BOARD OF DIRECTORS
REGULAR MEETING

Thursday, August 20, 2026 at 5:00 pm
Arenac Center, 1000 West Cedar Street, Standish, MI 48658

AGENDA

Page

1. CALL TO ORDER & ROLL CALL

2. PUBLIC INPUT (5 Minute Maximum Per Person)

3. REGULAR BOARD MEETING, 07/16/2026 – Distributed – Pawlak, Ch/ McFarland, V Ch
   3.1 Consideration of a motion to approve the minutes as distributed

4. SPECIAL FACILITIES & SAFETY COMMITTEE, 08/05/2026 – Distributed – Conley, Ch/ Banaszak, V Ch
   There were no motions forwarded to the full board
   4.1 Consideration of a motion to approve the minutes as distributed

5. CORPORATE COMPLIANCE COMMITTEE, 08/06/2026 – Conley, Ch/ Schumacher, V Ch
4-5 5.1 Res# 2608001: Approve the Information Management Strategic & Operational Plan – *See page 4 resolution sheet, page 5 & plan attached to back of packet*
   5.2 Consideration of a motion to approve the minutes as distributed

6. RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE, 08/10/2026 – McFarland, Ch/ Mrozinski, V Ch
   There were no motions forwarded to the full board
   6.1 Consideration of a motion to approve the minutes as distributed

7. FINANCE COMMITTEE, 08/12/2026 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
6-7 7.1 Motion to accept investment earnings balances for period ending July 31, 2026 – *See pages 6-7*
4, 8 7.2 Res# 2608002: Approve the Finance August 2026 contract list – *See page 4 resolution sheet & page 8*
4, 9 7.3 Res# 2608003: Approve purchasing a van lift from Mobility Works – *See page 4 resolution sheet & page 9*
   7.4 Consideration of a motion to approve the minutes as distributed

8. PROGRAM COMMITTEE, 08/13/2026 – Distributed – Girard, Ch/ Schumacher, V Ch
   There were no motions forwarded to the full board
   8.1 Consideration of a motion to approve the minutes as distributed

BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, August 20, 2026 at 5:00 pm
Arenac Center, 1000 West Cedar Street, Standish, MI 48658

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9. AUDIT COMMITTEE, 08/17/2026 – In packet – McFarland, Ch/ Banaszak, V Ch

4, 10-16 9.1 Res# 2608004: Accept financial statements as revised – *See page 4 resolution sheet & pages 10-16*

4, 17-20 9.2 Res# 2608005: Accept electronic fund transfers – *See page 4 resolution sheet & pages 17-20*

4, 21 9.3 Res# 2608006: Approve disbursement & health care claims payments – *See page 4 resolution sheet & page 21*

22-23 9.4 Consideration of a motion to approve the minutes as presented – *See pages 22-23*

10. BOARD MEETING CONTRACT LIST, 08/20/2026

24 10.1 Consideration of a motion to approve the Board meeting August 2026 contract list – *See page 24*

11. REPORT FROM ADMINISTRATION

25 11.1 Midstate Health Network (MSHN) v. MI Department of Health and Human Services Court of Appeals Update – *See page 25*

26-44 11.2 MSHN and Southwest MI Behavioral Health Inter-Regional Discussions – *See pages 26-44*

12. UNFINISHED BUSINESS

12.1 None

13. NEW BUSINESS

13.1 Budget Process Update

45 Schedule a special Board meeting and public hearing for consideration of the fiscal year (FY) 2027 operating budget and final amendment to the FY 2026 operating budget – *See page 45*

13.2 Upcoming Meeting Schedule

a) Special Personnel & Compensation Committee meeting on Wednesday, September 2, 2026 at 5:00 pm for consideration of fiscal year 2027 retiree benefits.

b) Facilities & Safety Committee meeting on Thursday, September 3, 2026 at 5:00 pm.

c) Recipient Rights Advisory & Appeals Committee meeting is rescheduled for 5:00 pm on Tuesday, September 8, 2026 at 5:00 pm due to Labor Day. This meeting will be a mock appeal.

