

# AGENDA

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, January 9, 2025 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

<b>Committee Members:</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>		<b>Present</b>	<b>Excused</b>	<b>Absent</b>	<b>Others Present:</b>
Christopher Girard, Ch	_____	_____	_____	Pam Schumacher	_____	_____	_____	BABH: Joelin Hahn, Karen Amon, Chris Pinter, Sarah Holsinger, and Sara McRae
Sally Mrozinski, V Ch	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Jerome Crete	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	
Vacant	_____	_____	_____					Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Requests for clinical privileges: a) Nicholas Lazurka, PA-C – renewal privileges for a three-year term expiring January 31, 2028 b) Andrew Meyer, DO – renewal privileges for a three-year term expiring January 31, 2028 c) Melissa Wazny – PMHNP-BC – renewal privileges for a three-year term expiring January 31, 2028 d) Maggie Ross – PA-C renewal privileges for a three-year term expiring January 31, 2028		4.1) Consideration of motion to refer the requests for clinical privileges to the full board for approval

# AGENDA

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS FINANCE COMMITTEE MEETING

Thursday, January 9, 2025 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

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	<p>4.2) Policies Beginning 30-day review: a) Prescriber Practice Guidelines for Co-Occurring Mental Health &amp; Substance Use Disorders, 04-24-04 (deletion) b) Welcoming, 04-24-01 (deletion)</p> <p>4.3) Provider Survey Summary Report 2024</p> <p>4.4) Rose Home Transition</p> <p>4.5) Revised Strategic Leadership Team (SLT) Structure</p> <p>4.6) Waskul Settlement Update</p>		<p>4.2) Consideration of motion to refer the policies beginning 30-day review to the full board for approval</p> <p>4.3) No action necessary</p> <p>4.4) No action necessary</p> <p>4.5) No action necessary</p> <p>4.6) No action necessary</p>
5.	Adjournment	M -	S - pm MA

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

<b>Chapter: 4</b>	<b>Care and Treatment</b>		
<b>Section: 24</b>	<b>Co-Occurring Disorders</b>		
<b>Topic: 4</b>	<b>Prescriber Practice Guidelines for Co-Occurring Mental Health and Substance Use Disorders</b>		
<b>Page: 1 of 6</b>	<b>Supersedes Date:</b>	<b>Approval Date:</b>	<i>B</i>
	<b>Pol:</b>	<b>Pol: 3-17-11</b>	
	<b>Proc:</b>	<b>Proc: 3-17-11</b>	<i>oard Chairperson Signature</i>
			<i>Chief Executive Officer Signature</i>
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/8/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>			

**DO NOT WRITE IN SHADED AREA ABOVE**

**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to publish prescriber practice guidelines for the treatment of persons with co-occurring mental health and substance abuse disorders.

**Purpose**

This policy and procedure was developed to educate psychiatric providers including psychiatrists, physician assistants, nurse practitioners and nurses about agency endorsed prescriber practice guidelines concerning the treatment of persons with co-occurring mental health and substance use disorders.

**Education Applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows: Psychiatrists and Agency Nurses - Clinical
- All Contracted Providers:  Policy Only  Policy and Procedure
- Selected Contracted Providers, as follows: Psychiatrists, Physician Assistants, Nurse Practitioners, and Clinical Nurses
- Policy Only  Policy and Procedure
- Other:

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			<i>Board Chairperson Signature</i>
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Deletion

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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
M. Swank	CLT	01/10/11	New	
K. Withrow	M. Swank	07/01/13	Revision	Triennial review: Updated with Person First Language and deleted obsolete information
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review
J. Hahn	J. Hahn	10/10/2021	No Change	Triennial review
J. Hahn	J. Hahn	12/26/24	Deletion	No longer needed as co-occurring treatment has been embedded into behavioral health treatment philosophy and education for the past several years.

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

<b>Chapter: 4</b>	<b>Care and Treatment</b>		
<b>Section: 24</b>	<b>Co-Occurring Disorders</b>		
<b>Topic: 1</b>	<b>Welcoming</b>		
<b>Page: 1 of 2</b>	<b>Supersedes Date:</b> Pol: 2-15-07 Proc: 10-12-10, 12-21-09, 10-20-09, 2-15-07	<b>Approval Date:</b> Pol: 10-17-13 Proc: 8-15-13	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to coordinate comprehensive, competent, seamless, ongoing, and recovery-oriented care for individuals with co-occurring disorders.

