



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

Thursday, November 13, 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	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		Megan Smith, List Psychological Site Supervisor	X	Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor	X	Melanie Corrión, BABH Program Manager - Adult ID/DD	X	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		Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	X	Stephani Rooker, BABH Program Manager - CLS/Horizon		<b>GUESTS</b>	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Supervisor - Child OPT	X		
Karen Amon, BABH Director Integrated Care - Long-term	X				

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. <b>Review of, and Additions to Agenda</b></li> <li>b. Presentations: None</li> <li>c. <b>Approval of Meeting Notes: 09/11/25</b></li> <li>d. <b>Program/Provider Updates and Concerns</b></li> </ul>	<ul style="list-style-type: none"> <li>a. There were additions to the agenda; 4k. EHR Change and 4l. Removal of Consumer Signature from Interim Plan.</li> <li>b. There are no presentations this month.</li> <li>c. The September 11<sup>th</sup> meeting notes were approved as written. The October meeting was cancelled.</li> <li>d. <b>Program/Provider Updates and Concerns:</b>  <u>Bay-Arenac Behavioral Health</u>: If you are calling and not able to get through to BABH staff, keep trying as a new phone system was put in place and there have been issues that were not anticipated.               <ul style="list-style-type: none"> <li>- <u>ABA/Wraparound</u> – No updates to report this month.</li> <li>- <u>ACT/Adult MI</u> – Adult MI Case Management is down an Intensive Case Manager, and ACT is down a case manager and a nurse.</li> <li>- <u>Children's Services</u> – Children's Services is down two case managers: Family Support and Intensive Case Management/Wraparound.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>- <u>CLS/North Bay &amp; Horizon</u> – No updates to report this month.</li> <li>- <u>Corporate Compliance</u> – No updates to report this month.</li> <li>- <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – The MRT Supervisor is not being replaced; Stacy will be overseeing MRT.</li> <li>- <u>ID/DD</u> – No updates to report this month.</li> <li>- <u>IMH/HB</u> – No updates to report this month.</li> <li>- <u>Integrated Care:</u> <ul style="list-style-type: none"> <li>• <u>Acute</u> – No updates to report this month.</li> <li>• <u>Arenac</u> – No updates to report this month.</li> <li>• <u>Child &amp; Family</u> – No updates to report this month.</li> <li>• <u>Long-term</u> – Karen is working on the strategic initiatives that will be approved in January. Cost containment strategies will go into place for CLS services and specialized residential services. BABH will get tighter on CLS referrals and approvals and work on utilization management since there has been an increase in spending for CLS services over the past several years. PAO is merging with the Arnold Center, and they will be under the Arnold Center by the end of December. Valley Residential Services (currently contracted with BABH) is merging under Listening Ear (not currently contracted with BABH). This will take place in April.</li> </ul> </li> <li>- <u>Medical Records</u> – No updates to report this month.</li> <li>- <u>Physician/OPT Services</u> – The Madison Clinic is in need of a Child Psychiatrist. There were no referrals to start the first OPT Group.</li> <li>- <u>Quality</u> – No updates to report this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – No updates to report this month.</li> <li>- <u>Self Determination</u> – No updates to report this month.</li> </ul>	

