BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, May 21, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

AGENDA

Page

1. CALL TO ORDER & ROLL CALL

2. PUBLIC INPUT (5 Minute Maximum Per Person)

3. REGULAR BOARD MEETING, 04/16/2026 – Distributed – Pawlak, Ch/ McFarland, V Ch
   3.1 Motion on minutes as revised

4. CORPORATE COMPLIANCE COMMITTEE, 05/07/2026 – Distributed – Conley, Ch/ Schumacher, V Ch
   There were no motions forwarded to the full Board
   4.1 Motion on minutes as distributed

5. RECIPIENT RIGHTS (RR) ADVISORY & APPEALS COMMITTEE, 05/11/2026 – Distributed – McFarland, Ch/ Mrozinski, V Ch

3, 4-5 5.1 Res# 2605001: Approve the 2026 Accessibility Plan – *See page 3 resolution sheets, pages 4-5 & plan attached to back of packet*

5.2 Motion on minutes as distributed

6. FINANCE COMMITTEE, 05/13/2026 – Distributed – Banaszak, Ch/ Mrozinski, V Ch

6-7 6.1 Motion to accept investment earnings balances for period ending April 30, 2026 – *See pages 6-7*

3, 8 6.2 Res# 2605002 Approve the Finance May 2026 contract list – S*ee page 3 resolution sheet & page 8*

6.3 Motion on minutes as distributed

7. PROGRAM COMMITTEE, 05/14/2026 – Distributed – Girard, Ch/ Schumacher, V Ch

3 7.1 Res# 2605003: Approve the request for clinical privileges for Andrew M. Lister, D.O. – *See page 3 resolution sheet*

3, 9-12 7.2 Res# 2605004: Approve the policies to begin 30-day review – *See page 3 resolution sheet & pages 9-12*

13-15 7.3 Motion on minutes as presented – *See pages 13-15*

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REGULAR MEETING

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AGENDA

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8. AUDIT COMMITTEE, 05/16/2026 – In packet – McFarland, Ch/ Banaszak, V Ch

3, 16-22 8.1 Res# 2605005: Accept financial statements – S*ee page 3 resolution sheet & pages 16-22*

3, 23-26 8.2 Res# 2605006: Accept electronic fund transfers – *See page 3 resolution sheet & pages 23-26*

3, 27 8.3 Res# 2605007: Approve disbursement & health care claims payments – *See page 3 resolution sheet & page 27*

28-30 8.4 Motion on minutes as presented – *See pages 28-30*

9. REPORT FROM ADMINISTRATION

31-50 9.1 Advocacy Updates – *See pages 31-50*

51-55 9.2 Community Mental Health Association Special Assessment – *See pages 51-55*

10. UNFINISHED BUSINESS
    10.1 None

11. NEW BUSINESS
    11.1 Holiday Schedule
        BABHA Offices will be closed on Monday, May 25, 2026 for Memorial Day
    11.2 June Finance Committee Meeting
        The Finance Committee meeting has been rescheduled for 4:00 pm on Monday, June 15, 2026
    11.3 July Personnel & Compensation (P&C) Committee Meeting
        The P&C Committee meeting has been rescheduled for 5:00 pm on Monday, June 29, 2026

12. ADJOURNMENT

BAY ARENAC
BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, May 21, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

RESOLUTIONS

Recipient Rights Advisory & Appeals Committee, May 11, 2026

Res# 2605001: Resolved by Bay Arenac Behavioral Health Authority to approve the 2026 Accessibility Plan.

Finance Committee, May 13, 2026

Res# 2605002: Resolved by Bay Arenac Behavioral Health Authority to approve the Finance May 2026 contract list.

Program Committee, May 14, 2026

Res# 2605003: Resolved by Bay Arenac Behavioral Health Authority to approve the request for clinical privileges for Andrew M. Lister, D.O., for a three-year renewal term expiring May 31, 2029.

Res# 2605004: Resolved by Bay Arenac Behavioral Health Authority to approve the following policies to begin 30-day review:

a) Personal Property and Funds Policy, 03-03-10
b) Freedom of Movement Policy, 03-03-11

Audit Committee, May 18, 2026

Res# 2605005: Resolved by Bay Arenac Behavioral Health Authority to approve the Financial Statements for period ending April 30, 2026.

Res# 2605006: Resolved by Bay Arenac Behavioral Health Authority to approve the electronic fund transfer (EFTs) for period ending April 30, 2026.

Res# 2605007: Resolved by Bay Arenac Behavioral Health Authority to approve the disbursements and health care payments from April 11, 2026 through May 15, 2026.

Executive Summary

Accessibility Plan 2026

This overview provides a brief introduction to the **2026 Accessibility Plan**, including the key priorities, barriers, and action steps that will help guide agency efforts in the coming year.

Background

The 2026 Accessibility Plan reflects Bay-Arenac Behavioral Health Authority's ongoing commitment to ensuring that services, supports, facilities, communication methods, and community opportunities remain accessible to the individuals and communities we serve. The plan is aligned with the agency's mission, CARF accessibility standards, and applicable state and federal requirements. It also incorporates input from facility reviews, stakeholder feedback, consumer surveys, grievance data, and internal quality improvement processes.

Summary of Key Themes

The plan identifies several major areas of focus for 2026:

- **Facilities and Physical Access:** BABHA is evaluating current building and office space needs in light of remote work, service delivery changes, and potential future renovations. Recommendations related to facility planning are expected to move through the Facilities & Safety Committee and may come before the full Board later in 2026.
- **Attitudinal and Workforce Barriers:** The agency continues to address trauma-informed care, cultural responsiveness, anti-stigma efforts, staff wellness, and evidence-based practice implementation. Additional work is planned to strengthen staff competencies in trauma-informed services and veteran-related supports.
- **Inpatient and Crisis Services Access:** Access to inpatient psychiatric care continues to be a significant barrier, especially for individuals with high acuity, aggression, complex medical needs, and youth with autism spectrum disorder. BABHA continues to respond through system advocacy, contract negotiations, alternative crisis services, and Mobile Response Team expansion.
- **Financial Accessibility:** Funding instability remains a significant concern, particularly in Healthy Michigan Medicaid and Autism service lines. The plan includes continued fiscal monitoring, service-line review, contingency planning, and provider capacity strategies to address these risks.
- **Communication Accessibility:** BABHA continues efforts to ensure notices, forms, and other materials are understandable and available in accessible formats. While some state-required notice language cannot be modified, the agency continues to improve all accompanying

language and communication tools. Additional safeguards are being implemented related to privacy risks in email and text communication.

- **Community Integration and Residential Supports:** The increasing demand for Community Living Supports (CLS), residential stabilization, and provider capacity remains a major challenge. New actions focus on prioritizing high-need individuals, strengthening provider availability, and preparing for possible state policy changes that could affect direct service delivery models.
- **Technology and Digital Accessibility:** A new priority for 2026 is digital accessibility compliance under Section 504 requirements. BABHA has identified the need to improve website and patient portal accessibility and will continue evaluating digital platforms to meet recognized accessibility standards.

Board Considerations

The Accessibility Plan indicates that BABHA is actively working to reduce barriers across multiple domains; however, several issues remain systemic and largely outside local control, including:

- statewide inpatient bed shortages,
- Medicaid and Autism funding inadequacy,
- workforce shortages,
- and evolving state and federal policy requirements.

These issues will require continued monitoring, advocacy, and Board awareness throughout 2026.

Requested Board Action

This executive summary is presented for Board review and awareness in support of continued oversight of the agency's accessibility planning efforts. Additional updates related to facilities, accessibility progress, and implementation of key action items will be brought forward to the appropriate Board committees and to the full Board as needed.

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances April 30, 2026

Balance April 1, 2026	8,604,114.89
Balance April 30, 2026	8,277,139.65
Average Daily Balance	7,191,926.93
Estimated Actual/Accrued Interest April 2026	16,825.39
Effective Rate of Interest Earning April 2026	2.81%
Estimated Actual/Accrued Interest Fiscal Year to Date	104,405.82
Effective Rate of Interest Earning Fiscal Year to Date	3.00%

Note: The Cash and Investment Balances exclude Payroll and AP related Cash Accounts.

Cash Available - Operating Fund

	Rate	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		7,971,323	6,179,005	4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441
Cash in		12,205,772	12,225,824	20,990,024	16,234,403	12,208,234	13,636,279	21,097,480	13,203,400	12,594,625	12,095,878	21,243,634	14,182,106
Cash out		(13,998,090)	(13,807,060)	(19,326,275)	(15,720,233)	(13,017,289)	(14,328,710)	(17,939,763)	(14,858,965)	(13,994,743)	(12,739,564)	(17,870,743)	(14,501,842)
Ending Balance Operating Fund		6,179,005	4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704
Investments													
Money Markets		6,179,005	4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704
90.00													
180.00													
180.00													
270.00													
270.00													
Total Operating Cash, Cash equivalents, Invested		6,179,005	4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704
Average Rate of Return General Funds		3.42%	3.40%	3.37%	3.36%	3.34%	3.06%	2.94%	3.14%	3.00%	2.91%	2.85%	2.81%
		3.32%		3.26%	3.13%	3.28%	3.06%	2.81%	3.56%	2.56%	2.56%	2.58%	2.57%
average		6,425,045	6,222,014	6,225,964	6,275,939	6,295,231	5,274,202	6,853,061	6,698,662	6,464,678	6,118,252	6,449,450	6,640,344

Cash Available - Other Restricted Funds

	Rate	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		472,974	474,641	476,260	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026
Cash in		1,667	1,619	1,679	1,684	1,608	1,628	1,488	1,473	1,444	1,308	1,452	1,410
Cash out													
Ending Balance Other Restricted Funds		474,641	476,260	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436
Investments													
Money Market		474,641	476,620	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436
91.00	0.70%												
91.00	1.10%												
91.00	1.15%												
91.00	1.35%												
90.00	1.70%												
91.00	2.05%												
90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-	-
365.00	80.00%												
Total Other Restricted Funds		474,641	476,620	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436
Average Rate of Return Other Restricted Funds		4.84%	4.75%	4.68%	4.63%	4.58%	4.11%	4.11%	3.93%	3.85%	3.78%	3.73%	3.70%
		4.84%	4.02%	4.02%	4.15%	4.00%	4.11%	4.11%	3.58%	3.58%	3.50%	3.50%	3.50%
average		468,942	469,762	470,615	471,434	472,251	482,860	483,604	484,343	485,074	488,574	486,482	487,190
Total - Bal excludes payroll related cash accounts		6,653,646	5,074,388	6,739,456	7,255,311	6,447,865	5,757,062	8,916,267	7,262,175	5,863,501	8,594,015	8,595,467	8,277,140
Total Average Rate of Return		3.49%	3.47%	3.44%	3.38%	3.39%	3.55%	3.33%	3.53%	3.15%	3.08%	3.04%	3.00%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
May 13, 2026

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	M	**Mid-Michigan Specialized Residential Services** Residential Type A Services for a third BABHA individual	1 @ $555.28/day & 1 @ $500/day	$650/day + $25.50/hr for 1:1 for 24 hrs/day	5/4/26 - 9/30/26	Y	N
Admin/Other Services							
2	R	**Sage Software** HRMS Business Care Silver - Time and Attendance	$6,237	$7,008	7/22/26 - 7/21/27	Y	N
3	R	**Sage Software** HRMS Premium - Annual Subscription	$16,213.86/year	$18,191.16/year	6/20/26 - 6/19/27	Y	N
4	R	**Sage Software** Sage 100cloud financial software	$808/month	$888/month	7/19/26 - 7/18/27	Y	N
5	R	**Sage Software** Fixed assets, licensing & support	$4,292/year	$4,571/year	7/22/26 - 7/21/27	Y	N
6	R	**Articulate 360** Annual License for 1 Seat	$1,499	$1,749	7/31/26 - 7/31/27	Y	N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)							
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS							
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL							
7	M	**Accident Fund** Audit Additional Premium	$0	$7,100	1/1/25 - 1/1/26	N/A	N/A

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension

M = Modification
N = New Contract/Provider
NC = New Consumer
T = Termination

Footnotes:

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 3	**Member Rights & Responsibilities**		
Section: 3	**Rights of Consumers**		
Topic: 10	**Personal Property and Funds**		
Page: 1 of 2	**Supersedes Date:** **Pol: 8-18-16, 9-19-02, 8-15-02, 9-25-01** **Proc: 6-3-16, 6-15-09, 7-26-05, 8-15-02, 9-20-01, 7-15-99**	**Approval Date:** **Pol: 2-21-19** **Proc: 1-26-26**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/13/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that a recipient utilizing residential services is entitled to receive, possess, and use all personal property~~., including clothing, except for those items prohibited including weapons, drugs, drug paraphernalia, alcoholic beverages, and any items which violate federal, state, or local laws~~. Recipients shall be afforded maximum control over and choice in the utilization of their personal funds. Any exclusions of personal property shall be written and posted in each residential unit. Searches for excluded items should be conducted in accordance with BABHA's Policy and Procedure, C03-S03-T0 – 7 *Personal Search*. Those searches conducted on an emergency basis shall be documented using a Procedures Incident Report. A search procedure shall be justified as part of the team meeting process and documented in the recipient's search and seizure record.

Furthermore, staff shall not through fraud, deceit, misrepresentation, coercion, or unjust enrichment obtain or use a recipient's property or funds for the benefit of anyone other than the recipient. Theft of a recipient's property or funds shall be reported to law enforcement. Provider Agencies shall reimburse a recipient for any discrepancies in recipient funds due to theft or error.

Purpose

This policy and procedure is established to ensure the rights of BABHA recipients in residential services to receive, possess, and use personal property and funds.

Education Applies to

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure
☐ Selected Contracted Providers, as follows:
☐ Policy Only ☐ Policy and Procedure
☐ BABHA's (Affiliates): ☐ Policy Only ☐ Policy and Procedure
☐ Other:

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 3	**Member Rights & Responsibilities**		
Section: 3	**Rights of Consumers**		
Topic: 10	**Personal Property and Funds**		
Page: 2 of 2	**Supersedes Date:** **Pol: 8-18-16, 9-19-02, 8-15-02, 9-25-01** **Proc: 6-3-16, 6-15-09, 7-26-05, 8-15-02, 9-20-01, 7-15-99**	**Approval Date:** **Pol: 2-21-19** **Proc: 1-26-26**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL/REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
Sara Heydens	Linda Maze	6/15/09	Revision	Title change from Community Living Director to CCPO
		12/31/12	No changes	Triennial Review
Melissa Prusi	Melissa Prusi	6/3/16	Revision	Triennial Review-updated titles, added detail to include accounting for protection/replacement of loss of funds and maximizing recipient control of funds
M. Prusi	C. Pinter	12/10/18	Revision	Updated Policy statement
Melissa Prusi	Christopher Pinter	07/01/2019	Revision	Triennial and annual review – minor changes to include CLS staff who safeguard the recipient's property/funds.
Melissa Prusi	Christopher Pinter	12/20/2020	No changes	Annual Review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial Review
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial Review
Jackie Kish	Christopher Pinter	1/21/26	Revision	Update to MDHHS 2025 practice

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 3	**Member Rights and Responsibilities**		
Section: 3	**Rights of Consumers**		
Topic: 11	**Freedom of Movement**		
Page: 1 of 2	**Supersedes Date:** **Pol: 7-15-99** **Proc: 7-28-98**	**Approval Date:** **Pol: 3-30-11** **Proc: 6-15-09**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that the freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to the recipient, to prevent injury to the recipient, staff or others, or to prevent substantial property damage., ~~except that security precautions may be taken appropriate to the condition and circumstances of a recipient admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution~~.

Purpose

This policy and procedure are established to ensure that the freedom of movement of a recipient is not restricted more than is necessary.

Education Applies to:

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure
☐ Selected Contracted Providers, as follows:
☐ Policy Only ☐ Policy and Procedure
☐ BABHA's (Affiliates): ☐ Policy Only ☐ Policy and Procedure
☐ Other:

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 3	**Member Rights and Responsibilities**		
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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL/REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
Sara Heydens	Linda Maze	06/15/09	Changes	Administrative Rule changes/grammatical.
Sara Heydens	Linda Maze	03/30/11	Changes	Policy statement changed to address appropriate security precautions.
		12/31/12	No changes	Triennial Review
M. Prusi	C. Pinter	6/27/16	Changes	Triennial Review-changed "resident" to "recipient". No change to Policy or Procedure.
M. Prusi	C. Pinter	12/13/18	Changes	Title change only. No change to Policy or Procedure.
Melissa Prusi	Christopher Pinter	06/10/2019	Revisions	Triennial and annual review. Minor revisions.
Melissa Prusi	Christopher Pinter	09/10/2020	No changes	Annual review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial review
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial review
Jackie Kish	Christopher Pinter	1/21/26	No changes	MDHHS 2025 standards review
Jackie Kish	Christopher Pinter	4/20/26	Revision	Policy statement updates-MDHHS 2025 standards review

MINUTES

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PROGRAM COMMITTEE MEETING

Thursday, May 14, 2026 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			Carole O'Brien	X			BABH: Joelin Hahn, Karen Amon, Nicole Sweet, Chris Pinter, and Sara McRae
	Pam Schumacher, V Ch	X			Staci Tuggle	X			
	Shelley King	X			Pat McFarland, Ex Off		X		Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
	Sally Mrozinski	X			Robert Pawlak, Ex Off	X			

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	The Committee Chair, C. Girard, called the meeting to order at 5:00 pm.	On the motion by P. Schumacher and support by R. Pawlak, 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.	Nomination & Elections 3.1) Committee Chair 3.2) Committee Vice Chair	3.1) Committee Chair, C. Girard, asked for nominations for committee chair. S. Mrozinski nominated C. Girard for chair. C. O'Brien supported the nomination. Hearing no other nominations, C. Girard closed nominations. The Committee elected C. Girard as committee chair. 3.2) Committee Chair, C. Girard, asked for nominations for committee chair. S. Mrozinski nominated P. Schumacher for vice chair. Hearing no other nominations, C. Girard closed nominations. The Committee elected P. Schumacher as committee vice chair.	
4.	Unfinished Business	There was not any unfinished business.	

5.	New Business 5.1) Clinical Program Review: Behavioral Treatment Review Committee, K. Amon	5.1) K. Amon reported the main purpose of the Behavioral Treatment Review Committee (BTRC) is to ensure that behavior interventions incorporating restrictive or intrusive procedures are appropriate. K. Amon also reviewed the BTRC membership, meeting schedule, data collection process, functions, and duties. K. Amon noted the impact of the Applied Behavioral Analysis (ABA) on increased interventions and BTRC activity. There were general discussions regarding that acronym for ABA as well as the history of BTRC including requirements in the Mental Health Code and the importance of respecting the Rights of individuals in services.	5.1) No action was necessary
	5.2) Request for Clinical Privileges: a) Andrew M. Lister, D.O. – three-year renewal term expiring May 31, 2029	5.2) The Committee reviewed the notes.	5.2) On the motion by P. Schumacher and support by R. Pawlak, the request for clinical privileges for Andrew M. Lister, D.O., were referred to the full board for approval. The motion was adopted unanimously.
	5.3) Policies Beginning 30-day Review: a) Personal Property and Funds Policy, 03-03-10 b) Freedom of Movement Policy, 03-03-11	5.3) K. Amon reported the proposed changes were recommended by the Recipient Right auditors. These items are covered in individual plans of service and Recipient Rights protections. C. Pinter noted these policies apply to all settings and the previous language was specific to residential settings. There were general discussions related to the reasons for the state's recommendation.	5.3) On the motion by R. Pawlak and support by S. Mrozinski, the policies to begin 30-day review were referred to the full board for approval. The motion was adopted unanimously.
	5.4) Primary Network Operations and Quality Management Committee Notes from the February 12, 2026 meeting	5.4) The Committee reviewed the notes.	5.4) No action was necessary
	5.5) Advocacy Update	5.5) C. Pinter reviewed the Community Mental Health Association's (CMHA) concerns regarding the Mental Health Framework released by the Michigan Department of Health and Human Services (MDHHS) because the proposal blurs the lines between Medicaid Health Plans (MHPs) and community mental health (CMH) for specialty mental health services. State law carves out the specialty mental health program. C. Pinter noted	5.5) No action was necessary

		the history of the Prepaid Inpatient Health (PIHP) request for proposal (RFP) released by MDHHS last year, the court case, and then MDHHS subsequently withdrawing the RFP. C. Pinter reported that State Representative Bolin presented boilerplate language blocking the PIHP procurement and the Mental Health Framework. Leadership will continue to monitor the status of these items. There were general discussions regarding the similarities of the Mental Health Framework and the PIHP procurement.	
	5.6) Recovery Housing Proposal	5.6) C. Pinter reported a proposal for recovery housing in Bay County has been presented to the Bangor Township Board of Trustees for zoning consideration. A letter of support for the recovery housing proposal has been requested from BABH. There have been discussions in Bay County over the last year about additional recovery housing. There are also other housing developments projects in Bay County currently. C. Pinter reviewed the substance use disorder (SUD) data for Arenac and Bay Counties between 2019 – 2024. There were general discussions that BABH is supportive of more services overall and that it is Bangor Township Board of Trustees decision on the zoning issue. The Committee concluded to see what Bangor Township decides on the zoning matter and then C. Pinter can address at the next board meeting, if necessary.	5.6) No action was necessary
5.	Adjournment	On the motion by S. King and support by S. Mrozinski, the meeting adjourned at 5:40 pm. The motion passed unanimously.	

