

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS CORPORATE COMPLIANCE COMMITTEE MEETING

Thursday, May 7, 2026 at 5:00 pm

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

Committee Members: Patrick Conley, Ch Pam Schumacher, V Ch Tim Banaszak Christopher Girard	Present	Excused	Absent	Committee Members: Shelley King Patrick McFarland, Ex Off Robert Pawlak, Ex Off	Present	Excused	Absent	Others Present: BABH: Melissa Prusi, Christopher Pinter, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Nomination & Elections 3.1) Committee Chair 3.2) Committee Vice Chair		3.1) Consideration of nomination to elect _____ as Committee Chair 3.2) Consideration of nomination to elect _____ as Committee Vice Chair
4.	Unfinished Business 4.1) None		
5.	New Business 5.1) Corporate Compliance Report 5.2) Corporate Compliance Committee Notes from the meetings dated: a) January 12, 2026 b) February 09, 2026 c) March 09, 2026		5.1) No action necessary 5.2) No action necessary

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Page 2 of 2

	5.3) Midstate Health Network (MSHN) Medicaid Event Verification (MEV) Report with Corrective Action Plan 5.4) Quarterly Fraud & Abuse Report to MSHN 5.5) Security Officer Designation 5.6) Information Technology (IT) Dashboard Update		5.3) No action necessary 5.4) No action necessary 5.5) No action necessary 5.6) No action necessary
6.	Adjournment	M -	S - pm MA

Scale for Status Rating: Good-Improved-Fair-Poor

COMPLIANCE MONITORING

Monitoring	Status at Last Report	Status as of this Report	Comments
Electronic health record security breach monitoring (for violations of role-based security)	Good	Good	No findings.
Sanctioned provider (exclusion/ debarment) checks for employees and officers, contracted clinical service providers and selected vendors	Good	Good	No findings.

Auditing	Status at Last Report	Status at this Report	Comments
Contracted Service Provider Site Reviews	Good	Good	BABHA staff conducted performance improvement reviews for five Applied Behavioral Analysis (ABA) regional reviews were also completed during FY26Q1. There were nine site reviews completed for FY26Q2, including five applied behavior analysis (ABA) reviews and four occupational therapy/speech therapy/physical therapy reviews.
Record Reviews	Improved	Fair	During FY26Q1, BABH completed 85 quality of care record reviews, resulting in an 84% compliance rate. The most common areas of concern identified were incomplete sections within the assessment and plan of service. 117 Quality of Care record reviews were conducted during FY26Q2. Overall compliance rates remained consistent with the previous quarter. One area—whether the person served was given choices of services—showed a 12% decrease in compliance. However, this change reflects a relatively small number of records, with four records out of compliance in FY26Q2 compared to one in FY26Q1.
Verification of Medicaid services provided for direct operated programs & contracted service providers	Good	Good	The BABHA Quality Improvement staff have completed FY26Q1 MEV reviews for Q1 where services reviewed were \$456,788.58 of claims with a recoupment amount of \$7857.38. In FY26Q2, a total of 35 Medicaid Event Verification reviews were completed, covering \$825,378 in services. Of this amount, \$22,818 was recouped. To note, one provider accounted for \$14,979 of the recoupment due to billing a leave of absence for the wrong consumer. These claims were corrected and the provider rebilled for the appropriate individual. There were nine site reviews completed for FY26Q2, including five applied behavior analysis (ABA) reviews and four occupational therapy/speech therapy/physical therapy reviews. The Self Determination Coordinator has been completing monthly spot checks for MEV and quality in documentation and reporting to the CCC.

RISK ASSESSMENT			Status of Action Plans
Dep't of Justice Compliance Program Eval	Triennially	Next eval due in 2025	The 2022 self-evaluation was completed during the reporting period as scheduled. BABHA scored 99-100% on 34 out of 43 standards (80%). Of the 9 standards warranting improvement, action steps include more training for supervisors on compliance, strengthening training on policies and procedures, and post implementation evaluation of process changes to ensure regulatory compliance is fully actualized. Training for Supervisors has

RISK ASSESSMENT			Status of Action Plans			
			been developed and individual new supervisors have had one on one training. To address education on policies and procedures this has been incorporated in the Relias System.			
Fraud/Abuse Risk Assessment	Triennially	Next Assessment due 12/2026	Completed and presented to CCC 12/2023. Presented and Approved by HCICC 1/2024. The MEV reviews have been completed as scheduled and the increased amount of MEV's being conducted has been implemented. The external providers have been restricted from being able to do stand alone authorizations. A report for expired IPOS is available to external providers now that everyone is on PCE. The Self Determination Coordinator has provided monthly MEV and provider education and reported this to the CCC. A training schedule has been developed and staff development has assigned children's training to staff who need the hours. The EVV system has had a soft launch and is being implemented. IPOS training continues to be missed. Additional training has been conducted at Leadership Meetings and PNOQMC. The children's team has been educated on how to run reports on the training hours within Relias.			
Security Risk Assessment	Annually	Completed August 2025	Bay-Arenac Behavioral Health (BABH), in accordance with 45 CFR Part 160 and Part 164, must complete a HIPAA Risk Assessment to ensure all electronic protected health information (ePHI) created, received, maintained, or transmitted by a covered entity is adequately protected. This BABH security risk assessment process utilizes the Security Risk Assessment (SRA) tool provided by the United States Department of Health and Human Services. The SRA tool lists 126 security assessment questions, provides several different response choices to each question, and ways in which to comply when a non-compliant response is selected. BABH is compliant with 121 of the 126 questions within the DHHS SRA tool. Remediation plan is being addressed in this upcoming year.			
			Question Type	Questions	Compliant Answers	Compliance %
			Required	94	90	96%
			Addressable	32	31	97%
			Total	126	121	96%

EDUCATION		
Persons Served	Frequency	Status
Consumer Council-Bay Consumer Council-Arenac	Annually/ PRN	Website contains Fraud, Abuse, and Privacy education. Consumer Council was educated on 09/24/2025 and 10/01/2025.
Self-Determination	As Needed	Self Determination education for new consumers has begun to be tracked and reported to MSHN as well as the 5% EOB's that are sent out annually.
Board of Directors	Frequency	Status
Full Board Corporate Compliance training	Annually	In process May/June 2026
Additional compliance information provided for Board of Directors:		
<u>Date</u>	<u>Audience</u>	<u>Topic</u>
1/6/2026	CCC Board Members	CC Semi Annual Plan, CC Plan, Dashboards for Privacy and Fraud, OIG work plan.
5/7/2026	CCC Board Members	CC Dashboard, MSHN MEV Findings, Quarterly Fraud and Abuse report for FY26Q1 and FY26Q2.

EDUCATION

Supervisors	Frequency	Status
Standing compliance agenda item on Bi-Weekly Leadership meetings	Monthly	Completed
Supervisor-specific corporate compliance training	Annually	Developed initial training and provided training via email to Supervisors. Now incorporated into Annual CC training in Relias.

Additional Educational Activities for Supervisors:

Date	Audience	Topic	Type
12/16/2025	All BABHA Supervisors/Directors	Cyber Threat Awareness Training – completed by Brandon Smith – Cybersecurity Intelligence Analyst with MSP	In-Person

Employees	Frequency	Status
New employee orientation to corporate compliance, privacy and confidentiality	Monthly	Completed every month.
Corporate compliance training	Annually	Completed 06/2025 – Annually for all employees during Staff Development Days
Privacy/security/confidentiality training	Annually	Completed 06/2025 – Annually for all employees during Staff Development Days
Corporate Compliance Plan in-service	Annually	2026 Corporate Compliance Plan training 02/2026 – 03/2026
Email security drills (by Security Officer)	At least Quarterly	In January 2026, the phishing drill was completed with 254 test emails being sent out on January 8, 2026. 40 of these phishing emails were reports with 12 (4.7% failure rate) employees failing the test email by “clicking” on an element within the test email, which is within the acceptable standards. In February, the phishing campaign was very successful with 255 emails being sent, with 0 staff clicking on an element within the email and 77 staff reporting it as phishing. In March, the email test was significantly more difficult for staff as it appeared to come from Ring Central (see example) and 247 emails were sent with 37 reporting it as phishing but 47 (~19% failure rate) staff clicked on an element within the test email. This is significantly above the industry’s acceptable standards.
Fraud/Abuse & Criminal Conviction Attestation	Annually	In process – 210 out of 253 employees completed the attestation. Direct follow-up emails were sent to staff. The next step is a reminder email to the remaining staff and their direct supervisors.

