

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

Thursday, May 14, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

MEMBERS		AD-HOC MEMBERS
Allison Gruehn, BABH Program Manager - Adult MI/CSM/ACT	Kelli Wilkinson, BABH Supervisor - Children's IMH/HB	Amanda Johnson, BABH Supervisor - ABA/Wraparound
Amy Folsom, BABH Program Manager - Psych/OPT Services	Laura Sandy, MPA Clinical Director & CSM Supervisor	Barb Goss, SPSI COO
Anne Sous, BABH Supervisor - EAS	Lynn Blohm, BABH North Bay Team Supervisor - CLS	Jacquelyn List, List Psychological COO
Brad Parker, BABH Team Leader - Adult I-DD	Megan Smith, List Psychological Site Supervisor	Kathy Johnson, Consumer Council Rep (I/A/J/O)
Chelsea Hewitt, SPSI Asst. Supervisor	Melanie Corrión, BABH Program Manager - Adult ID/DD	Lynn Meads, BABH Medical Records Associate
Courtney Clark, SPSI Supervisor - OPT	Melissa Deuel, BABH Quality & Compliance Coordinator	Michele Perry, BABH Manager - Finance
Emily Gerhardt, BABH Program Manager - Children	Melissa Prusi, BABH Director Health Care Accountability	Moregan LaMarr, SPSI Clinical Director
Emily Simbeck, MPA Supervisor - Adult OPT	Nicole Sweet, BABH Director Integrated Care - Acute	Nathalie Menendes, SPSI COO
Heather Friebe, BABH Director Integrated Care - Arenac	Pam VanWormer, BABH Program Manager - Arenac	Sarah Van Paris, BABH Manager - Nursing
Jackie Kish, BABH Recipient Rights & Customer Services Manager	Sarah Holsinger (Chair), BABH Quality Manager	Stephanie Gunsell, BABH Manager - Contracts
Jaclynn Nolan, SPSI Supervisor - OPT	Sarah Mulvaney, SPSI CSM Supervisor	Taylor Keyes, BABH Team Leader - Adult MI
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	Stacy Krasinski, BABH Program Manager - EAS	GUESTS
Joelle Sporman (Recorder), BABH BI Secretary III	Stephani Rooker, BABH Program Manager - CLS/Horizon	
Karen Amon, BABH Director Integrated Care - Long-term/IDD	Tracy Hagar, MPA Supervisor - Child OPT	

Topic	Key Discussion Points	Action Steps/ Responsibility
1. a. Review of, and Additions to Agenda b. Presentations: None c. Approval of Meeting Notes: February 12, 2026 d. Program/Provider Updates and Concerns	a. There was an addition to the agenda; 4.m. Network Adequacy Assessment. b. There are no presentations this month. c. The February 12th meeting notes were approved as written. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI/Senior Outreach</u> – No updates to report this month. - <u>Arenac</u> – Looking for an Intake/Backup EAS staff. - <u>Children's Services</u> – No updates to report this month. - <u>CLS/North Bay & Horizon</u> – No updates to report this month. - <u>Corporate Compliance</u> – No updates to report this month.	

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	- <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – No updates to report this month. - <u>ID/DD</u> – No updates to report this month. - <u>IT</u> – No updates to report this month. - <u>Medical Records</u> – No updates to report this month. - <u>Physician/OPT Services</u> – No updates to report this month. - <u>Quality</u> – No updates to report this month. - <u>Recipient Rights/Customer Services</u> – Recently hired two new staff. - <u>Self Determination</u> – No updates to report this month. <u>List Psychological</u>: One staff recently received full license. Hired 4 new support staff that will be assisting with referrals and PCE training. <u>MPA</u>: - <u>CSM</u> – One ABA CSM is transitioning to a therapist and that position will not be backfilled. - <u>OPT-A</u> – Staff leaving 4/24/26. - <u>OPT-C</u> – No updates to report this month. <u>Saginaw Psychological</u>: - <u>CSM</u> – Chelsea Hewitt’s last day is 4/13/26. Two new CSMs started. - <u>OPT</u> – Jackie Nolan is the new Bay City Director. They have an Open House on 4/20/26 from 4pm-6pm at their new building.	
2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. <u>QAPIP Annual Plan</u> – Nothing to report this month. b. <u>Organizational Trauma Assessment</u> – Nothing to report this month.	

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3. Reports a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. Recipient Rights Report (Jan, Apr, Jul, Oct) ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. <u>Access to Care & Service Utilization Reports</u> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iii. Customer Service Report (Jan, Apr, Jul, Oct) iv. Employment Data (Dec, Mar, Jun, Sep) d. <u>Regulatory and Contractual Compliance Reports</u> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr, Sep) iv. MSHN DMC Audit Report (Sept when applicable) v. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report	a. <u>QAPIP Quarterly Report</u> – Nothing to report this month. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. Recipient Rights – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder and was emailed to the PNOQMC. ii. <u>RAS</u> – Nothing to report this month. iii. <u>MHSIP/YSS</u> – Nothing to report this month. iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month. c. <u>Access to Care & Service Utilization Reports</u> i. <u>MMBPIS Report</u> – Nothing to report this month. ii. Leadership Dashboard – Melissa went over the leadership dashboard reports. The report is saved in the meeting folder and was emailed to the PNOQMC. iii. Customer Service Report – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder. iv. Employment Data – There are 77 individuals participating in IPS and 70 individuals participating in traditional vocational services. There are 13 individuals that have full time employment and 34 individuals that have part time employment. d. <u>Regulatory and Contractual Compliance Reports</u> i. <u>PI Report</u> – Nothing to report this month. ii. <u>Internal MEV Report</u> – Nothing to report this month. iii. MSHN MEV Audit Report – Nothing to report this month. MSHN MEV review was not finalized at the time of this meeting. iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month. v. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month. e. <u>Ability to Pay Report</u> – Nothing to report this month.	