_____
Christopher Girard, Committee Chair

Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 4/30/2026

Certified for Accuracy

Accounting Manager

Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

Bay Arenac Behavioral Health
Statement of Net Assets

	Column Identifiers	A	B	C	
1	**ASSETS**		**Apr 30, 2026**	**Sept 30, 2025**	
2	**Current Assets**				
3	Cash and cash equivalents		$6,814,456.33	$4,977,204.09	
4	Consumer and insurance receivables		267,044.84	222,608.46	
5	Due from other governmental units		4,153,589.01	7,373,116.91	
6	Contract and other receivables		265,728.40	204,672.26	
7	Interest receivable		0.00	0.00	
8	Prepaid items		701,797.81	550,641.43	
9	**Total Current Assets**		**12,202,616.39**	**13,328,243.15**	(3+4+5+6+7+8)
10	**Noncurrent Assets**				
11	**Cash and cash Equivalents - restricted**				
12	Restricted for compensated absences		1,544,798.69	1,534,594.77	
13	Restricted temporarily - other		81,130.86	96,790.49	
14	**Cash and Cash Equivalents - restricted**		**1,625,929.55**	**1,631,385.26**	(12+13)
15	**Capital Assets**				
16	Capital assets - land		424,500.00	424,500.00	
17	Capital assets - depreciable, net		6,340,427.75	6,176,859.27	
18	Capital assets - construction in progress		-	-	
19	GASB 87 Right to Use Bldg		2,065,688.58	2,065,688.58	
20	GASB 87 Accum Depr, Lease Amortization		(723,744.92)	(723,744.92)	
21	Accumulated depreciation		(4,129,665.47)	(4,067,067.78)	
22	**Capital Asset, net**		**3,977,205.94**	**3,876,235.15**	(16+17+18+19+20+21)
23	**Total Noncurrent Assets**		**5,603,135.49**	**5,507,620.41**	(14+22)
24	**TOTAL ASSETS**		**17,805,751.88**	**18,835,863.56**	(9+23)
25	**LIABILITIES**				
26	**Current Liabilities**				
27	Accounts payable		0.00	4,328,966.97	
28	Accrued wages and payroll related liabilities		620,342.81	512,532.84	
29	Other accrued liabilities		3,931,124.02	837,694.56	
30	Due to other governmental units		244,629.36	185,683.11	
31	Deferred Revenue		2,431.44	3,948.13	
32	Current portion of long term debt		17,280.78	17,280.78	
33	Other current liabilities		-	-	
34	**Total Current Liabilities**		**4,815,808.41**	**5,886,106.39**	(27+28+29+30+31+32+33)
35	**Noncurrent Liabilities**				
36	Long term debt, net of current portion		202,760.62	212,854.20	
37	GASB 87 Noncurrent Lease Liability		1,209,473.08	1,209,473.08	
38	Compensated absences		1,448,222.71	1,587,891.24	
39	**Total Noncurrent Liabilities**		**2,860,456.41**	**3,010,218.52**	(36+37+38)
40	**TOTAL LIABILITIES**		**7,676,264.82**	**8,896,324.91**	(34+39)
41	**NET ASSETS**				
42	**Fund Balance**				
43	Restricted for capital purposes		3,966,653.00	3,966,653.00	
44	Unrestricted fund balance - PBIP		3,696,831.56	3,258,465.99	
45	Unrestricted fund balance		2,466,002.50	2,714,419.66	
46	**Total Net Assets**		**$10,129,487.06**	**$9,939,538.65**	(43+44+45) and (24-40)

Bay Arenac Behavioral Health
For the Month Ending April 30, 2026
Summary of All Units

	A	Column Identifiers B	C	D	E (C-D)	F (C / D)	G	
		April Actual	2026 YTD Actual	2026 YTD Budget	Variance	% to Budget	2026 Monthly Budget	
	Income Statement							
1	**REVENUE**							
2	**Risk Contract Revenue**							
3	Medicaid Specialty Supports & Services	5,308,403.70	33,581,566.03	33,529,776.00	51,790.03	100%	4,789,968.00	
4	Medicaid Autism	1,409,098.60	8,944,567.49	6,770,685.25	2,173,882.24	132%	967,240.75	
5	State Genl Fund Priority Population	135,505.00	948,532.00	948,531.50	0.50	100%	135,504.50	
6	GF Shared Savings Lapse	0.00	0.00	0.00	0.00	0%	0.00	
7	**Total Risk Contract Revenue**	**6,853,007.30**	**43,474,665.52**	**41,248,992.75**	**2,225,672.77**	**105%**	**5,892,713.25**	(3+4+5+6)
8	**Program Service Revenue**							
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00	
10	Other Fee For Service	36,165.83	239,908.37	227,578.17	12,330.20	105%	32,511.17	
11	**Total Program Service Revenue**	**36,165.83**	**239,908.37**	**227,578.17**	**12,330.20**	**105%**	**32,511.17**	(9+10)
12	**Other Revenue**							
13	Grants and Earned Contracts	132,390.00	966,011.26	1,071,571.67	(105,560.41)	90%	153,081.67	
14	SSI Reimbursements, 1st/3rd Party	6,645.00	46,178.00	43,064.00	3,114.00	107%	6,152.00	
15	County Appropriation	65,587.83	459,114.81	459,115.12	(0.31)	100%	65,587.87	
16	Interest Income - Working Capital	16,825.39	104,583.31	153,881.58	(49,298.27)	68%	21,983.08	
17	Other Local Income	440,049.59	448,857.05	262,509.33	186,347.72	171%	37,501.33	
18	**Total Other Revenue**	**661,497.81**	**2,024,744.43**	**1,990,141.70**	**34,602.73**	**102%**	**284,305.96**	(13+14+15+16+17)
19	**TOTAL REVENUE**	**7,550,670.94**	**45,739,318.32**	**43,466,712.62**	**2,272,605.70**	**105%**	**6,209,530.37**	(7+11+18)
20	**EXPENSE**							
21	**SUPPORTS & SERVICES**							
22	**Provider Claims**							
23	State Facility - Local portion	24,048.41	105,674.68	90,139.00	(15,535.68)	117%	12,877.00	
24	Community Hospital	625,512.83	3,945,702.20	4,471,443.67	525,741.47	88%	638,777.67	
25	Residential Services	1,471,564.03	9,955,487.84	8,589,051.92	(1,366,435.92)	116%	1,227,007.42	
26	Community Supports	2,669,916.37	17,259,204.71	15,843,767.33	(1,415,437.38)	109%	2,263,395.33	
27	**Total Provider Claims**	**4,791,041.64**	**31,266,069.43**	**28,994,401.92**	**(2,271,667.51)**	**108%**	**4,142,057.42**	(23+24+25+26)
28	**Operating Expenses**							
29	Salaries	1,556,849.30	8,841,387.36	8,643,726.00	(197,661.36)	102%	1,234,818.00	
30	Fringe Benefits	412,507.53	2,833,478.85	2,841,372.92	7,894.07	100%	405,910.42	
31	Consumer Related	1,338.25	22,827.19	14,438.67	(8,388.52)	158%	2,062.67	
32	Program Operations	185,505.83	1,135,770.92	965,039.51	(170,731.41)	118%	137,862.79	
33	Facility Cost	39,402.65	393,846.92	303,252.83	(90,594.09)	130%	43,321.83	
34	Purchased Services	1,049.00	6,842.19	13,053.83	6,211.64	52%	1,864.83	
35	Other Operating Expense	132,168.99	837,588.22	1,080,581.28	242,993.06	78%	154,368.75	
36	Local Funds Contribution	17,906.00	125,342.00	125,339.08	(2.92)	100%	17,905.58	
37	Interest Expense	578.50	4,130.14	4,485.83	355.69	92%	640.83	
38	Depreciation	12,442.19	82,086.69	93,522.33	11,435.64	88%	13,360.33	
39	**Total Operating Expenses**	**2,359,748.24**	**14,283,300.48**	**14,084,812.29**	**(198,488.19)**	**101%**	**2,012,116.04**	(29+30+31+32+33+34+35+36+37+38)
40	**TOTAL EXPENSES**	**7,150,789.88**	**45,549,369.91**	**43,079,214.20**	**(2,470,155.71)**	**106%**	**6,154,173.46**	(27+39)
41	**NET SURPLUS/(DEFICIT)**	**399,881.06**	**189,948.41**	**387,498.42**	**(197,550.01)**	**49%**	**55,356.92**	(19-40)

42 Notes:
43 Medicaid Revenue includes an accrual for additional funds if a (shortage) exists/reduction of funds if a surplus exists from/(to) Mid-State Health Network as follows:

BASED ON PEPM FUNDING:
44 Net Medicaid (shortage): ($6,342,873)
45 Medicaid (shortage): ($1,682,568)
46 Healthy Michigan (shortage): ($1,125,201)
47 Autism (shortage): ($3,535,104)

BASED ON APPROVED BUDGET:
48 Net Medicaid shortage: ($2,406,123)
49 Medicaid shortage: ($711,566)
50 Healthy Michigan surplus: $342,778
51 Autism (shortage): ($2,037,335)

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF FUND BALANCE
AS OF APRIL 30, 2026

	TOTALS
Fund Balance 09/30/2025	9,939,538.65
Net (loss)/income April 2026	189,948.41
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 4/30/2026	10,129,487.06
Statement of Net Assets Fund Balance 4/30/2026	10,129,487.06
Difference	-

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF APRIL 30, 2026

	TOTALS
Unrestricted Fund Balance 9/30/2025	5,972,885.65
Net (loss)/income April 2026	189,948.41
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 4/30/2026	6,162,834.06
Statement of Net Assets Unrestricted Fund Balance 4/30/2026	6,162,834.06
Difference	-

Bay-Arenac Behavioral Health
Fund Balance Summary

	Sept. 30, 2025 Unrestricted Fund Balance	Apr 30, 2026 Permanently Restricted	Apr 30, 2026 Temporarily Restricted	Apr 30, 2026 Unrestricted/ Reserved	Apr 30, 2026 Total Fund Balance
Unrestricted	2,714,420	-	-	2,466,003	2,466,003
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	3,258,466	-	-	3,696,832	3,696,832
Balances	9,939,539	-	-	10,129,487	10,129,487

BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow

	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	8,105,637	7,788,641	6,655,818	6,091,484	4,407,377	3,673,185	3,110,219	2,029,744	4,796,921	3,627,587	2,548,479	1,814,288	1,251,322
Total Medicaid	5,352,005	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073	5,161,073
Total General Fund	135,504	135,506	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504
Estimated Misc. Receipts	229,821	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759
Client Receipts	50,264	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	14,173	15,541	14,173	15,541	14,173	15,541	14,173	15,541	14,173	15,541	14,173	15,541	14,173
Total Estimated Cash	**13,887,405**	**13,245,519**	**12,227,468**	**11,548,361**	**9,862,887**	**9,246,203**	**8,565,728**	**7,486,622**	**10,368,571**	**9,084,464**	**8,003,990**	**7,387,306**	**6,706,831**
Total Estimated Available Funds	**13,887,405**	**13,245,519**	**12,227,468**	**11,548,361**	**9,862,887**	**9,246,203**	**8,565,728**	**7,486,622**	**10,368,571**	**9,084,464**	**8,003,990**	**7,387,306**	**6,706,831**
Estimated Expenditures:													
1st Payroll	829,477	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Special Pay													
ETO Buyouts													
2nd Payroll	588,237	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Board Per Diem	2,276	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll				605,000					605,000				
1st Friday Claims	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904	631,904
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553	1,567,553
Board Week Bay Batch	623,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989
Board Week Claims	1,031,132	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000
Credit Card	-	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163	822,163
5th Friday Claims		400,000		400,000			400,000			400,000			
Local FFP payment to MSHN		53,717			53,717			53,717			53,717		
Transfer to State of MI													
Transfer from/(to) Reserve Account													
Settlement with MSHN													
Funds from MSHN								(3,500,000)					
Transfer to (from) HRA													
Transfer to (from) Investment													
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	**6,098,763**	**6,589,701**	**6,135,984**	**7,140,984**	**6,189,701**	**6,135,984**	**6,535,984**	**2,689,701**	**6,740,984**	**6,535,984**	**6,189,701**	**6,135,984**	**6,135,984**
Estimated Month End Cash Balance	**7,788,641**	**6,655,818**	**6,091,484**	**4,407,377**	**3,673,185**	**3,110,219**	**2,029,744**	**4,796,921**	**3,627,587**	**2,548,479**	**1,814,288**	**1,251,322**	**570,847**

Bay-Arenac Behavioral Health

Cash Flow Forecasting
For the Month of May

		Bank Balance	Investment Balance
Estimated Cash Balance May 1, 2026		**7,788,641**	-
Investment Purchased/Interest		-	
Investments coming due during month		-	-
Estimated Cash Balance May 31, 2026		**7,788,641**	-
Estimated Cash Inflow:			
Medicaid Funds:		5,161,073	
General Fund Dollars:		135,506	
Board Receipts:		89,759	
Client Receipts:		55,000	
Funds from Investment:		-	
Interest:		15,541	
Total Estimated Cash Inflow:		**5,456,879**	
Estimated Cash Outflow:			
Payroll Dated:	**05/08/26**	(605,000)	
Payroll Dated:	**05/22/26**	(605,000)	
Board Per Diem Payroll:	**05/22/26**	(3,343)	
Payroll Dated:		-	
Claims Disbursements:	**05/01/26**	(631,904)	
Claims Disbursements:	**05/08/26**	(1,567,553)	
Claims Disbursements:	**05/15/26**	(875,000)	
A/P Disbursements:	**05/22/26**	(1,023,989)	
Mortgage Payment:	**05/21/26**	(2,032)	
Claims Disbursements:	**05/22/26**	(822,163)	
Claims Disbursements:	**05/29/26**	(400,000)	
Local FFP Payment:		(53,717)	
Transfer to Reserve Acct:		-	
HRA transfer:		-	
Transfer to(from) MSHN:		-	
Transfer to State of MI		-	
Purchased Investment		-	
Total Estimated Cash Outflow:		**(6,589,701)**	
Estimated Cash Balance on May 31, 2026		6,655,819	-
		(0)	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
April 2026

Funds Paid from/ Transferred from:	Funds Paid to/ Transferred to:	Amount	Date of Payment	Description	Authorized By
Flagstar Bank	Flagstar Bank	25,000.00	4/1/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	762,552.01	4/2/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	580,000.00	4/3/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	20,903.03	4/6/2026	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	140,000.00	4/6/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	25,000.00	4/7/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	825,000.00	4/8/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,477.94	4/9/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	825,000.00	4/9/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,735,415.07	4/9/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	925,000.00	4/10/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,276.80	4/15/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	15,000.00	4/16/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,735,455.78	4/16/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	310,000.00	4/17/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	4/22/2026	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	590,000.00	4/22/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,347.17	4/23/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	290,000.00	4/23/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	585,000.00	4/23/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,043,934.85	4/23/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	4,055,000.00	4/24/2026	Transfer from General Account to MMKT Account	Marci Rozek

Total Transfers: **14,501,394.61**

Marci Rozek

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers for Vendor ACH Payments
April 2026

Funds Paid from:	EFT #	Funds Paid to:	Amount	Date of Pmt	Authorized By
Flagstar Bank	E10037	MICHIGAN COMMUNITY SERVICES IN	1,044.58	4/3/2026	Marci Rozek
Flagstar Bank	E10038	CENTRAL STATE COMM. SERVICES	1,445.22	4/3/2026	Marci Rozek
Flagstar Bank	E10039	VALLEY RESIDENTIAL SERVICES	4,436.05	4/3/2026	Marci Rozek
Flagstar Bank	E10040	LIBERTY LIVING, INC.	39,907.30	4/3/2026	Marci Rozek
Flagstar Bank	E10041	HEALTHSOURCE	61,730.00	4/3/2026	Marci Rozek
Flagstar Bank	E10042	PHC OF MICHIGAN - HARBOR OAKS	14,960.00	4/3/2026	Marci Rozek
Flagstar Bank	E10043	MPA GROUP NFP, Ltd.	29,362.24	4/3/2026	Marci Rozek
Flagstar Bank	E10044	LIST PSYCHOLOGICAL SERVICES	3,366.95	4/3/2026	Marci Rozek
Flagstar Bank	E10045	SAGINAW PSYCHOLOGICAL SERVICES	21,270.73	4/3/2026	Marci Rozek
Flagstar Bank	E10046	PARAMOUNT REHABILITATION	6,035.64	4/3/2026	Marci Rozek
Flagstar Bank	E10047	ARENAC OPPORTUNITIES, INC	11,117.04	4/3/2026	Marci Rozek
Flagstar Bank	E10048	DO-ALL, INC.	6,566.83	4/3/2026	Marci Rozek
Flagstar Bank	E10049	New Dimensions	369.75	4/3/2026	Marci Rozek
Flagstar Bank	E10050	TOUCHSTONE SERVICES, INC	10,550.25	4/3/2026	Marci Rozek
Flagstar Bank	E10051	Winningham, Linda Jo	916.00	4/3/2026	Marci Rozek
Flagstar Bank	E10052	Nutrition for Wellness	2,152.10	4/3/2026	Marci Rozek
Flagstar Bank	E10053	WILSON, STUART T. CPA, P.C.	91,354.75	4/3/2026	Marci Rozek
Flagstar Bank	E10054	CAREBUILDERS AT HOME, LLC	19,621.36	4/3/2026	Marci Rozek
Flagstar Bank	E10055	AUTISM SYSTEMS LLC	3,500.75	4/3/2026	Marci Rozek
Flagstar Bank	E10056	Flourish Services, LLL	44,576.47	4/3/2026	Marci Rozek
Flagstar Bank	E10057	GAME CHANGER PEDIATRIC THERAPY	50,780.00	4/3/2026	Marci Rozek
Flagstar Bank	E10058	Spectrum Autism Center	34,845.00	4/3/2026	Marci Rozek
Flagstar Bank	E10059	ENCOMPASS THERAPY CENTER LLC	82,577.44	4/3/2026	Marci Rozek
Flagstar Bank	E10060	MERCY PLUS HEALTHCARE SERVICES LLC	57,022.78	4/3/2026	Marci Rozek
Flagstar Bank	E10061	Positive Behavior Supports Corporation	6,840.00	4/3/2026	Marci Rozek
Flagstar Bank	E10062	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	4/3/2026	Marci Rozek
Flagstar Bank	E10063	HEALING WITH HEART	100.00	4/3/2026	Marci Rozek
Flagstar Bank	E10064	BAY CITY CRU	10,000.00	4/3/2026	Marci Rozek
Flagstar Bank	E10065	APS EMPLOYMENT SERVICES, INC	4,837.26	4/3/2026	Marci Rozek
Flagstar Bank	E10066	PARAMOUNT CHILDRENS THERAPY CENTER INC	26,421.00	4/3/2026	Marci Rozek
Flagstar Bank	E10067	HAMPTON AUTO REPAIR	1,116.18	4/3/2026	Marci Rozek
Flagstar Bank	E10068	NETSOURCE ONE, INC.	1,417.00	4/3/2026	Marci Rozek
Flagstar Bank	E10069	PETER CHANG ENTERPRISES, INC.	23,321.36	4/3/2026	Marci Rozek
Flagstar Bank	E10070	RICHARDSON	1,878.97	4/3/2026	Marci Rozek
Flagstar Bank	E10071	RINGCENTRAL INC	112.20	4/3/2026	Marci Rozek
Flagstar Bank	E10072	AUGRES CARE CENTER, INC	3,842.14	4/10/2026	Marci Rozek
Flagstar Bank	E10073	HAVENWYCK HOSPITAL	6,581.47	4/10/2026	Marci Rozek
Flagstar Bank	E10074	HOPE NETWORK BEHAVIORAL HEALTH	39,965.83	4/10/2026	Marci Rozek
Flagstar Bank	E10075	Hope Network Southeast	129,447.29	4/10/2026	Marci Rozek
Flagstar Bank	E10076	Fitzhugh House, LLC	13,603.84	4/10/2026	Marci Rozek
Flagstar Bank	E10077	Bay Human Services, Inc.	189,393.06	4/10/2026	Marci Rozek
Flagstar Bank	E10078	Mid Michigan Specialized Residential, LLC	32,713.68	4/10/2026	Marci Rozek
Flagstar Bank	E10079	MICHIGAN COMMUNITY SERVICES IN	227,937.85	4/10/2026	Marci Rozek
Flagstar Bank	E10080	CENTRAL STATE COMM. SERVICES	30,203.05	4/10/2026	Marci Rozek
Flagstar Bank	E10081	LIBERTY LIVING, INC.	34,669.82	4/10/2026	Marci Rozek
Flagstar Bank	E10082	SUPERIOR CARE OF MICHIGAN LLC	13,000.20	4/10/2026	Marci Rozek
Flagstar Bank	E10083	Closer to Home, LLC	16,767.44	4/10/2026	Marci Rozek
Flagstar Bank	E10084	HEALTHSOURCE	41,450.40	4/10/2026	Marci Rozek
Flagstar Bank	E10085	PHC OF MICHIGAN - HARBOR OAKS	18,480.00	4/10/2026	Marci Rozek
Flagstar Bank	E10086	MPA GROUP NFP, Ltd.	28,370.11	4/10/2026	Marci Rozek
Flagstar Bank	E10087	LIST PSYCHOLOGICAL SERVICES	1,952.08	4/10/2026	Marci Rozek
Flagstar Bank	E10088	SAGINAW PSYCHOLOGICAL SERVICES	28,606.09	4/10/2026	Marci Rozek
Flagstar Bank	E10089	DO-ALL, INC.	6,512.71	4/10/2026	Marci Rozek
Flagstar Bank	E10090	TOUCHSTONE SERVICES, INC	10,504.50	4/10/2026	Marci Rozek
Flagstar Bank	E10091	Winningham, Linda Jo	437.00	4/10/2026	Marci Rozek
Flagstar Bank	E10092	Nutrition for Wellness	187.50	4/10/2026	Marci Rozek
Flagstar Bank	E10093	WILSON, STUART T. CPA, P.C.	70,964.58	4/10/2026	Marci Rozek
Flagstar Bank	E10094	CAREBUILDERS AT HOME, LLC	14,245.46	4/10/2026	Marci Rozek
Flagstar Bank	E10095	CENTRIA HEALTHCARE LLC	151,678.50	4/10/2026	Marci Rozek
Flagstar Bank	E10096	Flourish Services, LLL	44,611.38	4/10/2026	Marci Rozek
Flagstar Bank	E10097	GAME CHANGER PEDIATRIC THERAPY	54,799.00	4/10/2026	Marci Rozek
Flagstar Bank	E10098	Spectrum Autism Center	36,181.50	4/10/2026	Marci Rozek
Flagstar Bank	E10099	ENCOMPASS THERAPY CENTER LLC	71,813.88	4/10/2026	Marci Rozek
Flagstar Bank	E10100	NOBLE PATHWAY PEDIATRIC THERAPY	9,972.00	4/10/2026	Marci Rozek
Flagstar Bank	E10101	HEALING WITH HEART	100.00	4/10/2026	Marci Rozek
Flagstar Bank	E10102	BAY CITY CRU	6,250.00	4/10/2026	Marci Rozek

