, more community inclusion opportunities as well as funds available, mental health treatment for consumers with autism, having a healthy work-life balance for staff, not having outpatient therapy services and other services for those that have cognitive impairments, just limitations. Increase in mental health needs for younger populations, mental health of employees and just needing more support in general for parents, support groups. We were above 85%. This will be taken to the provider meeting; it has already been taken to the CLS residential meeting and leadership meetings as well as consumer council just to get feedback. These are the action steps based on survey results: Reminder to staff to communicate timely with providers in general, when they are going to be out of the office and educate staff about how to do PCE out of office message and Outlook message regarding who to contact in their absence. Also, make sure that new add-on referrals that you are clicking the box but there should be</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
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Thursday, October 10, 2024

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>c. <u>Access to Care & Service Utilization Reports</u></p> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iv. Customer Service Report (Jan, Apr, Jul, Oct) 	<p>communication prior to that and encourage staff to provide positive feedback as well as ways to improve processes.</p> <p>c. Access to Care & Service Utilization Reports</p> <ul style="list-style-type: none"> i. <u>MMBPIS Report: FY24Q3 PIHP Data. Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request:</u> BABH performed above the 95% standard. BABH demonstrated 100% (48/48) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (252/252) compliance of the adults who requested a pre-screen and received one within 3 hours. <u>Indicator 2: Initial Assessment within 14 Days- Children/Adults:</u> There were 129 consumers that were out of compliance for Indicator 2 during FY24Q3. There were 173 consumers out of compliance during FY24Q2. Below are the specific reasons identified: 65 consumer no-shows, 1 consumers chose not to pursue services, 1 consumer chose provider outside of network, 22 consumers refused an appointment within 14 days, 27 consumers rescheduled the appointment, 6 consumers unable to be reached, 3 no appointments available, 4 were 'custom': 3 consumers inpatient or in jail after screening and 1 consumer was referred to a provider not accepting referrals. <u>Indicator 3: Start of Service within 14 Days Adult/Children:</u> There were 95 consumers that were out of compliance for Indicator 3 compared to 83 last quarter. Below are the specific reasons identified: 42 consumer no shows, 6 consumers scheduled outside the 14 days because there were no available appointments, 19 consumers that refused an appointment within 14 days, 8 consumers that rescheduled their appointment, 7 consumers that could not be reached, 1 consumers that chose not to pursue services, 1 consumer discharged out of the region or not CMH responsibility, 1 Non-Medicaid consumer, 1 staff that canceled/rescheduled the appointment, 1 consumer where prior 	

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Topic	Key Discussion Points	Action Steps/Responsibility
<p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, <u>Aug</u>, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) 	<p>service was found, and 8 'custom' reasons for being out of compliance: 5 were due to staff not getting assigned the case until 10 days or more into the 14 days, 1 was due to consumer still being inpatient, 1 consumer where parent didn't have time to schedule the appointment and 1 had no documentation of attempts to contact consumer. <u>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</u>: BABH demonstrated 100% (15/15) compliance for the child population and 97.50% (78/80) compliance for the adult population. <u>Indicator 10: Re-admission to Psychiatric Unit within 30 Days</u>: BABH met the standard of less than 15% readmission rate for the children and adult populations. The BABH Quality Manager will coordinate with specific agency supervisors regarding trends that are resulting in out of compliance and assist, as necessary, with determining what actions are necessary for correction. The Quality Manager did reach out to a specific team that was assigning cases 10 days or later into the 14 days.</p> <ul style="list-style-type: none"> ii. <u>LOCUS</u>: Nothing to report this month. iii. <u>Leadership Dashboard</u>: Dashboard is not ready yet, there are still some adjustments being made. Karen A. states we have been working with the IT dept. to update the dashboard indicators that pertain to the services relevant to this group. They are trying to convert it all to Power BI within our system versus pulling the data, pulling reports and then putting them on the dashboard. They will not be ready until tomorrow, 10/11/24. iv. <u>Customer Service Report</u>: <p>d. Regulatory and Contractual Compliance Reports</p> <ul style="list-style-type: none"> i. <u>PI Report</u>: Nothing to report this month. ii. <u>Internal MEV Report</u>: Nothing to report this month. iii. <u>MSHN MEV Audit Report</u>: Nothing to report this month. 	

