BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, September 11, 2025

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

Lincoln Center - East Conference Room/Zoom

MEMBERS				AD-HOC MEMBERS	
Allison Gruehn, BABH Program Manager - Adult MI/CSM/ACT/Sr. O.	X	Kelli Wilkinson, BABH Supervisor - Children's IMH/HB	X	Amanda Johnson, BABH Supervisor - ABA/Wraparound	
Amy Folsom, BABH Program Manager - Psych/OPT Svcs.	X	Laura Sandy, MPA Clinical Director & CSM Supervisor	X	Barb Goss, SPSI COO	
Anne Sous, BABH Supervisor - EAS		Lynn Blohm, BABH North Bay Team Supervisor - CLS	X	Jacquelyn List, List Psychological COO	
Brad Parker, BABH Team Leader - Adult I-DD	X	Megan Smith, List Psychological Site Supervisor		Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor	X	Melanie Corrion, BABH Program Manager - Adult ID/DD		Lynn Meads, BABH Medical Records Associate	
Courtney Clark, SPSI Supervisor - CSM/OPT	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Michele Perry, BABH Manager - Finance	
Emily Gerhardt, BABH Program Manager - Children		Melissa Prusi, BABH Director Health Care Accountability	X	Moregan LaMarr, SPSI Clinical Director	
Emily Simbeck, MPA Supervisor - Adult OPT	X	Nicole Sweet, BABH Director Integrated Care - Acute	X	Nathalie Menendes, SPSI COO	
Heather Friebe, BABH Director Integrated Care - Arenac	X	Pam VanWormer, BABH Program Manager - Arenac		Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager	X	Sarah Holsinger (Chair), BABH Quality Manager	X	Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Stacy Krasinski, BABH Program Manager - EAS	X	Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	X	Stephani Rooker, BABH Program Manager - CLS/Horizon		**GUESTS**	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Supervisor - Child OPT	X	Caitlin Youngs, List Psychological LMSW Intern	X
Karen Amon, BABH Director Integrated Care - Long-term	-			Stephanie Odell, SPSI Adult Case Manager and Counseling Intern	X

	Topic	Key Discussion Points	Action Steps/ Responsibility
1.	**a. Review of, and Additions to Agenda** b. Presentation: None **c. Approval of Meeting Notes: 08/14/25** **d. Program/Provider Updates and Concerns**	a. There were no additions to the agenda. b. No presentations this month. c. The August meeting notes were approved as written. d. **Program/Provider Updates and Concerns:** Bay-Arenac Behavioral Health: - ABA/Wraparound – No updates to report this month. - ACT/Adult MI – Down an Intensive Case Manager. Referrals are limited. Down two ACT nurses and two case managers. Referrals are on hold. - Children's Services – Lots of referrals. Interviewing for a case manager and wraparound position. - CLS/North Bay & Horizon – No updates to report this month. - Corporate Compliance – No updates to report this month. - Emergency Access Services (EAS)/Mobile Response Team (MRT) – Not currently replacing the supervisor for MRT. Still need 2nd shift MRT position filled. - ID/DD – No updates to report this month. - IMH/HB – No updates to report this month.	

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		- Integrated Care: • Acute – No updates to report this month. • Arenac – No updates to report this month. • Child & Family – No updates to report this month. • Long-term – No updates to report this month. - Medical Records – No updates to report this month. - Physician/OPT Services – We are in a crunch with adult prescriber time but are working out plans to alleviate the issue. - Quality – No updates to report this month. - Recipient Rights/Customer Services – Jackie Kish is fully transitioned into her new role. No updates to report this month. - Self Determination – No updates to report this month. List Psychological: List has two new therapists. Caitlin Youngs, a LMSW Intern, will be trained on Phoenix the end of September. MPA: - CSM – Lost a Child/Family Case Manager. They will not be replacing this position, because MPA cannot justify replacing the position due to inconsistent caseload sizes. Hoping to be back open to some cases in October. - OPT-A – No updates to report this month. - OPT-C – A couple groups are coming out. Parenting Group, Kids Mindfulness Group and DBT Skills Group. Saginaw Psychological: - CSM – No updates to report this month. - OPT – No updates to report this month.	
2.	**Plans & System Assessments/Evaluations** **a. QAPIP Annual Plan (Sept)** b. Organizational Trauma Assessment Update	a. **QAPIP Annual Plan** – The QAPIP Annual Plan has been redone and is much shorter than what it was. It will be taken to the board next month. The PNOQMC is the structure responsible for the QAPIP and performance improvement activities of BABHA's operations. The PNOQMC is responsible for monitoring performance by: Receiving	a. Sarah will make changes to take to the board in October.