Flagstar Bank	E10103	APS EMPLOYMENT SERVICES, INC	4,926.22	4/10/2026	Marci Rozek
Flagstar Bank	E10104	MONTCLAIR SPECIALIZED RESIDENTIAL LLC	78,105.12	4/10/2026	Marci Rozek
Flagstar Bank	E10105	PARAMOUNT CHILDRENS THERAPY CENTER INC	24,484.50	4/10/2026	Marci Rozek
Flagstar Bank	E10106	KEITH SPECIALIZED RESIDENTIAL SERVICES LLC	78,105.12	4/10/2026	Marci Rozek
Flagstar Bank	E10107	BETTER LIVING AFC LLC	22,895.97	4/10/2026	Marci Rozek
Flagstar Bank	E10108	ARQUETTE, LORI	387.88	4/17/2026	Marci Rozek
Flagstar Bank	E10109	BICKEL, MEREDITH	104.95	4/17/2026	Marci Rozek
Flagstar Bank	E10110	Brooks, Kaytie	190.11	4/17/2026	Marci Rozek
Flagstar Bank	E10111	BRUNO, AMBER	229.10	4/17/2026	Marci Rozek
Flagstar Bank	E10112	BYRNE, RICHARD	199.38	4/17/2026	Marci Rozek
Flagstar Bank	E10113	COOK, BRIANNA	50.75	4/17/2026	Marci Rozek
Flagstar Bank	E10114	Deshano, Jennifer	197.93	4/17/2026	Marci Rozek
Flagstar Bank	E10115	FRIEBE, HEATHER	76.13	4/17/2026	Marci Rozek
Flagstar Bank	E10116	GRUSNICK, ASHLEE	168.64	4/17/2026	Marci Rozek
Flagstar Bank	E10117	HARDY, PRINCESS	175.63	4/17/2026	Marci Rozek
Flagstar Bank	E10118	HECHT, KERENSA	52.93	4/17/2026	Marci Rozek
Flagstar Bank	E10119	HEWTTY, MARIA	168.05	4/17/2026	Marci Rozek
Flagstar Bank	E10120	Kish, Jackie	186.33	4/17/2026	Marci Rozek
Flagstar Bank	E10121	Kohn, Jessica	544.48	4/17/2026	Marci Rozek
Flagstar Bank	E10122	KRASINSKI, STACY	69.89	4/17/2026	Marci Rozek
Flagstar Bank	E10123	Lagalo, Lori	495.47	4/17/2026	Marci Rozek
Flagstar Bank	E10124	Lazzaro, Marion	26.97	4/17/2026	Marci Rozek
Flagstar Bank	E10125	Lemiesz, Rachel	448.12	4/17/2026	Marci Rozek
Flagstar Bank	E10126	LINDER, AMY	52.20	4/17/2026	Marci Rozek
Flagstar Bank	E10127	Louks, Justin	121.80	4/17/2026	Marci Rozek
Flagstar Bank	E10128	LUPCKE, TRACI	116.73	4/17/2026	Marci Rozek
Flagstar Bank	E10129	BEYER, NICOLE	618.43	4/17/2026	Marci Rozek
Flagstar Bank	E10130	McClure, Laurel	182.27	4/17/2026	Marci Rozek
Flagstar Bank	E10131	MCKETHER, NY'TAIZJAH	39.21	4/17/2026	Marci Rozek
Flagstar Bank	E10132	NAGEL, LISA	34.80	4/17/2026	Marci Rozek
Flagstar Bank	E10133	Niemiec, Kathleen	130.50	4/17/2026	Marci Rozek
Flagstar Bank	E10134	NIX, HEATHER	70.33	4/17/2026	Marci Rozek
Flagstar Bank	E10135	Nixon, Heidi	576.89	4/17/2026	Marci Rozek
Flagstar Bank	E10136	O'BRIEN, CAROLE	137.03	4/17/2026	Marci Rozek
Flagstar Bank	E10137	OSUNA, ALANNA	96.86	4/17/2026	Marci Rozek
Flagstar Bank	E10138	ROSE, KEVIN	103.68	4/17/2026	Marci Rozek
Flagstar Bank	E10139	Roznowski, Donna	491.55	4/17/2026	Marci Rozek
Flagstar Bank	E10140	Schneider, Maryssa	370.69	4/17/2026	Marci Rozek
Flagstar Bank	E10141	Schumacher, Pamela	40.02	4/17/2026	Marci Rozek
Flagstar Bank	E10142	Truhn, Emelia	202.78	4/17/2026	Marci Rozek
Flagstar Bank	E10143	VASCONCELOS, FLAVIA	391.50	4/17/2026	Marci Rozek
Flagstar Bank	E10144	VOGEL, HOLLI	149.83	4/17/2026	Marci Rozek
Flagstar Bank	E10145	WATSON, MELODY	247.95	4/17/2026	Marci Rozek
Flagstar Bank	E10146	WELLS, JORDAN	794.60	4/17/2026	Marci Rozek
Flagstar Bank	E10147	Wilczynski, Tonia	152.25	4/17/2026	Marci Rozek
Flagstar Bank	E10148	HAVENWYCK HOSPITAL	23,505.25	4/17/2026	Marci Rozek
Flagstar Bank	E10149	Hope Network Southeast	3,867.36	4/17/2026	Marci Rozek
Flagstar Bank	E10150	BEACON SPECIALIZED LIVING SVS	8,990.00	4/17/2026	Marci Rozek
Flagstar Bank	E10151	Bay Human Services, Inc.	221,795.54	4/17/2026	Marci Rozek
Flagstar Bank	E10152	MICHIGAN COMMUNITY SERVICES IN	74,158.87	4/17/2026	Marci Rozek
Flagstar Bank	E10153	VALLEY RESIDENTIAL SERVICES	115,946.50	4/17/2026	Marci Rozek
Flagstar Bank	E10154	LIBERTY LIVING, INC.	34,803.69	4/17/2026	Marci Rozek
Flagstar Bank	E10155	HEALTHSOURCE	52,358.40	4/17/2026	Marci Rozek
Flagstar Bank	E10156	MPA GROUP NFP, Ltd.	27,089.77	4/17/2026	Marci Rozek
Flagstar Bank	E10157	LIST PSYCHOLOGICAL SERVICES	1,267.28	4/17/2026	Marci Rozek
Flagstar Bank	E10158	SAGINAW PSYCHOLOGICAL SERVICES	26,801.53	4/17/2026	Marci Rozek
Flagstar Bank	E10159	PARAMOUNT REHABILITATION	11,147.04	4/17/2026	Marci Rozek
Flagstar Bank	E10160	ARENAC OPPORTUNITIES, INC	12,897.00	4/17/2026	Marci Rozek
Flagstar Bank	E10161	DO-ALL, INC.	5,487.35	4/17/2026	Marci Rozek
Flagstar Bank	E10162	New Dimensions	23,373.57	4/17/2026	Marci Rozek
Flagstar Bank	E10163	TOUCHSTONE SERVICES, INC	11,974.50	4/17/2026	Marci Rozek
Flagstar Bank	E10164	Winningham, Linda Jo	995.00	4/17/2026	Marci Rozek
Flagstar Bank	E10165	Nutrition for Wellness	728.90	4/17/2026	Marci Rozek
Flagstar Bank	E10166	WILSON, STUART T. CPA, P.C.	83,059.96	4/17/2026	Marci Rozek
Flagstar Bank	E10167	CAREBUILDERS AT HOME, LLC	32,996.72	4/17/2026	Marci Rozek
Flagstar Bank	E10168	CENTRIA HEALTHCARE LLC	2,040.00	4/17/2026	Marci Rozek
Flagstar Bank	E10169	Flourish Services, LLL	41,535.47	4/17/2026	Marci Rozek
Flagstar Bank	E10170	GAME CHANGER PEDIATRIC THERAPY	45,098.50	4/17/2026	Marci Rozek
Flagstar Bank	E10171	Spectrum Autism Center	30,160.50	4/17/2026	Marci Rozek
Flagstar Bank	E10172	ENCOMPASS THERAPY CENTER LLC	72,921.04	4/17/2026	Marci Rozek
Flagstar Bank	E10173	MERCY PLUS HEALTHCARE SERVICES LLC	30,598.09	4/17/2026	Marci Rozek
Flagstar Bank	E10174	Positive Behavior Supports Corporation	1,662.00	4/17/2026	Marci Rozek
Flagstar Bank	E10175	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	4/17/2026	Marci Rozek
Flagstar Bank	E10176	HEALING WITH HEART	100.00	4/17/2026	Marci Rozek
Flagstar Bank	E10177	BAY CITY CRU	6,875.00	4/17/2026	Marci Rozek
Flagstar Bank	E10178	MAXIM HEALTHCARE SEVICES, INC	11,725.44	4/17/2026	Marci Rozek

Flagstar Bank	E10179	APS EMPLOYMENT SERVICES, INC	7,050.70	4/17/2026	Marci Rozek
Flagstar Bank	E10180	PARAMOUNT CHILDRENS THERAPY CENTER INC	18,208.50	4/17/2026	Marci Rozek
Flagstar Bank	E10181	SAGINAW CO CMH AUTHORITY	900.25	4/17/2026	Marci Rozek
Flagstar Bank	E10182	Bay Human Services, Inc.	2,209.08	4/17/2026	Marci Rozek
Flagstar Bank	E10183	SAGINAW PSYCHOLOGICAL SERVICES	341.00	4/17/2026	Marci Rozek
Flagstar Bank	E10184	A2Z CLEANING & RESTORATION INC.	3,092.00	4/17/2026	Marci Rozek
Flagstar Bank	E10185	Applied Innovation	55.70	4/17/2026	Marci Rozek
Flagstar Bank	E10186	Bromberg & Associates, LLC	175.00	4/17/2026	Marci Rozek
Flagstar Bank	E10187	Clean Team, Inc.	1,950.00	4/17/2026	Marci Rozek
Flagstar Bank	E10188	ENTERPRISE FM TRUST	7,312.76	4/17/2026	Marci Rozek
Flagstar Bank	E10189	EYE MED	2,075.74	4/17/2026	Marci Rozek
Flagstar Bank	E10190	FLEX ADMINISTRATORS INC	437.50	4/17/2026	Marci Rozek
Flagstar Bank	E10191	Griffin Transit	114.00	4/17/2026	Marci Rozek
Flagstar Bank	E10192	HAMPTON AUTO REPAIR	1,511.77	4/17/2026	Marci Rozek
Flagstar Bank	E10193	HOSPITAL PSYCHIATRY PLLC	50,916.67	4/17/2026	Marci Rozek
Flagstar Bank	E10194	Iris Telehealth Medical Group, PA	90,270.00	4/17/2026	Marci Rozek
Flagstar Bank	E10195	KING COMMUNICATIONS	359.00	4/17/2026	Marci Rozek
Flagstar Bank	E10196	Kish, Jackie	119.75	4/17/2026	Marci Rozek
Flagstar Bank	E10197	McCoy Heating and Cooling	135.00	4/17/2026	Marci Rozek
Flagstar Bank	E10198	MILLARS APPLIANCE	100.00	4/17/2026	Marci Rozek
Flagstar Bank	E10199	MOVVA, USHA	12,750.00	4/17/2026	Marci Rozek
Flagstar Bank	E10200	NETSOURCE ONE, INC.	38,477.63	4/17/2026	Marci Rozek
Flagstar Bank	E10201	New Dimensions, Inc.	860.00	4/17/2026	Marci Rozek
Flagstar Bank	E10202	PRO-SCAPE, INC.	270.00	4/17/2026	Marci Rozek
Flagstar Bank	E10203	RESERVE ACCOUNT- 15118730	200.00	4/17/2026	Marci Rozek
Flagstar Bank	E10204	RINGCENTRAL INC	75.32	4/17/2026	Marci Rozek
Flagstar Bank	E10205	SHRED EXPERTS LLC	376.50	4/17/2026	Marci Rozek
Flagstar Bank	E10206	Staples	5,382.77	4/17/2026	Marci Rozek
Flagstar Bank	E10207	STATE OF MICHIGAN DEPT OF COMM HEALTH AC	22,979.41	4/17/2026	Marci Rozek
Flagstar Bank	E10208	UNITED PARCEL SERVICE	63.43	4/17/2026	Marci Rozek
Flagstar Bank	E10209	VanWert, Laurie	50.80	4/17/2026	Marci Rozek
Flagstar Bank	E10210	V.O.I.C.E., INC.	1,000.00	4/17/2026	Marci Rozek
Flagstar Bank	E10211	Waystar Health - ZirMed, Inc.	227.44	4/17/2026	Marci Rozek
Flagstar Bank	E10212	YEO & YEO CPAs & BUSINESS CONS	3,400.00	4/17/2026	Marci Rozek
Flagstar Bank	E10213	Yeo & Yeo Technology	100.00	4/17/2026	Marci Rozek
Flagstar Bank	E10214	ZOOM VIDEO COMMUNICATIONS INC	735.09	4/17/2026	Marci Rozek
Flagstar Bank	E10215	CMH FOR CENTRAL MICHIGAN	779.33	4/24/2026	Marci Rozek
Flagstar Bank	E10216	HAVENWYCK HOSPITAL	16,923.78	4/24/2026	Marci Rozek
Flagstar Bank	E10217	Fitzhugh House, LLC	12,631.16	4/24/2026	Marci Rozek
Flagstar Bank	E10218	Bay Human Services, Inc.	116,129.40	4/24/2026	Marci Rozek
Flagstar Bank	E10219	CENTRAL STATE COMM. SERVICES	43.93	4/24/2026	Marci Rozek
Flagstar Bank	E10220	VALLEY RESIDENTIAL SERVICES	13,608.60	4/24/2026	Marci Rozek
Flagstar Bank	E10221	LIBERTY LIVING, INC.	34,674.31	4/24/2026	Marci Rozek
Flagstar Bank	E10222	HEALTHSOURCE	54,094.40	4/24/2026	Marci Rozek
Flagstar Bank	E10223	MPA GROUP NFP, Ltd.	31,354.11	4/24/2026	Marci Rozek
Flagstar Bank	E10224	SAGINAW PSYCHOLOGICAL SERVICES	38,055.69	4/24/2026	Marci Rozek
Flagstar Bank	E10225	PARAMOUNT REHABILITATION	5,464.64	4/24/2026	Marci Rozek
Flagstar Bank	E10226	ARENAC OPPORTUNITIES, INC	4,248.51	4/24/2026	Marci Rozek
Flagstar Bank	E10227	DO-ALL, INC.	5,832.59	4/24/2026	Marci Rozek
Flagstar Bank	E10228	New Dimensions	399.10	4/24/2026	Marci Rozek
Flagstar Bank	E10229	Winningham, Linda Jo	1,123.00	4/24/2026	Marci Rozek
Flagstar Bank	E10230	Nutrition for Wellness	562.10	4/24/2026	Marci Rozek
Flagstar Bank	E10231	WILSON, STUART T. CPA, P.C.	78,836.04	4/24/2026	Marci Rozek
Flagstar Bank	E10232	CAREBUILDERS AT HOME, LLC	2,199.98	4/24/2026	Marci Rozek
Flagstar Bank	E10233	AUTISM SYSTEMS LLC	4,252.50	4/24/2026	Marci Rozek
Flagstar Bank	E10234	CENTRIA HEALTHCARE LLC	116,367.00	4/24/2026	Marci Rozek
Flagstar Bank	E10235	Flourish Services, LLL	43,643.41	4/24/2026	Marci Rozek
Flagstar Bank	E10236	GAME CHANGER PEDIATRIC THERAPY	52,635.75	4/24/2026	Marci Rozek
Flagstar Bank	E10237	Spectrum Autism Center	28,719.00	4/24/2026	Marci Rozek
Flagstar Bank	E10238	ENCOMPASS THERAPY CENTER LLC	72,372.90	4/24/2026	Marci Rozek
Flagstar Bank	E10239	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	4/24/2026	Marci Rozek
Flagstar Bank	E10240	BAY CITY CRU	7,500.00	4/24/2026	Marci Rozek
Flagstar Bank	E10241	APS EMPLOYMENT SERVICES, INC	5,531.68	4/24/2026	Marci Rozek
Flagstar Bank	E10242	PARAMOUNT CHILDRENS THERAPY CENTER INC	19,696.50	4/24/2026	Marci Rozek
Flagstar Bank	E10243	Bay Human Services, Inc.	1,366.69	4/24/2026	Marci Rozek
Flagstar Bank	E10244	ARENAC OPPORTUNITIES, INC	2,284.35	4/24/2026	Marci Rozek
Flagstar Bank	E10245	NETSOURCE ONE, INC.	1,152.50	4/24/2026	Marci Rozek
Flagstar Bank	E10246	RESERVE ACCOUNT- 15118730	700.00	4/24/2026	Marci Rozek

Total Withdrawals: **4,293,553.16**

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

BAY ARENAC
BEHAVIORAL HEALTH

INTEROFFICE CORRESPONDENCE

May 18, 2026

To: Sara McRae, Executive Assistant to the CEO

From: Karl White, Accounting Manager
Michele Perry, Finance Manager

Re: Disbursement Audit Information for Audit Committee

The following is **a summary of disbursements as presented**

Administration and Services for Behavioral Health

04/17/26 Checks Sequence: #102629-102735, ACH E10108-E10378

Employee travel, conference	$	10,034.71
Purchase Order Invoices	$	5,882.77
Invoices for Routine Maintence, purchase requisitions, & recurring	$	589,892.83
SUBTOTAL - Monthly Batch	**$**	**605,810.31**

ITEMS FOR REVIEW:

EFT transfer - Credit Card 05/06/2026	**$**	**14,916.00**

Weekly Special Checks:

04/24/2026 Checks 102691-102697, E10243-E10246	$	25,956.72
05/01/2026 Checks 102701-102707, E10267-E10270	$	47,795.89
05/08/2026 Checks 102717-102722, E10335-E10338	$	33,004.03
05/15/2026 Checks 102729-102735, E10375-E10378	$	389,767.16
SUBTOTAL - Special Checks	**$**	**496,523.80**

Health Care payments

04/17/26 Checks 102639-102643, ACH Pmts E10148-E10180	$	1,131,132.15
04/24/26 Checks 102687-102690, ACH Pmts E10215-E10242	$	922,163.00
05/01/26 Checks 102699-102700, ACH Pmts E10247-E10265	$	560,162.67
05/08/26 Checks 102708-102716, ACH Pmts E10303-E10334	$	900,799.35
05/15/26 Checks 102723-102728, ACH Pmts E10339-E10374	$	1,956,395.11
SUBTOTAL - Health Care Payments	**$**	**5,470,652.28**
TOTAL DISBURSEMENTS	**$**	**6,587,902.39**

Prepared by: Karl White

Reviewed by: MP

MINUTES

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
AUDIT COMMITTEE MEETING

Monday, May 18, 2026 at 5:00 pm

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

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Pat McFarland, Ex Off, Ch	X			Staci Tuggle	X			BABH: Marci Rozek, Michele Perry,
Tim Banaszak, V Ch	X			Sally Mrozinski, Ex Off		X		Eric Strode, and Sara McRae
Richard Byrne	X			Robert Pawlak, Ex Off	X			
Patrick Conley	X							Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Chair, P. McFarland, called the meeting to order at 5:00 pm.	On the motion by T. Banaszak and support by R. Pawlak, S. Mrozinski was excused. The motion passed unanimously.
2.	Public Input (Maximum of 5 Minutes)	There were not any members of the public present.	
3.	Nomination & Elections 3.1) Committee Chair 3.2) Committee Vice Chair	3.1) Committee Chair, P. McFarland, asked for nominations for committee chair. T. Banaszak nominated P. McFarland for chair. P. Conley supported the nomination. Hearing no other nominations, P. McFarland closed nominations. The Committee elected P. McFarland as committee chair. 3.2) Committee Chair, P. McFarland, asked for nominations for committee vice chair. P. Conley nominated T. Banaszak for vice chair. R. Pawlak supported the nomination. Hearing no other nominations, P. McFarland closed nominations. The Committee elected T. Banaszak as committee vice chair.	
4.	Unfinished Business 4.1) Bay City Bridge Partners Crossings	4) Committee Chair, P. McFarland, deferred unfinished business to the next meeting.	

	4.2) New Dimensions Courier Service Invoices		
5.	New Business 5.1) Selection of Disbursements & Health Care Claims from Summary Report	5.1) Administration found the source information for the claims selected for review.	5.1) No action was necessary
	5.2) Financial Statements for the Period Ending April 30, 2026	5.2) M. Rozek reviewed the report noting the unrestricted fund balance, the performance incentive bonus payment from Midstate Health Network (MSHN) has been received, and the overall funding trends for the Medicaid per eligible per month budget as well as the MSHN approved budget.	5.2) On the motion by R. Pawlak and support by P. Conley, the Financial Statements for the period ending April 30, 2026 were referred to the full Board for approval. The motion was adopted unanimously.
	5.3) Electronic Fund Transfers (EFTs) for the Period Ending April 30, 2026	5.3) M. Rozek reviewed the EFTs with the Committee.	5.3) On the motion by R. Byrne and support by T. Banaszak, the EFTs for the period ending April 30, 2026 were referred to the full Board for approval. The motion was adopted unanimously.
	5.4) Review of Selected Disbursements & Health Care Claims Chosen from Summary Report by CFO	5.4) Administration reviewed the disbursements and health care claim invoices selected for further review. These included 102667 Dow Bay Area Family Y for consumer activities; 102664 Cohl, Stoker & Toskey, PC for legal services; E10186 Bromberg & Associates, LLC for translation services maintenance fees; E10207 State of Michigan for state facility days; 102668 Great Lakes Hydro Seeding for snow removal services; E10192 Hampton Automotive for vehicle maintenance and repair; E10201 New Dimensions for courier services ; 102073 Jennifer Harrison Ethics and Pain Management Training; E10270 Wex Bank for agency fuel; E10336 EyeMed for employee and retiree vision insurance; E10153 Valley Residential for residential services; E10166 Stuart Wilson for community living support services through self-determination arrangements; and 102643 Rustic Ridge Specialized Residential Services for residential services. There were general discussion regarding the number of individuals permitted under the Dow Bay Area Family Y membership; the delay in billing for the state hospital days, whether switch to Wex Bank program has provided a savings, the process for	5.4) No action was necessary

		approving vehicle repairs, the contract amendment for snow removal services to include the sidewalks, and that the billing and contract process with residential providers only includes services; it does not include consumer Supplemental Security Income (SSI).	
	5.5) Consideration of Approval of Disbursements & Health Care Claims Totals	5.5) The Committee reviewed the disbursement and claim totals.	5.5) On the motion by R. Pawlak and support by P. Conley, the disbursements and health care payments from April 11, 2026 through May 15, 2026 were referred to the full Board for approval. The motion was adopted unanimously.
6.	Adjournment	On the motion by T. Banaszak and support by R. Pawlak, the meeting adjourned at 5:22 pm. The motion passed unanimously.	

_____
Pat McFarland, Committee Chair

Areas of Concern Regarding the Mental Health Framework (MHF)

April 2026

BACKGROUND: The Michigan Department of Human Services (MDHHS) has recently circulated additional details, outlined in two documents (Mental Health Framework Language) and (Mental Health Benefit Plan Criteria) of a proposal that MDHHS has been developing for the past several years, the Mental Health Framework (MHF). **These documents underscore the concerns that the Community Mental Health Association (CMHA), its members, and stakeholders have expressed over the past two years.**

Simply stated, the MHF clearly outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system.

Michigan's public mental health system is not an administrative construct; it is a civil rights system grounded in statute. The Mental Health Code (Public Act 258 of 1974) establishes legal protections that govern access, treatment, planning, and due process for individuals receiving mental health services. The newly proposed Mental Health Framework (MHF), particularly through the introduction of the BH-COVER service model, represents a fundamental shift away from these statutory foundations by moving, to the management of private health insurance companies with less consumer control and more red tape.

While the MHF is presented as a mechanism to improve coordination and access, the framework introduces significant risks to clinical integrity, beneficiary rights, continuity of care, due process protections, and fiscal sustainability. The concerns outlined below reflect structural misalignment between the framework and the state's nationally recognized public - not privatized - mental health and the Michigan laws. **Again, what is clear is that the MDHHS proposed Mental Health Framework outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system.**

Privatizing the Management of the System

The MHF Clearly outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system for a large segment of the Medicaid beneficiary population:

- The MHF moves the management of a substantial segment of Michigan's Medicaid enrollees to the management of private health plans - a plan that people served, their families, advocates, and a wide range of stakeholders opposes. This move is done by transitioning care to the private health plan system, all but those who are receiving a small range of CMH services.
- Moves the management of high intensity services psychiatric = inpatient care, crisis residential, and outpatient partial hospitalization services (a core set of CMHSP responsibilities) - to the private health plans - a move strongly opposed by persons served, their families, advocates, and a wide range of stakeholder and in violation of the Michigan Mental Health Code.

