



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

Thursday, February 12, 2026

1:30 p.m. - 3:00 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		Amanda Johnson, BABH Supervisor - ABA/Wraparound	
Amy Folsom, BABH Program Manager - Psych/OPT Services	-	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		Melanie Corrión, BABH Program Manager - Adult ID/DD	X	Lynn Meads, BABH Medical Records Associate	
Courtney Clark, SPSI Supervisor - OPT	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Michele Perry, BABH Manager - Finance	
Emily Gerhardt, BABH Program Manager - Children	X	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	X	Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager		Sarah Holsinger (Chair), BABH Quality Manager	X	Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Sarah Mulvaney, SPSI CSM Supervisor	X	Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	-	Stacy Krasinski, BABH Program Manager - EAS	X	GUESTS	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Stephani Rooker, BABH Program Manager - CLS/Horizon	X	Kaitlyn, List Psychological Intern	X
Karen Amon, BABH Director Integrated Care - Long-term/IDD	X	Tracy Hagar, MPA Supervisor - Child OPT			

Topic	Key Discussion Points	Action Steps/ Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: None c. Approval of Meeting Notes: January 8, 2026 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There was an addition to the agenda; 4.m. Network Adequacy Assessment. b. There are no presentations this month. c. The January 8th meeting notes were approved as written. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u> <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI/Senior Outreach</u> – In the process of hiring a third Intensive Case Manager. - <u>Children's Services</u> – Two Family Support workers and one Wraparound worker started last month. Susan Vian retired last week. - <u>CLS/North Bay & Horizon</u> – No updates to report this month. - <u>Corporate Compliance</u> – No updates to report this month. 	

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	<ul style="list-style-type: none"> - <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – MRT is losing a full time first shift staff so MRT response on first shift will be limited until that position is replaced. - <u>ID/DD</u> – No updates to report this month. - <u>IMH/HB</u> – The Infant Mental Health Specialist from the Arenac Center will be back from medical leave next week. - <u>IT</u> – No updates to report this month. - <u>Integrated Care:</u> <ul style="list-style-type: none"> • <u>Acute</u> – No updates to report this month. • <u>Arenac</u> – A position is available for an Intake staff for the Arenac Center. CSM position is on hold. • <u>Child & Family</u> – No updates to report this month. • <u>IDD/Long-term</u> – No updates to report this month. - <u>Medical Records</u> – No updates to report this month. - <u>Physician/OPT Services</u> – No updates to report this month. - <u>Quality</u> – The Quality Department is in the middle of gathering information for the MSHN MEV 02/25/26 - 02/26/26. Joelle will be on medical leave for three months starting February 26th. - <u>Recipient Rights/Customer Services</u> – No updates to report this month. - <u>Self Determination</u> – No updates to report this month. <p><u>List Psychological:</u> A List Psychological therapist is fully licensed, just waiting on Medicare approval. Kaitlyn and a male intern will start taking on clients. Melanie, the List Office Manager, will be leaving List and will be training Megan before she leaves.</p>	

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	<p><u>MPA:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – MPA child and family is on hold for referrals. - <u>OPT-A</u> – MPA hired two new staff for OPT-Adult and referrals are open. - <u>OPT-C</u> – No updates to report this month. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – Samantha left SPSI last week. SPSI are training two new staff this week. Referrals are closed. - <u>OPT</u> – A SPSI children’s therapist left last month. Referrals are limited. 	
<p>2. Plans & System Assessments/Evaluations</p> <ul style="list-style-type: none"> a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update 	<ul style="list-style-type: none"> a. <u>QAPIP Annual Plan</u> – Nothing to report this month. b. <u>Organizational Trauma Assessment</u> – Nothing to report this month. 	
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. Recipient Rights Report (Jan, Apr, Jul, Oct) ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) 	<ul style="list-style-type: none"> a. QAPIP Quarterly Report – Sarah went over the QAPIP Quarterly Report. The report was saved to the meeting folder and sent to the committee for review. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. <u>Recipient Rights</u> – Nothing to report this month. ii. <u>RAS</u> – Nothing to report this month. iii. <u>MHSIP/YSS</u> – Nothing to report this month. iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month. c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. <u>MMBPIS Report</u> – Nothing to report this month. ii. <u>Leadership Dashboard</u> – Nothing to report this month. iii. <u>Customer Service Report</u> – Nothing to report this month. iv. <u>Employment Data</u> – Nothing to report this month. d. <u>Regulatory and Contractual Compliance Reports</u> 	