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		recommendations for improvement, identifying quality related indicators and measures, reviewing data reports to ensure validity, taking action to achieve improvement, and meeting regularly to review and assess performance. Sarah went through the QAPIP Annual Plan. b. Organizational Trauma Assessment – Nothing to report this month.	
3.	**Reports** a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights Report (Jan, Apr, Jul, Oct) **iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)** iv. Consumer Satisfaction Report (MHSIP/YSS) **v. Provider Satisfaction Survey (Oct)** c. Access to Care & Service Utilization Reports i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) – Defer iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iv. Customer Service Report (Jan, Apr, Jul, Oct) **v. Employment Data (Dec, Mar, Jun, Sep)** d. Regulatory and Contractual Compliance Reports i. Internal Performance Improvement Report (Feb, May, Aug, Nov)	a. QAPIP Quarterly Report – Nothing to report this month. b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. MSHN Priority Measures Report – Nothing to report this month. ii. Recipient Rights – Nothing to report this month. iii. **RAS** – Defer till next month. iv. MHSIP/YSS – Nothing to report this month. v. **Provider Satisfaction Survey** – 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. Thirty-nine responses were received, which was less than previous years. A reminder email was not sent out this year so this may have contributed to this difference. The approximate breakdown of staff completing the survey is as follows: Residential/Community Living Supports/Vocational - 51%, Applied Behavior Analysis - 44%, and Primary Services - 1%. All statements exceeded the 85% standard. Seven statements showed a decrease in favorable responses in 2025 compared to 2024. The largest decrease was for the statement, *"BABH's provider site review process is fair"*; however, over 8% of responses were marked as "N/A" because some providers do not receive a site review. In contrast, the statement *"BABH operates as a partner with provider agencies"* received 100% agreement in 2025, reflecting a 10% increase from 2024.	b. iii. RAS – Deferred till next month.

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ii. Internal MEV Report **iii. MSHN MEV Audit Report (Apr, Sep)** iv. MSHN DMC Audit Report (Sept when applicable) v. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report **f. Program Capacity Status** **i. Review of Referral Status Report**	There were seven surveys out of 39 responses that accounted for the 22 'disagree/strongly disagree' responses. Four of the surveys had three or more 'disagree/strongly disagree' responses. There were only a few comments received. The two trends received from these few comments were: 1) Changes occur without communication to providers ahead of time and 2) Primary case holders don't respond in a timely manner. There were some positive comments received as well about the site review staff, Applied Behavioral Analysis staff, and finance and contract management staff. "BABH has been a great partner to work with and we look forward to our continued partnership." "BABH is on point." "We really enjoy working with BABH." "I think the relationship between BABHA, its providers, and the office of Recipient Rights is one of the best I've encountered. Keep it up, it's appreciated!!!" A recommendation was received to have monthly emails that provide updates or any changes (just more regular communication; Applied Behavior Analysis provider). 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? • More resources for consumers and parents/caregivers, better collaboration between schools and ABA providers, housing, support for consumers in rural areas, knowledge of respite services, need for Occupational Therapy services. - What mental health trends have you identified that BABH should be aware of? • Drug use, suicide, need for understanding the importance of family guidance sessions in ABA, struggles to meet basic needs (x3), increased	