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Thursday, October 10, 2024

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) 	<ul style="list-style-type: none"> iv. <u>MSHN DMC Audit Report</u>: Nothing to report this month. v. MDHHS Waiver Audit Report: There have been some changes to PCE because of this audit. Communication has been sent out regarding this. We had to submit a corrective action plan and we have not received a response stating they have accepted this. Sarah has reached out to some teams and has asked for corrective actions just to get a jump on some of the things that we need to do. One of the changes in PCE is on the Pre-Plan, at the very bottom of the document, we had to add an array of services. It used to just say “Not applicable, HSW or ABA”. Those were the only choices. One of the standards is that we have to provide everybody choice regarding their service array, and we have to provide them information about who the providers are. We weren’t catching CWP and SDEW, and when they added the iSPA Waiver we just didn’t put that into our system. For the children’s, when speaking with Emily, she said that is typically captured in a Progress note or something but in order to make that a little less human error, we are going to include them all in one spot in the pre-plan. So, this will look different. When staff is filling one of these out, if their consumer is on one of these waivers, they would check the box and we have the consumer handbook and the local provider directory which has the services in it and the providers. That was a change that we had to do to meet that requirement. It is broken up into having a choice of providers and a choice of services. For every one of that that we didn’t have that for, we got marked off for, twice. The other thing was on the Periodic Review, we should be getting guardian input, their satisfaction with services, their goals, etc. We should at least be attempting to get that. Some people do have a public guardian and they may not participate in the periodic review or don’t call back. We at least need to note that we reached out to them because the Periodic Review really is a review of all their services, including their guardian. We did not have that in the 	

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	<p>document, so we added a small change in the language to capture that at the very end of the Periodic Review. There is a spot that says, “Individual Satisfaction”, we changed this to say “Individual/Guardian Satisfaction”. Hopefully, that will trigger people to remember to include that. Please tell your staff to make sure that in that section, they are also getting the guardian input. Once the final results are back, if there is anything else needed come back to, Sarah with reach out. We are looking at the Periodic Review. There is a meeting next week to just look at how we can add in that utilization piece that we have been talking about significantly with the ranges. Mid-state, as a whole, are appealing the state, trying to say we need to use ranges. Right now, we are waiting as they appeal this. In the meantime, it still seems appropriate that we tighten up some of our monitoring on it. So, as we talked about in here, looking at adding on that periodic review, are the services being over utilized or underutilized and if they are then we are addressing that. We want to look at what kind of options we have to put in there. Sarah also talked at a regional level regarding if other people are wanting to integrate the Periodic review with an addendum like we have talked about in here and there was a huge support for that. Others had started that but then ran into problems, so we are looking at getting a work group together. That would be a regional change, not just something that we do internally because there are a lot of people that want that as well. Sarah was hoping that when she asked the question, if she got support as a region, that PCE will spend more time trying to develop and work through some of the barriers. The goal would be if a Periodic Review and there is a change, can this be used as an addendum. There will still be times when an addendum will have to be done outside of a Periodic Review so we will have to work through all of that. The goal would be, in one spot, when we are doing a plan,</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
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Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> e. Periodic Review Reports f. Ability to Pay Report g. Review of Referral Status Report 	<p>can we make changes there and not doing it in two separate documents saying the same thing.</p> <ul style="list-style-type: none"> e. Periodic Review Reports – Nothing to report this month. f. Ability to Pay Report – Nothing to report this month. g. Referral Status Report – Nothing to report this month. 	
<p>4. Discussions/Population Committees/ Work Groups</p> <ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics d. BABH - Policy/Procedure Updates e. Clinical Capacity Issues Update <ul style="list-style-type: none"> i. OPT Group Therapy ii. OPT Individual iii. Referrals for Groups – Discussion iv. Public Service Announcement 	<ul style="list-style-type: none"> a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions <ul style="list-style-type: none"> i. <u>Consumer Council Recommendations</u>: Nothing to report this month. b. Access to Care and Service Utilization <ul style="list-style-type: none"> i. <u>Services Provided during a Gap in IPOS</u>: Nothing to report this month. ii. <u>Repeated Use of Interim Plans</u>: Nothing to report this month. c. Regulatory Compliance & Electronic Health Record <ul style="list-style-type: none"> i. <u>1915 iSPA Benefit Enrollment Form</u>: Nothing to report this month. ii. <u>Management of Diagnostics</u>: Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Clinical Capacity Issues Update <ul style="list-style-type: none"> i. <u>OPT Group Therapy</u>: There is room in Group. ii. <u>OPT Individual</u>: MPA is open for referrals and are fully staffed. They would like more referrals to keep therapists with a full caseload. iii. <u>Referrals for Groups</u>: We will take more referrals. iv. <u>Public Service Announcement</u>: We track all deaths that happen in our agency and provider network agency. Since 6/25/24 there have been 5 suicides of our network and 4 of those were by hanging. We have been very concerned. We have been looking at whether there are any trends that we can see. It was talked about at Extended SLT this 	