Additional Educational Activities for Personnel:

Date	Audience	Topic	Type
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01/08/2026 PNOQMC – Primary Providers	Documentation requirements for Medicaid, BABHA Contract, and BABHA Policy and Recoupment Requirements	In-Person
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Contracted Service Providers	Frequency	Status
Corporate Compliance Training for Residential/ Community Living Support Providers	Annual	TB Completed 4/30/26
Corporate Compliance Training for Vocational Providers	Annual	Completed 09/2025
Corporate Compliance Training for Primary Providers	Annual	Completed 11/2025
Corporate Compliance Training for Autism Providers	Annual	TB Completed 4/30/26

Additional Educational Activities for Contracted Service Providers:

Date	Audience	Topic	Type
None			

Corporate Compliance Staff & Leadership	Frequency	Status
Review of Regulatory Changes	Monthly	In process
Review of Medicaid and General Fund Contract Boilerplate and Attachments	Yearly	In process
Review of CMS Office of Inspector General [Regulatory Compliance] Work Plan	Yearly	In process

Educational activities for compliance leadership:

Date	Audience	Topics	Type
10/21/2025	Melissa Prusi	Behavioral Health Compliance Conference	Webinar
11/20/2025	Melissa Prusi	Artificial Intelligence Series – Part I & Part II	Webinar
03/2026	Melissa Prusi	EVV Compliance Requirements – series for Payers/Providers	Webinars
04/17/2026	Melissa Prusi	Section 504 Digital Accessibility- Requirements for Compliance Deadlines for Accessibility (websites, patient portals, etc.)	Webinar
04/23/2026	Melissa Prusi	Spotting Scams & Deepfake Fraud	Webinar
04/28/2026	Melissa Prusi	2025 HIPAA Breaches & Fines: What Went Wrong and Your 2026 Action Plan	Webinar

Report Prepared by:
Melissa Prusi, LMSW
Director of Healthcare Accountability
Corporate Compliance, Privacy, & Security Officer

Date: April 28, 2026

**BAY-ARENAC BEHAVIORAL HEALTH
BABHA CORPORATE COMPLIANCE COMMITTEE MEETING
Monday, January 12, 2026 (1:00 - 2:00 pm)**

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Amy Folsom, Clinical Program Manager	X	Joelle Sporman, BI Secretary (Recorder)	X	Sarah Holsinger, Quality Manager	X
Heather Friebe, Clinical Program Manager	X	Karen Amon, Directory of IHC	-	Stephanie Gunsell, Contract Manager	X
Jackie Kish, RR/CS Manager	X	Marci Rozek, Chief Financial Officer	-	GUESTS	Present
Jennifer Lasceski, Director of HR	X	Melissa Prusi, Compliance & Privacy Officer (Chair)	X		
XXX, Security Officer	-	Michele Perry, Finance Manager	X		
Joelin Hahn, Director IHC	X	Nicole Sweet, Director of IHC	X		

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) Agenda: Review/Additions</p> <p>b) Meeting Notes: Approval of December 8, 2025, meeting notes</p> <p>c) Next Meeting: February 9, 2026</p>	<p>a) The agenda was reviewed with no additions or changes.</p> <p>b) The December 8, 2025, meeting notes were reviewed and approved as written. Action Steps - EVV Assignments were confirmed for Greg Wedge, Theresa Adler and Melissa. Awaiting MDHHS clarification on \$31 hourly rate.</p> <p>c) The next meeting is scheduled for February 9, 2026.</p>	
2.	<p>State-Federal Laws, MDHHS Notices and Regulations:</p> <p>a) Review of Log and Subject Matter Expert Report Outs</p> <p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p>	<p>a) <u>Review of Log and Subject Matter Expert Report Outs</u> – Melissa and the committee reviewed the log (Log can be found at G:\BABH\Corp Comp Regs-Codes-Manuals - CC Committee Law-Reg Mgt Log). Closed items: Children’s waiver eligibility changes; Maternal depression coverage; Private duty nursing updates. There were no updates on AOT bills, guardian/conservator licensure and Medicaid manual policy 2553.</p> <p><u>Log Issue 447</u> – WHODAS Announcement - Still waiting. There are no updates to report. We continue to monitor.</p> <p><u>Log Issue 451</u> – MSHN CFA & P Next Steps Plan - There are no updates to report. We continue to monitor.</p>	

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	<p>d) Process for Ensuring Implementation of Policy Changes</p> <p>e) Updates from CMHAM ED Forum</p>	<p><u>Log Issue 452</u> – SEDW and MichiCANS/CAFAS update - Waiting on PCE for training environment. Continue to monitor.</p> <p><u>Log Issue 453</u> – Autism Diagnosis HB4146 - No updates to report. Continue to monitor.</p> <p><u>Log Issue 457</u> – EVV - Outside a Consumer’s Home MMP-25-23 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 461</u> – Intensive Crisis Stabilization Services MMP-25-20 – HR and IT to ensure sending in information in a timely manner. Due January 19, 2026. Continue to monitor.</p> <p><u>Log Issue 462</u> – MichiCANS update - No updates to report. Continue to monitor.</p> <p><u>Log Issue 463</u> – Waskul HSW MMP 25-31 - Wait to hear from Karen. No updates to report. Continue to monitor.</p> <p><u>Log Issue 464</u> – Medicaid/HSW SD arrangements for CLS - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 465</u> – Medicaid/HSW-SD budget process - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 466</u> – MichiCANS revision requirements for use - Nothing to report this month. Continue to monitor.</p> <p><u>Log Issue 467</u> – SED policy update - MichiCANS and Children’s Therapeutic Foster Family Care - No updates to report this month.</p> <p><u>Log Issue 474</u> – SB 413 Psychologist supervision - No updates to report this month. Continue to monitor.</p>	

#	Topic	Key Discussion Points	Action Steps
		<p><u>Log Issue 475</u> – SB 219 AOT Bills - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 477</u> – Senate Bill 220 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 478</u> – Senate Bill 221 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 479</u> – Mental Health Framework - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 480</u> – Proposed direct payment of PPS to CCBHCs - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 481</u> – HB 4727-4729 Proposed guardian and conservator licensure requirements - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 491</u> – HCBS Final Rule, Person-Centered Planning - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 494</u> – Home Help Individual Caregiver Rate of Pay – Effective 01/01/26 State Minimum Wage will increase to \$13.73 per hour. The direct care wage increase is \$3.40 an hour which results in DC Wage being \$17.13. No updates to report this month. Needs review.</p> <p><u>Log Issue 495</u> – 2549-EVV-p EVV Compliance Standards - Work group created, and final feedback/comments were submitted by BABHA. Todd Lewicki sent feedback/comments from MSHN. Needs review.</p> <p>b) <u>Review of CMHA Update on Legislative and Policy Changes</u> – No updates to report.</p>	

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		<p>c) <u>Review of Compliance Updates/Regulatory Education Needed for Staff</u> – Nothing to review this month.</p> <p>d) <u>Process for Ensuring Implementation of Policy Changes</u> – No updates to report this month.</p> <p>e) <u>Updates from CMHAM ED Forum</u> – Melissa reviewed the CMHAM Ed Forum. Kevin’s Song Suicide Prevention Summit is January 22-23 at St. John’s Resort. AOT Online Training is for 6 CEUs and a \$50 enrollment fee. Stakeholder group applications are open for MDHHS children’s mental health guidance.</p>	
3.	<p><u>Plans, Policies, Procedures, Assessments:</u></p> <p>a) Status of Employee Attestations/Time for new ones (end of Summer/early Fall)</p>	<p>a) <u>Employee Attestations</u> – The employee attestation forms were sent to Amy for staff to utilize the paper version. 209 staff completed attestations, reminders ongoing.</p>	
4.	<p><u>Data/Monitoring/Reports:</u></p> <p>a) Phoenix and Gallery Breach Monitoring</p> <p>b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud /Abuse/ Convictions during Staff Development Days)</p> <p>c) Monitoring of Group Drives for Unsecured PHI Files</p> <p>d) Security Officer Update</p> <p>e) Ethics/Recipient Rights/Customer Service Update</p>	<p>a) <u>Phoenix and Gallery Breach Monitoring</u> – Monthly monitoring was completed. There were 5 “break the glass” instances, all of which were appropriate. There were no security breaches in Phoenix or Gallery for the month of November.</p> <p>b) <u>Exclusion/Debarment</u> – There were no findings to report this month.</p> <p>c) <u>Monitoring for Unsecured PHI Files</u> – No breaches at this time.</p> <p>d) <u>Security Officer Update</u> – There is a new designation forthcoming. No breaches reported by other parties.</p> <p>e) <u>Ethics/RR/CS Update</u> – The next Ethics meeting should be taking place in April. Nothing specific to report.</p>	

