

MINUTES

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS

PROGRAM COMMITTEE MEETING

Thursday, December 11, 2025 at 5:00 pm

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

Committee Members:	Present	Excused	Absent		Present	Excused	Absent	Others Present:
Christopher Girard, Ch	X	_____	_____	Sally Mrozinski	X	_____	_____	BABH: Nicole Sweet, Joelin Hahn, Sarah Holsinger, and Sara McRae Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
Pam Schumacher, V Ch	X	_____	_____	Pat McFarland, Ex Off	_____	X	_____	
Jerome Crete	X	_____	_____	Robert Pawlak, Ex Off	X	_____	_____	
Shelley King	X	_____	_____		_____	_____	_____	

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Chair, C. Girard, called the meeting to order at 5:00 pm.	On motion of P. Schumacher and support by S. Mrozinski, P. McFarland was excused. The motion passed unanimously.
2.	Public Input (Maximum of 3 Minutes)	There were not any members of the public present.	
3.	Unfinished Business	There was not any unfinished business.	
4.	New Business 4.1) Request for Clinical Privileges: a) Cynthia Mai, PMHNP-BC – Three-year renewal term expiring December 31, 2028 4.2) Policies Beginning 30-Day Review: a) Home and Community Based Rules, 04-05-08 4.3) Primary Network Operations and Quality Management Committee Meeting Notes from September 11, 2025	4.1) The Committee reviewed the request for clinical privileges. 4.2) N. Sweet reviewed the policy with the Committee noting it is required for regulations of Person-Centered Planning. 4.3) The Committee reviewed the notes.	4.1) On motion of S. Mrozinski and support by P. Schumacher, the request for clinical privileges was referred to the full Board for approval. The motion was adopted unanimously. 4.2) On motion of R. Pawlak and support by P. Schumacher, the policy, Home and Community Based Rules, 04-05-08, to begin 30-day review was referred to the full Board for approval. The motion was adopted unanimously. 4.3) No action was necessary

	<p>4.4) Quality Assessment & Performance Improvement Quarterly Report, S. Holsinger</p>	<p>4.4) S. Holsinger reviewed the quarterly and annual Quality Assessment & Performance Improvement (QAPI) Report noting the compliance score and internal goals for plan of service training forms, adverse events, trends for fiscal year (FY) 2025, behavior treatment events, quality of care record reviews – services are written in the plan of service, quality of care record reviews – all services authorized in the plan of service, Michigan Mission Based Performance Indicator System Indicators 1 – 4, reduction of community inpatient days for FY2025, adults and children indicating satisfaction on survey, and provider survey. J. Hahn explained the state changed the no show policy a few years ago and its impact on data collection. There were general discussions on the validity of data, the value of collecting data when situations are out of the control of the community mental health (CMH) agency, why compliance standards are used if the situation is out of the CMHs control, inpatient hospital needs and capacity, whether there is a correlation between inpatient hospitalizations and penetration rate, whether BABHA should track this data as the agency has not historically compared inpatient hospitalizations and penetration rates, the renovations of the Caro Center and Walter P. Reuther Hospital, and the property utilization of the old Caro Prison.</p>	<p>4.4) No action was necessary</p>
	<p>4.5) Strategic Plan Revisions, J. Hahn & N. Sweet</p>	<p>4.5) J. Hahn reviewed the proposed changes to the Strategic Plan including details about the Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) procurement, statistics related to core service trends, and financial trends including revenue, expenses, and supplemental revenue from Midstate Health Network (MSHN). J. Hahn and N. Sweet reviewed the proposed revisions related to the Committee’s functions including cost containment and availability of community living support (CLS) services, stabilization and cost containment strategies for the residential system, Applied Behavioral Analysis (ABA) services stabilization and cost containment strategies, and evidence-based and best practices in clinical service delivery. There were general discussions related to the electronic visit verification (EVV) process for CLS staff, the increasing cost and administrative burdens due to compliance requirements for CLS services and</p>	<p>4.5) No action was necessary</p>

		providers, Medicaid billing restrictions overlapping services, and the overall Medicaid billing process.	
5.	Adjournment	On motion of J. Crete and support by R. Pawlak, the meeting adjourned at 5:38 pm. The motion passed unanimously.	



Christopher Girard, Committee Chair