13.3 Holiday Schedule

BABHA Offices will be closed on Monday, September 7, 2026 for Labor Day.

BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, August 20, 2026 at 5:00 pm
Arenac Center, 1000 West Cedar Street, Standish, MI 48658

AGENDA

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13.4 Upcoming Conferences

a) 33rd Annual Recipient Rights Conference at Crystal Mountain is Wednesday, September 16 – Friday, September 18, 2026.

b) Community Mental Health Association Fall Conference at Grand Traverse Resort is Monday, October 26 & Tuesday, October 27, 2026.

14. BOARD MEMBER COMMENTS

15. ADJOURNMENT

BAY ARENAC
BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, August 20, 2026 at 5:00 pm
Arenac Center, 1000 West Cedar Street, Standish, MI 48658

RESOLUTIONS

Corporate Compliance Committee, August 6, 2026

Res#2608001: Resolved by Bay Arenac Behavioral Health Authority to approve the 2026 Information Management Strategic and Operational Plan.

Finance Committee, August 12, 2026

Res# 2608002: Resolved by Bay Arenac Behavioral Health Authority to approve the Finance August 2026 contract list.

Res# 2608003: Resolved by Bay Arenac Behavioral Health Authority to approve purchasing a van lift for a Habilitation Supports Waiver (HSW) Beneficiary from Mobility Works in the amount of $26,086.72.

Audit Committee, August 17, 2026

Res# 2608004: Resolved by Bay Arenac Behavioral Health Authority to approve the Financial Statements for the period ending July 31, 2026 as revised.

Res# 2608005: Resolved by Bay Arenac Behavioral Health Authority to approve the electronic fund transfer (EFTs) for the period ending July 31, 2026.

Res# 2608006: Resolved by Bay Arenac Behavioral Health Authority to approve the disbursements and health care payments from July 12, 2026 through August 14, 2026.

Executive Summary: Information Management Strategic & Operational Plan (2025–2026)

Purpose and Scope

The Information Management Strategic and Operational Plan outlines how BABHA will leverage technology and information systems to support its mission as a Community Mental Health Services Program (CMHSP). The plan guides decision-making related to technology investments, vendor relationships, security, and compliance while aligning with organizational priorities.

Strategic Direction

The plan includes long-term core strategies (3–5 years), environmental scan and risk analysis (1–2 years), and breakthrough initiatives (12–24 months). Planning is led by the Strategic Leadership Team and reviewed annually by the Board.

Key Strategic Priorities

- Maintain secure and reliable infrastructure
- Strengthen cybersecurity and risk management
- Improve data accessibility and reduce duplication
- Support remote work and telehealth
- Enhance staff training and system utilization
- Improve monitoring and user satisfaction

Key Strategic Initiatives & Risks

High priority areas include website accessibility compliance, cybersecurity risk mitigation, cloud cost management, business continuity planning, remote work security, workforce training to lower human element risks, and vendor management.

Key Financial Highlights

- IT Equipment Replacement Investment: Approximately $137,847 – subject to change based on bulk-pricing
- Cloud Computing Environment: Approx. $28,780/month (~$345,000 annually)
- Additional Costs: Telecommunications, software licensing, and vendor-hosted systems
- Financial Risks: Increasing cloud and vendor costs, redundant data storage, and underutilized licenses
- Cost Control Strategies: Vendor review, license optimization, standardized data storage, and cost-effective cloud solutions

Key Takeaways for the Board

BABHA maintains a strong, largely compliant IT infrastructure but faces growing financial pressure from cloud and vendor costs. Key risks include website accessibility compliance, cybersecurity vulnerabilities, and vendor management.