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Topic	Key Discussion Points	Action Steps/Responsibility
<p>f. Medicaid Re-Enrollment - Loss of Benefit Tracker</p>	<p>week, pulling up demographics and statistics trying to see what the common themes are. What we are seeing, which is not really across the board, is that there are individuals that are having some kind of psychosis, which is not a typical thing you would see for someone that usually attempts or completes suicide. What we are seeing is that there is not command hallucinations that they are having, it is more of a paranoia of someone following them or is out to get them. This normally does not lead to suicide. The age range is from 29 to 46. What we are seeing is that with some of them there is some type of drug use. We have seen marijuana or were using heavily and then stopped using suddenly. We are in the process of getting information out to all our staff. We have drafted an email and are going to get some approval from our medical director to send that out to all staff saying something like "Please be aware, this is a trend we are seeing which is very unusual". Karen A. has reached out to Public Health asking if they are seeing some trends in the community and she received an email back indicating that they have looked at 5 suicides 4 were gunshots and 1 was hanging. We do not have the Medical Examiner's report back to see toxicology at this time. We want to get this information out as soon as Dr. Smith finalizes it, just to say we don't know what we are looking at but make sure that you are asking more direct questions than usual. Sarah will share the email with MPA, LIST and SPSI when completed, to share with their staff as well. Are there services that we can offer staff when one of their consumers commits suicide? There is no system in place. Why is it not required to do a debriefing after there is a trauma for staff. 988 can be called anonymously for support.</p> <p>f. Medicaid Re-Enrollment - Loss of Benefit Tracker – Nothing to report this month.</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, October 10, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<p>n. Healthcare Coordination for those without a Primary Care Physician</p> <p>o. Madison Clinic Protocol Revised</p> <p>p. AFC Licensing</p>	<p>Like a typical chart review, we will go through and if we are seeing that that stuff wasn't done, we will send a reminder that these are things that we need to do. The communication just went out so it is expected that there will be reminders needed. Just something that we need to tighten up on. This is children specific.</p> <p>n. Healthcare Coordination for those without a PHCP: We are trying to figure out what is supposed to happen when somebody does not have a Primary Care Physician. This is showing up in some of our reports and showing that they need one, there isn't a release because they don't have a doctor, but it isn't really documented anywhere in the record. The old release used to say that they declined. Now, when you do a MDHHS release, using personal contact, you can type in "None" and it will auto populate. Does Consumer will still need to sign the release? There may need to be some education regarding this.</p> <p>o. Madison Clinic Protocol Revised: There has been some language added to protocols. This is the document that was sent out during the pandemic when everything was virtual. Information was added regarding expectations about completing labs and that people do need to come on site to get vitals.</p> <p>p. AFC Licensing: Per Melissa, at the last Recipient Rights Conference, it was brought up at the CMH ORR Round table that restrictions and limitations are being put into the AFC Licensing paperwork under the form which is AFC Assessment Plan for Residents. In the first block, where it talks about community participation or inclusion, it asks if the resident can access the community independently. If this is checked "yes", no problem. If it is checked "no", no problem. It is not a problem until a provider writes in there that they require one to one supervision, line of sight supervision or anything like that. That is considered a restriction or limitation on freedom of movement. The problem comes in if case managers are just signing the forms without reading them or when reading them, seeing those in there and knowing that the staff are expected to do that and if the providers are</p>	