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	need for Outpatient Therapy/Speech/Occupational Therapy, transportation (x3), staff burnout. All nine survey statements were above 85% standard. 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 and encourage providers to reach out to supervisors if they are not receiving replies. BABH supervisors will re-educate staff on the policy related to expectations for response times. Explore the possibility of having at least semi-annual provider meetings with all provider types. Send reminder emails during the period the survey is open to encourage and remind staff to complete the survey. The information from the survey results will be incorporated into the annual BABH Strategic Plan and Annual Submission Needs Assessment. c. Access to Care & Service Utilization Reports i. MMBPIS Report – Nothing to report this month. ii. LOCUS – Nothing to report this month. iii. Leadership Dashboard – Nothing to report this month. iv. Customer Service Report – Nothing to report this month. v. **Employment Data** – Defer d. Regulatory and Contractual Compliance Reports i. PI Report – Nothing to report this month. ii. Internal MEV Report – Nothing to report this month. iii. **MSHN MEV Audit Report** – Bay Arenac Behavioral Health Authority received 74.63% for the MSHN MEV review that took place in August 2025. There were a total of 319 claims reviewed. The findings relevant to this group were 20 claims were missing consumer/guardian signatures on an Addendum or Interim Plan. BABHA staff are going to challenge MSHN on the finding related to needing a signature on the interim plan. BABHA staff will share the outcome with this group	

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		when BABHA knows more. BABHA staff submitted a corrective action plan to address the findings. iv. MSHN DMC Audit Report – Nothing to report this month. v. MDHHS Waiver Audit Report – Nothing to report. e. Ability to Pay Report – Nothing to report this month. f. **Referral Status Report** – For MPA, OPT for Medicare and Medicaid are on hold. There are no ABA referrals. For BABH Children's Team, referrals are on hold. For BABH Adults, referrals are closed for ACT population due to MDHHS caps on number of consumers per staff.	
4.	**Discussions/Population Committees/Work Groups** a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics d. BABH Policy/Procedure Updates e. Medicaid/Medicare Updates i. Medicaid Monthly Algorithm - Effect on Medicaid Status **f. General Fund** i. Spenddown: Priority to Assist with Application for Redetermination	a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations – Nothing to report this month. b. Access to Care and Service Utilization – Nothing to report this month. c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Medicaid/Medicare Updates – Nothing to report this month. f. **General Fund/OPT Referrals** – Amy is receiving lots of message about referrals. We need to try our best to figure out an LMSW to send the referrals too. Christopher Fox is an internal LMSW. An exception is if the person should not transfer to a different therapist, but otherwise we do not have the extra GF or Medicaid funds to transfer them. The referrals at MPA need to stay with their LL's, there is no room to transfer them out. BABH has an internal option but most of the female consumers do not want a male therapist. It's based on clinical justification to send referrals to a fully licensed clinician and there are clinical exceptions.	f. **General Fund** – Joelin will follow-up with the Help Desk to get a current listing of the diagnostic codes.

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ii. Inpatient Data Review/Analysis – Ad-hoc Work Group iii. OPT Referrals g. Conflict Free Case Management **h. Re-opening Consumer Cases** **i. Referrals for Psychological Testing and Behavior Treatment** **j. Consent to Treat** **k. Coordination of Care** **l. Outreach Letter** **m. All Clinical Documentation to be Complete before leaving the agency (Assessments, Plans, Progress Notes…)** **n. HCBS Mandatory Trainings**	Joelin went through the General Fund Benefit Plan for FY25. We now have to figure out what clinically makes sense for units of Case Management and how many group sessions should be given for therapy. Anyone coming in new starting 10/01/25 will be put on a wait list. If they get referred through, their first step for OPT will be group therapy. They will get individual therapy if the group therapist feels they have intense needs. That will be an exception and will need to be clinically justified as to why they need individual therapy. For individuals that have Medicare only and maybe could never qualify for Medicaid, they are partly a General Fund expense since they are seeing a therapist. Medicare will pay for therapy and psych services to an extent, but the copays fall to General Fund. Spenddown consumers are not included in the Medicaid Plan. Those with Medicare only, not Medicaid, will fall into the General Fund category. We would like to get a Medicare only consumer linked up to a therapist that is able to bill Medicare. We still start with one group therapy session and the clinician will make the determination if approved for the second group. We can put a range of up to 12 weeks of group, allowing two rounds of therapy. The assessment clinician or group clinician will make a determination to bypass group and go right to individual therapy. We do not need 12 med reviews. Two medication injections per month is adequate, some have one med injection. 48 units of CSM, 1 hour per month, will be adequate. Joelin went through the diagnostic codes, scores and ranges. Diagnostic categories that are moderate will not be supported by General Fund. Joelin will get a current list of diagnostic codes from the Help Desk. g. <u>Conflict Free Case Management</u> – Nothing to report this month. h. **<u>Re-opening Consumer Cases</u>** – Reminder - when you have someone that comes in for services and then are reopened to services, sometimes the assessment doesn't need to be updated because it hasn't expired, however, a new IPOS is completed, potentially creating a large gap between the assessment and IPOS. It is recommended that the IPOS not be	