Recommended Board Focus Areas

1. Approve and oversee website accessibility strategy
2. Monitor cloud and vendor cost management
3. Support cybersecurity investments and training
4. Promote efficient and equitable technology access

06/24/2026

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances July 31, 2026

Balance July 1, 2026	10,056,650.48
Balance July 31, 2026	13,926,814.58
Average Daily Balance	13,854,749.03
Estimated Actual/Accrued Interest July 2026	20,835.06
Effective Rate of Interest Earning July 2026	1.80%
Estimated Actual/Accrued Interest Fiscal Year to Date	151,306.67
Effective Rate of Interest Earning Fiscal Year to Date	2.73%

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

Cash Available - Operating Fund

	Rate	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018
Cash in		20,990,024	16,234,403	12,208,234	13,636,279	21,097,480	13,203,400	12,594,625	12,095,878	21,243,634	14,182,106	11,806,450	18,483,283	24,866,824
Cash out		(19,326,275)	(15,720,233)	(13,017,289)	(14,328,710)	(17,939,763)	(14,858,965)	(13,994,743)	(12,739,564)	(17,870,743)	(14,501,842)	(13,531,996)	(19,400,423)	(21,008,342)
Ending Balance Operating Fund		6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018	9,001,500
Investments														
Money Markets		6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018	9,001,500
	90.00													
	180.00													
	180.00													
	270.00													
	270.00													
Total Operating Cash, Cash equivalents, Invested		6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018	9,001,500
Average Rate of Return General Funds		3.37%	3.36%	3.34%	3.06%	2.94%	3.14%	3.00%	2.91%	2.85%	2.81%	2.79%	2.74%	2.67%
		3.26%	3.13%	3.28%	3.06%	2.81%	3.56%	2.56%	2.56%	2.58%	2.60%	2.57%	2.37%	2.43%
average		6,225,964	6,275,939	6,295,231	5,274,202	6,853,061	6,698,662	6,464,678	6,118,252	6,449,450	6,780,648	6,567,821	6,409,509	6,823,653

Cash Available - Other Restricted Funds

	Rate	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		476,260	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314
Cash in		1,679	1,684	1,608	1,628	1,488	1,473	1,444	1,308	1,452	1,410	1,461	1,418	1,418
Cash out														
Ending Balance Other Restricted Funds		477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314	495,732
Investments														
Money Market		477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314	4,925,314
		-	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Restricted Funds		477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314	4,925,314
Average Rate of Return Other Restricted Funds		4.68%	4.63%	4.58%	4.11%	4.11%	3.93%	3.85%	3.78%	3.73%	3.70%	3.67%	3.65%	3.59%
		4.02%	4.15%	4.00%	4.11%	4.11%	3.58%	3.58%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
average		470,615	471,434	472,251	482,860	483,604	484,343	485,074	488,574	486,482	487,190	487,903	488,616	932,285
Total - Bal excludes payroll related cash accounts		6,739,456	7,255,311	6,447,865	5,757,062	8,916,267	7,262,175	5,863,501	8,594,015	8,595,467	8,277,140	6,553,055	5,637,332	13,926,815
Total Average Rate of Return		3.44%	3.38%	3.39%	3.55%	3.33%	3.53%	3.15%	3.08%	3.04%	3.00%	2.99%	2.97%	2.73%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
August 12, 2026