#	Topic	Key Discussion Points	Action Steps
	<p>f) Report on spot checks for compliance for Self Determination</p> <p>g) Corporate Compliance Activity Report – Summary of log</p> <p>January Reports:</p> <p>h) Email Security Phishing Drills</p> <p>i) Report of HIPAA Breach Log to HHS (cc MDCH, MSHN) (w/in 60 days of end of CY)</p> <p>j) Review of OIG Work Plan</p> <p>k) Corporate Compliance Semi-Annual Progress Report</p> <p>l) Dashboard Fraud-Abuse-Privacy-Security</p>	<p>f) <u>Report on spot checks for SD</u> – Three respite workers were onboarded. Three referrals for new Self Determination arrangements that are pending. Ben Tenney reviewed 17 sets of progress notes and education was provided to one of the employer records for quality improvement and then another one will be addressed through improvements that are needed and will be addressed through IPOS improvement, whether annual IPOS or an addendum.</p> <p>g) <u>Corporate Compliance Activity Report</u> – There are over \$20,000 provider recoupments due to insufficient documentation. There were two OIG investigations: No fraud found, minor recoupment and education provided. MEV reviews are ongoing.</p> <p>h) <u>Email Security Phishing Drills</u> – Phishing drill results: 253 emails were sent; 102 emails were opened. 12 out of 253 emails resulted in staff clicking on the link and education was provided (4.72%, below industry standard). 40 out of 253 staff reported the email as a phishing email (15.75%).</p> <p>i) <u>Report of HIPAA Breach Log to HHS</u> – Defer</p> <p>j) <u>Review of OIG Work Plan</u> – Melissa went over the OIG Work Plan. <i>Medicaid Managed Care Early and Periodic Screening, Diagnostic, and Treatment Behavioral Health Services</i> - Mental health in childhood includes reaching developmental and emotional milestones and learning healthy social skills and coping skills for when problems arise. Medicaid's mandatory early and periodic screening, diagnostic, and treatment (EPSDT) benefit requires that children under age 21 who are enrolled in Medicaid receive all medically necessary services, including behavioral health services, which include services for mental and substance use disorders. Many States include coverage of behavioral health services for children and youth in their Medicaid State plans and through various Medicaid managed care waivers. We will determine the extent to which children enrolled in Medicaid received EPSDT medical screenings and, if diagnosed with a behavioral health condition, whether behavioral health treatment services were</p>	

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		<p>provided. We will also review whether States and managed care organizations met Federal and State requirements for providing EPSDT behavioral health services. Estimated FY for Project Completion - 2027.</p> <p><i>Medicaid Managed Care Organizations' Denials</i> - The State Medicaid agency and the Federal Government are responsible for the financial risk for the costs of Medicaid services. State Medicaid agencies contract with managed care organizations (MCOs) to ensure that beneficiaries receive covered Medicaid services. The contractual arrangement shifts the financial risk from the State Medicaid agency and the Federal Government to MCOs, which can create an incentive for MCOs to deny beneficiaries' access to covered services. Our audits will determine whether Medicaid MCOs complied with Federal requirements when denying access to requested medical and dental services, behavioral health services, and associated drug prescriptions that required prior authorization. Estimated FY Completion - 03/2026.</p> <p><u>Focus areas:</u> EPSDT behavioral health services for children. Accuracy and documentation of service denials.</p> <p>k) <u>Corporate Compliance Semi-Annual Progress Report</u> – BABH is on track. We are in the middle of the Information Management and Security Plan which needs to be finished. We are at a 96-97% compliance.</p> <p>l) <u>Dashboard Fraud-Abuse-Privacy-Security</u> – Defer</p>	
5.	<u>Outstanding Items/Other</u> a)	Nothing to address this month.	
6.	Adjourn	The next meeting is scheduled for Monday, February 9, 2026, from 1:00 - 3:00 pm via MS Teams.	

**BAY-ARENAC BEHAVIORAL HEALTH
BABHA CORPORATE COMPLIANCE COMMITTEE MEETING
Monday, February 9, 2026 (1:00 - 2:00 pm)**

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Amy Folsom, Clinical Program Manager	X	Joelle Sporman, BI Secretary (Recorder)	X	Sarah Holsinger, Quality Manager	X
Heather Friebe, Clinical Program Manager	X	Karen Amon, Directory of IHC	X	Stephanie Gunsell, Contract Manager	X
Jackie Kish, RR/CS Manager	-	Marci Rozek, Chief Financial Officer	-	GUESTS	Present
Jennifer Lasceski, Director of HR	X	Melissa Prusi, Compliance & Privacy Officer (Chair)	X		
XXX, Security Officer	-	Michele Perry, Finance Manager	X		
Joelin Hahn, Director IHC	X	Nicole Sweet, Director of IHC	X		

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1.	<p>a) Agenda: Review/Additions</p> <p>b) Meeting Notes: Approval of January 12, 2026, meeting notes</p> <p>c) Next Meeting: March 9, 2026</p>	<p>a) The agenda was reviewed with no additions or changes.</p> <p>b) The January 12, 2026, meeting notes were reviewed and approved as written.</p> <p>c) The next meeting is scheduled for March 9, 2026.</p>	
2.	<p>State-Federal Laws, MDHHS Notices and Regulations:</p> <p>a) Review of Log and Subject Matter Expert Report Outs</p> <p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p>	<p>a) <u>Review of Log and Subject Matter Expert Report Outs</u> – Melissa and the committee reviewed the log (Log can be found at G:\BABH\Corp Comp Regs-Codes-Manuals - CC Committee Law-Reg Mgt Log).</p> <p><u>Log Issue 447</u> – WHODAS Announcement - There are no updates to report. We continue to monitor.</p> <p><u>Log Issue 451</u> – MSHN CFA & P Next Steps Plan – Central CMH is piloting. Nothing new to report this month. We continue to monitor.</p> <p><u>Log Issue 452</u> – SEDW and MichiCANS/CAFAS update – Went through training in the development side. Testing done and moving forward to live deployment. We continue to monitor.</p>	

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	<p>d) Process for Ensuring Implementation of Policy Changes</p> <p>e) Updates from CMHAM ED Forum</p>	<p><u>Log Issue 453</u> – Autism Diagnosis HB4146 - No updates to report. Continue to monitor.</p> <p><u>Log Issue 457</u> – EVV - Outside a Consumer’s Home MMP-25-23 - This is a bulletin. Close out.</p> <p><u>Log Issue 461</u> – Intensive Crisis Stabilization Services MMP-25-20 – HR and IT to ensure sending in information in a timely manner. Close out.</p> <p><u>Log Issue 463</u> – Waskul HSW MMP 25-31 - Close out.</p> <p><u>Log Issue 464</u> – Medicaid/HSW SD arrangements for CLS - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 465</u> – Medicaid/HSW-SD budget process - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 467</u> – SED policy update - MichiCANS and Children’s Therapeutic Foster Family Care - Close out.</p> <p><u>Log Issue 474</u> – SB 413 Psychologist supervision - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 475</u> – SB 219 AOT Bills - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 477</u> – Senate Bill 220 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 478</u> – Senate Bill 221 - No updates to report this month. Continue to monitor.</p>	

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		<p><u>Log Issue 479</u> – Mental Health Framework – CMHAM is advocating for clarification and eligibility for specialty mental health and ensuring appropriate licensure/credentialing. Continue to monitor.</p> <p><u>Log Issue 480</u> – Proposed direct payment of PPS to CCBHCs - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 481</u> – HB 4727-4729 Proposed guardian and conservator licensure requirements - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 491</u> – HCBS Final Rule, Person-Centered Planning - Karen will review the Person-Centered Planning policy. Continue to monitor.</p> <p><u>Log Issue 492</u> – Implementation of MICH Program - Close out.</p> <p><u>Log Issue 494</u> – Home Help Individual Caregiver Rate of Pay - Close out.</p> <p><u>Log Issue 495</u> – 2549-EVV-p EVV Compliance Standards - Work group created, and final feedback/comments were submitted by BABHA. Todd Lewicki sent feedback/comments from MSHN. Continue to monitor.</p> <p><u>Log Issue 496</u> – DCW Wage Increase - Close out.</p> <p><u>Log Issue 498</u> – HB4032 removes interstate medical licensure compact sunset - Continue to monitor.</p> <p><u>Log Issue 499</u> – HB4141 effectively bans cell phones in schools effective 01/14/26. Substitute allows basic phones and limited use for instruction, IEPs, medical needs, district devices, and emergencies. Joelin will provide communication to all children's providers. - Close out.</p> <p><u>Log Issue 500</u> – Prohibits illicit use of xylazine and provides sentencing guidelines. Needs review.</p>	<p><u>Log Issue 491</u> – Karen will review the Person-Centered Planning policy.</p> <p><u>Log Issue 499</u> – Joelin will provide communication to all children’s providers.</p>

#	Topic	Key Discussion Points	Action Steps
		<p><u>Log Issue 501</u> – Moved from Senate to House (SB142 and SB143) adds DRM, Mental Health Association, and Arc MI to Advisory Committee. - Close out.</p> <p><u>Log Issues 502-532</u> – FYI - Melissa went through the logs as a FYI. See Log for more information.</p> <p>b) <u>Review of CMHA Update on Legislative and Policy Changes</u> – No updates to report this month.</p> <p>c) <u>Review of Compliance Updates/Regulatory Education Needed for Staff</u> – Nothing to review this month.</p> <p>d) <u>Process for Ensuring Implementation of Policy Changes</u> – No updates to report this month.</p> <p>e) <u>Updates from CMHAM ED Forum</u> – Virtual Co-Occurring Disorder Series - Cannabis & COD on 02/13/26, 05/04/26, and 07/27/26. Virtual CBT for Co-Occurring Disorders on 02/17/26. Virtual Trauma Informed Care for Leadership on 02/19/26. Virtual COD: Integrated Summaries that Support the PCP Process on 02/20/26. Virtual LOCUS Train the Trainer on 02/23/26. Virtual Trauma Basic Cohort 3 on 02/24/26. In-Person-Motivational Interviewing for Supervisors in Lansing on 02/26/26 and 02/27/26. Virtual March ASAM 2-day training on 03/10/26 and 03/11/26. Virtual Enhancing LOCUS Skills on 03/19/26. In-Person ACT 201 Whole Team Training in Frankenmuth (\$50) on 04/14/26.</p>	
3.	<p><u>Plans, Policies, Procedures, Assessments:</u></p> <p>a) Status of Employee Attestations/Time for new ones (end of Summer/early Fall)</p>	<p>a) <u>Employee Attestations</u> – Last month there were 210 employees. There were a number of employees on vacation or leave. Melissa to look into.</p>	<p>a) <u>Employee Attestations</u> – Melissa to look into the employee attestations since a number of staff were on vacation/leave.</p>
4.	<p><u>Data/Monitoring/Reports:</u></p>		