**Purpose**

This policy and procedure was developed to guide the provision of care for mental health and substance use disorders (SUD) to the residents of Bay and Arenac Counties.

**Education Applies to**

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

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
M. Wolber	M. Swank	10/20/09	Revision	Updated to incorporate Kardex information on substance use, possession, selling, etc.
M. Wolber	CLT	12/21/09	Revision	Updated to include visitors
K. Withrow	CLT	10/12/10	Revision	Updated with People First language

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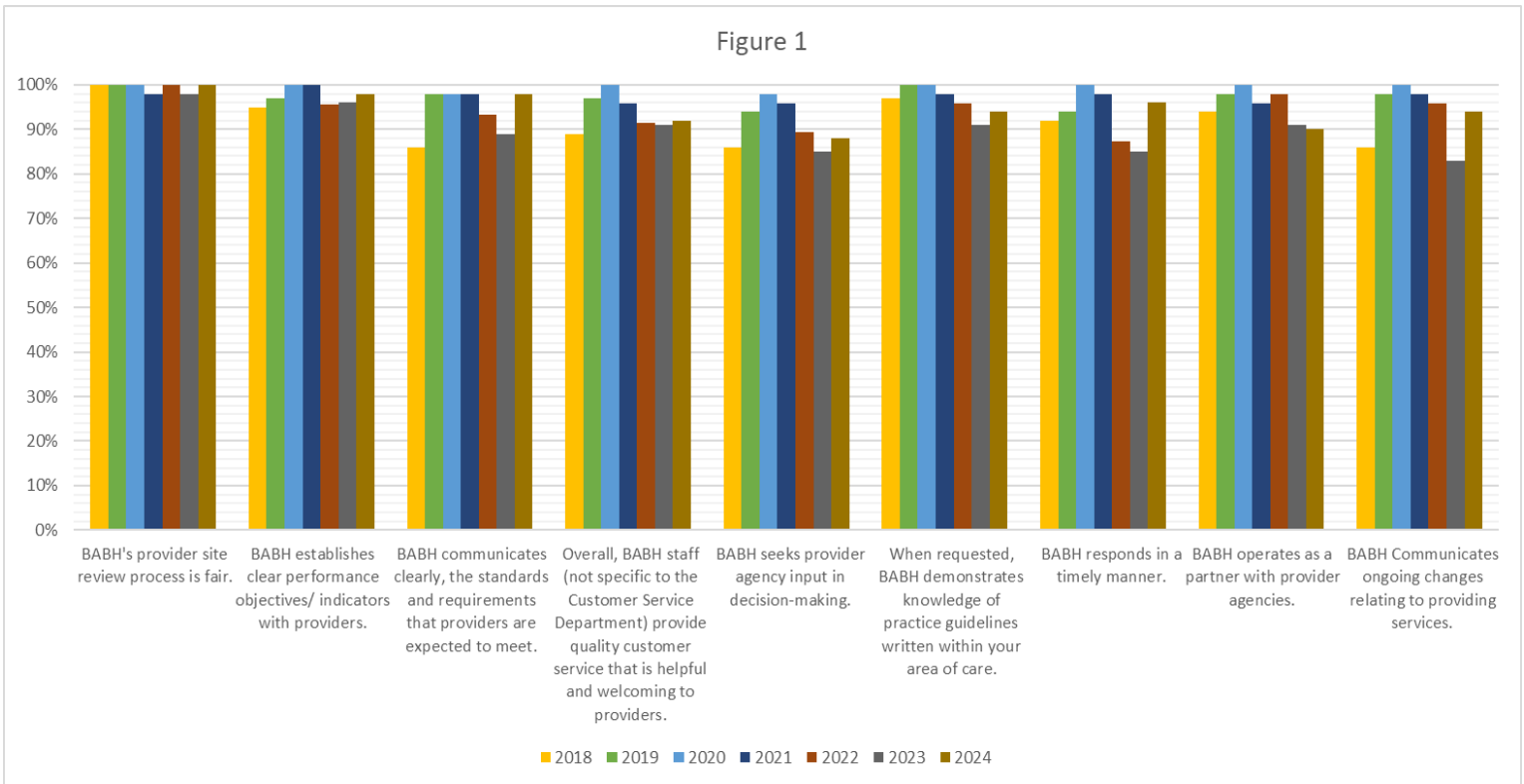
K. Withrow	PNLT	08/15/13	Revision	Triennial Review: Updated with Person First Language and language promoting recovery.
J. Hahn	J. Hahn	10/1/18	No changes	Triennial review
J. Hahn	J. Hahn	10/10/21	No Change	Triennial review
J. Hahn	J. Hahn	12/26/24	Deletion	Incorporated into C04-S05-T06 Recovery Oriented System of Care