A poll commissioned, during a recent privatization proposal (2022) by the Community Mental Health Association of Michigan (CMHA) and conducted by third-party survey provider EPIC-MRA found ***67% of Michigan voters prefer the public mental health system*** to be managed by public entities who specialize in mental health care vs. turning the system over to private, for-profit companies.

- Nearly 3 times as many Michiganders oppose the privatization of the state's mental health services for Medicaid patients. 67% oppose while only 24% support that privatization.
- 76% of voters are concerned that *private health plans do not have a good track record in treating patients with mental health needs* and fear they will make matters worse.
- 73% of voters are concerned that high overhead costs of the private health insurance companies (double that of the public system) and the corporate profits that these companies take out of the taxpayer-funded Medicaid system will lead to less mental health services for those in need.

Private health insurance companies would take over the management of the financing of Michigan's public mental health system. These companies, known as Medicaid Health Plans, have overhead rates, including profits, of 15% (Senate Fiscal Agency Analysis and Milliman's national study data). This overhead rate is 2.5 times higher than the 6.2% overhead rate of the managed care operations of the state's public CMH system. This means that only $85 of every $100 dollars sent to these private health insurance companies is used to provide health care, as compared to the $94 of every $100 provided to the CMH system that is used for care. If these bills become law, this difference would mean that $300 million in funds diverted, annually, from the mental health care of Michiganders to health plan overhead and profits.

The Mental Health Framework would place greater responsibility for Michigan's public mental health system in the hands of private health insurance companies that have struggled for decades to manage even basic mental health services. For more than 20 years, these plans have overseen outpatient psychotherapy and psychiatry for Medicaid enrollees, during which time individuals across the state have consistently reported difficulty finding providers willing or able to serve them. If private insurers have been unable to ensure access for lower-complexity mental health needs, it raises serious concerns about their capacity to manage the far more complex, intensive, and long-term needs of individuals with serious mental illness, substance use disorders, or intellectual and developmental disabilities under the proposed framework.

The Mental Health Framework disregards the views of the people most directly affected by these changes. In recent years, similar proposals have faced consistent and strong opposition from individuals who rely on the Community Mental Health (CMH) system, as well as from their families and community partners. The Mental Health Framework also ignores the broad, consensus recommendations developed through recent public discussions on healthcare integration, in which a wide range of stakeholders emphasized that the CMH system should remain publicly managed and governed. By moving in the opposite direction, the framework runs counter to the expressed priorities of Michiganders who have the most at stake in any changes to the mental health system.

Inadequate Protection of Recipient Rights

The Mental Health Framework eliminates recipient rights protections for individuals moved to the management of the private health plans, given that the **recipient rights protections guaranteed by the Michigan Mental Health Code, apply only to those services provided or purchased by a CMHSP.**

Recipient rights are legally enforceable protections under the Mental Health Code (MCL 330.1704). Yet the draft MHF provides insufficient attention to how these rights will be preserved under a "*separate-responsibility"* model.
The framework does not clearly ensure:

- *Timely access to medically necessary services;*
- *Provision of care in the least restrictive environment;*
- *Freedom from unnecessary financial or administrative burden; or*
- *Clear accountability when rights violations occur.*

Recipient rights are not optional policy considerations; they are legal mandates that must be explicitly protected.

Reflects a lack of an understanding clinical measures and services

The Mental Health Framework demonstrates a lack of understanding as to use of the system's clinical assessment tools (LOCUS and MichiCANS). This plan calls for the movement of a large segment of Medicaid beneficiaries to private health plan management with scores that would, when used appropriately, place these beneficiaries outside of the mild to moderate level of need currently managed by the private health plans and squarely within the benefit managed by the public PIHPs.

The Mental Health Framework raises additional clinical concerns. MDHHS, through this Framework, is proposing eligibility standards that would allow individuals assessed as having mild to moderate needs to be placed in acute inpatient psychiatric settings, a shift that fundamentally contradicts established principles of medical necessity, the use of least restrictive settings,, and clinically supported level-of-care standards. This approach is particularly alarming in Michigan, where psychiatric inpatient and Crisis Residential bed capacity is already severely constrained. Allowing individuals without acute medical necessity to occupy inpatient psychiatric beds directly reduces access for people experiencing more severe psychiatric emergencies. These lifesaving resources cannot be made unavailable for those that need it.

This misalignment threatens the safety of persons served, delays care for high-acuity individuals- if not eliminating it altogether - and exacerbates the statewide psychiatric bed shortage which MDHHS well documents.

Absence of Required Due Process Protections

The most significant legal issue in the MHF is the absence of clearly defined due-process procedures associated with the BH-COVER benefit. Any adverse benefit determination under Medicaid requires a dispute resolution mechanism, yet the draft framework fails to establish such mechanisms:

- *Notice to recipients when BH-COVER assignment is initiated or removed (MCL 330.1706);*
- *Formal appeal rights tied specifically to benefit plan decisions;*
- *Access to a fair hearing before an impartial decision-maker;*
- *Continuation of benefits pending appeal; and*
- *Timely decision-making standards.*

MDHHS technical advisories are clear: "*Nothing about managed care changes these due process requirements*." Adopting a framework that effectively allows service determinations without due process would place Michigan in direct conflict with both state law and Medicaid requirements. This concern is magnified by recent audit findings across multiple health plans, which have already documented:

- *Ineffective compliance programs;*
- *Improper access limitations;*
- *Erroneous or delayed coverage determinations; and*
- *Inadequate or unclear beneficiary notices.*

Introducing additional complexity without enforceable due-process safeguards will only exacerbate these systemic failures.

Conclusion

The proposed Mental Health Framework poses serious threats to Michigan's public mental health system by privatizing management of large segments of Medicaid behavioral health care. By transferring oversight and high-intensity services to private health plans, the framework erodes public accountability and introduces financial incentives that conflict with individualized care. It removes many beneficiaries from the legally enforceable recipient rights guaranteed under the Mental Health Code, while relying on assessment tools in ways that misunderstand their clinical purpose and risk inappropriate care transitions within a system that has failed Michiganders historically.

The Mental Health Framework would place greater responsibility for Michigan's public mental health system in the hands of private health insurance companies that have struggled for decades to manage even basic mental health services. For more than 20 years, these plans have overseen outpatient psychotherapy and psychiatry for Medicaid enrollees, during which time individuals across the state have consistently reported difficulty finding providers willing or able to serve them. If private insurers have been unable to ensure access for lower-complexity mental health needs, it raises serious concerns about their capacity to manage the far more complex, intensive, and long-term needs of individuals with serious mental illness, substance use disorders, or intellectual and developmental disabilities under the proposed framework.

BAY ARENAC
BEHAVIORAL HEALTH

April 21, 2026

Board Administration
Behavioral Health Center
201 Mulholland
Bay City, MI 48708
800-448-5498 Access Center
989-895-2300 Business

Arenac Center
PO Box 1188
1000 W. Cedar
Standish, MI 48658

North Bay
1961 E. Parish Road
Kawkawlin, MI 48631

William B. Cammin Clinic
1010 N. Madison
Bay City, MI 48708

Representative Matthew Bierlein, District 97
S-1286 House Office Building
P.O. Box 30014
Lansing, MI 48909

Dear Representative Bierlein:

The purpose of this correspondence is to request your assistance in prohibiting the Michigan Department of Health and Human Services (MDHHS) from spending additional dollars on a wasteful and untimely public behavioral health procurement process.

As you are aware, Bay-Arenac Behavioral Health Authority (BABHA) is the community mental health services program (CMHSP) created by Bay and Arenac Counties to assume responsibility for the delivery of public behavioral health services for the 120,000 residents in our area consistent with Michigan Complied Laws (MCL) 330.1116 (2)(b). This includes Medicaid and general fund appropriations to serve individuals with severe mental illness, intellectual/developmental disabilities (including autism), and serious emotional disturbances.

In February 2025, MDHHS announced its intention to use a state-wide Medicaid procurement process to divert 90% of CMHSP funding for public behavioral health services to commercial and/or private interests with no direct accountability to the consumers, families or their elected representatives. This would reduce the county CMHSPs to statutory shells with no sustainable funding to meet their minimum public safety obligations under the law. As a result, the Michigan Court of Claims issued an order in January 2026[1] directing MDHHS to revise its design to be more consistent with state law which led to the subsequent cancellation of the initial procurement process, 11 months and at least $2.9 million in expenses after its first announcement[2].

[1] Michigan Court of Claims, "Region 10 PIHP, Southwest Michigan Behavioral Health, Midstate Health Network, et al v. State of Michigan, Department of Health and Human Services, State of Michigan, Department of Technology, Management and Budget", Consolidated Case Nos. 25-000143-MB and 25-000162-MB, January 8, 2026
[2] Newman, Eli, "Michigan paid consultants $2.9M for failed mental health redesign", Bridge Magazine, March 2, 2026

Unfortunately, in spite of continued concerns raised by consumers, families and advocates, offers from CMHSP systems to mutually collaborate on an improved system design, and near unanimous opposition from the 83 counties[3], MDHHS announced its intention on April 13th to release yet another procurement design and essentially bind the next administration to these controversial policy changes. This is despite the absence of any meaningful policy dialogue with either the Michigan Legislature or the counties that have been responsible for this system for over 60 years.

In order to prevent an uninformed and ill planned policy change as unelected MDHHS officials leave government service in 2027, we request that the legislature consider the following appropriations boilerplate language during House deliberations:

> ***The department shall not issue, implement, or otherwise proceed with any request for proposals, rebid, or procurement process related to the delivery, financing, or administration of public behavioral health or mental health services, nor expend state or federal funds for such purposes, unless the request for proposals fully complies with the Michigan Mental Health Code and the statutory framework governing Michigan's public behavioral health system, has received approval through enactment of legislation or approval by the legislature as provided in law, and the department has returned to the legislature for approval of a plan for implementation prior to taking any further action.***

As the branch of state government that is statutorily responsible for directing how the $4 billion in state public behavioral health funds are appropriated, and the direct representatives of all the consumers, families and communities depending upon these services, it is reasonable that any final decision on such significant policy changes should be the purview of the Michigan legislature. Thank you for your consideration in this very important matter. If you have any questions regarding this correspondence or any other public behavioral health matter, please feel free to contact me at (989) 895-2348.

Sincerely,

Christopher Pinter
Chief Executive Officer

cc: MI Association of Counties
Community Mental Health Association of MI

[3] Currie, Stephen, "Opposition to MDHHS Proposal to bid out PIHP Contracts", MI Association of Counties, May 15, 2025

Subject: FW: Important Advocacy Updates

Importance: High

From: Chris Pinter <cpinter@babha.org>
Sent: Friday, May 1, 2026 12:22 PM
To: Robert Pawlak (bopav@aol.com) <bopav@aol.com>; Patrick McFarland <pjmcfarland52@gmail.com>; Sally Mrozinski <smrozinski@arenaccountymi.gov>; pschumacher82@gmail.com; Richard Byrne (redhorse2121@yahoo.com) <redhorse2121@yahoo.com>; Christopher Girard <cgirard1@msn.com>; Tim Banaszak District 2 <banaszakt@baycountymi.gov>; Kathy Niemiec District 1 <niemieck@baycountymi.gov>; conleypat@gmail.com; CAROLE OBRIEN <caroleo3@sbcglobal.net>; Shelley King <kingsct3@yahoo.com>; stuggle@email.davenport.edu
Cc: Marci Rozek <mrozek@babha.org>; Sara McRae <smcrae@babha.org>
Subject: Important Advocacy Updates
Importance: High

BABHA Board of Directors,

As mentioned in previous communications, in light of the State's withdrawal of the public mental health procurement proposal at the end of January 2026, the MI Court of Claims has dismissed the lawsuit between *Midstate Health Network, Region 10, Southwest Behavioral Health, Saginaw CMHSP, St. Clair CMHSP and Kalamazoo CMHSP vs. the Michigan Department of Health and Human Services (MDHHS)* **on the basis of mootness**. Although we argued that we fully expect any future procurement processes to also contradict existing state law, the court was disinclined to keep this case open in recognition of the fact that the plaintiffs would have the option to file a new lawsuit if necessary going forward. The Community Mental Health Association of Michigan (CMHAM) is currently reviewing its appeal options related to the decisions made in this case.

In the interim, the House passed its FY27 budget last week, marking the beginning of the negotiation process between the House, Senate and Executive. **We have confirmed that Appropriations Chair Rep. Ann Bollin has included the boilerplate provisions we have been advocating for in relation to another RFP, the proposed mental health framework, and additional expenses related to the Waskul lawsuit.** The details of the language are noted below.

This is HUGE for us!!!!!! The legislature FINALLY is on record questioning these proposals!!! If we can keep up the pressure on MDHHS via court action and convince a few Senators from the Metro Counties to support this language, we can run out the clock on Hertel and focus on improving, rather than dissembling the public system.

Sec. 1020. PIHP Request for Proposal – NEW

Sec. 1020. The department shall not issue, implement, or otherwise proceed with any request for proposal, rebid, or procurement process related to the delivery, financing, or administration of public behavioral health or mental health services, nor expend state or federal funds for such purposes, unless the request for proposals fully complies with the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, and the statutory framework governing Michigan's public behavioral health system, has received approval through enactment of legislation or approval by the legislature as provided in law, and the department has returned to the legislature for approval of a plan for implementation prior to taking any further action.

Sec. 1021. "Mental Health Framework" Prohibition – NEW

Sec. 1021. (1) From the funds appropriated in part 1, the department shall not expend state general fund/general purpose revenue, federal funds, or any other funds to develop, implement, administer, or advance the proposal commonly referred to as the "Mental Health Framework" or any similar policy initiative that alters the current responsibilities for behavioral health services between prepaid inpatient health plans, community mental health services programs, or Medicaid health plans.
(2) The department shall not take administrative, contractual, regulatory, or policy actions to transfer, delegate, or otherwise modify responsibility for psychiatric inpatient admissions or behavioral health service management in a manner inconsistent with the responsibilities established under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.
(3) The department shall not implement policies that shift management of psychiatric inpatient benefits or related behavioral health services to Medicaid health plans unless specifically authorized by a subsequent act of the legislature.
(4) The department shall maintain the current structure of responsibility for behavioral health services unless otherwise directed by law.

Sec. 1022. Waskul Cost Reimbursements – NEW

Sec. 1022. The department must reimburse a CMHSP that is a member of a PIHP that was a defendant in the case of Waskul, et al. v. Washtenaw County Community Mental Health, et al. for any costs associated with settlement agreement of this case. Not later than March 1 of the current fiscal year, the department shall provide a report to the standard report recipients on the total reimbursements provided under this section to the CMHSPs, itemized by CMHSP.

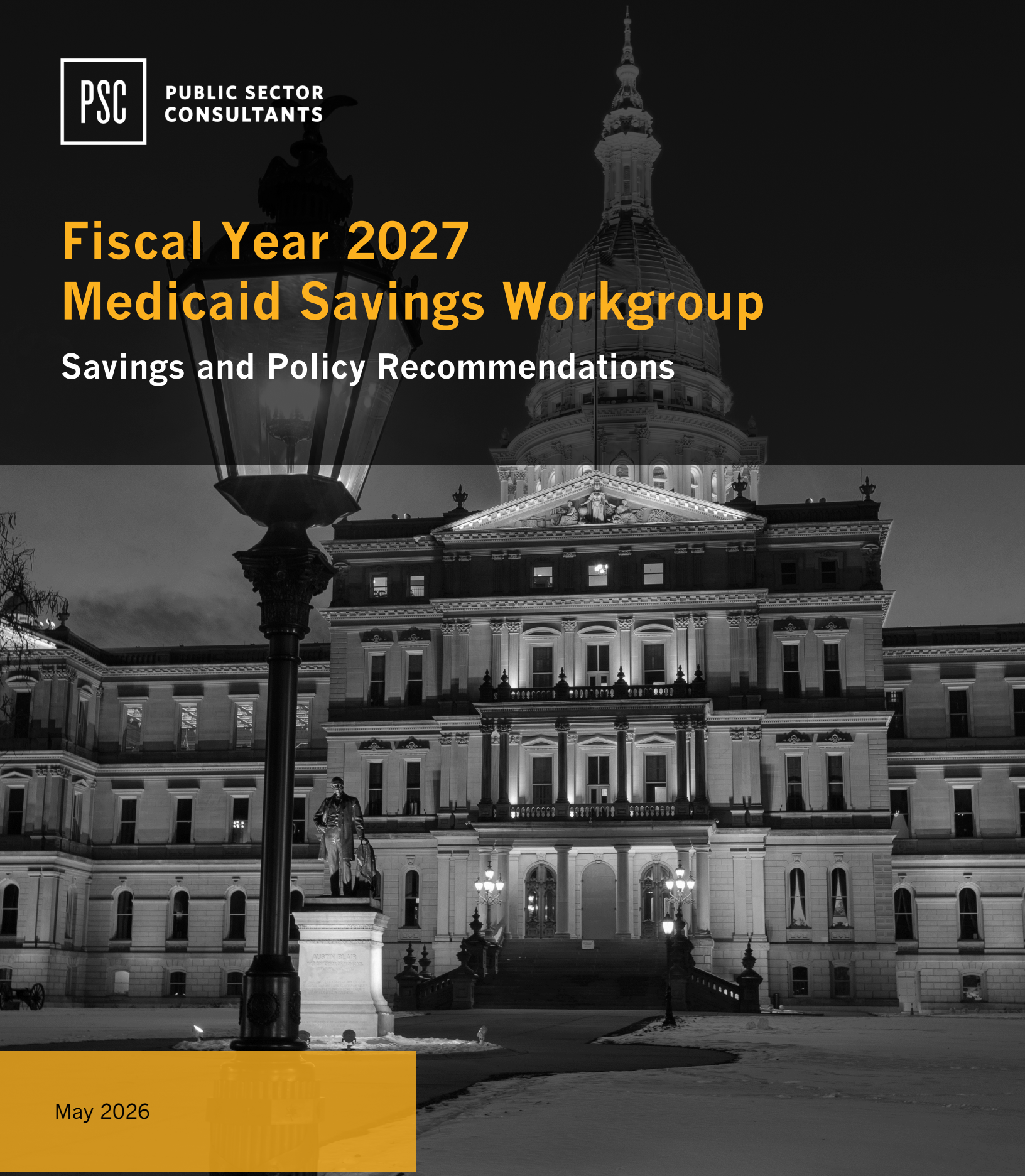
A special thanks is due to all of our CMHSP staff, providers and board members that worked with the CMHAM to advocate for this language. We still have a long way to go in this war of attrition, but at least we have some inroads now in both the courts and the legislature. I will provide more information at the next BABHA Board meeting.

Chris Pinter

PUBLIC SECTOR CONSULTANTS

Fiscal Year 2027 Medicaid Savings Workgroup

Savings and Policy Recommendations



May 2026

PUBLIC SECTOR CONSULTANTS

Prepared by

Public Sector Consultants
www.publicsectorconsultants.com

Prepared for

The Michigan State Budget Office

Table of Contents

Introduction

The Michigan Medicaid program provides health coverage to approximately 2.5 million residents, or about one in four Michiganders. As one of the largest components of the state's budget, Medicaid plays a critical role in supporting access to care, improving health outcomes, and maintaining the stability of the healthcare system.

The governor's fiscal year (FY) 2027 executive budget recommendation for the Michigan Department of Health and Human Services (MDHHS) totals roughly $41 billion, including Medicaid and other programs, with the majority of the funding coming from the federal government. However, nearly $7 billion, or 17 percent, comes from the state's general fund. As a result, changes in Medicaid spending have a direct and meaningful impact on the state's overall fiscal position.

The state is facing increasing fiscal pressure driven by rising healthcare costs, sicker enrollees, and reduced revenues. Additionally, recent federal legislation (H.R. 1) is expected to increase state costs significantly, further compounding these challenges.

Therefore, **the FY 2027 executive budget included the creation of a Medicaid stakeholder workgroup charged with identifying $150 million in general fund Medicaid reductions. This report provides an overview of this workgroup and the savings ideas they put forward.**

Workgroup Members and Staffing

State Budget Director Jen Flood convened representatives from the following organizations to participate as voting members of the workgroup:

- Area Agencies on Aging Association of Michigan (4AMI)
- Blue Cross Blue Shield of Michigan (BCBSM)
- Delta Dental of Michigan
- Detroit Wayne Integrated Health Network
- Health Care Association of Michigan
- Hope Network
- Incompass Michigan
- Michigan Association of Health Plans
- Michigan Dental Association (MDA)
- Michigan Health & Hospital Association (MHA)
- Michigan League for Public Policy (MLPP)
- Michigan Primary Care Association (MPCA)
- SEIU Healthcare MI

Representatives from the following agencies participated as nonvoting members:

- MDHHS
- House Fiscal Agency
- Senate Fiscal Agency
- Executive Office of the Governor

Technical support was provided by the State Budget Office and MDHHS.

External support was provided by Public Sector Consultants.

Workgroup Charge

The State Budget Director charged this workgroup with:

- Identifying opportunities to optimize existing programs while protecting access to care for Michiganders who rely on Medicaid
- Generating ideas that could save at least $150 million in general fund Medicaid efficiencies or savings
- Considering solutions related to both administrative efficiencies and programmatic changes

Guiding Principles

The group agreed on a set of guiding principles to help evaluate and vote on ideas:

- Protect access to care and essential Medicaid benefits
- Avoid shifting costs to providers or patients
- Use transparent, data-driven decision-making
- Prioritize administrative efficiencies and operational improvements
- Focus on options that can be implemented within the next fiscal year

Recommendations

The workgroup recommends that policymakers consider the following set of savings proposals. Any member opposition or abstention is noted. While savings estimates are provided where available, some proposed initiatives currently lack clear projections; **therefore, if they are adopted, their fiscal impacts remain uncertain.**

Savings Category	Potential Approaches to Achieve Savings	FY 2027 General Fund Savings Estimate[1]
Pharmacy savings	• Realize savings through increased pharmaceutical supplemental rebates, driven by drug manufacturers providing Michigan access to most-favored-nation prices, through programs such as the federal government's GENEROUS (GENErating cost Reductions fOr U.S. Medicaid) Model.[2] *(Delta Dental, MDA, MLPP, and SEIU Healthcare MI abstained.)* • Pursue higher usage of biosimilars and generics for medications through avenues such as modifying the Single Preferred Drug List.[3] *(Delta Dental, MDA, MLPP, and SEIU Healthcare MI abstained.)* • Eliminate coverage for GLP-1 medications prescribed for the sole purpose of addressing obesity. *(Delta Dental, MDA, MHA, and MLPP abstained. SEIU Healthcare MI opposed.)* • Redefine the criteria used to identify independent pharmacies to ensure enhanced dispensing fees are directed to intended pharmacies, while access to care is protected (requires statutory change). *(Delta Dental, MDA, and MHA abstained.)*	Category Total: $0 to $96 million

[1] Estimates provided and/or informed by MDHHS and fiscal agency reports from the House and Senate.