#	Topic	Key Discussion Points	Action Steps
	<ul style="list-style-type: none"> a) Phoenix and Gallery Breach Monitoring b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud /Abuse/ Convictions during Staff Development Days) c) Monitoring of Group Drives for Unsecured PHI Files d) Security Officer Update e) Ethics/Recipient Rights/Customer Service Update f) Report on spot checks for compliance for Self Determination g) Corporate Compliance Activity Report – Summary of log <p>February Reports:</p> <ul style="list-style-type: none"> h) Verification of Medicaid Services direct operated and contracted service providers; Plan within 15 days; HealthCare Coordination; Medical Necessity i) Ability to Pay Compliance Rate 	<ul style="list-style-type: none"> a) <u>Phoenix and Gallery Breach Monitoring</u> – Monthly monitoring was completed. There were a few “break the glass” instances, all of which were appropriate. There were no security breaches in Phoenix or Gallery for the month of January. b) <u>Exclusion/Debarment</u> – There were no findings to report this month. c) <u>Monitoring for Unsecured PHI Files</u> – No breaches at this time. d) <u>Security Officer Update</u> – Working on designating who the Security Officer will be. Jesse’s voicemail is being monitored. e) <u>Ethics/RR/CS Update</u> – The next Ethics meeting should be taking place in April. Nothing to report this month. f) <u>Report on spot checks for SD</u> – Onboarded 4 new staff. Reviewed 15 sets of notes. One required enhanced training. One SD arrangement showed great improvement after Ben Tenney provided one on one training. There were 2 cases of overutilization using natural support or an increase in units. g) <u>Corporate Compliance Activity Report</u> – Lots of MEV reviews with recoupments. Few tips regarding HIPPA violations. h) <u>Verification of Medicaid Services</u> – Sarah went over the MEV/PI Report for FY25Q4. The report is saved in the meeting folder, and it was emailed to the Corporate Compliance Committee. i) <u>ATP Compliance Rate</u> – Defer 	
5.	<p><u>Outstanding Items/Other</u></p> <ul style="list-style-type: none"> a) 	Nothing to address this month.	
6.	Adjourn	The next meeting is scheduled for Monday, March 9, 2026, from 1:00 - 3:00 pm via MS Teams.	

**BAY-ARENAC BEHAVIORAL HEALTH
BABHA CORPORATE COMPLIANCE COMMITTEE MEETING
Monday, March 9, 2026 (1:00 - 3:00 pm)**

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Amy Folsom, Clinical Program Manager	-	Joelle Sporman, BI Secretary (Recorder)	-	Sarah Holsinger, Quality Manager	X
Heather Friebe, Clinical Program Manager	X	Karen Amon, Directory of IHC	X	Stephanie Gunsell, Contract Manager	X
Jackie Kish, RR/CS Manager	X	Marci Rozek, Chief Financial Officer	-	GUESTS	
Jennifer Lasceski, Director of HR	X	Melissa Prusi, Compliance & Privacy Officer (Chair)	X	Lynn Meads, Records Specialist (recorder)	X
Melissa Prusi, Security Officer	X	Michele Perry, Finance Manager	X		
Joelin Hahn, Director IHC	-	Nicole Sweet, Director of IHC	X		

#	Topic	Key Discussion Points	Action Steps
1.	<ul style="list-style-type: none"> a) Agenda: Review/Additions b) Meeting Notes: Approval of February 9, 2026, meeting notes c) Next Meeting: April 13, 2026 	<ul style="list-style-type: none"> a) The agenda was reviewed with no additions or changes. b) February 9, 2026, meeting notes were reviewed and approved as written. c) The next meeting is scheduled for April 13, 2026. 	
2.	<p>State-Federal Laws, MDHHS Notices and Regulations:</p> <ul style="list-style-type: none"> a) Review of Log and Subject Matter Expert Report Outs b) Review of CMHA Update on Legislative and Policy Changes c) Review of Compliance Updates/Regulatory Education Needed for Staff 	<ul style="list-style-type: none"> a) <u>Review of Log and Subject Matter Expert Report Outs</u> – Melissa and the committee reviewed the log (Log can be found at G:\BABH\Corp Comp Regs-Codes-Manuals - CC Committee Law-Reg Mgt Log). <u>Log Issue 447</u> – WHODAS Announcement - No updates to report. <u>Log Issue 451</u> – MSHN CFA & P Next Steps Plan – Central CMH is piloting. No new information. <u>Log Issue 452</u> – SEDW and MichiCANS/CAFAS update – No updates. <u>Log Issue 453</u> – Autism Diagnosis HB4146 - No updates to report. 	

#	Topic	Key Discussion Points	Action Steps
	<p>d) Process for Ensuring Implementation of Policy Changes</p> <p>e) Updates from CMHAM ED Forum</p>	<p><u>Log Issue 464</u> – Medicaid/HSW SD arrangements for CLS - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 465</u> – Medicaid/HSW-SD budget process - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 474</u> – SB 413 Psychologist supervision - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 475</u> – SB 219 AOT Bills - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 477</u> – Senate Bill 220 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 478</u> – Senate Bill 221 - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 479</u> – Mental Health Framework – No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 481</u> – HB 4727-4729 Proposed guardian and conservator licensure requirements - No updates to report this month. Continue to monitor.</p> <p><u>Log Issue 488</u> – HCBS Final Rule, Person-Centered Planning – Had to submit all BTP’s and IPOS’s to compare all 8 elements in BTP are in the IPOS. Melanie and Karen are reviewing the 200+ BTPs and have 40 left to review. Consulted with psychologists and hoping to enter BTP into Phoenix and hoping that it can be pulled into the IPOS. Will be working with CSM/Leadership to make sure these are all addressed in IPOS. EHR changes will be requested in the future to address. Attestations must be done quarterly by CSM and Supervisor both. Working with MSHN to for clarification.</p>	<p><u>Log Issue 488</u> – Melanie and Karen reviewing Final Rule.</p>

#	Topic	Key Discussion Points	Action Steps
		<p><u>Log Issue 495</u> – 2549-EVV-p EVV Compliance Standards - Karen went into the system and pulled a summary report and then a specific report regarding each individual provider. May reserve a portion of the Provider meeting to discuss EVV CLS issues. Karen is using bulletin standards against provider standards. HHA exchange training videos may not be sufficient. There is no guidance/training for the providers. We are not doing any billing through HHA exchange but some providers/agencies are using for billing and everything. Terms are different between EVV and HHA exchange as is specific to CLS/Home help and HHA exchange is hospital language. Corrective action for providers that do not meet a quarterly threshold of 85% of EVV records without manual edits must be enforced by MDHHS or designated MCE. MDHHS is granting a two-quarter grace period for new providers. There are many questions/issues of concern. Please see Bulletin. Needs Review.</p> <p><u>Log Issue 498</u> – HB4032 removes interstate medical licensure compact sunset - Continue to monitor. No updates.</p> <p><u>Log Issue 502</u> – CMHA Legislature HB 5074 – It modified renewal limits for temporary limited mental health licenses. Requires that limited licenses shall last 3 years unless they demonstrate a hardship to fulfill the full license. Must show number of attempts to obtain full license and why they could not obtain the full license and will give them no longer than one year to obtain full license.</p> <p><u>Log Issues 502-532</u> – FYI - Melissa went through the logs as a FYI. See Log for more information.</p> <p><u>Log Issue 533</u> – CPS Release of information. CPS/APS shall request, in writing, mental health records and information that are pertinent to the abuse or child neglect investigation. Upon receiving a notification and request under this subsection, the mental health professional shall review all mental health records and information in the mental health professional’s possession to determine if there are mental health records or information</p>	<p><u>Log Issue 495</u>: Melissa will reach out to Michelle Hill again for more information. Karen will look at HHA exchange for more information.</p> <p><u>Log Issue 533</u>: Melissa to review Policy to ensure we are compliant with 7 day of notification</p>