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	S	**Michigan Rehabilitation Services (MRS)** Cash Match Agreement	$15,000/year	Same	10/1/26 - 9/30/27	Y	N/A
2	M	**Flatrock Manor, Inc. (Davison, MI)** Remove Flatrock Creekbend location from the contract	$542.39/day	$0	Termination of this location eff. 8/4/26	Y	N
3	N	**Autism and Neurodiversity Services** Single Case Agreement for one BABHA individual to receive outpatient therapy services through ANS *Initial Assessment - 90791* *Individual Therapy (53+ mins) - 90837* *Individual Therapy (38 - 52 mins) - 90834* *Individual Therapy (16 - 37 mins) - 90832* *Family session w/out client present - 90846* *Family session w/client present - 90847* *Crisis session - 90839* *Add on code for crisis (30 min) - 90840*	$0	$208/event $176/event $120/event $80/event $120/event $176/event $176/event $88/event	8/1/26 - 9/30/27	Y	N
4	M	**Rose Hill, Inc. (Holly, MI)** A second BABHA individual is moving to Rose Hill - Baker House location	$0	$822/day	8/19/26 - 9/30/26	Y	N
5	M	**Better Living AFC LLC (Kentwood, MI)** Residential Type A Services for a BABHA individual that moved from Better Living AFC to Better Living Springmont	$70/hour for 2:1 staffing $35/hour for 1:1 staffing	$449.66/day	7/11/26 - 9/30/26	Y	N
6	N	**Independent Community Living, Inc.** Independent Facilitation Services	$0.00	$225/plan	9/1/26 - 9/30/27	Y	New Provider
Admin/Other Services							
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)							
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS							
7	M	**Mid-State Health Network** MOU for Clubhouse Spenddown Project. Funds available to address consumers' spenddown obligations ~ increase in funds.	$10,000	$16,800	10/1/25 - 9/30/26	Y	N/A
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL							
8	R	**Arthur J Gallagher & Co** Medical Director coverage for Dr. Roderick Smith	$10,166.98	$10,766.98	8/7/26 - 8/7/27	Y	N

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

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

Footnotes:

Bay Arenac Behavioral Health
Report of Bids Received
August 12, 2026

I Description of Goods or Services Subject to the Request for Bids: Purchase of a van lift for an HSW Beneficiary.

II Itemization of Bids Received:

Van Lift		
Bidder Name		**Amount**
The Creative Mobility Group	$	27,730.00
Mobility Works	$	26,086.72
Gresham Driving Aids	$	26,763.00

III Recommendation:
Mobility Works

Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 7/31/2026

Certified for Accuracy

Accounting Manager

Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

Bay Arenac Behavioral Health
REVISED Statement of Net Assets

	Column Identifiers			
	A	B	C	
1	**ASSETS**	**July 31, 2026**	**Sept 30, 2025**	
2	**Current Assets**			
3	Cash and cash equivalents	$7,848,443.76	$4,977,204.09	
4	Consumer and insurance receivables	264,394.90	222,608.46	
5	Due from other governmental units	3,014,998.11	7,373,116.91	
6	Contract and other receivables	221,048.33	204,672.26	
7	Interest receivable	0.00	0.00	
8	Prepaid items	775,102.68	550,641.43	
9	**Total Current Assets**	**12,123,987.78**	**13,328,243.15**	(3+4+5+6+7+8)
10	**Noncurrent Assets**			
11	**Cash and cash Equivalents - restricted**			
12	Restricted for compensated absences	1,549,095.37	1,534,594.77	
13	Restricted temporarily - other	87,008.85	96,790.49	
14	**Cash and Cash Equivalents - restricted**	**1,636,104.22**	**1,631,385.26**	(12+13)
15	**Capital Assets**			
16	Capital assets - land	424,500.00	424,500.00	
17	Capital assets - depreciable, net	6,276,216.75	6,176,859.27	
18	Capital assets - construction in progress	-	-	
19	GASB 87 Right to Use Bldg	2,065,688.58	2,065,688.58	
20	GASB 87 Accum Depr, Lease Amortization	(723,744.92)	(723,744.92)	
21	Accumulated depreciation	(4,103,012.75)	(4,067,067.78)	
22	**Capital Asset, net**	**3,939,647.66**	**3,876,235.15**	(16+17+18+19+20+21)
23	**Total Noncurrent Assets**	**5,575,751.88**	**5,507,620.41**	(14+22)
24	**TOTAL ASSETS**	**17,699,739.66**	**18,835,863.56**	(9+23)
25	**LIABILITIES**			
26	**Current Liabilities**			
27	Accounts payable	0.00	4,328,966.97	
28	Accrued wages and payroll related liabilities	897,367.10	512,532.84	
29	Other accrued liabilities	3,685,765.74	837,694.56	
30	Due to other governmental units	225,038.70	185,683.11	
31	Deferred Revenue	3,931.44	3,948.13	
32	Current portion of long term debt	17,280.78	17,280.78	
33	Other current liabilities	-	-	
34	**Total Current Liabilities**	**4,829,383.76**	**5,886,106.39**	(27+28+29+30+31+32+33)
35	**Noncurrent Liabilities**			
36	Long term debt, net of current portion	198,495.82	212,854.20	
37	GASB 87 Noncurrent Lease Liability	1,209,473.08	1,209,473.08	
38	Compensated absences	1,371,690.92	1,587,891.24	
39	**Total Noncurrent Liabilities**	**2,779,659.82**	**3,010,218.52**	(36+37+38)
40	**TOTAL LIABILITIES**	**7,609,043.58**	**8,896,324.91**	(34+39)
41	**NET ASSETS**			
42	**Fund Balance**			
43	Restricted for capital purposes	3,966,653.00	3,966,653.00	
44	Unrestricted fund balance - PBIP	3,696,831.56	3,258,465.99	
45	Unrestricted fund balance	2,427,211.52	2,714,419.66	
46	**Total Net Assets**	**$10,090,696.08**	**$9,939,538.65**	(43+44+45) and (24-40)