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	<p><u>List Psychological</u>: No updates to report this month.</p> <p><u>MPA</u>:</p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – No updates to report this month.</li> <li>- <u>OPT-A</u> – As of December 5<sup>th</sup>, MPA will be down 4 therapists. MPA may need additional help but won't know the details until the middle of December.</li> <li>- <u>OPT-C</u> – No updates to report this month.</li> </ul> <p><u>Saginaw Psychological</u>: SPSI has moved to their new building on Westside Saginaw Road.</p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – No updates to report this month.</li> <li>- <u>OPT</u> – No updates to report this month.</li> </ul>	
<p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <ul style="list-style-type: none"> <li>a. QAPIP Annual Plan (Sept)</li> <li>b. Organizational Trauma Assessment Update</li> </ul>	<ul style="list-style-type: none"> <li>a. <u>QAPIP Annual Plan</u> – Nothing to report this month.</li> <li>b. <u>Organizational Trauma Assessment</u> – Nothing to report this month.</li> </ul>	
<p>3. <b>Reports</b></p> <ul style="list-style-type: none"> <li>a. <b>QAPIP Quarterly Report (Feb, May, Aug, Nov)</b></li> <li>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u> <ul style="list-style-type: none"> <li>i. <b>Recipient Rights Report (Jan, Apr, Jul, Oct)</b></li> <li>ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</li> <li>iii. <b>Consumer Satisfaction Report (MHSIP/YSS)</b></li> <li>iv. Provider Satisfaction Survey (Oct)</li> </ul> </li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. <b>MMBPIS Report (Jan, Apr, Jul, Oct)</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. <b>QAPIP Quarterly Report</b> – Sarah went over the QAPIP Report. BABH needs to increase compliance with the Evidence of Primary Care Coordination. Suggestion from MPA - when the consent form is printed and signed can the coordination of care form automatically generate so it prints with the consent? Melissa will follow up on this suggestion. The report is saved in the meeting folder and was emailed to the PNOQMC members.</li> <li>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u> <ul style="list-style-type: none"> <li>i. <b>Recipient Rights</b> – Jackie went over the Recipient Rights Report. The report is saved in the meeting folder and can be emailed to the PNOQMC.</li> <li>ii. <u>RAS</u> – Nothing to report this month.</li> <li>iii. <b>MHSIP/YSS</b> –It is recommended that surveys be distributed during face-to-face contacts and continue with the option of being entered for 5, \$10gift cards. For the MHSIP survey, the two statements that had the biggest decrease in agreeance for 2025 compared to 2024 were “I am getting along better with my family” (11.3% decrease) and “I am happy with the friendships I have” (8.4% decrease).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. <b>QAPIP Quarterly Report</b> – Melissa to check into the coordination of care form being automatically generated with the printing of the consent form.</li> </ul>

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<ul style="list-style-type: none"> <li>ii. <b>Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</b></li> <li>iii. <b>Customer Service Report (Jan, Apr, Jul, Oct)</b></li> <li>iv. Employment Data (Dec, Mar, Jun, Sep)</li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b>Internal Performance Improvement Report (Feb, May, Aug, Nov)</b></li> <li>ii. Internal MEV Report</li> <li>iii. MSHN MEV Audit Report (Apr, Sep)</li> <li>iv. MSHN DMC Audit Report (Sept when applicable)</li> <li>v. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Ability to Pay Report</li> <li>f. <u>Program Capacity Status</u> <ul style="list-style-type: none"> <li>i. <b>Review of Referral Status Report</b></li> </ul> </li> </ul>	<p><u>MHSIP/YSS Survey Action Needed</u>: BABH and the primary providers determined that building solid relationships with family and friends and developing connections within the community was a theme of the results of the MHSIP survey. BABH will work with CLS staff to transition from only taking consumers on community outings to assist them in building relationships in the community so these can be maintained without the help of CLS staff. The 'Great Lakes Bay Parents community event Facebook page provides different community events in the area, and this could be referenced on the BAB website. Additionally, the Quality of Life Mentor will send out monthly event calendars to be distributed to attendees of the PNOQMC and Specialized Residential/CLS committee meetings. The 2025 MHSIP-YSS Summary Report is saved to the meeting folder and was emailed to the PNOQMC. Encourage community events with your consumers. If you find different links with community events pass that on so consumers are aware of those events.</p> <ul style="list-style-type: none"> <li>iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month.</li> </ul> <p>c. <u>Access to Care &amp; Service Utilization Reports</u></p> <ul style="list-style-type: none"> <li>i. <b>MMBPIS Report</b> – Sarah went over the BABH MMBPIS Report. The report is saved in the meeting folder and was emailed to the PNOQMC. The two primary reasons for out of compliance were consumers no-showing and requesting appointments outside of 14 days. Sarah also shared the MSHN MMBPIS report to show how BABH compares to other CMHs in our region.</li> <li>ii. <b>Leadership Dashboard</b> – Nothing to report this month.</li> <li>iii. <b>Customer Service Report</b> – Jackie went over the Customer Service Report. The report is saved in the meeting folder and can be emailed to the PNOQMC.</li> <li>iv. <u>Employment Data</u> – Nothing to report this month.</li> </ul> <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> <li>i. <b>PI Report</b> – Sarah went over the PI Report. The report is saved in the meeting folder and was emailed to the PNOQMC. BABH and the providers continue to struggle with getting evidence of coordination of care. Additionally, staff are not</li> </ul>	