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	f. <u>Program Capacity Status</u> i. Review of Referral Status Report	f. <u>Referral Status Report</u> – The referral status report is saved in the meeting folder and was emailed to the PNOQMC.	
4.	<u>Discussions/Population Committees/Work Groups</u> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization c. <u>Regulatory Compliance & Electronic Health Record</u> i. Management of Diagnostics d. BABH Policy/Procedure Updates e. <u>Medicaid/Medicare Updates</u> i. Medicare Telehealth Regulations - Update ii. Verification of Insurance: Reminder to have staff check with every contact iii. Healthy MI vs. Full Medicaid Coverage f. <u>General Fund</u> i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination ii. Healthy MI: Assist/Advocate for Full Medicaid	a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations – Nothing to report this month. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> i. Management of Diagnostics – Nothing to report this month. d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month. e. <u>Medicaid/Medicare Updates</u> i. <u>Telehealth Regs</u> – Nothing to report this month. ii. <u>Verification of Insurance</u> – Nothing to report this month. iii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month. f. <u>General Fund</u> i. Spenddown – Take a look at your caseloads to see if you can get the spenddown consumers on full Medicaid. Consumers on a spenddown are not included in the GF plan at this time. ii. Healthy MI: Assist/Advocate for Full Medicaid – Nothing to report this month. iii. FY26 GF Plan Review – Refer to the Adult Eligibility document that is in the folder and sent out to PNOQMC. Individuals who meet the minimum eligibility criteria during the EAS Access Screening will be referred to a BABHA Assessment Specialist. If the assessment supports medical necessity for specialty mental health services, all admissions of eligible consumers for GF supported services must be made through the contracted provider network. Consumers who meet criteria for	f.iii. Joelin/Nicole/Melissa- discuss option of PCE creating a GF bundle for six months. Joelin/Nicole- continue discussing options for groups for consumers Amy to discuss drop down option for level of care at the next EHR meeting.

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iii. FY26 GF Plan Review g. Referrals from Phoenix Queue h. 24 Hours of Children's Training i. Interim Plans j. Expired Assessments k. Update Address at Appointments l. Supervisor Dashboard- deferred to May	specialty mental health services but do not meet the GF referral criteria, will be placed on a GF waitlist, which will be maintained by the BABHA EAS department. For current GF cases, a redetermination should be made at the time of the next IPOS during the PCP process. There was a discussion about whether PCE could create GF bundles that are authorized for only 6 months at a time despite the IPOS extending a full year. Discussed options about what is available for consumer groups. Discussed how the drop down for level of care impacts auths and when it should be changed. If during the treatment episode the individual's symptoms and impairments have stabilized for at least 4-6 week and they no longer meet BABHA GF criteria, the individual should be referred to community resources. g. Referrals from Phoenix Queue – Reminder to check the queue for new referrals. Remind staff when to check the box for new referrals. There is a report that can be run that shows consumers not seen in 90 days that can be used to make sure there aren't consumers that were assigned to your program that you weren't aware of. h. 24 Hours of Children's Training – PNOQMC reviewed the MDHHS memo. MDHHS clarified that the cycle for the 24 hours of training falls within the fiscal year. Training hours will be pro-rated to 2 hours per month if the staff hasn't been working for the full fiscal year. Case consultation/peer supervision documentation needs to contain specific information including the date of the meeting, sign-in sheet showing the staff signature and supervisor/trainer signature, subject/summary of what was discussed, and the number of minutes spent on this topic. BABHA will allow 12 of the 24 training hours to be completed through this option. Staff need to turn in all documentation. Eight hours must be in person/live virtual trainings. Supervisors need to monitor the children's training hours throughout the year to make sure staff are on track to complete the required 24 hours. Supervisors of children's services will also need 24 hours of children's training hours. Staff and supervisors who serve children on the SEDW must attend 16 hours of MDHHS- specific training. i. Interim Plans - CSMs can start the IPOS before the interim plan expires. The CSM would need to early terminate the authorizations in the interim plan. Interim plans are typically dated for 45 days.	

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		j. <u>Expired Assessments</u> – A discussion took place about what to do when an assessment expires yet there is still an active IPOS, because the assessment determines medical necessity. That would mean there would be an IPOS without medical necessity. There needs to be more internal discussion around this discussion. k. <u>Update Address at Appointments</u> – Reminder to ask consumers for an changes to their demographics including address and phone number. l. <u>Supervisor Dashboard</u> – Deferred until May meting	j. Internal discussion about how to address this.
5.	Parking Lot a. Conflict Free CSM	a. Conflict Free CSM – Nothing new to report	
6.	Adjournment/Next Meeting	The meeting adjourned at 3:00 pm. The next meeting is scheduled for April 9, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.	