Bay Arenac Behavioral Health
For the Month Ending July 31, 2026
REVISED Summary of All Units

	A	B	C	D	E (C-D)	F (C / D)	G	
		Column Identifiers						
		July Actual	2026 YTD Actual	2026 YTD Budget	Variance	% to Budget	2026 Monthly Budget	
	Income Statement							
1	**REVENUE**							
2	**Risk Contract Revenue**							
3	Medicaid Specialty Supports & Services	3,434,300.08	49,973,768.92	47,899,680.00	2,074,088.92	104%	4,789,968.00	
4	Medicaid Autism	1,175,591.32	13,099,236.01	9,672,407.50	3426828.51	135%	967,240.75	
5	State Genl Fund Priority Population	135,504.00	1,355,045.00	1,355,045.00	0.00	100%	135,504.50	
6	GF Shared Savings Lapse	0.00	0.00	0.00	0.00	0%	0.00	
7	**Total Risk Contract Revenue**	**4,745,395.40**	**64,428,049.93**	**58,927,132.50**	**5,500,917.43**	**109%**	**5,892,713.25**	(3+4+5+6)
8	**Program Service Revenue**							
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00	
10	Other Fee For Service	77,821.17	388,087.03	325,111.67	62,975.36	119%	32,511.17	
11	**Total Program Service Revenue**	**77,821.17**	**388,087.03**	**325,111.67**	**62,975.36**	**119%**	**32,511.17**	(9+10)
12	**Other Revenue**							
13	Grants and Earned Contracts	122,842.60	1,265,295.29	1,530,816.67	(265,521.38)	83%	153,081.67	
14	SSI Reimbursements, 1st/3rd Party	6,645.00	66,113.00	61,520.00	4,593.00	107%	6,152.00	
15	County Appropriation	65,587.83	655,878.30	655,878.74	(0.44)	100%	65,587.87	
16	Interest Income - Working Capital	20,835.02	151,484.12	219,830.83	(68,346.71)	69%	21,983.08	
17	Other Local Income	11,002.03	461,384.08	375,013.33	86,370.75	123%	37,501.33	
18	**Total Other Revenue**	**226,912.48**	**2,600,154.79**	**2,843,059.58**	**(242,904.79)**	**91%**	**284,305.96**	(13+14+15+16+17)
19	**TOTAL REVENUE**	**5,050,129.05**	**67,416,291.75**	**62,095,303.74**	**5,320,988.01**	**109%**	**6,209,530.37**	(7+11+18)
20	**EXPENSE**							
21	**SUPPORTS & SERVICES**							
22	**Provider Claims**							
23	State Facility - Local portion	7,421.63	137,428.14	128,770.00	(8,658.14)	107%	12,877.00	
24	Community Hospital	518,700.40	5,635,955.96	6,387,776.67	751,820.71	88%	638,777.67	
25	Residential Services	1,593,838.98	14,696,765.89	12,270,074.17	(2,426,691.72)	120%	1,227,007.42	
26	Community Supports	3,023,780.67	25,903,311.54	22,633,953.33	(3,269,358.21)	114%	2,263,395.33	
27	**Total Provider Claims**	**5,143,741.68**	**46,373,461.53**	**41,420,574.17**	**(4,952,887.36)**	**112%**	**4,142,057.42**	(23+24+25+26)
28	**Operating Expenses**							
29	Salaries	1,906,678.51	13,379,612.55	12,348,180.00	(1,031,432.55)	108%	1,234,818.00	
30	Fringe Benefits	163,195.24	3,744,841.09	4,059,104.17	314,263.08	92%	405,910.42	
31	Consumer Related	859.69	28,869.18	20,626.67	(8,242.51)	140%	2,062.67	
32	Program Operations	230,327.25	1,732,188.64	1,378,627.87	(353,560.77)	126%	137,862.79	
33	Facility Cost	41,367.07	454,838.78	433,218.33	(21,620.45)	105%	43,321.83	
34	Purchased Services	939.00	10,145.69	18,648.33	8,502.64	54%	1,864.83	
35	Other Operating Expense	125,514.42	1,236,742.34	1,543,687.54	306,945.20	80%	154,368.75	
36	Local Funds Contribution	17,906.00	179,060.00	179,055.83	(4.17)	100%	17,905.58	
37	Interest Expense	582.36	5,961.22	6,408.33	447.11	93%	640.83	
38	Depreciation	12,442.22	119,413.30	133,603.33	14,190.03	89%	13,360.33	
39	**Total Operating Expenses**	**2,499,811.76**	**20,891,672.79**	**20,121,160.41**	**(770,512.38)**	**104%**	**2,012,116.04**	(29+30+31+32+33+34+35+36+37+38)
40	**TOTAL EXPENSES**	**7,643,553.44**	**67,265,134.32**	**61,541,734.58**	**(5,723,399.75)**	**109%**	**6,154,173.46**	(27+39)
41	**NET SURPLUS/(DEFICIT)**	**(2,593,424.39)**	**151,157.43**	**553,569.17**	**(402,411.74)**	**27%**	**55,356.92**	(19-40)