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<ul style="list-style-type: none"> iii. Customer Service Report (Jan, Apr, Jul, Oct) iv. Employment Data (Dec, Mar, Jun, Sep) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) 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. <u>Program Capacity Status</u> <ul style="list-style-type: none"> i. Review of Referral Status Report 	<ul style="list-style-type: none"> i. PI Report – Sarah went over the PI Report. The report was saved to the meeting folder and sent to the committee for review. Reminder that the gap between the plan and assessment is minimal. The assessment is completed annually. There were a significant number of plans of service that left the date blank in the Update Sent Link. The blanks are not included in the overall percentage of compliance, but supervisors should be addressing this with staff and monitoring. Indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan. ii. <u>Internal MEV Report</u> – Nothing to report this month. iii. <u>MSHN MEV Audit Report</u> – Nothing to report this month. iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month. v. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month. e. <u>Ability to Pay Report</u> – Nothing to report this month. f. Referral Status Report – The referral status report is saved in the meeting folder and was emailed to the PNOQMC. <p>Quality of Record Review Issues – When staff are doing the Quality of Record Reviews, the system is timing out and information is being lost. Sarah will follow-up with IT on this issue.</p>	<p>Quality of Record Reviews – Sarah to follow-up with IT on time out issues when filling out the quality of record reviews.</p>
<p>4. <u>Discussions/Population Committees/Work Groups</u></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. Access to Care and Service Utilization 	<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 – Nothing to report this month. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics – Nothing to report this month. 	

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<ul style="list-style-type: none"> c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics d. BABH Policy/Procedure Updates e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. Medicare Telehealth Regulations - Update ii. Verification of Insurance: Reminder to have staff check with every contact iii. Healthy MI vs. Full Medicaid Coverage f. General Fund <ul style="list-style-type: none"> i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination ii. FY26 GF Plan Review iii. GF Exceptions - "Out of Network" status with Primary Insurance g. EHR Changes h. Supervisor Signature on Interim Plan i. CLS Assessment j. MDHHS Universal Consent Changes k. <u>RCA Follow-Ups:</u> <ul style="list-style-type: none"> i. Addressing SUD concerns regularly during contacts 	<ul style="list-style-type: none"> d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month. e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. <u>Telehealth Regs</u> – Nothing to report this month. ii. <u>Verification of Insurance</u> – Nothing to report this month. iii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month. f. General Fund <ul style="list-style-type: none"> i. Spenddown – Take a look at your caseloads to see if you can get the spenddown consumers on full Medicaid. ii. FY26 GF Plan Review – Nothing to report this month. iii. GF Exceptions – Nothing to report this month. g. EHR Changes – BABH is looking to have the LOCUS/CALOCUS embedded into the medical record. If staff have a name change that is different than what the consumer’s legal name shows, it can be searched by their preferred first name. Under the clinical assessment, altering tobacco use to include vaping and weed pens. Under Personal Care/Community Support, the NA definition is being added. Under the Behavior Treatment Assessment, adding in the referring case holder. There is a special report to pull Medicaid eligibility based on next day scheduled appointments. h. <u>Supervisor Signature on Interim Plan</u> – Nothing to report this month. i. CLS Assessment – Supervisors need to review the CLS assessments and make sure they are completed and as accurate as they can be. Add in the skills that the individual is working towards. If the individual has personal care needs, community living supports, make sure CLS needs matches the biopsychosocial assessment. j. MDHHS Universal Consent Changes – The consent to change form was sent to the PNOQMC and is saved in the meeting folder. Sections 1, 3 and 4 need to be filled out, but section 2 is only filled out by SUD providers. 	

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<p>ii. Documenting coordination/follow-up with SUD services/providers</p> <p>iii. Documenting problem solving barriers to completing a petition or other concerns identified</p> <p>I. <u>General Reminders</u></p> <ul style="list-style-type: none"> • Scheduling Future Appointments • Addendums for Add on Services • Reason for Referral • Diagnostic History and Summary • Gaps in Plans • Services included in Interim Plans • Intake/Annual Checklist <p>m. Network Adequacy Assessment</p>	<p>k. <u>RCA Follow-Ups</u> – Make sure staff are addressing and documenting coordination or follow-up with SUD providers as there are gaps between treatments. Recommend that staff talk to their supervisor on problem solving barriers for completing a petition or any other concerns that need to be addressed. If there are any questions you can contact EAS.</p> <p>l. <u>General Reminders</u></p> <ul style="list-style-type: none"> • When scheduling future appointments, please use the scheduler for all future appointments, especially when multiple disciplines are involved. • When creating addendums for add on services, goals/objectives for psych and OPT (etc.) should be separated so if one service gets closed via a future addendum, those goals/objects can be early terminated along with the authorizations. • Intake workers should clearly indicate the reason for the referral. • Diagnostic History and Summary should not be blank. Amy reminds prescribers as well. If you notice one, please send Amy a message. • There should not be gaps in plans of service; future services should have authorizations. • Include all services in the interim plans. If you do an interim plan, make sure you include psych services, not just the primary services. • Intake/Annual checklists are being filled out and one is being embedded in Phoenix; BABH is waiting for implementation. <p>m. <u>Network Adequacy Assessment</u> – A network adequacy assessment is required by MSHN to send out to the providers. MSHN needs to know the average number of full-time employees for each department/program, and it's due back by February 23rd.</p> <p>There was discussion in the past about how to bill if staff was limited license and if they should be billing under their supervisor or under their own NPI number. Guidance was given to CMHs on what needs to be done. If you have a limited license staff, they need to bill under their own NPI number. If you have an intern, bill under their supervisor. Any other licensed person needs to bill under their own credentials.</p>	
<p>5. <u>Adjournment/Next Meeting</u></p>	<p>The meeting adjourned at 3:00 pm. The next meeting is scheduled for March 12, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.</p>	



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