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Topic	Key Discussion Points	Action Steps/Responsibility
	doing it and making sure the person is in line of sight or one to one. Please have your staff look over those forms, if they see those are in there, make sure that they are being performed or remove the restrictions if they are not necessary.	
5. Announcements	No announcements to report.	
6. Parking Lot a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. See discussion under Waiver Audit Review.	
7. Adjournment/Next Meeting	The meeting adjourned at 3:20 pm. The next meeting will be on November 14, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	



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.

Corporate Compliance Committee
Quarterly Meeting
SLT Facilitator: Karen Amon

	February	May	August	November
Items:				
Corporate Compliance Report	x	x	x	x
Corporate Compliance Committee Notes	x	x	x	x
Litigation Report	x			
Information Management/Data Analytics Plan				x
Corporate Compliance Plan	x			
Corporate Compliance Semi-Annual Reports	x		x	
Fraud/Abuse Risk Assessment	x			
OIG Work Plan	x			
MSHN MEV Report		x		x
CARF Survey Report	x			
Strategic Initiatives/Dashboard Review	x	x	x	x

Other coordination with Board Office:

- 1) Annual Corporate Compliance Training
- 2) Annual Attestation Forms

February 2025 BABH Board of Directors

DRAFT

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

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

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

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

12/31/25

Director of Health Care
Accountability, IS
Manager

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"> o Wide and local area network issues o Telepresence issues o Cloud computing and Virtual Desktop Infrastructure (VDI) issues o Phone issues o 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