#	Topic	Key Discussion Points	Action Steps
		<p>that are pertinent to the child abuse or child neglect investigation. Not later than 7 days after receiving a request made under this subsection, the mental health professional shall release those pertinent mental health records and information to the Department Caseworker or administrator directly involved in the child abuse or child neglect investigation. The main difference is it went from 14 days to 7 days.</p> <p><u>Log Issue 534</u> – HSW Waiver Amendment – MDHHS Final Bulletin. CSM upon hire and annually as well as DCW staffing upon hire and annually – the concern is, will this replace any existing DCW curriculum? (Intro to Res Care or eliminate some training) Region is providing CSM training two times a month only. The concern being this may not be frequently enough if we have direct line workers that need to be trained in it before they can assume any care for individuals. Performance on Areas of Major Life Activities (PMLA) Tool is also included to determine level of care for HAB Waiver. Significant quality measures. There are many questions regarding PMLA Tool. Karen preparing response/concerns and is sending feedback by March 16, 2026. MSHN is also sending comments as a region.</p> <p>b) <u>Review of CMHA Update on Legislative and Policy Changes</u> – No updates to report this month.</p> <p>c) <u>Review of Compliance Updates/Regulatory Education Needed for Staff</u> – Nothing to review this month.</p> <p>d) <u>Process for Ensuring Implementation of Policy Changes</u> – No updates to report this month.</p> <p>e) <u>Updates from CMHAM ED Forum</u> –No updates this month.</p>	<p><u>Log Issue 534</u>: Karen to send in feedback by March 16, 2026. Sarah H. to review Amendment.</p>
3.	<p><u>Plans, Policies, Procedures, Assessments:</u></p> <p>a) Status of Employee Attestations/Time for new</p>	<p>a) <u>Employee Attestations</u> – Melissa reached out once and will reach out again to those who were on leave.</p>	<p>a) <u>Employee Attestations</u> – Melissa to reach out to</p>

#	Topic	Key Discussion Points	Action Steps
	ones (end of Summer/early Fall)		staff that were on vacation/leave.
4.	<p><u>Data/Monitoring/Reports:</u></p> <p>a) Phoenix and Gallery Breach Monitoring</p> <p>b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud /Abuse/ Convictions during Staff Development Days)</p> <p>c) Monitoring of Group Drives for Unsecured PHI Files</p> <p>d) Security Officer Update</p> <p>e) Ethics/Recipient Rights/Customer Service Update</p> <p>f) Report on spot checks for compliance for Self Determination</p> <p>g) Corporate Compliance Activity Report – Summary of log</p> <p><u>February Reports:</u></p> <p>h) Ability to Pay Compliance Rate – Deferred from February</p> <p><u>March Reports:</u></p> <p>i) Quality Review of Medical Records</p>	<p>a) <u>Phoenix and Gallery Breach Monitoring</u> – Monthly monitoring was completed. There were a few “break the glass” instances, all of which were appropriate. There were no security breaches in Phoenix or Gallery for the month of February.</p> <p>b) <u>Exclusion/Debarment</u> – There were no findings to report this month. No findings this month.</p> <p>c) <u>Monitoring for Unsecured PHI Files</u> – None at this time.</p> <p>d) <u>Security Officer Update</u> – Security Officer to be Melissa Prusi. The designation is yet to be done.</p> <p>e) <u>Ethics/RR/CS Update</u> – The next Ethics meeting should be taking place in April. Nothing to report this month.</p> <p>f) <u>Report on spot checks for SD</u> – SDC has 4 referrals either underway or completed for the month of February (4 education). SDC provided feedback on Progress Notes, one SDC did hold a face-to-face education meeting with one staff whose notes were bad and outside of Plans (1 education). SDC reviewed 12 sets of Progress Notes, 3 had issues and SDC is actively working on plans to educate (3 education).</p> <p>g) <u>Corporate Compliance Activity Report</u> – There were some increase in mailings being sent to the wrong person or being sent/delivered to wrong address – Madison clinic’s went to court.</p> <p>h) <u>ATP Compliance Rate</u> – As of February, we are at 94.2% compliant. Nothing of concern to note.</p>	

#	Topic	Key Discussion Points	Action Steps
		<p>i) <u>Quality Review of Medical Records</u> – FY26Q1- We had a 96% compliance rate so out of 117, 112 were completed. We had 97% of the trainings completed for this quarter. Consent to Treat had a 93% compliance, 7 were marked incorrectly on the review or didn't include all services provided. Coordination of Care was 89%, reflecting a 3% increase. Assessment-Assessment identified the need for specialty mental health services and there is evidence to support in the assessment had a 92% compliance, which was a decrease of 4% from FY25Q4. Assessment – All sections received an 85%, a 3% increase. Pre-Planning had 93%, a 1% increase. The POS and Pre-planning alignment was 94%. POS Meeting Preferences received a 94%. Plan of Service – All sections was an 86%. POS – Staff and Program assignments was a 91%, which was a 7% decrease from FY25Q4. For the Review of Progress – POS reviewed we received an 89% and for Review of Progress – Transfer we received a 92% which was a 6% increase.</p>	
5.	<u>Outstanding Items/Other</u> a)	Nothing to address this month.	
6.	Adjourn	The next meeting is scheduled for Monday, April 13, 2026, from 1:00 - 3:00 pm via MS Teams.	

February 2026 Mid-State Health Network (MSHN) Medicaid Event Verification (MEV) Results

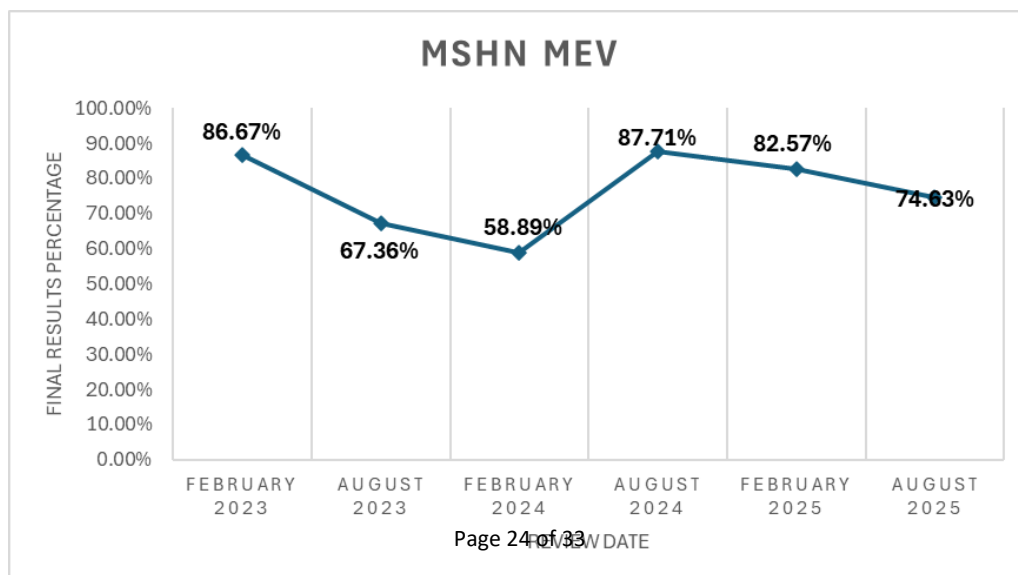
Bay Arenac Behavioral Health Authority received **72.30%** for the MSHN MEV review that took place in February 2026. There was a total of 335 claims reviewed.

Findings:

- **40** claims contained errors with the *Plan of Service Training Form*.
 - This is for 5 unique consumers.
 - Of those 40 claims, 9 were due to there being an IPOS Training form signed after the date of service.
 - Of those 40 claims 17 were due to there not being an IPOS Training form stating that the trainer was trained.
- **32** claims were missing consumer/guardian signatures on an Addendum or IPOS.
 - This is for 5 unique consumers.
- **6** claims were submitted with the incorrect modifier.
 - This is for 3 unique consumers.
- **21** claims had documentation issues, including missing provider signatures, start/stop times, narratives, or mismatched units.
 - This is for 2 unique consumers.
- **8** claims lacked verification of Registered Behavior Technician training.
 - This is for 1 unique consumer.
- **1** claim had an authorized service that was not included in the IPOS Addendum.
- **5** claims were missing the employee name in the Rendering Provider or Employee field.
 - This is for 1 unique consumer.

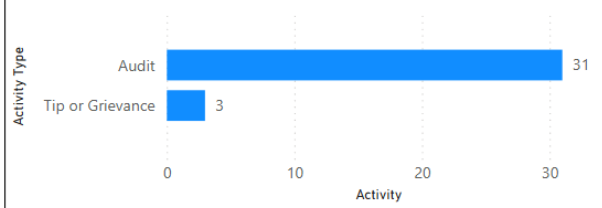
Trends from the Previous Audit:

- There were 40 claims related to insufficient IPOS training forms for the February 2026 review compared to 33 claims during the August 2025 review.
- There were 32 claims where the auditor was unable to locate consumer/parent/guardian signature on IPOS Addendum for the February 2026 review compared to 16 claims during the August 2025 review.

