

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING

Monday, May 11, 2026 at 5:00 pm

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

Committee Members:	Present	Excused	Absent	Committee Members	Present	Excused	Absent	Others Present:
Patrick McFarland, Ex Off, Ch	_____	_____	_____	Carole O'Brien	_____	_____	_____	BABH: Jackie Kish, Chris Pinter, and Sara McRae
Sally Mrozinski, V Ch	_____	_____	_____	Justin Peters	_____	_____	_____	
Robert Bowers	_____	_____	_____	Laurie Van Wert	_____	_____	_____	
Richard Byrne	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Kathy Niemiec	_____	_____	_____					
								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 5 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) Executive Summary of Complaints through April of 2026 5.2) Policy Training: Consent for Treatment, 03-03-02 5.3) Upcoming Site Reviews		5.1) No action necessary 5.2) No action necessary 5.3) No action necessary

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BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS

RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE

Monday, May 11, 2026 at 5:00 pm

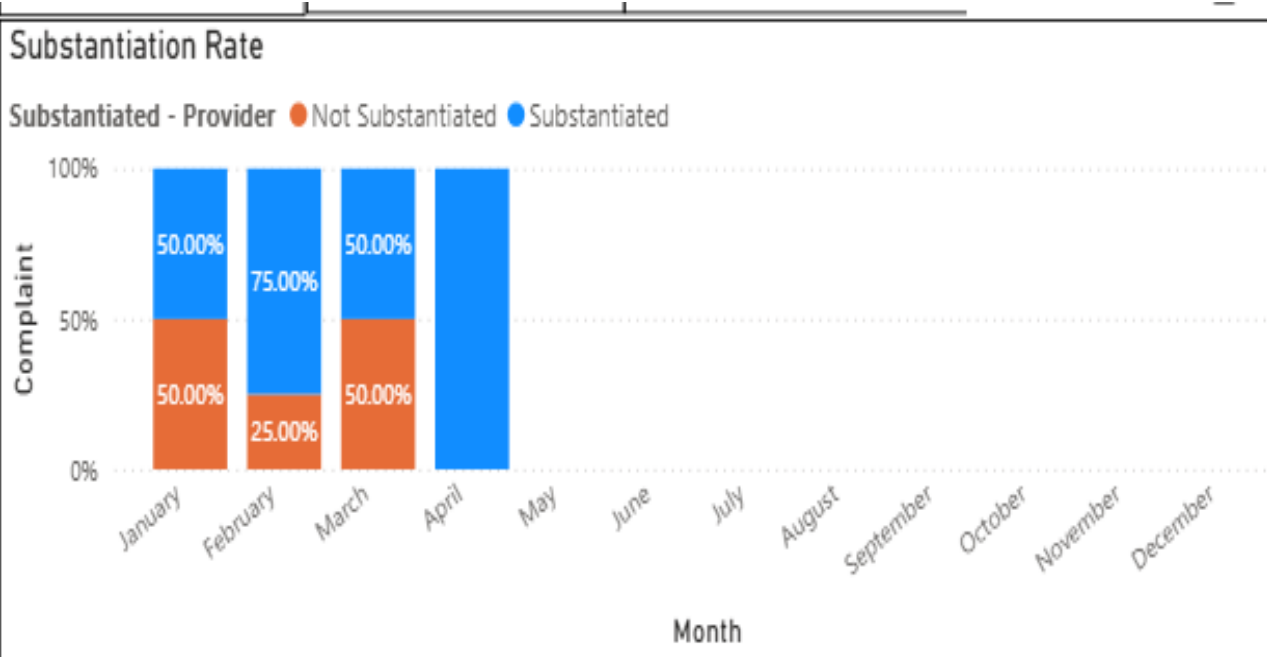
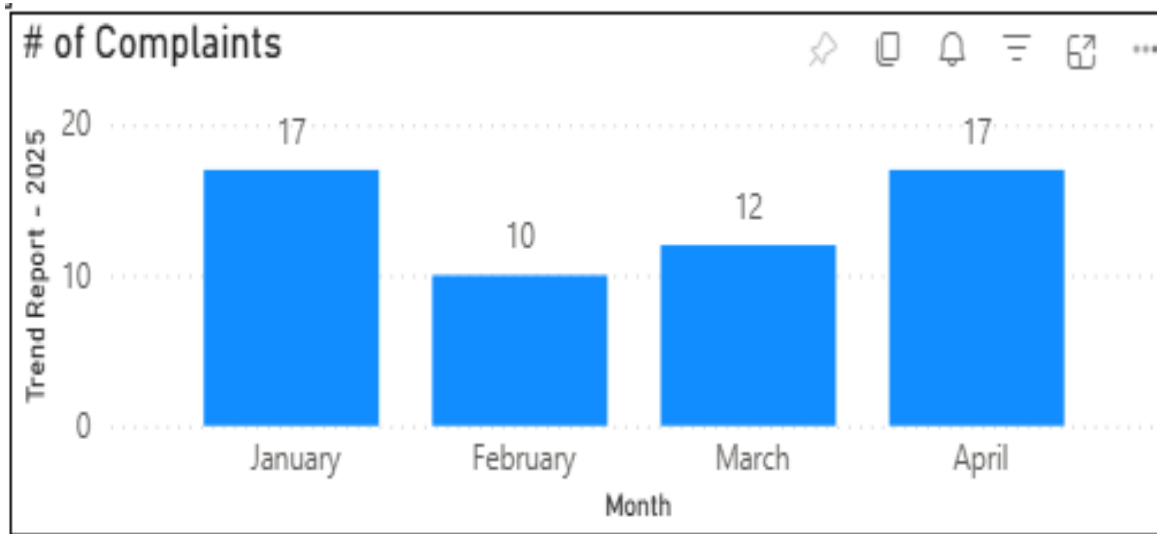
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	<p>5.4) Recent Recipient Rights Site Reviews Summary</p> <p>5.5) 2026 Accessibility Plan</p> <p>5.6) Schedule Mock Appeal Training</p> <p>5.7) Save the Date: 33rd Annual Recipient Rights Conference is Wednesday – Friday, September 16 – 18, 2026 at Crystal Mountain Resort</p>		<p>5.4) No action necessary</p> <p>5.5) Consideration of a motion to refer the 2026 Accessibility Plan to the full Board for approval</p> <p>5.6) No action necessary</p> <p>5.7) No action necessary</p>
6.	Adjournment	M -	S - pm MA