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	<p>utilizing the Plan of Service header to update whether they have given/mailed/faxed the consumer a copy of their plan of service. Karen did report that there has been an ITR submitted to PCE to have this flag a 'To Do List' item in PCE if this isn't completed.</p> <ul style="list-style-type: none"> <li>ii. <u>Internal MEV Report</u> – Nothing to report this month.</li> <li>iii. <u>MSHN MEV Audit Report</u> – Nothing to report this month.</li> <li>iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month.</li> <li>v. <u>MDHHS Waiver Audit Report</u> – Nothing to report.</li> </ul> <p>e. <u>Ability to Pay Report</u> – Nothing to report this month.</p> <p>f. <b>Referral Status Report</b> – Nothing to report this month.</p>	
<p>4. <b>Discussions/Population Committees/Work Groups</b></p> <ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. Consumer Council Recommendations (as warranted)</li> </ul> </li> <li>b. Access to Care and Service Utilization</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. Management of Diagnostics</li> </ul> </li> <li>d. BABH Policy/Procedure Updates</li> <li>e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> <li>i. Medicaid Monthly Algorithm - Effect on Medicaid Status</li> </ul> </li> <li>f. <u>General Fund</u></li> </ul>	<ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. Consumer Council Recommendations – Nothing to report this month.</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> – Nothing to report this month.</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. Management of Diagnostics – Nothing to report this month.</li> </ul> </li> <li>d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month.</li> <li>e. <u>Medicaid/Medicare Updates</u> – Nothing to report this month.</li> <li>f. <u>General Fund/OPT Referrals</u> – Nothing to report this month.</li> <li>g. <b>Outreach Letter</b> – The outreach letter has been submitted to the EHR and is waiting on implementation. There was a suggestion that when the outreach letter goes out, include an appointment in that letter.</li> </ul>	

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<ul style="list-style-type: none"> <li>i. Spenddown: Priority to Assist with Application for Redetermination</li> <li>ii. Inpatient Data Review/Analysis – Ad-hoc Work Group</li> <li>iii. OPT Referrals</li> <li><b>g. Outreach Letter</b></li> <li><b>h. Code Chart Changes</b></li> <li><b>i. Signatures on MDHHS Universal Consent</b></li> <li><b>j. MSHN Lists for HCBS Mandatory Trainings</b></li> <li><b>k. EHR Change</b></li> <li><b>l. Removal of Consumer Signature from Interim Plan</b></li> <li><b>m. Staff Credentials/ Supervisor Signature</b></li> </ul>	<ul style="list-style-type: none"> <li>h. <b><u>Code Chart Changes</u></b> – The 8Y modifier for MichiCANS Comprehensive has been added to specific codes. The 8Y modifier does not need to be authorized, but it will need to be selected if a MichiCANS Comprehensive is used. Managers need to make sure staff are aware when doing a MichiCANS, that they need to choose an 8Y modifier in the fee schedule for that look up. If the MichiCANS was completed during the annual assessment update, make sure you pick the correct code plus the 8Y modifier. QBHP is removed from the code chart. Joelin went over the ‘BABH Code Chart Changes as of 10-1-25’ which is saved in the meeting folder and the changes were emailed to the PNOQMC.</li> <li>i. <b><u>Signatures on MDHHS Universal Consent</u></b> – Make sure the consumer’s signature is received before sending on to the Primary Care Physician. If there is not a consumer signature, the consent will not be honored.</li> <li>j. <b><u>MSHN Lists for HCBS Mandatory Trainings</u></b> – BABH, MPA and Saginaw Psychological managers/supervisors need to make sure any new case managers are signed up for the MSHN HCBS trainings.</li> <li>k. <b><u>EHR Change</u></b> – There will be a dropdown box in Phoenix for preferred pronouns to be added. Melissa will follow up with this.</li> <li>l. <b><u>Consumer Signature from Interim Plan</u></b> – There was a finding during a recent MSHN MEV audit for an interim plan not having a consumer signature. This is not a requirement but created confusion due to the interim plan having a signature line for the consumer. A request has been submitted to PCE to remove the signature line. For the full plan of service, the signature page must be attached to the IPOS. Complete the IPOS header where you document when it was given to the individual.</li> <li>m. <b><u>Staff Credentials/ Supervisor Signature</u></b> If staff is not a fully credentialed as a QMHP, CMHP or QIDP, the supervisor should be signing off on all billable documentation. Staff need to be educated to send any billable document to their supervisors with the send copy to feature.</li> </ul>	<ul style="list-style-type: none"> <li>k. <b><u>EHR Change</u></b> – Melissa will follow up on this.</li> <li><b><u>Add to next month’s agenda</u></b> – Supervisor Signature to the Interim Plan</li> </ul>



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		There was discussion about adding Supervisor Signature to the Interim Plan to next month's agenda.	
5.	<a href="#">Adjournment/Next Meeting</a>	The meeting adjourned at 3:30 pm. The next meeting is scheduled for December 11, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	