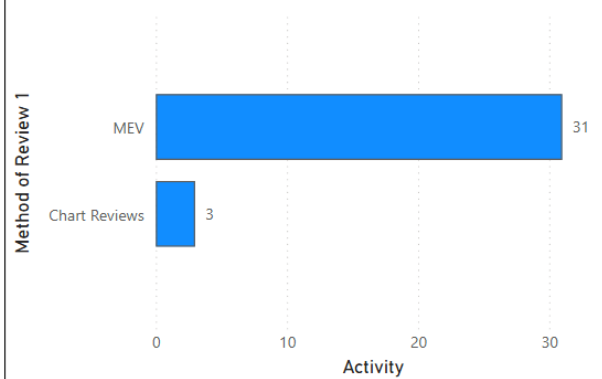


MEV Audit / Tip

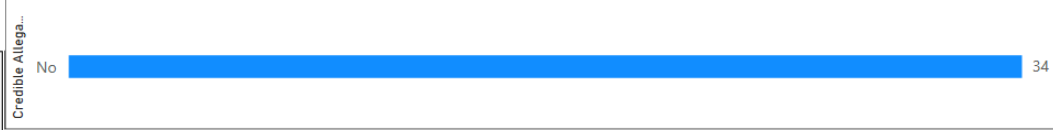
Activity by Type



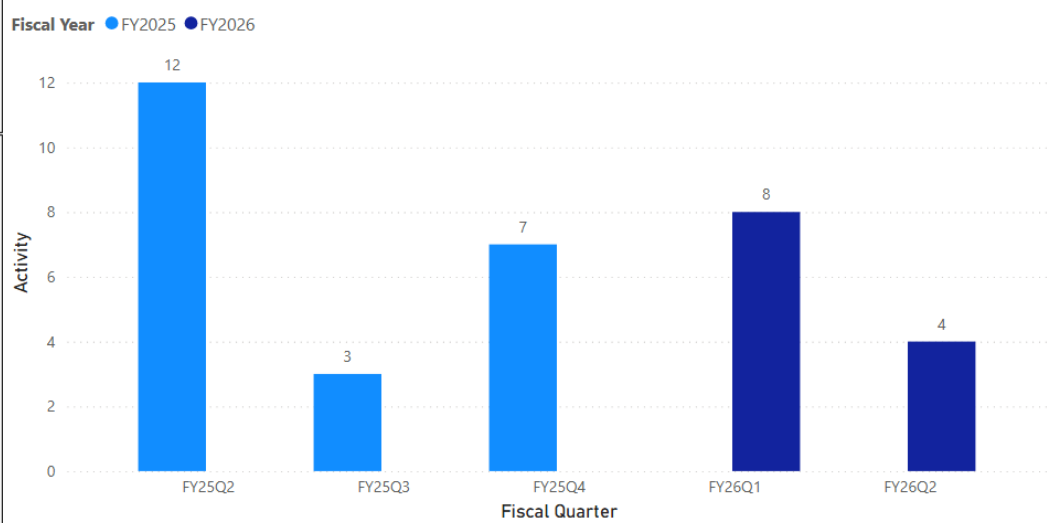
Activity by Method of Review 1



Activity by Credible Allegation of Fraud 1



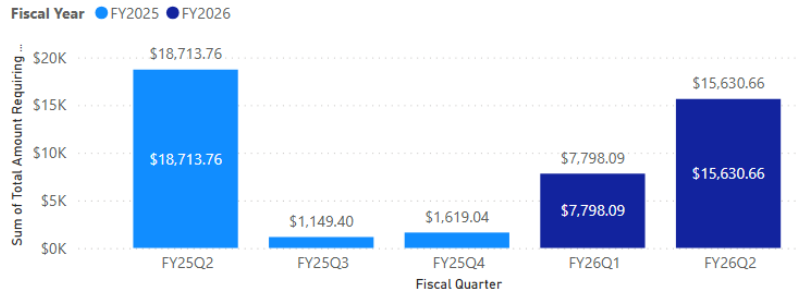
Activity by Fiscal Quarter and Fiscal Year



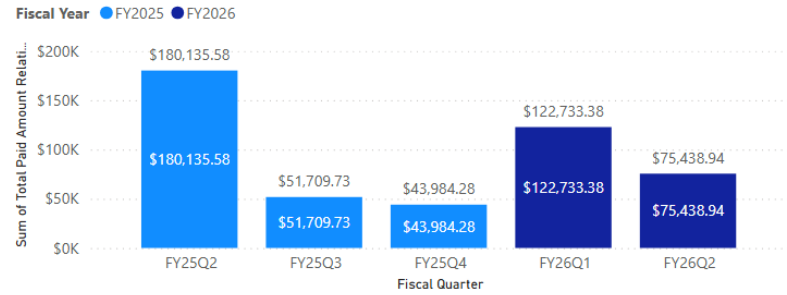
The MEV Audit/Tip activity during the reviewed period was predominantly audit-driven. Of the total activity, 31 reviews were audits and 3 were tips or grievances, indicating that most work was initiated through planned or targeted audit processes rather than external reports. Correspondingly, the primary method of review was MEV activity (31 cases), with chart reviews accounting for 3 cases due to investigations into tips from employee reporting of potential compliance issues.

Review volume varied by fiscal quarter. In FY2025, activity peaked in Q2 (12 reviews), followed by Q4 (7 reviews) and Q3 (3 reviews). In FY2026, activity remained steady with 8 reviews in Q1 and 4 reviews in Q2 to date. Importantly, no reviewed activities involved a credible allegation of fraud, suggesting that while monitoring and oversight remain active, no cases met the threshold for substantiated fraud concerns during this period.

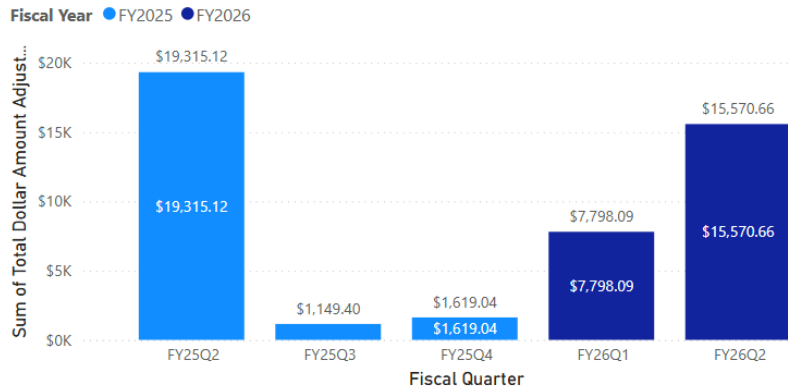
Sum of Total Amount Requiring Correction on Encounter Claims (or Total Extrapolation Amount) 1 by Fiscal Quarter and Fiscal Year



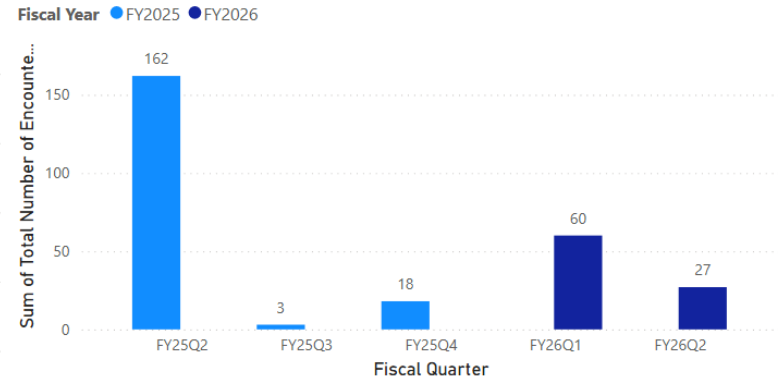
Sum of Total Paid Amount Relating to Complaint/Activity (Total Paid in Sample) 1 by Fiscal Quarter and Fiscal Year



Sum of Total Dollar Amount Adjusted on Encounter Claims 1 by Fiscal Quarter and Fiscal Year



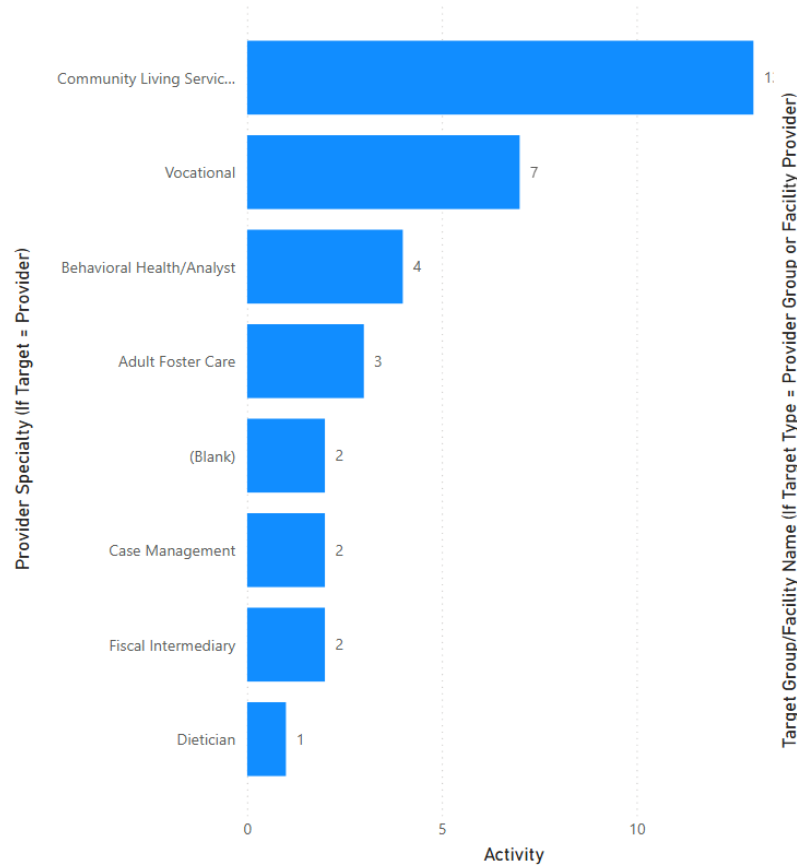
Sum of Total Number of Encounter Claim Lines Adjusted: 1 by Fiscal Quarter and Fiscal Year