Deletion

## Provider Network Survey 2024

The Provider Network Survey obtains feedback from contracted clinical service providers who provide care to individuals within our service area. The survey was sent to all provider types, including the following organizations: residential, vocational, clubhouse, primary care, applied behavioral analysis, community living supports, and inpatient. Fifty-two responses were received, which was consistent with the number of surveys returned in previous years.

Figure 1 shows the percentage of favorable responses to the nine survey statements. All of the statements scored above the 85% standard and eight 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. A trend in the comments is that 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 than a collaborative relationship to serve clients in the community. This comment came with the suggestion 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. There were single comments made about requesting more training on documentation and expectations for audits, higher pay, using nursing services after hours in a way to keep staff from having to take individuals to the hospital, and information not being passed along to managers.

There were several positive comments about the partnership with BABH including, “I partner with multiple community mental health authorities. BABH has been the most collaborative and supportive county in my experience. I have nothing but wonderful things to say about BABH’s staff programs and input. They are doing great things!,” “Thank you for being a support within our organization and entrusting us with many individuals from your community,” “We have found our time with Bay to be very helpful. Your office of recipient’s rights is extremely helpful and collaborative. We have enjoyed working with our ABA case managers and autism coordinators,” “I am personally thankful for BABH staff and everything that they do to assist us so that we can offer a good quality program for our consumers,” and “Our team here is great. They go above and beyond to make sure we have everything we need.”

In addition to nine main survey questions, the survey included two additional questions regarding unmet community need. This information is used in strategic planning and is included by BABH in the State Annual Submission Needs Assessment Stakeholder Survey that is completed every two years.

What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?
Homelessness, lack of staff- both direct support and professional level staff, substance use disorder services, more community inclusion opportunities as well as funds available, mental health treatment for consumers with autism, healthy work-life balance for staff, outpatient therapy and other services for consumers with cognitive impairments, adults with autism.
What mental health trends have you identified that BABH should be aware of?
Increase in mental health needs for younger populations, mental health of employees- work/life balance, lack of basic needs being met, need for parent support groups, impact of changes in requirements for QBHPs, and increase in crisis situations

### Interventions Based Upon Survey Results:

All nine survey statements were above 85% standard and eight of the statements had an increase compared to last year. The survey results will be taken to provider meetings, leadership meetings, and Consumer Councils to discuss the results and any potential interventions and strategies for improvement.