42 **Notes:**

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

BASED ON PEPM FUNDING:

44 Net Medicaid **(shortage)**: ($11,190,023)

45 Medicaid **(shortage)**: ($3,693,413)

46 Healthy Michigan **(shortage)**: ($1,713,977)

47 Autism **(shortage)**: ($5,782,633)

BASED ON APPROVED BUDGET:

48 Net Medicaid **shortage:** ($5,517,205)

49 Medicaid **(Shortage):** ($2,239,512)

50 Healthy Michigan **surplus**: $415,239

51 Autism **(shortage)**: ($3,692,932)

BAY-ARENAC BEHAVIORAL HEALTH
REVISED RECONCILIATION OF FUND BALANCE
AS OF JULY 31, 2026

	TOTALS
Fund Balance 09/30/2025	9,939,538.65
Net (loss)/income July 2026	151,157.43
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 7/31/2026	10,090,696.08
Statement of Net Assets Fund Balance 7/31/2026	10,090,696.08
Difference	-

BAY-ARENAC BEHAVIORAL HEALTH
REVISED RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF JULY 31, 2026

	TOTALS
Unrestricted Fund Balance 9/30/2025	5,972,885.65
Net (loss)/income July 2026	151,157.43
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 7/31/2026	6,124,043.08
Statement of Net Assets Unrestricted Fund Balance 7/31/2026	6,124,043.08
Difference	-

Bay-Arenac Behavioral Health
REVISED Fund Balance Summary

	Sept. 30, 2025 Unrestricted Fund Balance	July 31, 2026 Permanently Restricted	July 31, 2026 Temporarily Restricted	July 31, 2026 Unrestricted/ Reserved	July 31, 2026 Total Fund Balance
Unrestricted	2,714,420	-	-	2,427,212	2,427,212
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	3,258,466	-	-	**3,696,832**	**3,696,832**
Balances	9,939,539	-	-	**10,090,696**	**10,090,696**

BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow

	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27	Jul 27
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Beginning Cash Balance	5,637,332	4,394,238	4,313,825	4,403,269	3,976,573	7,396,159	6,880,604	6,453,907	6,373,494	6,462,939	7,936,242	7,855,829	7,945,273
Total Medicaid	5,260,695	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501
Medicaid - State Plan	1,665,720	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000
Medicaid - iSPA	1,430,966	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286
Medicaid - HSW	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907
Medicaid HMP	337,073	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865
Autism	794,029	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442
Grant Funding													
Total General Fund	135,504	135,505	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504
General Fund	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504
State Facility													
Estimated Misc. Receipts	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	205,900
Client Receipts	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195	9,195
Total Estimated Cash	**11,187,485**	**9,997,197**	**10,032,925**	**10,006,228**	**9,579,532**	**13,115,260**	**12,483,563**	**12,056,867**	**12,092,594**	**12,065,898**	**13,539,201**	**13,574,929**	**13,664,374**
Total Estimated Available Funds	**11,187,485**	**9,997,197**	**10,032,925**	**10,006,228**	**9,579,532**	**13,115,260**	**12,483,563**	**12,056,867**	**12,092,594**	**12,065,898**	**13,539,201**	**13,574,929**	**13,664,374**
Estimated Expenditures:													
1st Payroll	614,285	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Special Pay													
ETO Buyouts													
2nd Payroll	609,246	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Board Per Diem	1,305	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll	614,246					605,000							
1st Friday Claims	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765	1,084,765
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527	830,527
Board Week Bay Batch	699,925	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989
Board Week Claims	722,676	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000
Credit Card	14,240	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000	600,000
5th Friday Claims	1,000,000			400,000			400,000						
Local FFP payment to MSHN		53,717			53,717			53,717			53,717		
Transfer to State of MI													
Transfer from/(to) Reserve Account													
Settlement with MSHN													
Funds from MSHN					(3,500,000)					(1,500,000)			
Transfer to (from) HRA													
Transfer to (from) Investment													
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	**6,793,247**	**5,683,373**	**5,629,656**	**6,029,656**	**2,183,373**	**6,234,656**	**6,029,656**	**5,683,373**	**5,629,656**	**4,129,656**	**5,683,373**	**5,629,656**	**5,629,656**
Estimated Month End Cash Balance	**4,394,238**	**4,313,825**	**4,403,269**	**3,976,573**	**7,396,159**	**6,880,604**	**6,453,907**	**6,373,494**	**6,462,939**	**7,936,242**	**7,855,829**	**7,945,273**	**8,034,718**

Bay-Arenac Behavioral Health

Cash Flow Forecasting
For the Month of August

		Bank Balance	Investment Balance
Estimated Cash Balance August 1, 2026		**4,394,238**	**-**
Investment Purchased/Interest		**-**	
Investments coming due during month		-	-
Estimated Cash Balance August 31, 2026		**4,394,238**	**-**
Estimated Cash Inflow:			
Medicaid Funds:		5,313,501	
General Fund Dollars:		135,505	
Board Receipts:		89,759	
Client Receipts:		55,000	
Funds from Investment:		-	
Interest:		9,195	
Total Estimated Cash Inflow:		**5,602,960**	
Estimated Cash Outflow:			
Payroll Dated:	**08/14/26**	(605,000)	
Payroll Dated:	**08/28/26**	(605,000)	
Board Per Diem Payroll:		(3,343)	
Payroll Dated:		-	
Claims Disbursements:	**08/07/26**	(1,084,765)	
Claims Disbursements:	**08/14/26**	(830,527)	
Claims Disbursements:	**08/21/26**	(875,000)	
A/P Disbursements:	**08/21/26**	(1,023,989)	
Mortgage Payment:	**08/22/26**	(2,032)	
Claims Disbursements:	**08/28/26**	(600,000)	
Claims Disbursements:		-	
Local FFP Payment:		(53,717)	
Transfer to Reserve Acct:		-	
HRA transfer:		-	
Transfer to(from) MSHN:		-	
Transfer to State of MI		-	
Purchased Investment		-	
Total Estimated Cash Outflow:		**(5,683,373)**	
Estimated Cash Balance on July 31, 2026		4,313,826	-