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	written for a full year, instead, have the IPOS end date be about 30-45 days after the assessment is due. This will help to eliminate this gap and make sure the alerts in PCE are accurate. i. **Referrals for Psychological Testing and Behavior Treatment** – Do we have parameters around asking for psychological testing? MDHHS is saying if someone needs a psychological, and it is related to their specialty mental health services, the PIHP is responsible to pay for it. Before, if someone needed a psychological, it was on the MHP's. Joelin contacted MSHN to see if they have a list of individuals or agencies that provide psychological and neuropsychological evaluations. A list was sent but it's not vetted. We need to get with providers that can do single case agreements with if someone comes up with a referral that needs a neuropsychological. We do not have those resources but are working on getting them. j. **Consent to Treat** – Case Managers are getting messages from the providers requesting MPA to complete a new consent to treat for everyone being served. They are not able to add providers to their consent to treat. If a case holder does a consent to treat, and a few months later therapy services are added on, then the therapy provider is trying to do a consent to treat for therapy services and that changes the due date for the consent to treat. There are now two consent to treat documents. The following year when the primary case holder does this, multiple services can be checked but the specific provider name cannot be added. What happens if a service is added on? When adding on a service, a new consent to treat can be done and the additional service can be added. The consent to treat is covered no matter where someone is sent because you cannot choose the provider, just the service. Whoever is doing the referral, the case manager should do their own new consent to treat to cover whatever services are needed. If you are a receiving provider for a secondary service, that provider cannot add a different provider's name, but they can update the consent to treat. The primary case holder needs to be aware that this form should be updated at the time of the annual update.	

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		k. **Coordination of Care** – The minimum requirement is whoever the primary case holder is should be responsible for doing the coordination of care form because they are the primary case holder of the ancillary services as well. l. **Outreach Letter** – Allison made changes to the Outreach Letter. Included in the letter was a consumer's primary service that can be chosen whether CSM or OPT. Allison is requesting that the first paragraph be editable; "We notice that you have either missed a recent appointment or that we have been unable to reach you to schedule your next appointment. Wording added was 'In order to re-engage in all other treatment services, you will need to maintain your appointments with your primary treatment services'. Melissa Prusi suggests having the reading level checked. Amanda suggested having the 'Please contact me…' be highlighted. m. **All Clinical Documentation to be Complete before leaving the agency (Assessments, Plans, Progress Notes…)** – When staff have left the agency, there is documentation that hasn't been completed. Please make sure any staff that leave the agency have completed all their documentation before leaving to avoid any recoupments. When you have new staff coming in, the supervisors should do a quick glance through their caseload so whatever documents are coming due, they are addressed right away. n. **HCBS Mandatory Trainings** – The state is mandating training for anyone who has consumers on the Home and Community Based Waiver. The trainings will take place twice a month. The trainings will go through HR and emails will come out from Jennifer Lasceski. More information to come.	l. **Outreach Letter** – Allison will look at the reading level before having the document finalized and make other changes addressed.
5.	**Adjournment/Next Meeting**	The meeting adjourned at 3:30 pm. The next meeting is scheduled for October 9, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	