Recipient Rights Advisory Committee, May 2026 Executive Summary

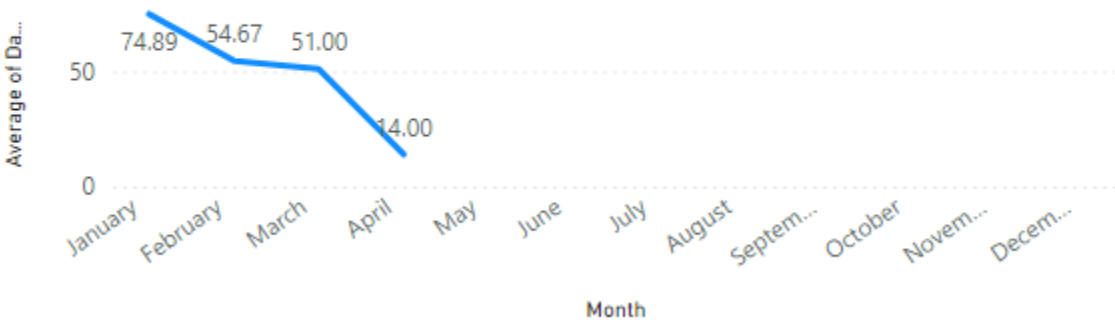
Overall Summary of the Office of Recipient Rights (ORR) Complaints:



Substantiated - Provider	February	March	April	Total
<input type="checkbox"/> Pending	3	7	13	23
Dignity and Respect		3	5	8
Neglect Class III	3		1	4
Abuse Class II Unreasonable Force			3	3
Abuse Class II Exploitation			2	2
Abuse Class III			2	2
Mental Health Services Suited to Condition		2		2
Abuse Class II Nonaccidental Act			1	1
Neglect Class I			1	1
Neglect Class II		1		1
No Right Involved		1		1
Total	3	7	13	23

The above graph illustrates the number of pending complaints at the time of this report. This does not include the any cases that was determined to be a No Right Involved/Out of Jurisdiction.

Average Days to Resolve ORR Complaints



The BABHA ORR’s goal is to complete RR complaint investigations within 60 days from receipt of the complaint. Moving forward the RRAC will be kept abreast of the average days to resolve complaints per quarter as we attempt to achieve our goal.