[2] Estimated savings from most-favored-nation (MFN) pricing under new federal models remain uncertain. MDHHS analysis, along with preliminary information from the Centers for Medicare & Medicaid Services, shows that rebate-model negotiations with manufacturers are still underway. Final terms have not been released, and it is not yet clear whether these models will generate savings beyond what Michigan already achieves through multistate purchasing pools.

[3] The workgroup adopted the Senate's pharmacy savings proposal and amounts; however, MDHHS provided technical data that strongly conflicts with the assumption that increasing use of generics and biosimilars would generate savings. The State already uses generics and biosimilars when they provide the greatest net value, and in many cases, brand drugs result in lower net costs to the State because of substantial federal rebates available only to Michigan Medicaid programs. MDHHS's repricing analysis, conducted by its contracted actuarial firm, shows that a broad shift from brand drugs to generics and biosimilars would increase costs by approximately $85 million gross ($18.7 million general fund) due to the loss of these rebates. Savings under MFN-style rebate models depend heavily on brand drug rebates, which decline with greater generic or biosimilar use. As a result, using more generics and biosimilars would significantly increase the likelihood that projected MFN savings are materially overstated.

Savings Category	Potential Approaches to Achieve Savings	FY 2027 General Fund Savings Estimate[1]
Administrative savings in MDHHS	• Expand the Estate Recovery program (requires statutory change) with a broader definition of estate to include ownership interests that pass outside of probate (such as trusts) and more closely reflect the federal statute; add MDHHS to the list of parties who shall be paid from small estates; and remove the 3-year bar to filing claims against estates for Estate Recovery. *(Delta Dental, Incompass Michigan, MDA, and MHA abstained. MLPP and SEIU Healthcare MI opposed.)* • Reduce MDHHS third-party consulting contracts and lower contract costs. (*Delta Dental and MDA abstained.)* • Enhance efforts to find more cost-effective options or savings in contracts for nonemergency transport services without reducing access. *(Delta Dental, MHA, and MPCA abstained.)*	Category Total: $15 million
Administrative savings in managed care	• Require MDHHS and contracted managed care organizations to jointly identify and implement contract changes that streamline existing requirements without reducing access to care and achieve at least 1 percent savings *(changes to be agreed upon prior to implementation). (BCBSM abstained. 4AMI opposed.)* • Eliminate or reduce redundant audit tasks that are duplicative of other reporting requirements.	Category Total: $3.8 million
Benefit modifications	• Ensure applied behavioral analysis (ABA) benefits delivered are being held to existing contract standards between MDHHS and prepaid inpatient health plans regarding clinical appropriateness and management, without reducing access. *(Delta Dental and MDA abstained.)*	Category Total: $9.8 million[4]

[4] The $9.8 million estimate reflects MDHHS's modeling of the statewide savings from reducing the average number of ABA service hours by one hour per week across all individuals currently receiving services.

Other Policy Considerations

The workgroup considered additional ideas related to the Medicaid program's structure, administration, and coverage. These ideas did not directly produce FY 2027 savings but were discussed as potential future policy considerations. These ideas were not voted on; therefore, their inclusion in this report does not indicate majority support of the workgroup.

- Continue to expand cross-departmental data sharing to reduce costly enrollee churn
- Invest in and expand certified community behavioral health clinics, especially in high-need areas
- Evaluate costly, long-standing technology platforms
- Evaluate whether the mental and behavioral health system structure is meeting patient needs, and look for opportunities to improve and protect access to services
- Pursue pharmacy management arrangements that improve medication price transparency

Conclusion

Using estimates provided and/or informed by MDHHS, publicly available reports, and fiscal agency reports from the House and Senate, the Medicaid savings workgroup was able to identify ideas expected to yield $124.9 million in Medicaid program savings for FY 2027.[5] Because some ideas could not be fully developed with the time and data available to the group, their fiscal impacts remain uncertain.

[5] The $124.9 million estimate relies on assumptions that conflict with technical analysis from MDHHS and includes projected revenue from federal programs whose availability and design remain uncertain and outside the state's control.

PUBLIC SECTOR CONSULTANTS

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DETROIT
950 Selden Street
Detroit, MI 48202

May 8, 2026

To Whom It May Concern,

The Michigan Behavior Analysis Providers Association (MIBAP) writes to express significant concerns regarding the reasoning and implications of the Administrative Law Judge's decision in the *Bay-Arenac* case.

The conclusion reached in this case appears to rest on a critical, yet flawed, premise—that allowing Applied Behavior Analysis (ABA) services during the school day inherently reduces a student's access to education and therefore constitutes a denial of a Free Appropriate Public Education (FAPE). This assumption is inconsistent with federal disability law, state guidance in Michigan, and interagency practices across multiple states.

Under the Individuals with Disabilities Education Act (IDEA), FAPE is not defined by the number of minutes a student is physically present in a classroom, but by whether the educational program is reasonably calculated to enable the child to make progress appropriate in light of the child's circumstances (*Endrew F. v. Douglas County Sch. Dist.*, 580 U.S. 386 (2017)). A student who is present for a full school day but is unable to regulate behavior, attend to instruction, communicate needs, or safely participate in learning activities is not meaningfully accessing education, even if "seat time" requirements are met. [ieplearning.com]

Both federal regulations and Michigan guidance recognize that behavioral and therapeutic supports may be essential for educational access. IDEA expressly contemplates the provision of related services and supplementary aids necessary for meaningful participation, delivered according to the student's individualized needs rather than categorical restrictions (34 C.F.R. § 300.101; § 300.320). [sites.ed.gov], [ecfr.gov]

When medically necessary, ABA services frequently function as the mechanism through which educational access becomes possible, rather than as a substitute for instruction. Michigan's own interagency guidance developed collaboratively by the Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS) explicitly recognizes that ABA services may be delivered during the school day when coordinated with, and not supplanting, educational services. [michigan.gov], [gvsu.edu]

The ruling also creates a false dichotomy between "educational" and "medical" services by suggesting that ABA necessarily supplants education. Federal and state authorities have

repeatedly rejected this framing. Michigan guidance makes clear that medical ABA services are intended to supplement—not replace—education, and that coordination across systems is both lawful and expected. Similar interagency guidance exists in other states, including Virginia and Louisiana, where state law and education department policies expressly permit access to medically necessary ABA services during school hours when educational access is preserved. [michigan.gov] [doe.louisiana.gov]

The decision also appears to rely on a categorical restriction based on the time of day in which services are delivered. This approach is inconsistent with federal disability law, which requires individualized, case-by-case determinations. IDEA expressly prohibits educational determinations based on administrative convenience and mandates individualized analysis by the IEP team (34 C.F.R. § 300.320–324). [ieplearning.com]

Moreover, guidance and case law under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act have increasingly emphasized that blanket denials based on location or scheduling may violate civil rights protections, even where a district asserts that FAPE has been offered. In *A.J.T. v. Osseo Area Schools* (2025), the U.S. Supreme Court clarified that obligations under the ADA and Section 504 are independent of IDEA, and schools may be liable for denying reasonable modifications necessary for access, regardless of FAPE determinations. [supremecourt.gov], [thrunlaw.com]

This distinction is further reinforced by the U.S. Supreme Court's decision in Fry v. Napoleon Community Schools, 580 U.S. 154 (2017), which clarified that disability discrimination claims under the ADA and Section 504 are analytically distinct from IDEA claims concerning FAPE. In Fry, the Court emphasized that the central inquiry is whether the alleged denial concerns equal access to programs and services, rather than solely the adequacy of special education programming. The decision underscores that schools must independently evaluate whether policies or practices unnecessarily exclude or burden students with disabilities, even where the district believes it has satisfied IDEA obligations. This framework is directly relevant where students are denied access to medically necessary ABA services during school hours based on categorical scheduling restrictions rather than individualized consideration. [supremecourt.gov]

This distinction is critical. As recognized in both Fry v. Napoleon Community Schools and A.J.T. v. Osseo Area Schools, even where a school district believes it has satisfied IDEA requirements, it must separately ensure compliance with ADA and Section 504 obligations, including the provision of reasonable modifications and nondiscriminatory access to programs and services. Denying access to medically necessary treatment solely because it occurs during the school day risks violating these independent civil rights protections. [congress.gov], [spedlawspotlight.com]

The civil rights rationale cited in the ruling likewise warrants closer scrutiny. Civil rights law requires equal access, not identical experiences. For students with disabilities, equitable access often necessitates additional or different supports. Denying ABA services that are necessary for a student's functional participation may itself constitute discriminatory exclusion. Federal guidance and recent case law caution against policies that prioritize uniform scheduling over individualized accessibility. [spedlawspotlight.com], [marshalldennehey.com]

A more legally sound and educationally appropriate standard would focus on whether ABA services:

1. Address documented medical necessity,
2. Support the student's ability to access and benefit from education, and
3. Are coordinated in a manner that avoids unnecessary replacement of core academic instruction.

When these conditions are met, the legally relevant inquiry is not when services occur, but whether they are effective, individualized, and reasonably integrated.

In conclusion, the *Bay-Arenac* decision elevates a rigid interpretation of school-day access over the individualized, functional standards required by IDEA, the ADA, and Section 504. Denying medically necessary ABA services during the school day—without individualized analysis—risks denying, rather than protecting, FAPE by removing the very supports that enable educational access.

MIBAP welcomes the opportunity to further discuss these concerns and collaborate on approaches that ensure compliance with federal law while promoting meaningful educational access for students with complex needs. We are available to provide additional information or participate in continued dialogue.

Regards,

Holly M. McKee

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Subject: FW: Requesting your participation in a 2026 Special Assessment
Attachments: CMHA dues CMH members FY 2026.pdf; Q&A CMHA 2026 Special Assessment.pdf

From: Monique Francis <MFrancis@cmham.org>
Sent: Friday, March 6, 2026 10:24 AM
To: Monique Francis <MFrancis@cmham.org>
Cc: Robert Sheehan <RSheehan@cmham.org>; Alan Bolter <ABolter@cmham.org>; David Lowe <dlowe@cmham.org>; Sarah Botruff <sbotruff@cmham.org>
Subject: Requesting your participation in a 2026 Special Assessment

To: CEOs of CMHs and PIHPs
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: SPECIAL ASSESSMENT: Strengthening CMHA's advocacy efforts in the face of privatization threat: Special Assessment of CMH and PIHP members of CMHA

CONTEXT TO THIS REQUEST: MOST RECENT DIALOGUE WITH MDHHS UNDERSCORING CONTINUED PRIVATIZATION THREAT: While many of us predicted that MDHHS is likely to issue a new RFP of the state's PIHP contract, in the aftermath of the Judge Yates opinion and the Department's withdrawal of the initial RFP, this week's Listening Sessions with MDHHS (one involving CMHSPS; one involving PIHPs) reinforced that view.

The tone of those meetings was relatively cordial, although MDHHS declined to outline its next steps, if any, in its system redesign and/or RFP efforts. The questions asked by MDHHS, in both sessions were centered around refining the Department's flawed initial RFP in what appeared, to many of us, as part of the preparation for another RFP.

These two Listening Sessions have reinforced the view, by CMHA and many of its members, outlined below, that we must be ready – in our resolve, commitment, and financially - for the legal, political, and media related action needed to thwart what looks to be another RFP-centered privatization threat to our system.

BACKGROUND: As you know, in 2025, with your support, CMHA issued a very successful Special Assessment of its members. **The revenues generated by this Special Assessment were key to the legal and media advocacy efforts, of CMHA and the plaintiffs in the lawsuit, which successfully thwarted the privatization threat posed by the PIHP Request for Proposal (RFP) issued by MDHHS.**

We want to applaud, again, the participation of our members in this Special Assessment effort.

For context, the legal costs related to this suit exceeded $1.2 million. These costs were covered by: $100,000 drawn from the balance of the Special Assessment fund built, several years ago, to fight the privatization threat posed by Senator Shirkey's proposed legislation; $500,000 from the 2025 Special Assessment; and $600,000 contributed by CMHA, by drawing down its fund balance.

COMING THREAT: Even prior to the Listening Sessions, discussed above, while the initial RFP has been withdrawn, many of us are aware that a number of MDHHS staff are nonetheless working on a second RFP of the PIHP contracts. As we noted above, the Listening Sessions only reinforced our view of the likelihood of another RFP.

While CMHA, our members, and our allies see that it is unlikely that this new RFP will comply with state law, given the depth of the violations of state law found by Judge Yates in the original RFP, some MDHHS staff are convinced of the need to pursue this wrong-headed approach to system improvement.

If the Department does issue a new RFP, the plaintiffs in the original suit (the Region 10 v MDHHS suit) or other plaintiffs will need to have legal counsel review this new RFP to determine how it conflicts with state law. If conflicts with state law are found in this new RFP, legal counsel will need to, once again, file suit with the Michigan Court of Claims to halt the issuance of this RFP. Whether Judge Yates or another judge is selected as the presiding judge on this new case, the legal proceedings involve hearings and extensive legal review and motions by legal counsel. If Judge Yates is not selected as the presiding judge, the legal proceedings could be as in-depth and extensive as those related to the original case. **The legal costs related to defending our system against another illegal RFP will be substantial – as they were with the most recent legal battle.**

REQUESTING YOUR SUPPORT FOR A 2026 SPECIAL ASSESSMENT OF CMHA MEMBERS: Given these factors, above, we are asking for your participation in a 2026 Special Assessment

PURPOSE OF VOLUNTARY SPECIAL ASSESSMENT: The purpose of this special assessment **(Note: in recognition of the variation in the fiscal condition of CMHA members, participation in this assessment is voluntary on the part of each CMH and PIHP)** is to provide a significantly increased level of funding for CMHA's advocacy work, including legal, media, and legislative advocacy – an increase designed to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve – in the face of the current threat posed by what we predict to be a new RFP for the state's PIHP contracts.

These increased dollars would be used, as your dues and fees to CMHA are currently used, to fund the advocacy, government affairs, media/public relations work, and legal work of CMHA around the current privatization threat posed by the - **but with greater intensity and reach**.

TREAT SPECIAL ASSESSMENT AS ANY DUES OR FEES PAID TO CMHA: The legal and accounting bases for your supporting this special assessment are no different than those for the dues and fees that you have traditionally paid to CMHA- thus allowing the use of any funding source (Medicaid, GF, local, earned revenue, etc.) to be used to pay this special assessment.

A fuller discussion of the basis of this determination is included in the **attached Q&A document.** This document provides answers to a number of questions raised by CMHA members during past special assessment processes.

SIZE OF SPECIAL ASSESSMENT: To build this fund in a way that is roughly proportional to the size of the budgets of CMHA member organizations, CMHA is suggesting (not requiring) that the voluntary special assessment be at the level of the annual CMHA dues and fees paid by the state's CMHSPs and PIHPs. Those FY 2026 dues and fee levels are **attached.** However, each CMHSP and PIHP determines the level to contribute – by completing the questions below.

ACTION REQUESTD BY YOU: Because of the voluntary nature of this special assessment, the mechanics differ from the traditional dues and fees invoicing process. The process that is being used for this special assessment is outlined below:

1. Please indicate, below, the level of special assessment that your organization will contribute:
Same as our organization's current CMHA dues
☐ Other $_____
☐ Our organization will not be contributing
☐

After you have indicated your answer to question 1, above, send this email with your response, above, reflected in your return email (not via respond to all) to Bob Sheehan (rsheehan@cmham.org) **as soon as possible.**

2. Based on your response, above, CMHA will send your organization an invoice in the amount that you have indicated in this survey.

3. Your organization pays the invoice.

4. CMHA implements the expansion of its public education, media relations, and legal work related to the most serious threats and opportunities facing CMHA members and those whom we serve.

Thank you, in advance, for your participation in this effort – an effort key to our advocacy efforts in opposition to the privatization of our system.

Robert Sheehan
Chief Executive Officer

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CMHAM Dues for FY24/25

Boards	CMHAM Total Dues FY25/26 (12 months)	MDHHS Authorization FY22/23	CMHAM Dues FY25/26 - 2.5% Increase in Variable Base	Variable Base FY25/26	Total Dues-Variable Base FY25/26-Amount	
Band 7 - Boards with more than $140 million - 24% of dues / 7 boards						
Detroit-Wayne	$ 31,798	$ 1,139,994,795	-	$ 26,029	$ 182,203	23.87%
Oakland	$ 31,798	$ 489,916,787				
Macomb	$ 31,798	$ 346,092,898				
Network180(Kent)	$ 31,798	$ 222,253,322				
Clinton Eaton Ingham	$ 31,798	$ 189,583,074				
Genesee	$ 31,798	$ 163,642,706				
CMH for Central MI	$ 31,798	$ 157,659,731				
Sub Total	**$ 222,586**	**$ 2,709,143,313**				
Band 6 - Boards with more more than $100 - $140 million - 12% of dues / 4 boards						
Saginaw	$ 28,564	$ 123,607,766	-	$ 23,002	$ 92,008	12.05%
Kalamazoo	$ 28,315	$ 118,073,251				
Washtenaw	$ 28,223	$ 116,015,500				
LifeWays	$ 28,208	$ 115,687,332				
Sub Total	**$ 113,310**	**$ 473,383,849**				
Band 5 - Boards with more than $80 - $100 million - 8% of dues / 3 boards						
St. Clair	$ 27,730	$ 105,059,405	-	$ 19,934	$ 59,802	7.83%
Muskegon	$ 24,274	$ 96,449,771				
Northern Lakes	$ 23,801	$ 85,923,161				
Sub Total	**$ 75,804**	**$ 287,432,337**				
Band 4 - Boards with more than $50 - $80 million - 16% of dues / 7 boards						
Summit Pointe	$ 20,136	$ 72,677,393	-	$ 16,866	$ 118,062	15.47%
Bay Arenac	$ 20,012	$ 69,910,768				
Berrien	$ 19,796	$ 65,102,391				
North Country	$ 19,716	$ 63,341,628				
Ottawa	$ 19,663	$ 62,150,261				
Pathways	$ 19,299	$ 54,062,140				
Monroe	$ 19,165	$ 51,097,204				
Sub-total	**$ 137,787**	**$ 438,341,785**				
Band 3 - Boards with more than $25 - $50 million - 25% of dues / 14 boards						
Livingston	$ 15,960	$ 47,978,153	-	$ 13,801	$ 193,214	25.31%
Allegan	$ 15,652	$ 41,143,879				
Northeast Michigan	$ 15,616	$ 40,323,424				
Van Buren	$ 15,410	$ 35,766,467				
West Michigan	$ 15,399	$ 35,504,753				
Lapeer	$ 15,220	$ 31,538,258				
Montcalm	$ 15,178	$ 30,602,313				
Shiawassee	$ 15,175	$ 30,526,821				
St. Joseph	$ 15,150	$ 29,973,828				
AuSable Valley	$ 15,131	$ 29,555,216				
Lenawee	$ 15,053	$ 27,811,559				
Sanilac	$ 14,988	$ 26,387,626				
Ionia	$ 14,983	$ 26,267,704				
Tuscola	$ 14,971	$ 25,999,212				
Sub-total	**$ 213,886**	**$ 459,379,213**				
Band 2 - Boards with more than $10 - $25 million - 15% of dues / 11 boards						
Northpointe	$ 11,848	$ 24,725,336	-	$ 10,735	$ 118,085	15.47%
Gratiot	$ 11,792	$ 23,495,091				
Woodlands	$ 11,745	$ 22,444,849				
Newaygo	$ 11,718	$ 21,838,014				
Copper Country	$ 11,715	$ 21,785,275				
Centra Wellness NW (Mans B)	$ 11,700	$ 21,441,418				
Hiawatha	$ 11,662	$ 20,601,361				
Pines	$ 11,616	$ 19,583,264				
Barry	$ 11,476	$ 16,464,197				
Huron	$ 11,444	$ 15,753,335				
Gogebic	$ 11,250	$ 11,446,927				
Sub-total	**$ 127,966**	**$ 219,579,067**				
Band 1 - Boards with less than $10 million - 0% of dues / 0 board						
			-	$ 7,668	$ -	0.00%
Sub-total	**$ -**	**$ -**				
Grand Total	**$ 891,340**	**$ 4,587,259,564**			**$763,374**	**100.00%**

CMHAM Formula Calculations for Member Dues for Fiscal Year 2025-26

A	B	C	D	E	F	G	H	I
CMHSP	Total Revenue/Cost FY22	Total Revenue/Cost FY23	Variable Base (All Dues Capped at $26,029)	Remaining Spread (cost /1000*.045)	Proposed FY26 Dues based on FY23 Allocations (All Dues Capped at $31,798)	FY25 Assessed Dues based on FY22 Allocations	Change in Dues Amount from FY25 to FY26	%age change from FY25 to FY26
Allegan	38,871,333	41,143,879	13,801	1,851	15,652	15,213	439	2.89%
AuSable Valley	26,325,823	29,555,216	13,801	1,330	15,131	14,649	482	3.29%
Barry	14,748,251	16,464,197	10,735	741	11,476	11,137	339	3.05%
Bay-Arenac	63,882,950	69,910,768	16,866	3,146	20,012	19,330	682	3.53%
Berrien	56,755,316	65,102,391	16,866	2,930	19,796	19,009	787	4.14%
Centra Wellness NW (Mans B)	19,578,885	21,441,418	10,735	965	11,700	11,354	346	3.05%
Clinton Eaton Ingham	170,933,582	189,583,074	26,029	8,531	31,798	31,022	776	2.50%
CMH for Central MI	139,409,301	157,659,731	26,029	7,095	31,798	28,714	3,084	10.74%
Copper Country	22,024,070	21,785,275	10,735	980	11,715	11,464	251	2.19%
Detroit-Wayne	1,054,197,848	1,139,994,795	26,029	51,300	31,798	31,022	776	2.50%
Genesee	150,450,284	163,642,706	26,029	7,364	31,798	31,022	776	2.50%
Gogebic	11,345,969	11,446,927	10,735	515	11,250	10,984	267	2.43%
Gratiot	20,348,247	23,495,091	10,735	1,057	11,792	11,389	404	3.54%
Hiawatha	19,390,268	20,601,361	10,735	927	11,662	11,346	316	2.79%
Huron	14,215,211	15,753,335	10,735	709	11,444	11,113	331	2.98%
Ionia- The Right Door for Hope	22,996,159	26,267,704	13,801	1,182	14,983	11,508	3,475	30.20%
Kalamazoo	110,356,986	118,073,251	23,002	5,313	28,315	27,407	908	3.31%
Lapeer	26,971,064	31,538,258	13,801	1,419	15,220	14,678	543	3.70%
Lenawee	25,940,139	27,811,559	13,801	1,252	15,053	14,631	421	2.88%
LifeWays	103,239,769	115,687,332	23,002	5,206	28,208	27,087	1,121	4.14%
Livingston	44,446,099	47,978,153	13,801	2,159	15,960	15,464	496	3.21%
Macomb	331,944,442	346,092,898	26,029	15,574	31,798	31,022	776	2.50%
Monroe	45,022,112	51,097,204	16,866	2,299	19,165	15,490	3,675	23.73%
Montcalm	26,617,713	30,602,313	13,801	1,377	15,178	14,662	516	3.52%
Muskegon- HW	86,995,023	96,449,771	19,934	4,340	24,274	23,363	911	3.90%
Network180 (Kent)	202,218,891	222,253,322	26,029	10,001	31,798	31,022	776	2.50%
Newaygo	20,153,753	21,838,014	10,735	983	11,718	11,380	338	2.97%
North Country	60,063,756	63,341,628	16,866	2,850	19,716	19,158	559	2.92%
Northeast Michigan	37,873,886	40,323,424	13,801	1,815	15,616	15,168	447	2.95%
Northern Lakes	85,923,161	85,923,161	19,934	3,867	23,801	23,315	486	2.08%
Northpointe	23,777,225	24,725,336	10,735	1,113	11,848	11,543	305	2.64%
Oakland	440,656,765	489,916,787	26,029	22,046	31,798	31,022	776	2.50%
Ottawa	55,090,552	62,150,261	16,866	2,797	19,663	18,934	729	3.85%
Pathways	51,166,842	54,062,140	16,866	2,433	19,299	18,758	541	2.89%
Pines	17,594,381	19,583,264	10,735	881	11,616	11,265	351	3.12%
Saginaw	98,171,352	123,607,766	23,002	5,562	28,564	23,866	4,699	19.69%
Sanilac	23,861,749	26,387,626	13,801	1,187	14,988	11,547	3,442	29.81%
Shiawassee	30,346,393	30,526,821	13,801	1,374	15,175	14,830	345	2.33%
St. Clair	94,933,089	105,059,405	23,002	4,728	27,730	23,720	4,010	16.90%
St. Joseph	24,130,209	29,973,828	13,801	1,349	15,150	11,559	3,591	31.07%
Summit Pointe	65,809,654	72,677,393	16,866	3,270	20,136	19,416	720	3.71%
Tuscola	25,050,840	25,999,212	13,801	1,170	14,971	14,591	380	2.60%
Van Buren	31,603,439	35,766,467	13,801	1,609	15,410	14,886	524	3.52%
Washtenaw	110,535,972	116,015,500	23,002	5,221	28,223	27,415	808	2.95%
West Michigan	34,305,234	35,504,753	13,801	1,598	15,399	15,008	391	2.61%
Woodlands	16,804,412	22,444,849	10,735	1,010	11,745	11,229	516	4.59%
Totals:	4,197,078,399	4,587,259,564	766,442	206,427	891,340	843,708	47,632	
PIHP'S- 10					57,330	55,930	1,400	

BAY ARENAC BEHAVIORAL HEALTH

Accessibility Plan 2026~~5~~

Approved by Agency Leadership:
Reviewed by Recipient Rights Advisory Committee: ~~6/9/25~~
Full Board Approval Date: ~~6/19/2025~~

Contents

Guiding Principles[1]

Bay-Arenac Behavioral Health Authority (BABHA) is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders who live in Bay and Arenac Counties. It is the mission of BABHA to improve health outcomes and strengthen the community safety net for citizens of Arenac and Bay Counties.