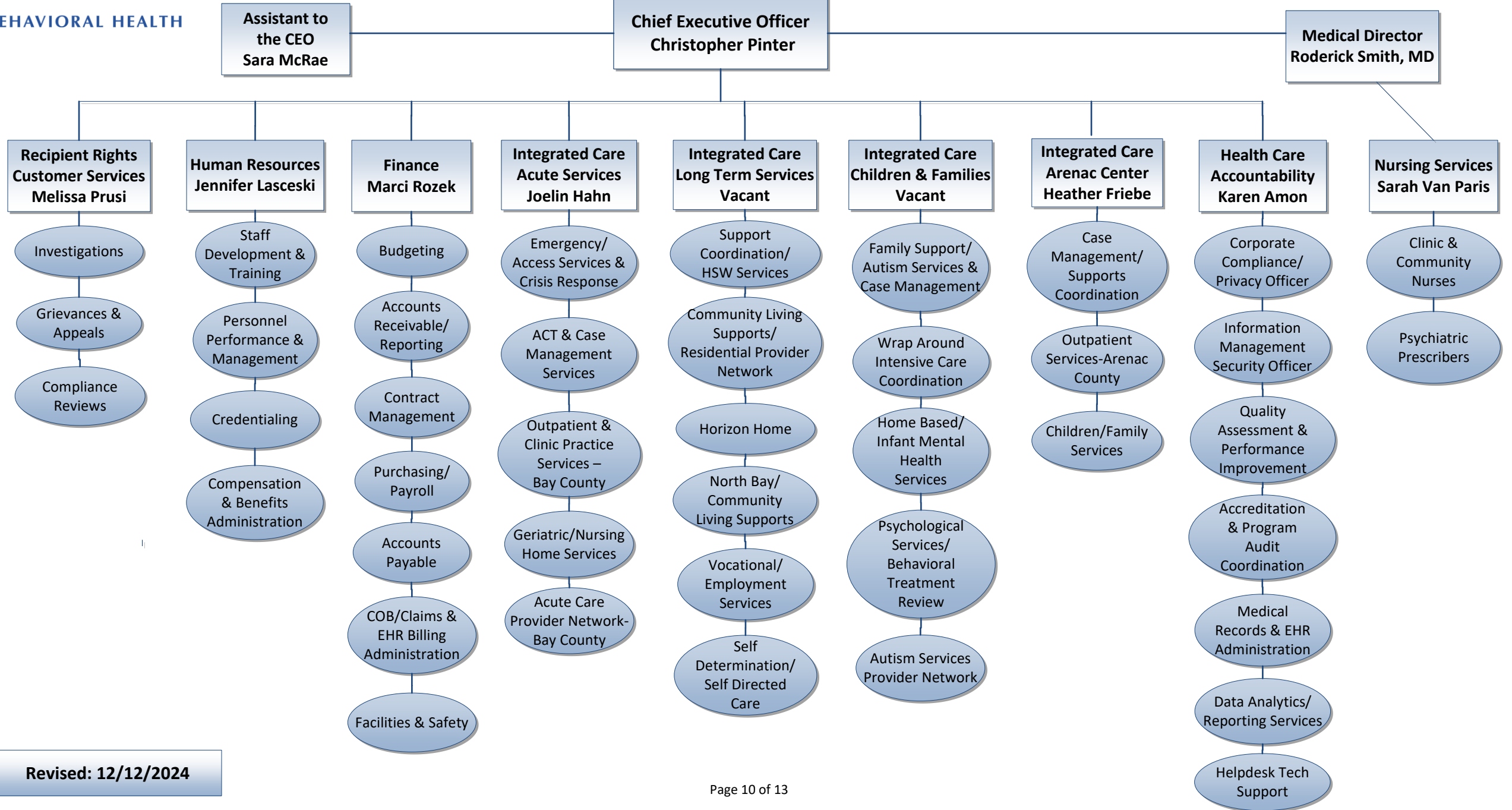
- Reminder to staff to communicate timely with providers in general, when they are going to be out of the office and who to contact, and new add-on referrals.
  - Staff education about how to do PCE out of office message and Outlook message.
- Encourage staff to provide positive feedback as well as ways to improve processes.

The information from the survey results will be incorporated into the annual BABH Strategic Plan and Annual Submission Needs Assessment.