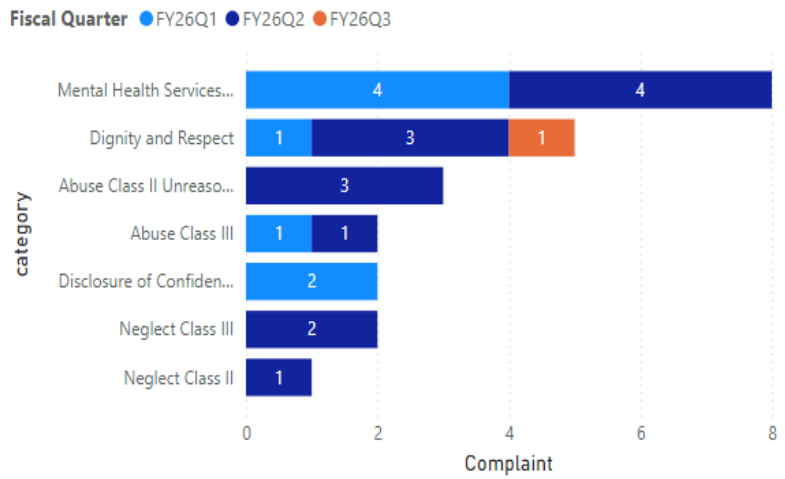
****Note that the graph does not include pending cases currently still under investigation.***

Source of Complaints:

FY26 Allegations

CMSHP Network Staff	14
Recipients	2
ORR	1
Guardian/Family	0
Anonymous	0
Other Agency/Community	0

Trend Report by Allegation - Substantiated



Fiscal Year Comparison of Complaints from 2022-2026:

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY26	11	6	7	17	10	12	17					
FY25	21	8	11	16	7	8	17	12	11	16	13	20
FY24	18	11	11	13	13	12	16	19	16	15	18	13
FY23	17	23	9	24	19	16	11	13	17	18	14	8
FY22	12	7	7	8	8	10	9	16	8	16	16	16
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
% Sub	54.5%	50%	0%	50%	75%	50%	100%	%	%	%	%	%

- FY22 the ORR received 133 complaints.
- FY23 the ORR received 190 complaints.
- FY24 the ORR received 177 complaints.
- FY25 the ORR received 158 complaints.
- FY26 the ORR has received 77 complaints

Report of Remedial Action for Substantiated Complaints:

Complaint ID	Rcv Date	Inv. Report Sent Date	Allegation Type	Remedial Action 1	Remedial Action 2	Remedial Action 3	Remedial Action 4
1955	4/1/26	4/15/26	Dignity and Respect	Verbal Counseling			
1939	3/4/26	4/24/26	Mental Health Services Suited to Condition	Other- "removed from medication duties"			
1934	2/25/26	4/24/26	Mental Health Services Suited to Condition	Written Reprimand			
1933	2/24/2026	4/17/26	Neglect II	Suspension			
1929	2/16/2026	4/10/26	Neglect II	Employment Termination			

The matrix displays the substantiated complaints with the date that each complaint was received, resolved, and the date the Summary Report was issued. It is important to note that all complaints were resolved within the 90-calendar day requirement established by the Michigan Mental Health Code. The Mental Health Code dictates that the Responsible Mental Health Agency (RMHA) takes remedial action to correct and prevent reoccurrence of substantiated Recipient Rights Complaints. In addition, if the violation of Abuse or Neglect is substantiated then the RMHA must take fair disciplinary action as well. The matrix above lists the substantiated complaint allegation type and all of the remedial action utilized by the RMHA. The Office of Recipient Rights can only call for disciplinary action as required in the Mental Health Code. The Office cannot dictate the level of disciplinary action as the RMHA determines this action.

Additional Activities by the Office of Recipient Rights:

Training by Recipient Rights Office for Staff (previous month):

Number of Training Sessions	Number of People Attending	Number of Hours
2	41	7

Training by Recipient Rights Officer for Consumers previous month:

Number of Training Sessions	Number of People Attending	Number of Hours
1	1	1

Training received by the Recipient Rights Office:

4/17/2026 MSHN Pain & Ethics Training-zoom Jackie Kish

Completed Site Visits:

4/21/2026 Closer to Home

4/23/2026 AuGres Care Center

Bay Human Services-Grove Home

Bay Human Services-Almont Home

4/24/2026 Valley Res Services-Orchard Bay Home

Valley Res Services-Elm Home

Central State Comm Services-Willow Home

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 3	Member Rights and Responsibilities		
Section: 2	Treatment Rights		
Topic: 1	Consent for Treatment		
Page: 1 of 5	Supersedes Date: Pol: 9-20-01, 6-18-98 Proc: 1-25-21, 7-26-05, 6-3-02, 7-28-98	Approval Date: Pol: 6-3-02 Proc: 2-9-26	<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/8/2026. 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 all recipients receiving services will sign an intake form authorizing services. This policy shall apply to BABHA and all services operated by or under contract with it. "Consent" means written, informed consent on the part of a recipient, empowered guardian, or parent of a minor.

Further, it is the policy of BABHA that the recipient shall be provided a summary of the Michigan Mental Health Code (MMHC), have that summary thoroughly explained to them, and a copy of the summary and documentation retained in the recipient's clinical record.



Purpose

This policy and procedure is established to ensure that all BABHA recipients give consent for services and are informed of their rights under the MMHC.

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

Definitions

N/A

Procedure

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All recipients receiving services will sign an intake form authorizing services. This policy shall apply to BABHA, and all services operated by or under contract with it. Consent is a written agreement executed by a recipient, a minor recipient's parent, a recipient's legal representative with authority to execute a consent, or a full or limited guardian with the authority to consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment.

- a. Comprehension: An individual must be able to understand what the personal implications of providing consent will be based upon the information provided.
 - b. Knowledge: To consent, a recipient or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The individual requesting consent must make the recipient and/or their legal representative aware of the purpose of the procedure, the risks and benefits, alternative procedures available, and offer an opportunity to ask and receive answers to questions.
 - c. Voluntariness: There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.
1. Consent by the recipient to participate shall be given freely without force, fraud, duress, deceit, overreaching, or other ulterior forms of constraint or coercion including promises or assurances of privileges of freedom.
 2. The recipient or guardian shall be instructed that consent may be withdrawn and services discontinued at any time without prejudice to the recipient or guardian.
 3. All minors under 14 years of age who have a guardian must have a parent or guardian sign authorization for services before any services may be provided, except in the case of an emancipated minor who may authorize services.
 4. An individual must be presumed legally competent, and presumption of competency may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual

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must be presumed legally competent regarding matters that are not within the scope and authority of the guardianship. The Behavior Treatment Committee reviews all requests for guardianship evaluations to assure that all other alternatives to guardianship have been attempted before pursuing guardianship. This evaluation shall be completed by a psychologist not providing direct services to the recipient, assuring that the recipient is the primary beneficiary.

5. In emergency or crisis situations, persons served normally will not be requested to sign an authorization form in order to receive mental health services.
6. Before consenting to receive mental health services, each client shall be informed of their rights including the foregoing information.
7. An individual consenting shall be knowledgeable of what the consent is for. He/she shall be aware of the procedure, risks, other consequences, and other relevant information. Relevant information includes the purpose of the procedures, a description of discomforts, risks and benefits reasonably to be expected, a disclosure of appropriate alternatives advantageous to the recipient, and an offer to answer any questions of the recipient.
8. Informed consent will be reobtained if changes in circumstances substantially change the risks, other consequences or benefits that were previously expected.
9. Individuals under court order shall be offered services and given the opportunity to give consent.
10. A minor, 14 years of age or older, may request and receive mental health services; and mental health professionals may provide services on an outpatient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent or person in loco parentis, unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to minor or another and if the minor is notified of the treating professional's intent to inform. Services provided to a minor will, to the extent possible, promote the minor's relationship to the parent, guardian, or person in loco parentis, and will not undermine the values that the parent, guardian, or person in loco parentis has sought to instill in the minor.

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11. The minor’s parent, guardian, or person in loco parentis, is not informed of the services without the consent of the minor, unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to the minor or another and if the minor is notified of the treating professional’s intent to inform.

12. Services provided to the minor are limited to not more than 12 sessions or four (4) months, or per request. After these expire, the mental health professional terminates the services or, with the consent of the minor, notifies the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services.

13. The minor’s parent, guardian or person in loco parentis is not liable for the costs of services that are received by a minor.