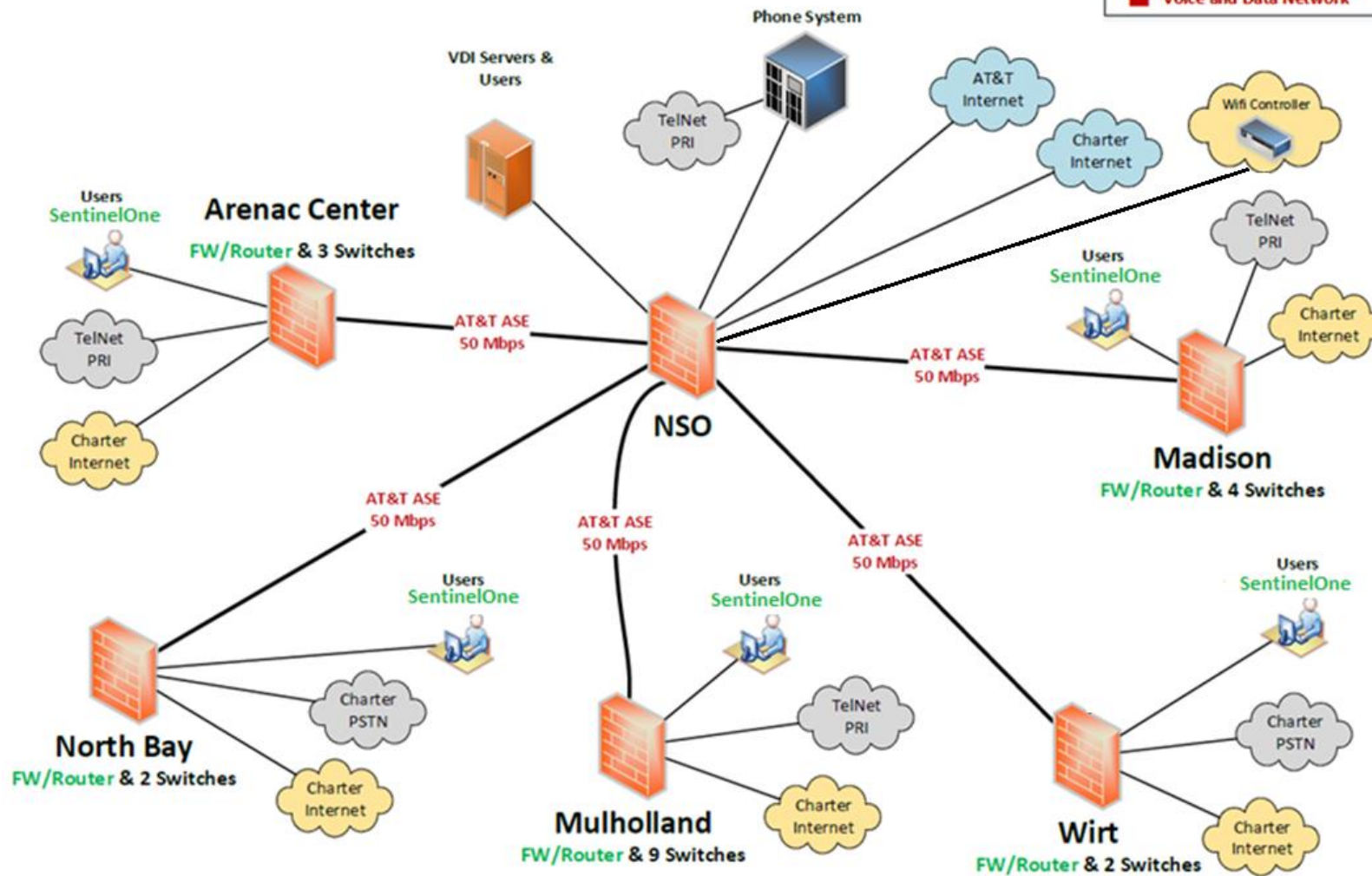
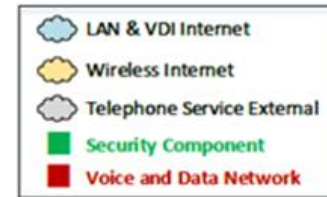
Resources:

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

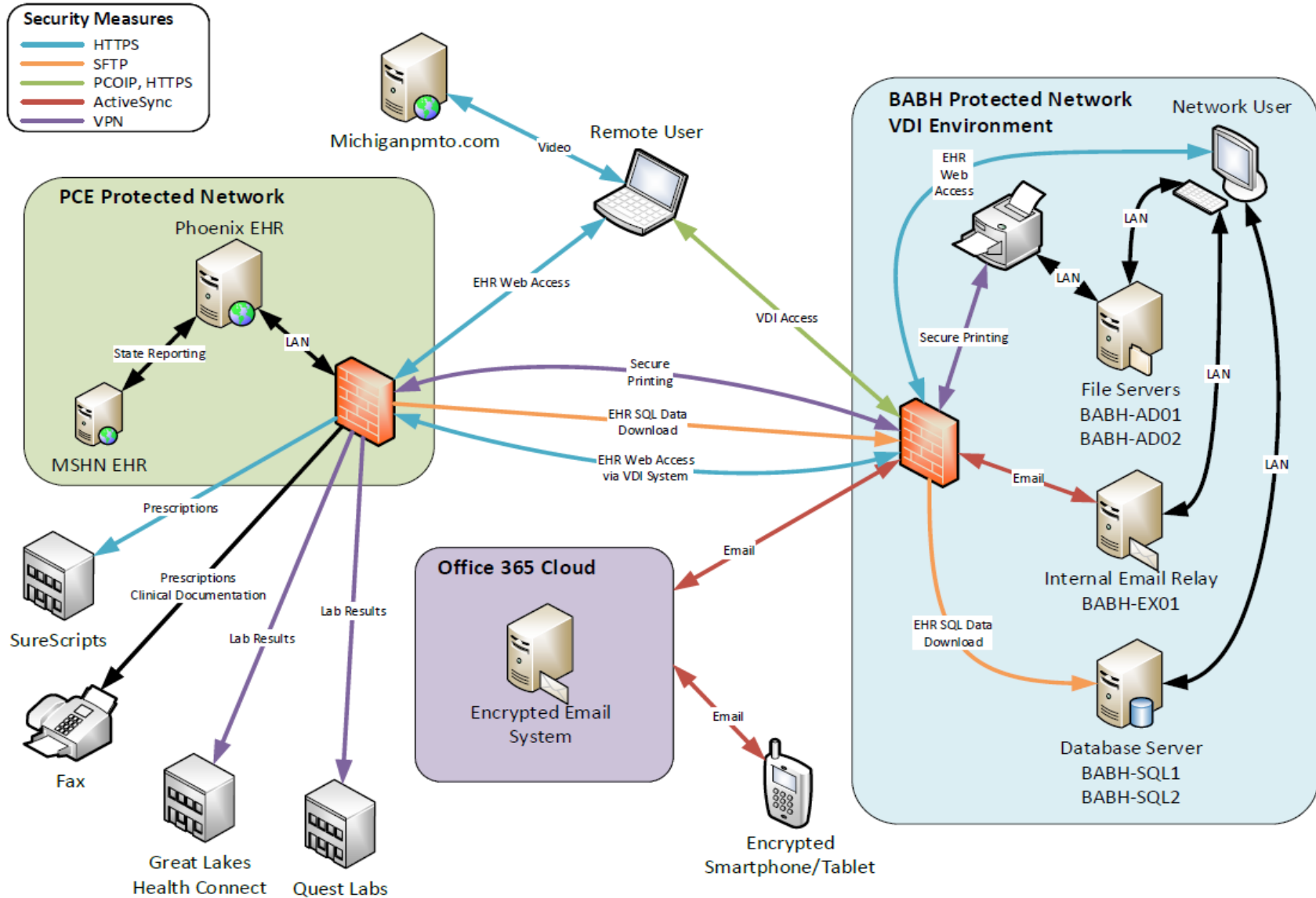
Wide Area Network and Security Map

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	9/1/2 017	9/1/2 022	Phone Syste m Netwo rk switch es Netwo rk router s Fax system	1778.75 / mo	#### #### #
Charter Acct 8245- 12-318-007-7655	for general guest access at offices					Chart er		ever reen			
- ASE Circuit (Ethernet)	Mulholland Building	AT&T Account Number: 989 R41- 0200 612 2		X		NSO	- 8/23/ 2018	Mont hly	50 MBPS	- - \$752.64/mo 3/21	\$9,03 1.68
- ASE Circuit (Ethernet)	Madison Building	AT&T Account Number: 989 R41- 0125 619 9		X		NSO	- 8/23/ 2018	Mont hly	50 MBPS	- - \$752.64/mo 3/21	- - \$9,03 1.68
ASE Circuit	Arenac Building	ASE 20mb Circuit between Arenac and NSO Hampton Place location		X		NSO	- 8/23/ 2018	Mont hly	- 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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