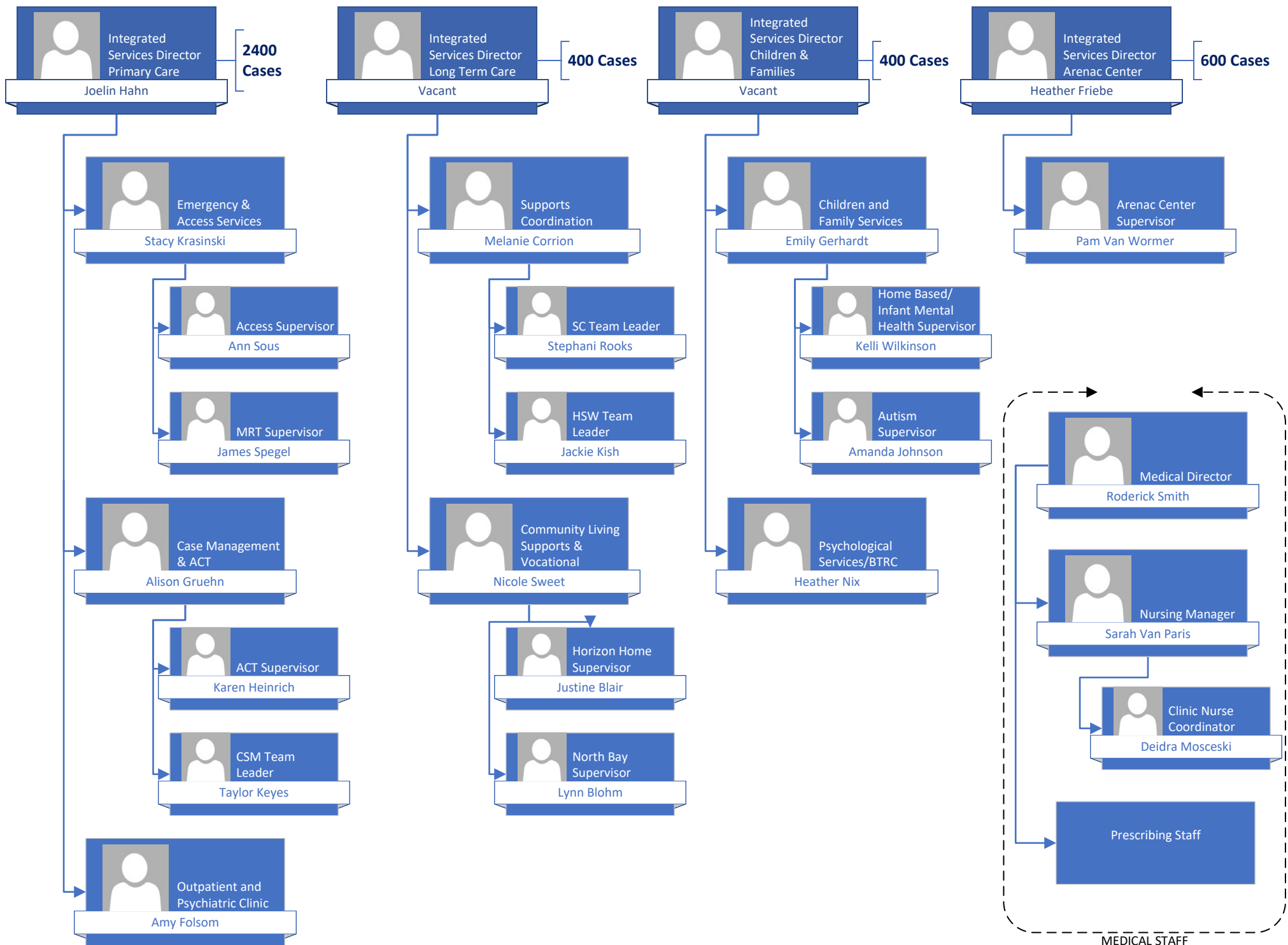
**Submitted by:** Sarah Holsinger, LMSW, CAADC Quality Manager

**Date:** 8/12/2024

**BAY ARENAC BEHAVIORAL HEALTH AUTHORITY BOARD OF DIRECTORS**



Revised: 12/12/2024



## Sara McRae

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**From:** Chris Pinter  
**Sent:** Wednesday, January 8, 2025 1:34 PM  
**To:** Richard Byrne (redhorse2121@yahoo.com); Robert Pawlak (bopav@aol.com); Patrick McFarland; Christopher Girard; Sally Mrozinski ; Banaszakt@baycounty.net; Jerome Crete; niemieck@baycounty.net; conleypat@gmail.com; CAROLE OBRIEN; pschumacher82@gmail.com  
**Cc:** Marci A. Rozek; Sara McRae; Jennifer Lasceski; Karen Amon  
**Subject:** FW: Update on Waskul settlement

**Importance:** High

### **BABHA Board of Directors,**

This is an update from the Community Mental Health Association of Michigan related to the Waskul settlement. As you may recall, this is the case in federal court involving guardians and family members of CMHSP consumers suing MDHHS and Washtenaw CMHSP to require hourly pay for direct care staff in certain arrangements be set at a minimum of **\$30** per hour. Many of these current arrangements for CMHSPs are between \$15-20 an hour at present.