The welfare of the people we serve is our highest priority and every effort is made to respect and support their access to services and quality behavioral health care including the identification of all barriers that might limit, impede, or preclude such access. BABHA does not discriminate against, nor deny admission or professional services, based on ability to pay, race, color, age, gender, religion, national affiliation, marital status, height, weight, arrest record, disability, sexual orientation, or any other legally protected status. BABHA complies with all applicable Federal, State, and regulatory agency laws, standards, rules, and regulations.

BABHA seeks to conduct its business openly, honestly, and with integrity and trust, respecting human rights in all our activities. We desire to be sensitive to the needs and culture of our local communities and strive to help them become more inclusive places to live. We work to provide a safe, supportive, accessible, and secure working environment for personnel. We seek a diverse base of employees and ensure equal opportunity to all qualified individuals in recruiting, compensation, professional development, promotion, and other employment practices. BABHA creates and supports partnerships with individual practitioners, provider organizations, advocacy groups, and other stakeholders whose values and methods of operation reflect our mission.

Identification of Barriers

Barriers to service are identified and addressed through multiple avenues including, but not limited to: facility inspections, employee feedback, board of directors input, internal committees, stakeholder initiatives, incident report forms, consumer surveys, community surveys, consumer council advice, appeal and grievance logs, etc. BABHA is pro-active in its efforts to ensure that both potential and real barriers to services and supports are mitigated as much as possible. Exceptions are the limits of the funding made available by the State of Michigan to finance service delivery.

Due to the nature of its mission, BABHA's primary focus is barriers to access to care for people served and the general community. However, BABHA also sees to ensure personnel and other community stakeholders, such as local courts, law enforcement, schools, community agencies, health care providers and others have clear communications and ready access to BABHA locations and personnel as needed.

Architectural [2]

The Facilities Manager ensures all new facilities built, leased or purchased by BABHA are compliant with the Americans with Disabilities Act (ADA) and/or able to be modified to meet applicable requirements. Site inspections are conducted by BABHA personnel on an annual basis and physical plant alterations are made when needed. Existing sites are also inspected annually by qualified specialists to assure continued compliance. Every 5 years an Insurance Valuation Report of Tangible Property Assets is conducted, scheduled my MMRMA, the agency's liability insurance carrier.

Physical access to clinical services is guided by specifications set forth by the ADA, i.e., leader dogs have access to all clinic sites with their owners, etc. Physical plant accessibility is of primary consideration whenever BABHA contracts with new providers.

Review of Past Year Actions to Mitigate Architectural Barriers

[1] CARF; 1. Aspire to Excellence; L. Accessibility; 1.a.1-3.
[2] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.1.

~~Throughout 2024, BABHA received updates from McLaren related to the operability of the elevators at the Mulholland site. The first car has been repaired and was operational as of April 3, 2024. The second car was inspected and operational as of March 2025. Clinical services and Board Meetings returned to the Mulholland Building on May 1, 2024.~~
Prior to the pandemic, the Madison Clinic experienced an influx of individuals served partially as a result of the transition of individuals served from one Primary Care Provider to another. The existing space may be better suited with modifications to ensure privacy and accessibility for those receiving services. Consultation with an architect to redesign the space formerly used as the Autism Clinic occurred, however, the pandemic resulted in less on-site services being provided. The pandemic has also resulted in BABHA implementing a Remote Work policy. This policy prompted an evaluation of the need for the existing buildings and office space. ~~Not renewing the Wirt Building lease was discussed with leadership and the Board of Directors and a decision made to eliminate that space. Staff were redeployed to the North Bay and Mulholland locations in early 2025.~~ BABHA is also revisiting the plans to redesign the Madison building to address increased service demand at the Clinic ~~post-pandemic~~. Accessibility for consumers and staff continue to be taken into consideration when structural changes, down-sizing and relocation occurs.

Barrier(s) to Accessibility	~~1)Lack of elevators at the BABHA Mulholland location.~~ 1) Remote work arrangements may necessitate reduction in building and office space. 2) Existing BABHA sites may not be most conducive to future health care delivery
Action(s) To Be Taken	~~1) BABHA will continue to work with McLaren to ensure that the elevators are functioning properly and provide adequate accessibility for consumers and staff. Clinical programs and the Board Meetings need to return to Mulholland as deemed appropriate.~~ 1) The Facility Manager, Leadership and S.L.T. will evaluate the need for the existing buildings and office space and develop and implement a plan based on the outcomes of the evaluation. 2) Recommendation for longer term building renovations and/or changes will be referred to the Board Facilities & Safety Committee for consideration
Assigned To	Strategic Leadership Team, Facility Manager~~, Leadership and S.L.T~~.
Actions Taken and Evaluation of Effectiveness (N/A if New)	~~1) The elevators at Mulholland are both operational as of March 2025.Clinical programs and the Board Meetings returned to Mulholland May 2025.~~ 1) ~~The Wirt building lease is not being renewed as of June 30, 2025~~ BABHA has engaged an architectural firm familiar with the Madison location to design some future space recommendations for board consideration. 2) BABHA Facilities & Safety Committee will be engaged in ongoing dialogue with Strategic Leadership Team as these recommendations evolve over the next few months.
Status (New; Continue; Completed)	~~1) Completed.~~ 1) ~~Completed.~~ The initial meetings with SLT and the architects have identified some questions and additional information gathering for Board consideration. 2) Facilities & Safety Committee will receive an update in June 2026.
Planned Completion Date	~~1) May 2025~~ 1) ~~June 2025~~ A recommendation for Facilities & Safety Committee is planned no later than 7-31-26. 2) Possible recommendations will be referred to the full board no later than 8-31-26.

Commented [MP1]: For consistency we should either note the title or the names of the responsible parties like we are doing (in the process of updating) in other agency plans.

Environmental[3]

The Facilities Manager and the appropriate member of the Strategic Leadership Team work together to ensure that all facilities are easily accessible and offer safe, comfortable, and confidential settings in which to conduct and receive services. All BABHA clinic locations are on established bus lines or arrangements are made to provide transportation for persons served as necessary. Crisis Response, Emergency & Access Services (EAS) staff, and care management staff are knowledgeable regarding transportation options for clinic and non-clinic-based services. BABHA operates an instant messaging system to reach staff and contracted service providers or any specific, identified group, via email and/or text message, alerting them of emergent situations or notices that are urgent in nature.

BABHA implemented the Government Emergency Telecommunication Service, related to landlines, which is a national security and emergency preparedness service provided by the Federal Government. This service allows authorized personnel to complete emergency calls from their cell phone when normal or alternate telecommunication means using the public telephone network is unavailable. In July 2023, the Information Systems Manager researched the GETS application that can be downloaded to the phone and updated the list of users to reflect current staff. Education on the use of the application occurred in 2024, and the app was pushed to agency cell phones. In 2025 the agency switched to a public safety offering on its Verizon plan, which features built-in priority calling which will activate automatically in the event it is needed.

Security measures are in place at Madison, Arenac Center and Mulholland with the installation of shatter proof glass at the reception areas as further protection for employees in the event a hostile situation arises. At the North Bay site, keypads are operational on 2 main entrance doors and a service door along with an intercom and video monitoring system at the main front door as a means to secure the building and prevent unwelcome individuals. A video monitoring system is operational at the Madison Clinic. A panic button alarm system is operational on the second and third floors at the Mulholland location, in addition to a doorbell that was installed on third floor Mulholland to alert staff when visitors/consumers arrive and there aren't support staff at the desk. Arenac Center has a video monitoring system installed to monitor parking lot activity as well as keypad entry to the staff office areas. Arenac offices all have a panic button alarm system. All staff have picture identification badges indicating their name and title.

Barrier(s) to Accessibility	None identified. The Actions to be Taken do not reflect a barrier to accessibility, just a task that needs to be completed.
Action(s) To Be Taken	A refresher on the capabilities and use of the GETS system will be provided as well as information given pertaining to the GETS-like capabilities built into the agency cell phone service that requires no action for its use. Review and add or delete any users who have been recently hired or have left the agency.
Assigned To	Director of Health Care Accountability and IT staff ~~Information Systems Manager~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	Training was provided to GETS users, and the app was pushed to GETS user agency cell phones. No outages occurred in which the GETS system would have been activated, so there is not a reasonable way to evaluate its effectiveness over the past year. The agency switched to a new public safety offering on its Verizon cell phone service, which offers built in priority calling if service is degraded/network is in a busy state. This service requires no action from the users and will activate automatically in the event it would be needed.

[3] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.2

Status (New; Continue; Completed)	Continue.
Planned Completion Date	Completed July 2025

Attitudinal[4]

BABHA is pro-active in its ongoing commitment to dismantling attitudinal barriers through various means, including a "welcoming" philosophy that extends to all individuals regardless of their behavioral health needs. The Agency uses "Person-First" language, consistent with state requirements, in all its brochures and publicity events, as well as creating and promoting anti-stigma and trauma awareness via its community involvement and education. Persons with disabilities and their family members serve on the BABHA Governing Board and the Recipient Rights Advisory and Appeals Committee. BABHA is a trauma informed system of care emphasizing the principles of Recovery and Wellness. BABHA promotes a trauma sensitive environment by completing an Organizational Assessment every three years to identify areas for improvement and continue to ensure all staff are trained in trauma-informed care. BABHA also maintains ongoing collaboration with community partners to promote trauma sensitive communities of care, including recent outreach efforts with the Saginaw Chippewa Tribe, Veterans Administration Hospital, and the Great Lakes Bay Pride LGBTQ community. The Cultural Competency and Diversity Plan identified need for a more diverse staff especially to represent the Hispanic population that is rising in Bay and Arenac Counties, the need for an organizational assessment for a welcoming environment and staff competency working with LGBTQ+ individuals and to address training options for staff to increase their expertise in the needs of the veteran's population.

~~BABHA staff continue to be engaged in community efforts in the Great Lakes Bay Region regarding substance use disorder and encouraging law enforcement leaders to embrace the "Stepping Up" initiative and the "Hope, not Handcuffs" substance abuse diversion model. In addition,~~ BABHA continues to maintain~~s~~ a supply of opioid-antagonist aerosol kits ("Narcan") and routinely makes them available to our other community partners on the front-line of the opioid epidemic. Arenac Center is distributing Narcan, fentanyl test strips and Xylazine test strips in their waiting rooms. ~~In addition,~~ BABHA continues to participate with ~~worked with~~ the Arenac County Opioid Settlement committee, and provide support as needed to the ~~courts to develop a~~ Arenac ~~Cuonty~~County recovery/drug specialty court. ~~Arenac Center completed two assessments for the drug court until they identified providers to complete this task.~~

BABHA continues efforts to enhance the availability of substance use disorder services through Arenac and Bay counties. BABHA has been working with SUD providers, Recovery Pathways and Ten16 Recovery Network, as well as MSHN to expand the availability of substance abuse services in Arenac County. Recovery Pathways and 1016 Recovery Network have established SUD service office hours located at the BABH Arenac Center in Standish MI.

In addition, specific clinical services for emerging mental health issues, services to adults and services for children and families routinely provide prevention information to the public to increase awareness of treatment options and recovery supports for these specific populations.

BABHA continues to work with local law enforcement on the implementation of the Crisis Intervention Team (CIT) model that provides enhanced mental health training to all law enforcement officers and incorporates mental health specialist on a special response team. BABHA continues to provide Mobile Crisis Response Team services that responds to mental health related crises in the community for both adults and children. BABHA utilizes a Person/Family-Centered Planning approach to treatment along with the principles of Self-Determination and Recovery. BABHA staff and provider network staff also provided education on trauma, trauma informed care and secondary trauma, to school staff, ISD and local DHHS partners. BABH has implemented the use of the "Calm" app for staff, which provides education and brief interventions for stress related to secondary trauma. BABHA engaged the services of a new Employee Assistance

[4] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.3.

Program (EAP) provider. The EAP provides enhanced mental and physical wellbeing services for employees and their dependents. The EAP has also been engaged to provide Critical Incident Support for employees following tragic events. Input from persons served is actively sought through surveys, consumer councils, forums, suggestion cards, and through other BABHA committees on which persons served participate.

The agency provides regular, mandatory training to all its employees, interns and/or volunteers in cultural competency and diversity, Limited English Proficiency (LEP), and at hire for non-clinical staff, orientation to intellectual/ developmental disabilities, serious mental illness and co-occurring substance use disorders. All employees' performance is reviewed periodically as needed, but at a minimum, staff are evaluated by their supervisor at least annually. The evaluation measures and monitors for attitudinal barriers. Newly hired, transferred, or promoted employees may receive three (3) work reviews during the first twelve (12) months after hire, transfer, or promotion. A review of their performance may occur at the end of the third, sixth and twelfth month of employment. Included in the performance management process is a review of clinical competence and the creation of a professional development plan for the upcoming year. Refer to the BABHA Employee Handbook for further information.

Despite sustained efforts to educate healthcare providers and community agencies, BABHA continues to encounter barriers of access to services for individuals with the most serious mental illnesses and intellectual/ developmental disabilities. As state hospitals/centers have closed or prioritized court mandated populations, private inpatient health care providers have been reluctant to fill the gap, citing lack of training, safety concerns, significant health/medical needs and other issues. BABHA has trouble finding inpatient psychiatric services for individuals who are physically aggressive toward others and/or who destroy property; or have significant health/medical needs that require ongoing medical treatment in conjunction with mental health treatment. The issues of lack of adequate inpatient availability in Michigan is exacerbated for youth who are diagnosed with Autism Spectrum Disorder (ASD) which can include symptoms of physical aggression combined with limited intellectual or cognitive functioning. BABHA staff participate on various regional and state level workgroups to address these ongoing systemic issues. All of these barriers to inpatient treatment have been amplified due to the significant staff shortage in the mental health/healthcare fields.

Review of Past Year Actions to Mitigate Attitudinal Barriers

~~Provider Network has identified DBT, EMDR, and Seeking Safety have been identified as EBP for adults that is available.~~ The BABHA Strategic Plan for 2026~~5~~ has an initiative that ~~addresses~~ focuses on supporting and expanding the use of Evidence Based Practices. Validated Screening tools that include the MichiCANS, CAFAS/PECFAS for children with a serious emotional disturbance (SED), ~~The WHODAS has been identified by MDHHS to be implemented in 2026 to replace the SIS for individuals with developmental/ intellectual disabilities (IDD),~~MDHHS has not implemented a new assessment for individuals with intellectual and/or developmental disorders to replace the SIS, and LOCUS for adults with a serious mental illness (SMI) have been implemented throughout the primary care provider network. BABHA continues to expand its anti-stigma efforts, particularly in relation to persons with substance use disorders.

The need for psychiatric inpatient admissions continues to be a barrier especially for individuals (adults and children) with high acuity or behavioral issues. MDHHS is ~~working on adding more~~in the process of expanding State Facility beds by increasing the total statewide capacity by 54 beds, including 32 for adults and 22 for children.~~at~~ The renovation and expansion efforts at the Hawthorne ~~for Children~~State facility are slated to be complete in the fall of 2026~~ and is anticipated to be operational by 2026.~~ BABHA leadership provided testimony to the House Oversight Committee on Public Health concerning the difficulty accessing beds for protective custody and has also implemented processes to determine, coordinate, and implement mental health interventions while an individual is waiting for admission to the psychiatric unit. To increase administrative efficiencies and regional expectations, BABHA has implemented the use of the Mid-State Health Network Regional Inpatient Hospital contract boilerplate and Statement of Work. BABHA also implemented the MCG Health, Indicia software platform, which is an evidence-based clinical decision support tool for inpatient admission determinations. ~~In 2018, BABHA implemented an intensive Children's Mobile Response Team (MRT) to work with children and families in crisis. This program has shown positive outcomes in decreasing inpatient admissions for children/youth.~~ BABHA was able to obtain a grant to expand MRT services to adults and is planning on more expansion in Arenac County. ~~Due to a downsizing of a few Specialized Residential facilities,~~ In October 2024, Dr.

Ibrahim opened the Bay City CRU (Crisis Residential Unit) that provides crisis residential services ~~a Crisis Residential Program has been developed in one of the vacant homes. Dr. Ibrahim's agency (Bay City CRU LLC) successfully opened the program last October~~ and it has proven to be very helpful as an alternative to hospitalization.

~~Access to Community Living Support Sservices (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing that was difficult during the pandemic and has increasingly become worse. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. One provider had to consolidate and reduced their capacity by two homes. That same provider chose to end the contract for a third home. This home transferred to another Provider. Two CLS providers have ended their contracts with BABHA due to not being able to adequately fund and staff the programs. The Strategic Plan for 2025 has two initiatives to address the significant issues related to these two services.~~

~~BABHA held Youth Mental Health First Aid (Youth MHFA) classes in 2024.~~ BABHA continues to share outside sources for MHFA for both adults and youth provided ~~by Saginaw CMH~~locally. A BABHA staff has obtained the MHFA certification with the intent to provide the course to local law enforcement staff as part of the continued collaboration with law enforcement. ~~A staff person was trained in Youth MHFA in early 2024 and completed the first session in March 2024. Future sessions were scheduled for May and August but were not held due to low enrollment. This staff left employment with BABHA at the end of 2024 and no other staff have been certified.~~ BABHA continues to provide community presentations to community organizations with an overview of mental health disorders, suicide prevention and the opiate crisis.