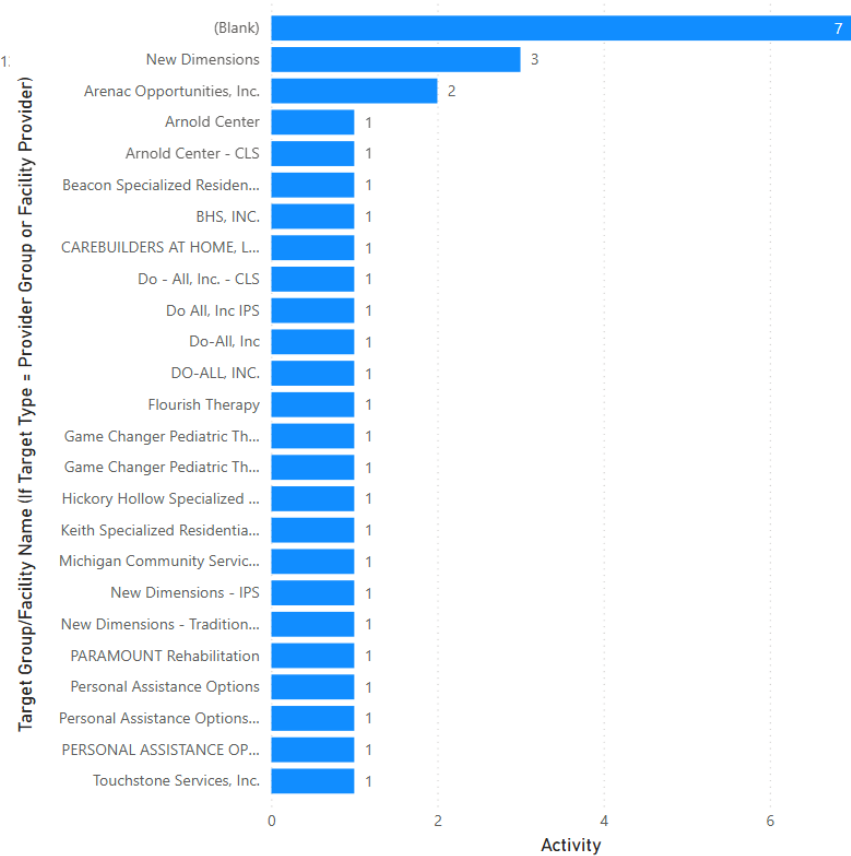
Review activity identified varying levels of financial impact across fiscal quarters. In FY2025 Q2, the highest volume was observed, with \$18,713.76 requiring correction, \$19,315.12 adjusted, and \$180,135.58 paid across 162 encounter claim lines. Subsequent FY2025 quarters showed significantly lower dollar amounts and fewer claim line adjustments.

In FY2026, both Q1 and Q2 reflected increased correction and adjustment amounts compared to late FY2025, with \$7,798.09 in Q1 and \$15,630.66 in Q2 requiring correction, and 60 and 27 claim lines adjusted, respectively. While paid amounts remained substantial, the volume and financial impact were notably lower than the FY2025 Q2 peak.

Activity by Provider Specialty (If Target = Provider)



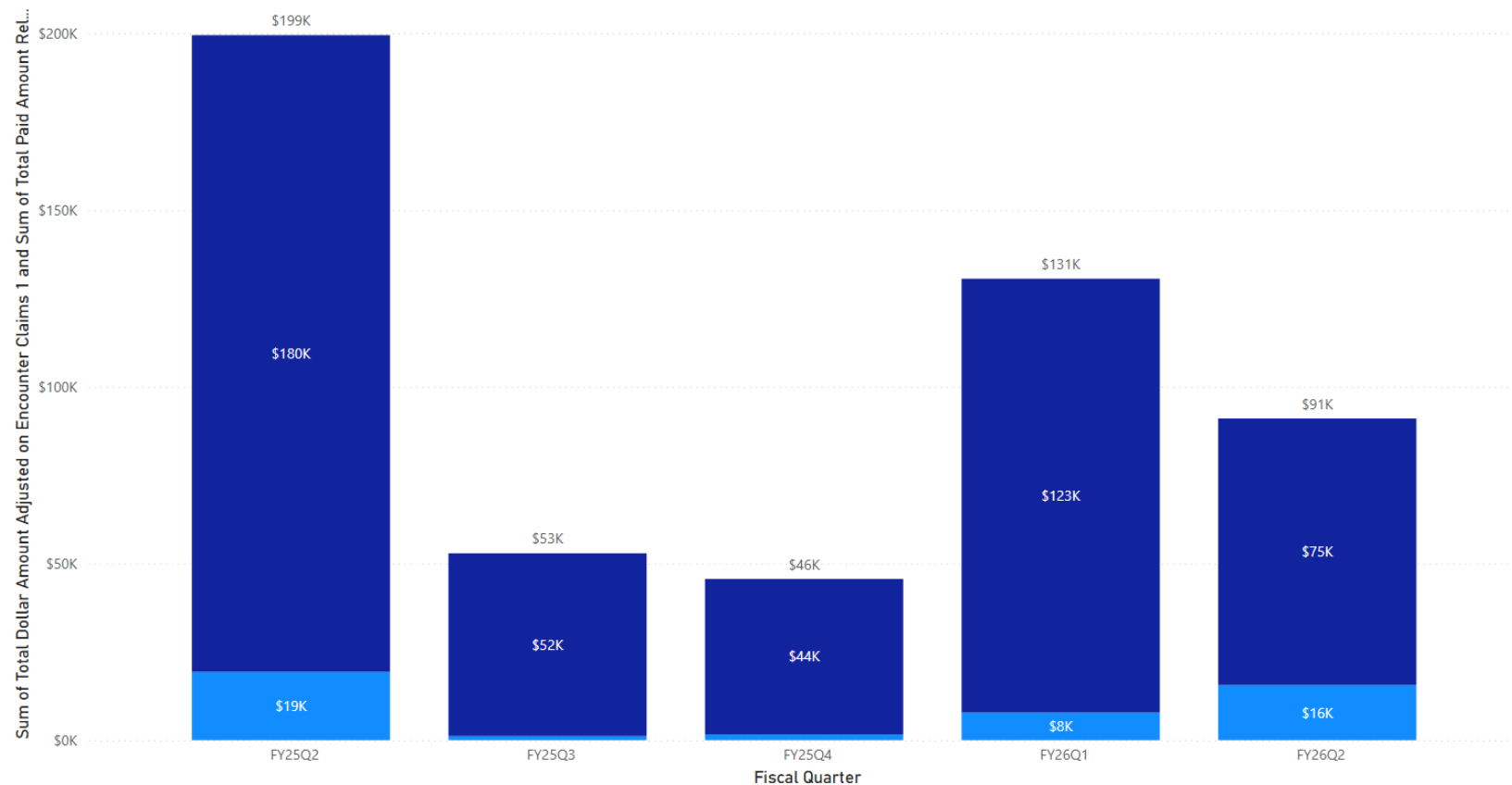
Activity by Target Group/Facility Name (If Target Type = Provider Group or Facility Provider)



Audit and monitoring activity, when the target entity was a provider, was primarily concentrated within Community Living Services, which represented 13 activities (38%) of all provider-focused reviews. Vocational providers accounted for 7 activities (21%), reflecting the second-highest volume of review activity. Behavioral Health/Analyst services comprised 4 activities (12%), while Adult Foster Care providers accounted for 3 activities (9%). Case Management, Fiscal Intermediary, and unspecified provider specialties each represented 2 activities (6% each). Dietician providers accounted for 1 activity (3%). Overall, review activity was predominantly focused on community-based service providers, consistent with MDHHS program integrity priorities related to service authorization, documentation compliance, and Medicaid billing oversight. (Note, data entry caused separation of data for Game Changers, Do-All, and PAO. This data is being cleaned up within Healticity in order to ensure future reports are accurate to the provider level. "Blank" providers are due to the activity being focused on individual clinicians/LIPs.)

Sum of Total Dollar Amount Adjusted on Encounter Claims 1 and Sum of Total Paid Amount Relating to Complaint/Activity (Total Paid in Sample) 1 by Fiscal Quarter

● Sum of Total Dollar Amount Adjusted on Encounter Claims 1 ● Sum of Total Paid Amount Relating to Complaint/Activity (Total Paid in Sample) 1



Across the reviewed fiscal quarters, the total paid amounts associated with complaint or audit activity consistently exceeded the dollar amounts adjusted, indicating that identified payment impacts were limited relative to overall payments reviewed. The highest financial impact occurred in FY2025 Q2, with approximately \$199K in paid claims reviewed and \$19K adjusted.

Subsequent quarters reflected lower overall paid amounts and adjustment values, with a secondary increase in FY2026 Q1 (\$131K paid; \$8K adjusted) and FY2026 Q2 (\$91K paid; \$16K adjusted). Overall, adjustments represented a small proportion of total payments reviewed, consistent with routine program integrity monitoring and corrective activity rather than systemic billing issues.