Attachments

N/A

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

Department of Community Health Administrative Rule 330.7003[AR 7003 (3)]

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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
Marlene Wolber	Linda Maze	11/10/09	Revision	Triennial review-format and language updated
		12/31/12	No changes	Triennial review-no changes
Melissa Prusi	Christopher Pinter	6/27/16	No changes	Triennial review-no changes
Melissa Prusi	Christopher Pinter	06/16/2019	No changes	Annual and Triennial review – no changes
Melissa Prusi	Christopher Pinter	08/01/2020	No changes	Annual review
Melissa Prusi	Christopher Pinter	01/25/2021	Revision	Revised to include updated MDHHS ORR Standards
Melissa Prusi	Christopher Pinter	6/23/21	No changes	Triennial review and review for CARF
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial review
Jackie Kish	Christopher Pinter	2/9/26	Revision	Updated MDHHS ORR standards for 2025



Recipient Rights Advisory & Appeals Committee

May and June 2026

Site Reviews:

May 5, 2026

Hope Network-Harbor House-Bay City
Hope Network-Bay House-Bay City

May 7, 2026

BHS-Bangor House-Bay City
BHS-Brookwood Home-Bay City
BHS-Jean Rd Home-Bay City

May 8, 2026

BHS-Kasemeyer Home-Bay City
BHS-Mason Home-Bay City
BHS-Georgetown-Bay City

May 15, 2026

Beacon-The Lodge-Teams meeting
Beacon-Ypsilanti-Teams meeting
VRSI-Rose Home-Auburn

June 1, 2026

APS Employment Services-Saginaw

June 4, 2026

MCSI-Huntington SIP, SIAP-Essexville
MCSI-Madison SIP-Bay City
MCSI-Midland Manor-Bay City

June 10, 2026

MCSI-Knight Rd Home-Essexville
MCSI-Nebobish Home-Essexville
MCSI-Parker Home-Essexville

June 12, 2026

MCSI-Beechwood Home-Bay City

MCSI-Candlestick-Bay City

MCSI-Fisher Home-Bay City

Closer to Home - Due to the home's location in Kalamazoo and because an in-person Recipient Rights site visit had previously been completed, this contact was conducted via Teams. Staff were accommodating throughout the review. Updated materials were mailed in advance and were available at the time of the visit. A video tour was provided, and the home appeared older in style but spacious. The recipient's room was personalized to their preferences and appeared appropriate. Furnishings were minimal but sufficient to meet the residents' needs.

AuGres Care Center- Located in AuGres, this two-story AFC home was originally built with a saloon on the first floor and hotel rooms on the second. BABH contracts for one individual in this home, who has lived there for more than 30 years. The owners also reside in the home, contributing to its family-style environment. The home is licensed for 21 residents, with 13 currently in placement. While the home is older and dated, it was clean, well maintained, and orderly, with no concerns noted during the visit. The home is not handicap accessible due to multiple stairs, narrow doorways, and narrow hallways. Staff appeared nurturing, and all required paperwork and postings were available and up to date.

Bay Human Services-

Grove Home and Almont- Both homes are located in Standish and have identical layouts. They are single-story brick homes with large, open living areas and are handicap accessible throughout. The homes were personalized and decorated, with large outdoor areas for seating. Almont also includes a large sun room off the back. Staff were attentive, and all required paperwork and postings were available and updated.

Valley Residential Services-

Orchard Bay and Elm- Both homes are located in Standish and have identical layouts, similar to the BHS homes. They are single-story brick homes with spacious, open-concept living areas and are handicap accessible throughout. The kitchen, dining, and living room areas flow together well, creating an open and welcoming environment. Hallways are wide, and the bathrooms are large enough to accommodate wheelchairs. The rooms were bright, personalized, and well maintained. Staff were accommodating and eager to ensure all necessary items were available. All required posters and booklets were updated.

Willow Home -Located in Pinconning. Single-story brick home roomy, open-concept living space is fully handicap accessible. The kitchen, dining, and living areas connect so it is spacious. Wide hallways and generously sized bathrooms allow for wheelchair accessibility throughout. The bedrooms were bright, individualized, and well kept. Staff were helpful and attentive, ensuring that needed items were readily available. Required posters and Rights booklets were updated.



Accessibility Plan 20265

Approved by Agency Leadership:

Reviewed by Recipient Rights Advisory Committee: [6/9/25](#)

Full Board Approval Date: [6/19/2025](#)

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Guiding Principles¹

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 proactive 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.

Architectural²

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 by 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 Actions Taken and Evaluation of Effectiveness (N/A if New)	Strategic Leadership Team, Facility Manager, Leadership and S.L.T. 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.