Barrier(s) to Accessibility	Inconsistent training and/or competency regarding Trauma Informed Services
Action(s) To Be Taken	A. Continue the Wellness Committee and ensure that Secondary Trauma remains incorporated as a focus with this group. B. Integrate 2026~~The~~ Triennial Organizational Trauma Assessment results into BABHA Action Plans ~~process has begun by sending out the surveys to internal and external staff and providers. Assess the results of the surveys.~~ C. ~~Develop a Work plan to address the areas needing improvement identified in the Organizational Assessment~~. D. Continue to support additional primary substance use disorder service (SUD) options in Arenac County. E. Continue to identify and provide training and supervision for clinicians in Evidence Based Practices to assure ongoing implementation of quality and effective treatment for trauma related conditions. F. Explore training options for increased competencies in working with veterans.
Assigned To	A. Nursing Manager, ~~Sarah Van Paris and the~~ Wellness Committee and Agency Leadership in Supervision Sessions B. Quality Improvement Manager, Integrated Service Directors, Agency Leadership~~Sarah Holsinger; Joelin Hahn~~ C. ~~Joelin Hahn, Nicole Sweet and Heather Friebe with assistance from Sarah Holsinger~~ D. Integrated Service Directors for Children and Arenac Center~~Joelin Hahn and Heather Friebe~~ E. Integrated Service Directors ~~Joelin Hahn~~ and Staff Development F. Human Resources Director~~Jennifer Laseski and Staff Development~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. The Wellness Committee and Leadership will continue to provide opportunities to address and evaluate vicarious/secondary -- trauma with employees. Supervisors will continue to address during supervision and will utilize the self-assessment tool on a regular basis to evaluate burn out and compassion fatigue. B. The Triennial Organizational Trauma Assessment results will be systematically addressed with PNOQMC and integrated into BABHA Action Plans over the course of 2026 to improve agency capacity for managing trauma-informed services.~~three-year Trauma survey has gone out to employees and providers. The PNOQMC Committee and the Leadership Committee members reviewed the results and developed a plan to work on areas identified as needing improvement. The results of the survey were reviewed at Extended SLT and PNOQMC.~~ ~~C. The Plan will be developed based on the feedback and analysis of the survey results.~~ D. Recovery Pathways continues to have therapy sessions one Wednesday a month, Ten16 is on site at Arenac Center two days a week providing individual and group therapy and has a peer recovery coach for the

Commented [JH2]: Is this still an identified "barrier" for us?

	consumers of Ten16. Peer 360 is no longer providing services at the Arenac Center but do expect to provide services through the drug court. Ten16 Recovery Network has also implemented Project Assert program at the Ascension Hospital in Standish. This program provides brief intervention, screening, referral, and peer support to individuals who seek treatment at the ER and who are identified as having issues associated with SUD. BABH also supports the Ten16 Recovery Network's Quick Response Team expansion in Bay County. This team provides direct follow up with individuals who have received ER services related to drug overdose. E. The EBP survey was completed during FY24 and BABH has prioritized Motivational Interview training during FY2~~6~~5. F. Human Resources and Staff Development will explore training options to build competency in addressing the needs of the veteran's population and trainings or in-services will be offered by April 202~~6~~7.
Status (New; Continue; Completed)	A. Continue B. Continue C. ~~Continue~~ D. Continue E. Continue F. Continue
Planned Completion Date	A. Ongoing B. Complete every three years. Due in 2027. ~~C. Ongoing~~ ~~D.~~C. Ongoing ~~E.~~D. Ongoing ~~F.~~E. April 202~~6~~7

Barrier(s) to Accessibility	Refusals by inpatient psychiatric hospitals to accept the most seriously ill individuals for admission
Action(s) To Be Taken	A. Continue to participate with the MDHHS implementation of MiCAL, 988, and the MI Bed Registry Process. B. Continue to address during contract negotiations with hospital health systems. C. Continue to explore the possibilities of development of community-based alternatives for hospitalization and develop action plans to address those gaps in service. ~~Assist in the development of the Crisis Residential Program being developed by Bay City CRU, LLC.~~
Assigned To	A. Emergency/Access Services Manager~~Stacy Krasinski~~ B. Integrated Service Directors, ~~Nicole Sweet, Joelin Hahn,~~ and Marci Rozek C. ~~Joelin Hahn,~~ Integrated Service Director for Acute Care, EAS Manager ~~Nicole Sweet and Stacy Krasinski, Bay City CRU, LLC~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. BABHA continues to address this issue with the inpatient provider network, the PIHP, and MDHHS. BABHA will also continue to participate in MDHHS workgroups and webinars related to the implementation of MiCAL, 988, and the MI Bed Registry for psychiatric hospitals. B. BABHA has experienced some improvements with inpatient admissions with our local inpatient providers. BABHA has incorporated language to address an administrative appeals process for denied admissions with one of the local psychiatric units. BABHA also offers one-to-one staffing authorizations as needed for difficult cases. C. BABHA has a successful Mobile Response (MRT)team and has expanded availability to 2nd shift and to Arenac County.
Status (New; Continue; Completed)	A. Continued B. Continued C. Continued

Planned Completion Date	A. Ongoing B. Ongoing C. Ongoing

Barrier(s) to Accessibility	Reduce stigma associated with mental health disorders
Action(s) To Be Taken	A. Continue to partner with the Law Enforcement agencies in Bay and Arenac Counties to provide consultation and training
Assigned To	A. ~~Joelin Hahn,~~ Integrated Service Director for Acute Care and EAS Manager ~~Nicole Sweet and Stacy Krasinski~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. There were no MHFA trainings offered in 2024, however, MHFA sessions offered by Saginaw CMH were offered to Bay City community members. BABHA had an employee trained in the Youth MHFA and completed the first session in March 2024.There were two more sessions scheduled for 2024, however they were not held to low enrollment. The staff trained in Youth MHFA left employment with BABHA at the end of 2024. Due to low interest and enrollment, BABHA has not sought to replace the Youth MHFA trainer. B. BABHA will continue to work with local law enforcement agency on the implementation of the Crisis Intervention Team (CIT) model program that provides enhanced mental health training to all law enforcement officers, and incorporates mental health specialist on a special response team. A BABHA staff member has obtained certification for MHFA and has focused on training law enforcement. MHFA became a pre-requisite for CIT training in 2024. The MRT helps to strengthen the relationships with local law enforcement.
Status (New; Continue; Completed)	A. Discontinue B. Continued
Planned Completion Date	A. Ongoing

Financial[5]

Since BABHA is primarily Medicaid funded, individuals must have easy access to Medicaid services. To address any barriers in this area, BABHA contracts for services with the Michigan Department of Health and Human Services (MDHHS) for a Medicaid Eligibility Specialist. The primary role of this contractor is to assist individuals in obtaining Medicaid, gaining access to Medicaid services and eliminate any financial barriers. Historically, Healthy Michigan Medicaid subcontract revenue, based on funding per eligible, has not been sufficient to meet service costs, and with ~~the post-pandemic~~ increases in service demand and utilization, availability of traditional Medicaid funding to supplement this benefit is no longer as it has been in previous years.

Autism Medicaid subcontract revenue, has not been sufficient to meet the high demand and service costs involved with this population. The underfunding BABHA has experienced with this benefit is a state-wide issue which needs to be addressed through the rate setting process at the State level. Additionally, utilization during the pandemic has also affected actuarial rate calculations across all fund sources not accounting for rebound in service utilization. The Autism services funding barrier was exacerbated in FY25 with the State mandated rate increase for Applied Behavior Analysis

Commented [KA3]: I included some goals in the previous section for CLS and Spec. Res. Should they also be included here?

[5] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.4.

(ABA) direct care (ABA tech) services, with minimal adjustments to Autism rates to support this mandate. BABHA regularly monitors Medicaid eligibility along with service costs across all Medicaid fund sources while maintaining a balanced budget. If Medicaid rates are not addressed by MDHHS it is anticipated that BABHA will continue to have service expenditures supplemented with excess funding maintained by ~~be required to develop and submit a cost containment plan to~~ Mid-State Health Network ~~during the 2026 budget process~~. Budget planning will begin in the summer months to look at areas cost savings may be achieved in 2027. This may include a procurement process for higher cost services, consolidation of providers, restrictive eligibility criteria for Healthy Michigan and General Fund consumers, and a waiting list process.

Since the COVID pandemic started in 2020, there has been a significant staffing shortage with the mental health field of clinical and direct care staff. For outpatient therapy services, the shortage continues to cause a lack of fully licensed masters social workers (LMSW) and fully licensed professional counselors (LPC) qualified to bill outpatient services for individual who have Medicare Part B insurance or a primary private insurance. The Medicaid eligibility redetermination process continues to cause issues related to individuals not timely being approved for Medicaid, not being assigned the right benefit, and having large spend downs that they previously did not have.

There are no financial barriers for people who need emergency crisis intervention services at this time. Depending on the prevailing status of the General Fund, currently offered services are evaluated for continuation on an ongoing basis. Thus, people who are indigent may encounter barriers to non-emergent services. Whenever possible, attempts are made to overcome such barriers through referrals to other local community agencies. The spenddown amounts the individuals have been assigned are beginning to affect the availability of General Fund dollars to meet demand for the indigent population.

(Notes for Marci: A) financial barriers associated with Inpatient mental health treatment- significant increase in rates for community inpatient service; the lack of State level inpatient beds and the continued staffing shortages (nursing, social work, direct care staff) have caused an increased requests for community inpatient providers for 1:1 staffing due to increased acuity levels of individuals requiring inpatient mental health treatment. B) Healthy MI Medicaid – uncertainty of the benefits viability with potential changes implemented by the Federal Government) Review of Past Year Actions to Mitigate Financial Barriers

BABHA has monitored service provider contractual expenditures for potential cost savings. BABHA continues to evaluate vacant positions and consolidate where feasible. Potential cost savings has been analyzed as contracts were proposed for renewal. Healthy Michigan and Autism expenditures have been analyzed during FY26~~5~~ budget development. While Healthy Michigan funding had been sufficient to meet service demand, it is now falling short. BABHA continued to analyze internal and external procedures related to Advanced Behavioral Analysis (ABA) service authorization and utilization, including the utilization of ancillary services (OT/PT/SLP) associated with ABA service delivery.

BABHA also continued cost settlement contracts with select Providers to ensure business operations continued and those in need of vocational and clubhouse services did not encounter an interruption in services. Those providers have been transitioning back to a fee-for-service contract with an end of the year cost settlement option. The MSHN Network Provider Stabilization Plan and Network Provider Staffing Crisis Stabilization Plans were a resource to determine who may qualify for funding which permitted Providers to continue to maintain business operations while ensuring availability of services and staffing to meet current and future needs. Decisions to provide any additional funding is now supported by each CMHSPs budget.

BABHA implemented a General Fund (GF) Exception's process to authorize the use of GF to pay for outpatient therapy services that cannot be billed to the primary insurance due to staff qualification issues (shortage of LMSW). Doing so has allowed the availably of outpatient therapy services for individuals.

Established policy and procedures for CMHSP General Fund Grant Mechanisms for network providers.

Barrier(s) to Accessibility	Healthy Michigan Medicaid subcontract revenue from MSHN is based on PEPM funding. Service expenditures for this benefit have exceeded revenue resulting in the need to supplement expenditures with reserve funding

	at MSHN, which was previously covered with excess Medicaid funds at BABHA. The agency will continue to monitor the Medicaid redeterminations that are occurring and the change in benefits for individuals. Uncertainty of Healthy Michigan Medicaid program viability.
Action(s) To Be Taken	A. BABHA will monitor services provided under all revenue streams and evaluate whether there is potential for a cost saving in any particular service lines.~~5~~. B. BABHA will monitor Healthy Michigan expenditures and Medicaid status within the MSHN region to assure additional funding continues to be available to meet the service needs of BABHA. C. BABH will monitor State implementation of recent Federal Legislation that impact Medicaid in 2027. This will include~~and create contingency~~ plans to address changes to eligibility for the Healthy MI Medicaid program and~~. This will include~~ contingency planning for the BABH General Fund benefit.
Assigned To	A. Chief Financial Officer ~~Marci Rozek~~ B. Chief Financial Officer ~~Marci Rozek~~ C. Chief Financial Officer, Integrated Service Directors~~Marci Rozek, Joelin Hahn, Nicole Sweet~~,
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. BABHA evaluates Medicaid expenditures during the budget and throughout the year ~~process~~. A budget was Submitted to MSHN and the BABHA ~~a balanced budget to the~~ Board requesting a reasonable amount of funding to fully implement the Medicaid Specialty benefit. Analyzed as contracts were proposed for renewal. B. BABHA and the MSHN region advocated for funds appropriated in the State budget to be pushed out to the PIHPs to lessen the amount of funds to be abated from MSHN's internal service fund. BABHA consistently advocates for regional rates that are reflective of actual service need in Bay and Arenac Counties. ~~Monitored Medicaid funding in the MSHN region.~~
Status (New; Continue; Completed)	A. Continue B. Continue C. New
Planned Completion Date	A. Continue in Fiscal Year 2026~~5~~ B. Continue in Fiscal Year 2026~~5~~ C. New for Fiscal Year 2026~~5~~

Barrier(s) to Accessibility	MDHHS funding for Autism revenue is paid on a joint PEPM basis based on Medicaid eligible individuals and enrollees for that benefit. Currently revenue is short of demand for those services. Capacity within the Provider Network is monitored, which potentially could lead to an increase in service costs as eligible individuals receive services.
Action(s) To Be Taken	A. BABHA will monitor Autism subcontract revenue and any potential savings within the MSHN region along with traditional Medicaid revenue which may be used as a supplement to assure it is sufficient to cover Autism expenditures. B. BABHA will monitor those eligible for Autism services and will finalize a Request for Proposal process in FY2026 with the intent to increase capacity with existing and/or new Providers and extended clinic and in-home hours to accommodate family needs~~ensure a sufficient network of providers exists at competitive rates~~. C. BABHA will implement standard practices to assist with determining scope and duration of services. D. BABHA will implement more rigorous UM standards associated with outcomes of ABA services. These outcomes measure will assist BABH in the development and implement of enhanced standard practices which better assist with determining scope and duration of services.
Assigned To	A. Chief Financial Officer ~~Marci Rozek~~ B. Chief Financial Officer, Integrated Service Director for Children ~~Marci Rozek, Joelin Hahn~~ C. Integrated Service Director for Children ~~Joelin Hahn~~ D. Integrated Service Director for Children ~~Joelin Hahn~~

Actions Taken and Evaluation of Effectiveness (N/A if New)	A. The MSHN region will monitor the balance of the internal service fund and continue efforts at the State level to adjust rates to be more in-line with service demand. Monitored availability of Medicaid funding in the MSHN region. B. BABHA contracts with Autism Providers at the State issued rates. Will monitor whether the enhanced ABA technician rate will be included in the 20276 State budget. C. BABHA revised ABA and Ancillary services to ABA authorizations process. Continue to monitor ABA and Ancillary service utilization
Status (New; Continue; Completed)	A. Continue B. New~~Continue~~ C. Discontinue and incorporate into D. D. New
Planned Completion Date	A. Continue in Fiscal Year FY20264 B. Continue in Fiscal Year 20264 C. Discontinue and incorporate into D. D. FY25

Barrier(s) to Accessibility	Financial barriers associated with inpatient mental health treatment, including ability to negotiate reasonable rates, continued requests for 1:1 staffing due to increased acuity levels of individuals requiring inpatient mental health treatment, and continued staffing shortages at all levels of discipline.
Action(s) To Be Taken	A. Regional stance on minimal to no per diem increases for the 20276 contract year. Present historical HRA payment amounts. B. Establish a process for the hospital to request 1:1 staffing. BABHA Clinical Manager/Clinical Director to either approve or deny.
Assigned To	A. Chief Financial Officer ~~Marci Rozek~~ B. ~~Joelin Hahn~~ Integrated Services Director Acute Care ~~Nicole Sweet~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. N/A B. N/A
Status (New; Continue; Completed)	A. New B. New. Clinical drafted a process for pre-approval of 1:1 staffing.
Planned Completion Date	A. September 30, 20265 B. July~~ne~~ 30, 20265

Barrier(s) to Accessibility	Fully licensed LMSW and LPC provider shortage that effects primary billing.
Action(s) To Be Taken	A. BABHA will continue to review GF exception requests. B. BABHA will continue to monitor program and provider capacity.
Assigned To	A. Directors Integrated Care, Health Care Practices Committee, Finance Department B. Emergency/Access (EAS) and Provider Network Operations/Quality Management Committee (PNOQMC)

Actions Taken and Evaluation of Effectiveness (N/A if New)	A. General Fund exception requests will continue to be evaluated and approved as appropriate. B. Internal group therapy sessions were implemented to address the capacity issues related to the lack of qualified professionals. Ongoing evaluation and development of practices that can assist in getting more people into treatment and addressing the dropout rates.
Status (New; Continue; Completed)	A. Continue B. Continue
Planned Completion Date	A. Ongoing B. Ongoing

Employment [6]

BABHA is committed to recruiting and selecting the best-qualified persons for employment. Recruitment and selection is conducted in a manner that ensures open competition, provides equal employment opportunities, and prohibits discrimination because of religion, race, color, national origin, sexual orientation, age, sex, height, weight, marital or family status, mental or physical disability, genetic information or such other classification protected by law or required by regulatory/accrediting bodies. Background checks are conducted on all prospective employees offered positions with BABHA and at contracted service provider agencies. New employees are not added to the payroll system until all necessary background checks are complete.

BABHA specifically recognizes its obligation under the Michigan Disability Civil Rights Act and informs all employees that the Act requires employees to notify the employer within one hundred eighty-two days of becoming aware of the need for an accommodation that the employee needs such as accommodation. BABHA's Nondiscrimination and Harassment Policy & Procedure defines the complaint process for any suspected violations of equal opportunity.

Methods used to recruit the most qualified staff include (but are not limited to):

- A regular cycle of advertising with the Michigan Talent Bank, various internet resources, local colleges and universities, professional associations, area newspapers and professional journals as warranted.
- Employment ads focus on reaching the most diverse population of qualified applicants.
- Internal postings on BABHA's Intranet site
- Use of professional recruiters as needed

The Cultural Competency and Diversity plan identified that BABHA serves proportionately more individuals of Hispanic of Latinx heritage than are represented among BABHA personnel. BABHA will explore forums to recruit a more diverse group of employees and focus on any available Hispanic sources.

To address employment barriers for individuals we serve, the BABHA Director of Integrated Services and the CLS Program Manager works collaboratively with vocational providers and partners to ensure quality training and competitive employment programs that are based on an individual's preferences, strengths and experiences for the individuals that we serve. BABHA and local partners provide various employment and support services to any individual that expresses a desire to work in the community.

There have been multiple factors that have impacted the vocational providers throughout the last couple of years. The Workforce Innovation and Opportunity Act which limits the use of subminimum wages (piece rated work) went into effect October 16, 2016. The State of Michigan Executive Office executed an Executive Order to become an Employment First State effective November 18, 2015.

[6] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.5.

The Centers for Medicare and Medicaid services (CMS) released the Home and Community Based Services (HCBS) rules set forth on March 17, 2014. All of these initiatives eliminated segregated work at subminimum wages and mandated~~ing~~ community integrated employment with necessary supports for all individuals. BABHA along with the three contracted vocational providers ~~have~~ transitioned their services to meet these standards. Technical Assistance offered by the State has been obtained through a grant to implement a rate restructuring of the system to support the outcome of competitive integrated employment.

The pandemic halted all vocational services during the shutdown and reduced the vocational providers' ability to provide services after the shutdown was lifted. The vocational providers were able to benefit from the network provider funding stabilization plan established by MSHN and other pandemic related supports that were offered. These providers had difficulty ~~currently are working towards a~~ returning to a full fee for services contract arrangement. ~~, however establishing rates based on current and anticipated utilization has been a challenge.~~ BABHA has been working with an MDHHS consultant to evaluate our vocational contracts in order to explore rate structuring, effectiveness of outcome-based contacts, and other ways to improve vocational contracts and improve employment outcome rates.

Review of Past Year Actions to Mitigate Employment Barriers

The vocational providers have continued to increase the volume of the employment services they are providing with the ending of the Public Health Emergency. To preserve the provider network, BABHA was able to continue to support providers through network provider stabilization funds. ~~Over the last year, the vocational providers have returned to a fee for service arrangement with an end of the year cost settlement. In 2025, the goal will be to have the vocational providers be fully back on a fee for service arrangement.~~ The vocational providers have returned to a Fee for Service contract arrangement. However, establishing rates became a challenge, especially for the CLS services. Arenac Opportunities, Inc. (AOI) ended their contract with BABHA due to financial difficulties and Do-All is providing those services to the consumers previously served by AOI.

BABHA and Michigan Rehabilitation Services (MRS) continued the ~~began working together through an~~ Interagency Cash Transfer Agreement (ICTA). ~~in 2021. The funding in 2023 and continuing in 2024, has been reduced. MRS did have a significant rate increase and is now offering higher rates for vocational providers than BABHA does. MRS was reimbursing the providers for IPS services, but this ended up not working out as well as hoped. The providers were being reimbursed at a much lower rate than they had with a direct contract with BABHA, the consumers were not getting served as quickly as the model required. MRS's application and on boarding took a very long time causing the IPS providers to be out of compliance with fidelity to the model and having lots of consumers drop out before they ever got engaged. BABHA will need to evaluate our referral process if MRS wants to provide IPS services because they weren't meeting the model. Even though this arrangement didn't work out with MRS,~~ Oongoing collaboration continues to improve~~and improvement with r~~relationships between MRS, BABHA, vocational providers and other Case Manager providers. ~~continues.~~ The agreement with MRS has identified services that consumers may not be able to access without MRS involvement.

The Individual Placement Support (IPS), an Evidenced Based Practice continues to be implemented by two providers. Both providers have successfully completed the MDHHS MI FAST Review. The implementation of this EBP has provided individuals with severe and persistent mental illnesses more opportunity to be competitively employed in integrated employment opportunities. IPS will be expanded in Arenac County due to Do-All's presence in that community.

The Outcomes Based contracts have been in place since October 1, 2019, and have continued. Ongoing monitoring of the changes and outcomes continues on a monthly basis. There was an increase in competitive integrated employment, centered based skill building has been greatly reduced, and individuals were referred to Community Living Services when the individual didn't have an employment goal. ~~CLS was eliminated by the vocational providers throughout the pandemic but has been implemented since the end of the Public Health Emergency.~~

Barrier(s) to Accessibility	Need for increased availability of meaningful vocational services for the individuals we serve.
Action(s) To Be Taken	A. Ensure that the Provider(s) implementing the IPS model achieve fidelity by completing the Mi-FAST Review and implementing recommendations. B. Continue incentive- based contracts that encourage competitive employment. Increase the number of individuals who are employed in competitive integrated employment. C. Improve collaboration with MRS to offer the individuals served a full array of vocational opportunities that are available to them.
Assigned To	~~A. Karen Amon, Stephanie Rooker~~ ~~B. Karen Amon, Stephanie Rooker~~ ~~C.~~A. ~~Karen Amon, Stephanie Rooke~~ Director of Integrated Services, CLS Program Manager.~~r~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	~~A.~~ MDHHS MI FAST Reviews for both providers were completed. ~~in 2023 which showed slight decline with Fidelity to the model. The ICTA with MRS delayed rapid employment affecting the outcome of the MIFAST Review. Eliminated the ICTA covering IPS.~~ Ongoing MI FAST Reviews will be completed and areas needing improvement will be addressed accordingly. ~~B.~~ Incentive Based Contracts are in place. Ongoing monitoring and close evaluation to assure successful implementation of this payment method continues on a monthly basis. ~~COVID-19 significantly impacted the employment for consumers as many temporarily lost their jobs or had reduction in hours. Many individuals chose not to continue working. All three Vocational Providers were provided Stabilization funds and are now returning to a fee for service based contract arrangement.~~ Providers are back on a Fee for Service contract. ~~C.~~A. ~~-~~An Interagency Cash Transfer Agreement (ICTA) ~~that began in Calendar Year 2021 and continued through 2022 was in place to pay for IPS. The agreement remains but was changed to exclude IPS.~~ And ongoing collaboration with MRS has improved relationships. Despite losing AOI as a provider, Do All was able to step in and provide the services. It will also increase IPS options in Arenac County.
Status (New; Continue; Completed)	A. Continue B. Continue C. Continue
Planned Completion Date	A. Completed and ongoing MI FAST reviews will be conducted. B. Continued monitoring through 5/2027 ~~9/30/2025.~~ C. ~~ICTA e-signed Oct. 1, 2023 to continue through 2025.~~ Continue through 5/2027

Communication[7]

Forms requiring signatures (consent to treatment, release of information, ability to pay, etc.) and other vital documents (anything to which individuals must respond) are in a language that is understandable to them. All informational materials are provided in 12-point font and are written in a manner and format that is easily understood and written at a 6.9-grade level unless the elements include language required by contracts or other standards/regulations/technical requirements. Employees providing services work towards assisting all individuals understand provided materials. Clinical forms, such as Assessments, Individual ~~Person~~/Family-Centered Plans of Service, surveys, etc., will ask questions assessing their language/communication needs and be presented to individuals in understandable English, Spanish, or other languages and those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences, as requested/required, with interpretive services.

BABHA considers the need to have services and paperwork available to those who reside in the community who have limited English proficiency (LEP) to be a priority. Forms will be made available in Spanish for persons who read Spanish

[7] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.6.

or in other languages as requested, free of charge. Voice interpreter services will be made available to people with LEP when the population in the community may be too small to justify the translation of forms. Communication assistance is provided to people with sight and hearing impairments for both phone access and clinical services. For individuals who request, written materials can also be provided in large print. Michigan Relay or similar adaptive devices are available for callers with hearing impairments.