\$44,910.95

Sum of Total Amount Requiring Correction on Encounter Claims (or Total Extrapolation Amount) 1

\$474,001.91

Sum of Total Paid Amount Relating to Complaint/Activity (Total Paid in Sample) 1

\$45,452.31

Sum of Total Dollar Amount Adjusted on Encounter Claims 1

270

Sum of Total Number of Encounter Claim Lines Adjusted: 1

BAY ARENAC BEHAVIORAL HEALTH

HIPAA SECURITY OFFICER DESIGNATION FORM

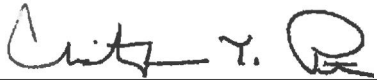
Bay-Arenac Behavioral Health makes the following designation:

Melissa Prusi, Director of Health Care Accountability, will serve as the HIPAA Security Officer for Bay-Arenac Behavioral Health.

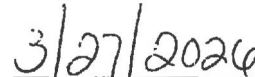
The HIPAA Security Officer will:

- Receive HIPAA security related complaints;
- Perform investigations of HIPAA security related complaints, under the direction of the BABH Chief Executive Officer and in coordination with the BABH Recipient Rights Office and Human Resources Office, as appropriate;
- Maintain membership on the Corporate Compliance Committee;
- Coordinate/conduct HIPAA security related staff education, utilizing contracted resources as directed; and
- Assist supervisory and management staff with monitoring BABH direct operated program sites for gaps in compliance.

This designation is effective 03/27/2025 and remains in effect until withdrawn via written transfer to another designee.

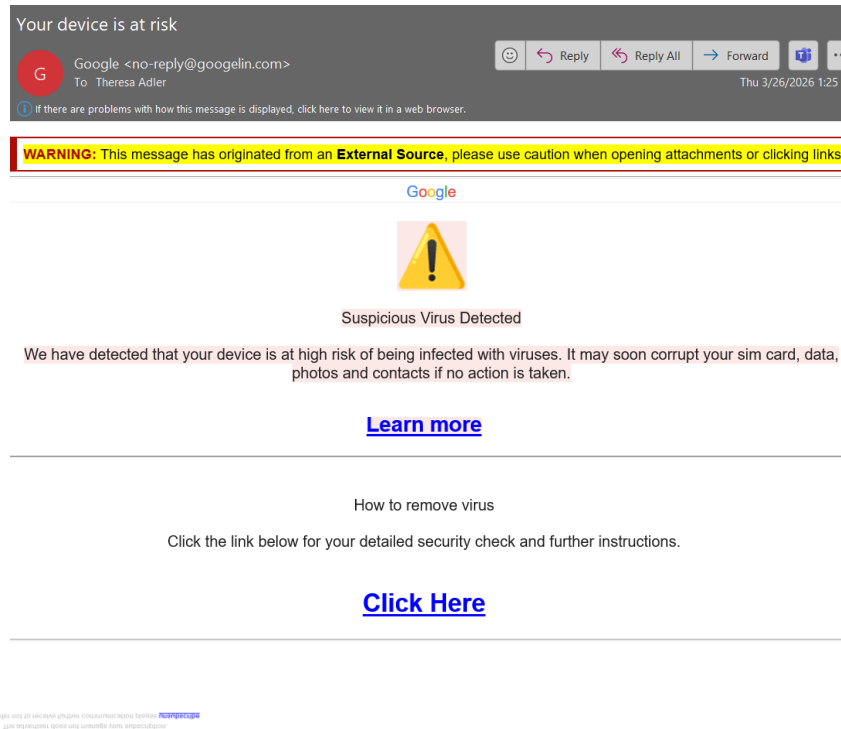


Signature of Chief Executive Officer



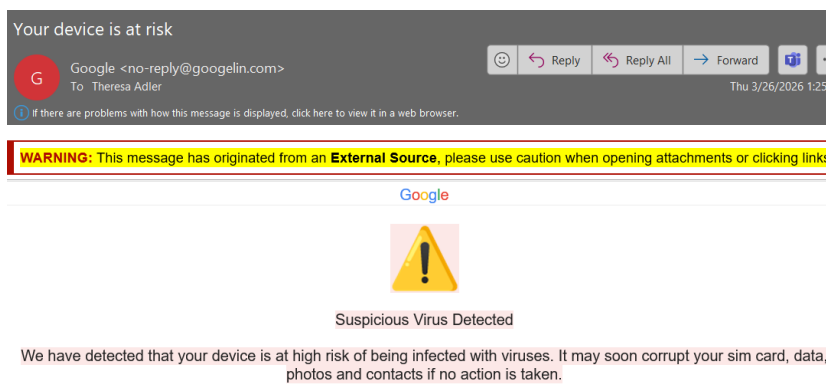
Date of Signature

Phishing Email Example:



Flags for this specific email, when hovering over the links you can see that the email link has spelling error.

Google email address: Google is misspelled



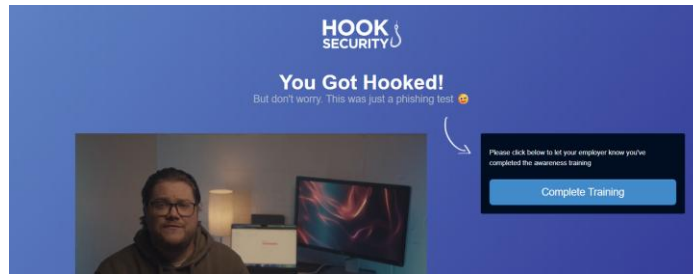
Suspicious Virus Detected
 Original URL:
<http://googlein.com/route/01371e832ff7ee9e0090e8e84bbc805d8631567/>
 device is at high risk of being infected. Protect your si
 photos and contacts if no
 Click or tap to follow link.

[Learn more](#)

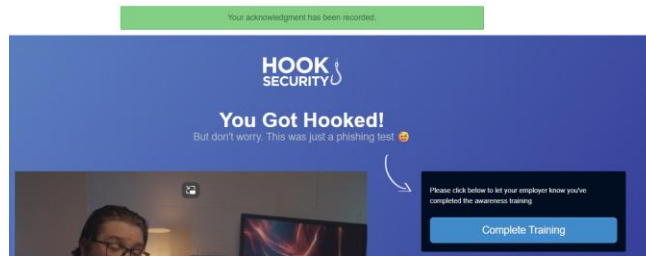
How to remove virus
 Original URL:
<http://googlein.com/route/01371e832ff7ee9e0090e8e84bbc805d8631567/>
 Click the link below for your detailed secur
 Click or tap to follow link.

[Click Here](#)




If staff click on a link in the Phishing email test, the following screen is displayed.



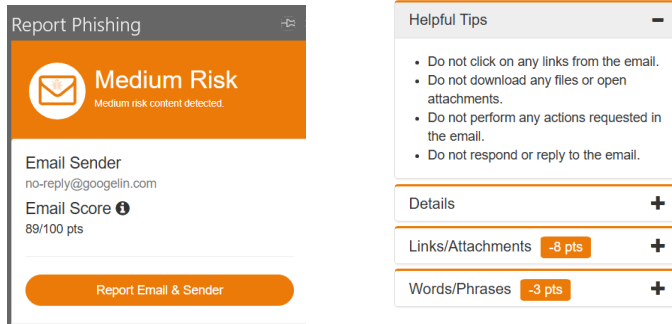
The video plays & explains what to look for in future emails.



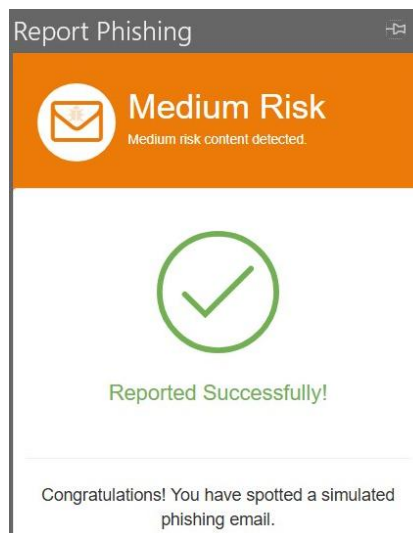
Here are a few tips to help you spot and avoid phishing attempts in the future:

-  **Inspect the email sender address**
Scammers will pretend to be a company you may know. However, the sender address will be different. For example, instead of dropbox.com they could be using d10pbox.com or dropbox.offers4me.com
-  **Hover over the link**
If the email seems to be coming from a trusted source, hover over the link and verify that the domain matches who it should be. If it's an email regarding an account you have, you can simply go to that website in your browser. If the alert was real, it'll be there too when you login.
-  **When in doubt, close it out**
If you're not sure what to do with a suspicious email, the best thing is to just delete it. Consult with your manager or IT staff to inquire about its validity.

If staff “pass” the test & select the Report Phishing Button, the following screen is displayed



If you click on the report email & sender button – it will tell you that you spotted a simulated phishing email & will delete the email from inbox.



If staff select the Report Email button on an email that is **not** a test, it will delete the email from their inbox & send a copy of the email to the Help Desk so we can analyze it and make sure others have not received it.