Environmental³

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	<u>Completed</u> July 2025

Attitudinal⁴

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 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 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](#) 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.](#) ~~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 Services (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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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?

	<p>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.</p> <p>E. The EBP survey was completed during FY24 and BABH has prioritized Motivational Interview training during FY25.</p> <p>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 2026.</p>
Status (New; Continue; Completed)	<p>A. Continue</p> <p>B. Continue</p> <p>C. Continue</p> <p>D. Continue</p> <p>E. Continue</p> <p>F. Continue</p>
Planned Completion Date	<p>A. Ongoing</p> <p>B. Complete every three years. Due in 2027.</p> <p>C. Ongoing</p> <p>D. Ongoing</p> <p>E. Ongoing</p> <p>F. April 2026</p>

Barrier(s) to Accessibility	Refusals by inpatient psychiatric hospitals to accept the most seriously ill individuals for admission
Action(s) To Be Taken	<p>A. Continue to participate with the MDHHS implementation of MiCAL, 988, and the MI Bed Registry Process.</p> <p>B. Continue to address during contract negotiations with hospital health systems.</p> <p>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.</p>
Assigned To	<p>A. Emergency/Access Services Manager Stacy Krasinski</p> <p>B. Integrated Service Directors, Nicole Sweet, Joelin Hahn, and Marci Rozek</p> <p>C. Joelin Hahn, Integrated Service Director for Acute Care, EAS Manager Nicole Sweet and Stacy Krasinski, Bay City CRU, LLC</p>
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>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.</p> <p>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.</p> <p>C. BABHA has a successful Mobile Response (MRT) team and has expanded availability to 2nd shift and to Arenac County.</p>
Status (New; Continue; Completed)	<p>A. Continued</p> <p>B. Continued</p> <p>C. Continued</p>

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

Financial⁵

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 FY26⁵ 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 availability 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
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	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	<p>A. BABHA will monitor services provided <u>under all revenue streams</u> and evaluate whether there is potential for a cost saving <u>in any particular service lines</u>.</p> <p>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.</p> <p>C. BABH will monitor <u>State implementation of recent Federal Legislation that impact Medicaid in 2027. This will include and create contingency plans</u> to address changes to <u>eligibility for the Healthy MI Medicaid program and</u>. <u>This will include</u> contingency planning for the BABH General Fund benefit.</p>
Assigned To	<p>A. Chief Financial Officer <u>Marci Rozek</u></p> <p>B. Chief Financial Officer <u>Marci Rozek</u></p> <p>C. Chief Financial Officer, <u>Integrated Service Directors</u> <u>Marci Rozek, Joelin Hahn, Nicole Sweet,</u></p>
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>A. BABHA evaluates Medicaid expenditures during the budget <u>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.</u> Analyzed as contracts were proposed for renewal.</p> <p>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. <u>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.</u></p>
Status (New; Continue; Completed)	<p>A. Continue</p> <p>B. Continue</p> <p>C. New</p>
Planned Completion Date	<p>A. Continue in Fiscal Year 2026⁵</p> <p>B. Continue in Fiscal Year 2026⁵</p> <p>C. New for Fiscal Year 2026⁵</p>

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	<p>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.</p> <p>B. BABHA will monitor those eligible for Autism services and <u>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.</u></p> <p>C. BABHA will implement standard practices to assist with determining scope and duration of services.</p> <p>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.</p>
Assigned To	<p>A. Chief Financial Officer <u>Marci Rozek</u></p> <p>B. Chief Financial Officer, <u>Integrated Service Director for Children</u> <u>Marci Rozek, Joelin Hahn</u></p> <p>C. <u>Integrated Service Director for Children</u> <u>Joelin Hahn</u></p> <p>D. <u>Integrated Service Director for Children</u> <u>Joelin Hahn</u></p>

Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>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.</p> <p>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.</p> <p>C. BABHA revised ABA and Ancillary services to ABA authorizations process. Continue to monitor ABA and Ancillary service utilization</p>
Status (New; Continue; Completed)	<p>A. Continue</p> <p>B. <u>NewContinue</u></p> <p>C. Discontinue and incorporate into D.</p> <p>D. New</p>
Planned Completion Date	<p>A. Continue in Fiscal Year FY20264</p> <p>B. Continue in Fiscal Year 20264</p> <p>C. Discontinue and incorporate into D.</p> <p>D. FY25</p>