BABHA continues to work on ensuring compliance with the Office of Civil Rights requirements from the Affordable Care Act Section 1557 that require covered entities to post notices of non-discrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services. The BABHA website, consumer handbook, and local choice provider directory are compliant with these requirements.

Interpreter services are provided at no expense to persons served. Phone interpreter services are available for individuals with LEP who are initially requesting access to services, need crisis intervention services, or need to make ongoing appointments with their primary care coordinator. Phone interpreter services for nearly all languages spoken in North America are ~~available on a~~available 24 hour/7 day a week basis and have experienced an increase in utilization during the last few years.~~.~~ Recipient Rights training is mandatory for all interpreters. Contracted interpreters sign an agreement regarding the confidentiality of treatment. BABHA ensures that interpreters and bilingual staff demonstrate bilingual proficiency, receive training that includes the skills and ethics of interpreting, and demonstrate knowledge, in both languages, of the terms and concepts relevant to clinical or non-clinical encounters. BABH maintains a list of service providers with multi-lingual personnel.

Communication barriers may also exist for people having access to phones (those who are homeless, living in shelters, etc.), and being able to complete phone screenings for access to service. BABHA addresses such barriers via coordination between BABHA staff and stakeholder staff regarding concerns, issues, etc. that pertain to the people we mutually serve.

BABHA publicizes mental health/behavioral health information on their website and Facebook page.

BABHA has established mechanisms to ensure ongoing communication occurs with key stakeholders, including staff and supervisors, community agencies, law enforcement, schools, contracted service providers and other health care providers among others. The 'Community Relationships' attached to the BABHA Strategic Plan lists these points of contact.

In addition, BABHA asks the contracted service provider network to complete a provider satisfaction survey to give BABHA feedback regarding our working relationship. BABHA surveys people served via perception of care and post treatment surveys, which includes questions about communications with BABHA.

BABHA has implemented new tools for sharing of documentation with persons served in the form of a patient portal called CEHR, from BABHA's electronic health record vendor, Peter Cheng Enterprises, Inc. The portal permits two-way communication between staff and persons served, and the sharing of documents for access, review and signature. Front desk staff and leadership were provided with guides and trained in how to use these tools. For persons served lacking adequate broadband coverage or the resources to access technology, BABHA continues to simultaneously provide face-to-face contact for purposes of sharing documentation and obtaining signatures, as well as US Mail.

BABHA is also modifying its practices to incorporate increased options for text and email communication with persons served. Expansion of these options requires the addition of a notice to persons served that BABHA cannot ensure confidentiality due to the potential transmission of protected health information through non-secure services such as mobile phone networks and internet service providers.

Review of Past Year Actions to Mitigate Communication Barriers

BABHA continues to request input from MSHN and MDHHS sources to help restate the content of notices at a lower reading level. RR/CS Department received MSHN Templates and are made~~king~~ changes to reduce the language to a lower reading level.

Barrier(s) to Accessibility	Adverse Benefit Determination Notices include state-required language that exceeds the 4th grade level requirements for publications.
Action(s) To Be Taken	BABHA will ensure that information noted in the narrative is at the appropriate reading level and easily understood to the recipient and/or their legally responsible party.
Assigned To	Recipient Rights/Customer Services Manager ~~Jacke Kish~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	Not effective as the state required language cannot be changed as it is required per PIHP contract. A-C. Previously, no direction has been provided despite requests made. ~~In FY22 the n~~Notice templates~~are~~ ~~were~~ updated in accordance with State requirements. All notices must comply with the required language. However, all other verbiage used in templates are at a fourth-grade level.
Status (New; Continue; Completed)	Continue
Planned Completion Date	This will remain an area of concern as the notices are completed using the state required templates.

Barrier(s) to Accessibility	Email and text communication is not secure.
Action(s) To Be Taken	A. Add content to standard cover letters (for requests for signature on documents) to notify persons served of the risk of using texts and emails to transmit protected health information. B. Update privacy notice.
Assigned To	Director of Health Care Accountability ~~Melissa Prusi~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. The E.H.R. has a prompt verification added to the Consumer demographics that the consumer was informed that security can't be guaranteed. B. Being added to privacy notice.
Status (New; Continue; Completed)	A. Continue B. Continue
Planned Completion Date	A. Completed B. -Completed~~9/30/25~~

Transportation[8]

To minimize transportation barriers, BABHA maintains a fleet of vehicles, both automobiles and vans (some with wheelchair lifts), at all clinical locations and at the North Bay Center. There is a vehicle coordinator at each site to facilitate the availability and safety of vehicles. These vehicles may be used to transport persons served to and from programs and appointments. Sneeze guards are available to all agency vehicles for protection against infectious diseases when transporting individuals served. All BABHA clinical facilities are located on established bus lines. In addition, bus passes are issued, and taxi fares are approved based on need.

[8] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.8.

Arenac County has identified transportation as an issue in the Arenac Community Needs Assessment. Arenac County Commissioners have secured public transit services expanding the transportation options.

Transportation barriers are addressed on an individual basis with persons served through their Person/Family-Centered Plan and support process. They are also addressed on a system-wide basis with local stakeholders. Geographic location, distance, travel time, and transportation options for individuals are primary considerations whenever BABHA contracts with new providers.

Review of Past Year Actions to Mitigate Transportation Barriers

Internally, the BABHA fleet of vehicles has been evaluated. Several vehicles were identified at end of life. Considering the volume of vehicles identified to be removed from the fleet, the option to lease has been researched. After extensive discussion and consideration, in October 2024 the Board of Directors approved to lease 14 vehicles from Enterprise for a 5-year term. BABHA had possession of all 14 vehicles by June 2025. The vehicles pulled from the fleet have been sold at an auction~~Sale of the vehicles replaced is being researched~~. The Facility Manager will continue to assess the agency fleet and recommend replacement vehicles as needed during the next year budget process.

Community Integration[9]

BABHA places great value on helping people become a true part of their community by working, volunteering, and developing real friendships. BABHA's goal is to provide necessary supports to people have choices within their lives and achieve the quality of life they are seeking.

All service providers are expected to assist individuals with intellectual/ developmental disabilities to help reach their greatest potential in life through a variety of activities and experiences which are of interest to them. This includes supports and transportation to individuals desiring to do volunteer work, develop vocational or independent skills, develop group social skills and improve their ability to perform daily activities, and encourage connection with their larger community. This includes supporting their wishes to be equal members of any number of civic, recreational, social, religious or political organizations and/or clubs. These opportunities are customized for each individual, are based on his/her interests, and relate to the potential for reciprocating relationships.

BABHA expects all community living supports, employment and skill building service providers to implement models that support individuals in becoming connected to their community. This includes helping the person identify the things they enjoy (e.g. hobbies, leisure activities), the types of job or vocation they would prefer, giving the person power and control over decisions that are made and who supports them, helping people make friends by supporting routines, and ensuring meaningful community activities. Although these are not new concepts, recent changes in Federal requirements for persons receiving services in community-based settings indicate continued evolution is necessary. In addition, Home and Community Based Service (HCBS) Rule requirements are being implemented throughout the State impacting services reimbursed through Medicaid. HCBS rules require complete community integration to the extent that the individual can, with restrictions only allowed for health and safety concerns. BABHA and the Provider Network continue to work together to obtain Compliance with HCBS rules and to maintain this status.

MDHHS has implemented processes that have actually made it more difficult to provide CLS and Specialized Residential Services. The implementation of the Event Visit Verification process has been unorganized, unclear ~~not clearly defined~~ with a lack of direction. It does not seem to be effective in the goal of finding fraud and has not provided any discernable value for the consumers. ~~It has increased administrative burdens on the providers and consumers in a Self Determination arrangement.~~ MDHHS has also made a policy change to eliminate the use of ranges in authorization of services, providing l~~. Less~~ flexibility and accuracy in regards to ~~with authorizing ranges of services do not reflect~~ the complexity of consumers receiving specialty mental health ~~lives and increases time that case managers spend doing paperwork to clarify/justify why someone has a overage or under use of~~ services. Resulting in less time in direct contact

[9] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.9.

with consumers. The HCBS Department and the BTRC Department at MDHHS continue to give conflicting information on restrictions and intrusions and how to address them in the IPOS and the BTP. This creates confusion and additional work to ensure that BABHA is meeting both of the directives.

Commented [KA4]: Chris, check out this section to see if you want this to stay.

Review of Past Year Actions to Mitigate Community Integration Barriers

BABHA, MSHN and the Provider Network continue to review, monitor and assure ongoing HCBS rule implementation. Self-Directed Services continue to be implemented through Self Determination arrangements utilizing a Peer Support Broker. Increase in Self Directed Care arrangements have been implemented. Moving people from sheltered based employment settings to more community employment options has been completed and is ongoing. Centered-based skill building, and community living support services has been reduced significantly and an outcomes-based model has been implemented for community integrated supported employment. ~~The North Bay CLS program has completely converted to an in community based program. The pandemic forced the program to begin providing CLS services in the community and in consumer's homes. This model continued after the Public Health Emergency ended. The IPS model was implemented for vocational services for people with severe and persistent mental illness.~~ The pandemic has forced the Northbay Community Living Services (CLS) to fast track the elimination of centered based services and has expanded CLS to be provided either in the community or in people's homes. Exploration for more community integrated models of service delivery will continue. The IPS model was implemented for vocational services for people with severe and persistent mental illness. Due to the struggle providing CLS services, the vocational providers continued to provide CLS services.

Ongoing communication and education continue to be provided to person's served, family, guardians, staff, Board Members, providers and other stakeholders on the implementation of HCBS rules and mandated changes to residential and non-residential services.

The CLS Committee reviews, approves, authorizes and monitors CLS services to assure consistency and that the services are meeting medical necessity criteria. Policy and Procedures have been developed and approved and are in effect to guide this process. ~~The recent implementation of the 1915(i) authorization and approval process may cause delays in individuals needing CLS and other 1915(i) services.~~ BABHA, MDHHS and MSHN have been working on assuring that this authorization process is implemented as effectively and efficiently as possible.

~~The workforce shortages have greatly impacted providers ability to provide community integration opportunities. BABH has provided provider stabilization funding, wage incentives and ongoing support to stabilize and improve staffing that provide these services.~~Access to Community Living Support services (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. Providers continue to have difficulty maintaining operations. Long term providers have ended contracts and/or consolidate with other providers to continue. This year there has been one CLS provider ending the contract with BABHA. A Specialized Residential provider merged with another provider. One vocational provider in Arenac County ended their contract and the services were picked up by another Provider. Out of County placements continue to increase due to the local providers inability to take higher need individuals despite having several vacancies. BABHA direct operated CLS staffing continue to provide crisis relief for multiple situations. The children aging into adulthood are also needing a high level of care that is difficult to meet. The cost of CLS services continues to increase and the CLS Committee is working on being consistent with approvals.

The workforce shortages have greatly impacted providers ability to provide community integration opportunities. BABH has provided provider stabilization funding, wage incentives and ongoing support to stabilize and improve staffing that provide these services.

MDHHS has been focusing on implementing a plan to address their Conflict Free Access and Planning initiative despite strong advocacy against this project. If fully implemented as presented, the Horizon Home, the CLS in apartments that are under the Horizon Home umbrella and the direct operated CLS through Northbay will be affected by this rule.

BABHA will not be able to provide both Case Management and direct operated CLS. The Provider Network is already struggling to provide CLS services and can't provide the higher level of care that BABHA has been. A plan to address this dilemma will need to be developed and implemented.

Barrier(s) to Accessibility	The increasing need and availability of CLS Services for Adults and Children
Action(s) To Be Taken	A. Implement consistent CLS Committee approval process to ensure that individuals with the highest need receive CLS services. B. Continue to utilize Northbay and Horizon Home staff for crisis CLS situations. C. Identify and transition any duplicative CLS arrangements D. Continue to explore additional CLS providers able to meet the demand.
Assigned To	SLT, Director of Integrated Services, CLS Committee, CLS Program Manager
Actions Taken and Evaluation of Effectiveness (N/A if New)	New
Status (New; Continue; Completed)	New
Planned Completion Date	5/2027
Barrier(s) to Accessibility	Stabilization of the Residential System to ensure that the individuals with the highest need are served in appropriate settings.
Action(s) To Be Taken	A. Explore development of more direct and/or provider operated living arrangements that can provide adequate services for individuals with higher needs. B. Continue to utilize BABHA CLS and Residential staff for crisis management and support. C. Address high cost out of county placements and address vacancies within local provider settings. D. Explore consolidations of vacant specialized residential beds. E. Continue to monitor and adapt to the HCBS and BTRC requirements for restrictions and intrusions F. Continue to monitor MDHHS's Conflict Free Access and Planning and continue efforts to eliminate this from policy. Develop plans in the event that this policy moves forward.
Assigned To	SLT, Director of Integrated Services, Clinical Program Managers-IDD and Adult MI, BTRC Committee
Actions Taken and Evaluation of Effectiveness (N/A if New)	New
Status (New; Continue; Completed)	New
Planned Completion Date	5/2027

Barrier(s) to Accessibility	Revision of traditional models of community living supports, residential models, and community living services provided by the vocational providers to expand opportunities for community integration and assure compliance with Home and Community Based Rules.
Action(s) To Be Taken	A. BABHA will continue to obtain feedback from persons served, guardians, family members and other stakeholders related to changes in service delivery. B. Coordinate and collaborate with residential and non-residential service providers to assure HCBS rule compliance and to assist throughout the Heightened Scrutiny Process.
Assigned To	A. ~~Karen Amon, Stephanie Rooker and Sarah Helsinger~~ Director of Integrated Services and CLS Program Manager B. ~~Melanie Corrion~~ Program Manager for IDD Services/HCBS Liaison
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. Development of a satisfaction survey for individuals with intellectual disabilities and their families/guardians has been completed and is now ongoing. ~~is being explored to gather feedback on services.~~ B. The CLS Assessment Committee is operational. The CLS Assessment tool has been revised and all CSM providers have been inserviced on how to properly assess the need for CLS. ~~is in the process of revision. (completed)~~ The CLS policy has been finalized. The Heightened Scrutiny (HS) process is continuing and BABHA will continue to assist the Provider Network to obtain full compliance. BABHA and the Provider Network have been involved in Site Reviews reviewing HCBS rule compliance. MDHHS site reviews have been conducted and corrective action plans have been submitted when appropriate. ~~There has been some discussion on including the HCBS elements in BABHA site reviews. If there are providers who aren't able to get off H S status, individuals may need to move from those settings.~~ Implementation of the 1915(i) eligibility and authorization process has been implemented and ongoing efforts to assure that these services are processed in a timely fashion needs to continue. Restricition/intrusions for health and safety need to be monitored and include the eight elements need to be included in the Individual Plan of Service. BABHA is working on developing a process to ensure that this is accomplished.
Status (New; Continue; Completed)	~~A.~~ Completed/ eliminate this entire section ~~and now is ongoing.~~ ~~B.~~A. ~~Continue~~
Planned Completion Date	~~A. Sept 30, 2024~~ ~~B.~~A. ~~Ongoing through 2025.~~

Commented [KA5]: Eliminate this entire grid. It has been completed and incorporated into the one above.

Barrier(s) to Accessibility	Lack of CLS providers and staff to offer community integration opportunities.
Action(s) To Be Taken	A. Northbay will expand community integrated CLS services and reduce the numbers of individuals waiting for other CLS providers. B. Vocational providers will increase community integration CLS opportunities. C. BABH will work with the CLS providers to stabilize the workforce D. Development and Implementation of a plan to address the proposed CFA & P initiative by MDHHS.
Assigned To	A. ~~Stephanie Rooker, Lynn Blohm, Stephanie Rooker, Lynn Blohm~~ CLS Program Manager, Northbay Supervisor. B. ~~Stephanie Rooker~~ CLS Program Manager C. ~~Karen Amon, Melanie Corrion, Stephanie Rooker and Justeen Blair~~ Director of Integrated ~~Services,Clinical~~Services, Clinical Program Manager-IDD, CLS Program Manager, HH Supervisor.
Actions Taken and Evaluation of Effectiveness (N/A if New)	~~A.~~ Northbay has continued to add CLS services as able. ~~The program has moved to a fully community based service~~ Efforts are being implemented to assure that the Northbay staff are being as productive as possible. . Transportation and the availability of vehicles has been discussed as a possible barrier to providing more CLS services from that program. A.

	B. ~~T~~he CLS services are being provided by ~~have been returned since~~ the vocational providers since there has been a shortage of CLS providers.~~are able to provide this service post PHE. The ability for the vocational providers to expand CLS services has also been added to their contracts. AOI has increased CLS services for children. Efforts have been ongoing to help stabilize the CLS provider network. This initiative has also been identified on the Strategic Plan for 2024.~~ Do All is now providing all vocational and CLS services previously provided by AOI. C. Several changes to the provider network, with providers leaving and new providers coming on board. Ongoing efforts to stabilize the provider network identified in the Strategic Plan and other plans. D. MDHHS, PIHP, and CMHP's continue to address the Conflict Free Access and Planning policies with very different perspectives. Ongoing monitoring of this continues.
Status (New; Continue; Completed)	A. Continue./Eliminate this as it is added above B. Continue. C. Continue. D. ~~New~~ Continue
Planned Completion Date	~~A. 9/30/24~~ ~~B. 9/30/24~~ ~~C. 9/30/24~~ ~~D.~~A. ~~9/30/25~~

Commented [KA6]: Eliminate this grid. Added to the top two.

Technology[10]

BABHA considers the needs of all authorized system users with respect to ergonomics, input and output options, operating system ease of use capabilities, and any other tools to assist users with IT system access. BABHA assists users regarding the appropriate ergonomic equipment, furniture, lighting, etc. that ensures correct posture and accessibility to system workstations.

BABHA works with users to accommodate special needs for input/output devices. Some examples of these devices might be large button or braille keyboards, specialized mice or trackballs, voice dictation tools, headsets/speakers, stand up/sit down combination desks, and screen readers or braille printers. BABHA works with users to customize ease of use functions such as display size, screen narration, increased text size or magnification tools, and increased screen contrast. BABHA accommodates system accessibility issues by looking at additional technologies and software where deemed necessary.

BABHA maintains kiosks at each psychiatric clinic waiting room for consumer access to the electronic health record patient portal so they can access information about their services and communicate with their care team. In 2025 some Kiosks are being updated to a different device type to better accommodate the needs of those waiting rooms.

BABHA has large monitors in the two main meeting rooms at Mulholland, including the board room. The large screen in the board room provides BABHA staff and the public an easy to view and follow version of all board committee meeting agendas and packets. In 2024 BABH updated the AirTame devices in room 225 at the Mulholland site, and the board room at the Arenac site used to connect iPads to the monitors to Apple TV devices, enhancing the reliability and ease of use.

[10] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.7.

Remote Work options have been included for employees throughout the agency when appropriate. Policies and procedures have been developed and implemented. Building and office space and equipment needs have been identified as an initiative that has been included in the Strategic Plan for 20264.

~~Barrier(s):~~

~~None identified~~

Barrier(s) to Accessibility	Rehabilitation Act - Section 504 Digital Accessibility requires digital standards for to provide equal access to digital content, such as websites, apps, and online programs, for individuals with disabilities. Compliance generally mandates adhering to WCAG 2.1 Level AA standards. Currently BABHA's website does not meet these accessibility requirements.
Action(s) To Be Taken	A. Evaluate website and work with PCE to evaluate the patient portal to ensure contents are perceivable, operable, understandable, and robust (POUR principles). B. Explore webdesigners for services that will allow our current website content to be updated to meet these requirements or engage a webdesigner to create a new website to adhere to requirements.
Assigned To	Director of Health Care Accountability and ITstaff ~~Melissa Prusi/IS Department~~
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. Audit Digital Properties: Regularly evaluate websites and apps for WCAG 2.1 AA compliance. B. Use Assistive Tech: Test with screen readers and keyboard-only navigation. C. Provide Alternatives: Ensure all images have alternative text (alt text) and videos have captions. D. Vendor Management: Require all third-party digital tools to be compliant.
Status (New; Continue; Completed)	A. New B. New C. New D. New
Planned Completion Date	A. Ongoing B. Ongoing C. Ongoing D. Ongoing

Other[11]

Persons served, personnel, and stakeholders all have numerous methods by which to identify other barriers.

1. Suggestion boxes are readily available in every BABHA operated facility.
2. Employees are encouraged to bring barrier issues to their supervisors.
3. Supervisors for BABHA programs, as well as contracted providers, are encouraged to address barriers across the provider network by maintaining regular communication via phone, email, or face to face meetings. Input from providers is also solicited during CLS Provider Meetings, Vocational Provider Meetings and the Primary Provider/Quality Management Committee meeting.

[11] CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.10.a-c.

4. Consumer councils for Arenac and Bay Counties meet multiple times per year to provide input into the accessibility and quality of care.
5. BABHA sits on numerous community advisory groups and committees to address service access and bust barriers to care. See the BABHA Strategic Plan for a listing of community relationships held by BABHA.
6. The annual submission to the State includes a community assessment of needs which is completed by BABHA every two years and updated annually. The needs assessment addresses service capacity and potential service accessibility barriers.
7. Persons served receive annual and end of service satisfaction surveys (English and Spanish versions are available) which ask several questions related to accessibility.

BABHA routinely tracks Performance Indicators that measure access to services. In addition, appeal and grievance logs are monitored for barriers to service on an ongoing basis, customer service, general education of persons served, education specific to primary health conditions, as well as education of stakeholders are examples of barriers that would fall under this category.

Corrective Action[12]

Identified barriers that might limit, impede, or preclude access to services will be addressed by agency Leadership and resolved as quickly as possible, depending on the nature of the barrier. The annual update of the Accessibility Plan will provide a comprehensive review of all identified barriers.

Accessibility Status Report[13]

The status of planned actions outlined in the Accessibility Plan will be reported on at least an annual basis to Senior Leadership Team (SLT) and the BABHA Board of Directors. The status update will outline progress made towards the removal of each barrier identified in the previous year's Accessibility Plan.

Requests for Accommodations[14]

Requests for accommodations will be identified at various times throughout clinical services via the initial assessment, Person/Family-Centered Plan, routine progress notes, periodic reviews, annual review, etc. Accommodations will also be noted at the time of the initial screening for services as well as through facility inspections, employee feedback, community focus groups, internal committees, stakeholder initiatives, incident report forms, consumer surveys, appeal and grievance logs, etc. BABHA is pro-active in its efforts to ensure that persons served receive necessary services and strives to ensure that requests are accommodated whenever reasonable and appropriate for conditions.

Requests will be channeled for review to the appropriate BABHA leadership and/or their designees such as, the Facilities Manager, the BABHA Customer Services Department, the Safety Committee, etc., or to the assigned care manager if a person receiving services is involved. Following the review, a determination will be made as to any remedial action that needs to be taken. Documentation will be maintained regarding the disposition of such requests, either through meeting notes or the electronic health record if a person receiving services is involved.

[12] CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2., c.
[13] CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2.
[14] CARF; 1. Aspire to Excellence; L. Accessibility; 3.a-d.