Rather than acknowledging the MDHHS culpability in systematically underfunding CLS services in some areas prior to COVID, the State has opted to essentially “pay off” one group of plaintiffs rather than directly address the larger funding issues at hand. This will only exacerbate the problem over the long term.

Most of the CMHSP boards in Michigan filed briefs opposing this settlement as it would create a significant pay differential between existing staff as high as 40-50% for essentially the same service. This will mandate BABHA to direct more resources to self-determination arrangements at the expense of nearly ALL other mental health services (close to \$1,000,000 annually just for BABHA). Not only does this interfere with our ability to obtain market rates by essentially setting a mandatory wage scale for some job descriptions (but not others), it completely disrupts our compensation scales for the entire agency and clearly picks winners and losers. Unfortunately, consumers needing other services will be the ultimate loser in this decision.

Additionally, we have absolutely no confidence that MDHHS will adequately increase the Medicaid rates for these services given that many PIHPs are already projecting deficits for FY2025 BEFORE adding millions in more expense.

As noted below, many additional steps will need to take place before this settlement can be implemented. These include federal approval for the related PIHP contract amendments, agreement from the 3 PIHP regions that have refused to sign the FY25 contract over this issue, and approval from the legislature for any rate increases necessary to fund this settlement. The Appropriations boilerplate also includes requirements that the legislature be notified beforehand related to any MDHHS policy changes that will impact Medicaid rates for services so we should have an opening to oppose this settlement in the House. We will work with our Association to prepare talking points related to the Waskul settlement that we can share with our elected representatives in the House if the board decides to pursue such a course of action.

Chris

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**From:** Monique Francis <MFrancis@cmham.org>  
**Sent:** Tuesday, January 7, 2025 2:48 PM

**To:** Monique Francis <MFrancis@cmham.org>  
**Cc:** Robert Sheehan <RSheehan@cmham.org>; Alan Bolter <ABolter@cmham.org>  
**Subject:** Update on Waskul settlement

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

To: CEOs of CMHs, PIHPs, and Provider Alliance members  
CC: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons  
From: Robert Sheehan, CEO, CMH Association of Michigan  
Re: Update on Waskul settlement

An update on the *Waskul* case: In late December, 2024, the Court indicated that it was going to approve the *Waskul* settlement reached by MDHHS and Plaintiffs. The Court did not provide its reasoning yet and has not entered its order. While the judge has approved the settlement, this issue is far from settled. Once the settlement is formally approved by the court, MDHHS must satisfy the following conditions:

1. Minimum fee schedule provisions:
  1. For the minimum fee schedule provisions to take effect: CMS approval of any amendments to the HSW, any contract amendment to the MDHHS contract with the Community Mental Health Partnership of Southeast Michigan (CMHPSM), and any capitation rate increase for all PIHPs. CMHPSM must agree to the MDHHS contract amendment for the minimum fee schedule provisions to take effect.
  2. In the event the minimum fee schedule provisions do not take effect, MDHHS must amend the Medicaid Provider Manual to change the costing out rules.
2. MDHHS must change the Administrative Law Judge (ALJ) rules, applying to Medicaid Fair Hearings, to expand the ALJ's authority over HSW Self-Determination CLS participants' appeals. These rule changes include:
  1. ALJ authority to review authorized units for HSW SD CLS and HSW SD OHSS;
  2. ALJ authority to review HSW SD CLS budget attached to a recipient's IPOS;
  3. ALJ authority to order a specific budget or authorization for HSW SD CLS and HSW SD OHSS;
3. MDHHS must change the Medicaid Fair Hearings rules to give ALJs the authority to review a decision to terminate a Self Determination arrangement.
4. MDHHS must also make a number of other changes to the Medicaid Provider Manual and separately provide non-binding guidance on all of the new rules.

CMHA will keep you posted as this process moves forward.

Robert Sheehan  
Chief Executive Officer  
Community Mental Health Association of Michigan  
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