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	<p>A. Regional stance on minimal to no per diem increases for the 20276 contract year. Present historical HRA payment amounts.</p> <p>B. Establish a process for the hospital to request 1:1 staffing. BABHA Clinical Manager/Clinical Director to either approve or deny.</p>
Assigned To	<p>A. <u>Chief Financial Officer Marci Rozek</u></p> <p>B. <u>Joelin Hahn Integrated Services Director Acute Care Nicole Sweet</u></p>
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>A. N/A</p> <p>B. N/A</p>
Status (New; Continue; Completed)	<p>A. New</p> <p>B. New. Clinical drafted a process for pre-approval of 1:1 staffing.</p>
Planned Completion Date	<p>A. September 30, 20265</p> <p>B. <u>Julyne 30, 20265</u></p>

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

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 eliminate d segregated work at subminimum wages and mandate ding 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 contracts, 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, Ongoing collaboration continues to improve and improvement with rrelationships 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 Rooker Director of Integrated Services, CLS Program Manager.
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. 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

Communication⁷

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 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 making 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 4 th 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	<u>Recipient Rights/Customer Services Manager Jaeké Kish</u>
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	<u>Director of Health Care Accountability Melissa Prusi</u>
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

Transportation⁸

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 Integration⁹

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

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 Holsinger <u>Director of Integrated Services and CLS Program Manager</u> B. Melanie Corriou <u>Program Manager for IDD Services/HCBS Liaison</u>
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. Restriction/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 <u>CLS Program Manager, Northbay Supervisor.</u> B. Stephanie Rooker <u>CLS Program Manager</u> C. Karen Amon, Melanie Corriou, Stephanie Rooker and Justeen Blair <u>Director of Integrated Services, Clinical Services, Clinical Program Manager-IDD, CLS Program Manager, HH Supervisor.</u>
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.

	<p>B. The 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.</p> <p>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.</p> <p>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.</p>
<p>Status (New; Continue; Completed)</p>	<p>A. Continue. /Eliminate this as it is added above</p> <p>B. Continue.</p> <p>C. Continue.</p> <p>D. New Continue</p>
<p>Planned Completion Date</p>	<p>A. 9/30/24</p> <p>B. 9/30/24</p> <p>C. 9/30/24</p> <p>D-A. 9/30/25</p>

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

Technology¹⁰

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	<u>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.</u>
Action(s) To Be Taken	<u>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.</u>
Assigned To	<u>Director of Health Care Accountability and ITstaff, Melissa Prusi/IS Department</u>
Actions Taken and Evaluation of Effectiveness <small>(N/A if New)</small>	<u>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.</u>
Status <small>(New; Continue; Completed)</small>	<u>A. New B. New C. New D. New</u>
Planned Completion Date	<u>A. Ongoing B. Ongoing C. Ongoing D. Ongoing</u>

Other¹¹

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 Action¹²

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 Report¹³

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 Accommodations¹⁴

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.

May 2026

BABHA Board of Directors

May 2026

Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026

Su	Mo	Tu	We	Th	Fr	Sa
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Apr 26	27	28	29	30	May 1	2
3	4	5	6	7 5:00pm Corporate Compliance Committee	8	9
10	11 5:00pm Recipient Rights Advisory & Appeals Committee	12	13 5:00pm Finance Committee	14 5:00pm Program Committee	15	16
17	18 5:00pm Audit Committee	19	20	21 5:00pm REGULAR BOARD MEETING	22	23
24	25 Memorial Day/BABH Offices Closed	26	27	28	29	30
31	Jun 1	2	3	4	5	6

June 2026

BABHA Board of Directors

DRAFT

June 2026						
Su	Mo	Tu	We	Th	Fr	Sa
7	1	2	3	4	5	6
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2026						
Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	1	2	3	4
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
May 31	Jun 1	2	3	4 5:00pm Facilities & Safety Committee	5	6
7	8 CMHA 2026 Pre-Conference Institute 5:00pm Recipient Rights Advisory & Appeals Committee	9 CMHA Summer Conference	10 CMHA Summer Conference	11 5:00pm Program Committee	12	13
14	15 4:00pm Finance Committee 5:00pm Audit Committee	16	17	18 5:00pm REGULAR BOARD MEETING	19	20
21	22	23	24	25	26	27
28	29 5:00pm Personnel & Compensation Committee	30	Jul 1	2	3	4