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

Funds Paid from/ Transferred from:	Funds Paid to/ Transferred to:	Amount	Date of Payment	Description	Authorized By
Flagstar Bank	Flagstar Bank	808,328.00	7/1/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,483.25	7/1/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	595,000.00	7/1/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	6,260,000.00	7/2/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	14,983.24	7/6/2026	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	15,000.00	7/6/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	140,000.00	7/7/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,868,549.91	7/9/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	305,000.00	7/9/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	900,000.00	7/10/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	585,000.00	7/15/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	610,000.00	7/16/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,784,192.08	7/16/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,284.35	7/16/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	295,000.00	7/17/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	7/22/2026	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	1,100,120.19	7/24/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	3,615,000.00	7/24/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	866,409.01	7/30/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	605,000.00	7/30/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,284.35	7/30/2026	Transfer from General Account to Flex Spending Account	Marci Rozek

Total Transfers: **20,382,666.34**

Marci Rozek

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

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

Funds Paid from:	EFT #	Funds Paid to:	Amount	Date of Pmt	Authorized By
Flagstar Bank	E10718	LIBERTY LIVING, INC.	32,903.95	7/2/2026	Marci Rozek
Flagstar Bank	E10719	HEALTHSOURCE	73,491.20	7/2/2026	Marci Rozek
Flagstar Bank	E10720	CEDAR CREEK HOSPITAL	5,645.00	7/2/2026	Marci Rozek
Flagstar Bank	E10721	PHC OF MICHIGAN - HARBOR OAKS	11,440.00	7/2/2026	Marci Rozek
Flagstar Bank	E10722	MPA GROUP NFP, Ltd.	30,010.51	7/2/2026	Marci Rozek
Flagstar Bank	E10723	LIST PSYCHOLOGICAL SERVICES	661.00	7/2/2026	Marci Rozek
Flagstar Bank	E10724	SAGINAW PSYCHOLOGICAL SERVICES	30,235.65	7/2/2026	Marci Rozek
Flagstar Bank	E10725	PARAMOUNT REHABILITATION	1,415.12	7/2/2026	Marci Rozek
Flagstar Bank	E10726	DO-ALL, INC.	10,810.75	7/2/2026	Marci Rozek
Flagstar Bank	E10727	Winningham, Linda Jo	2,744.00	7/2/2026	Marci Rozek
Flagstar Bank	E10728	Nutrition for Wellness	250.00	7/2/2026	Marci Rozek
Flagstar Bank	E10729	WILSON, STUART T. CPA, P.C.	102,217.36	7/2/2026	Marci Rozek
Flagstar Bank	E10730	CAREBUILDERS AT HOME, LLC	29,427.97	7/2/2026	Marci Rozek
Flagstar Bank	E10731	AUTISM SYSTEMS LLC	3,310.50	7/2/2026	Marci Rozek
Flagstar Bank	E10732	CENTRIA HEALTHCARE LLC	116,200.50	7/2/2026	Marci Rozek
Flagstar Bank	E10733	Flourish Services, LLL	46,405.00	7/2/2026	Marci Rozek
Flagstar Bank	E10734	GAME CHANGER PEDIATRIC THERAPY	61,857.25	7/2/2026	Marci Rozek
Flagstar Bank	E10735	Spectrum Autism Center	23,581.50	7/2/2026	Marci Rozek
Flagstar Bank	E10736	ENCOMPASS THERAPY CENTER LLC	64,919.70	7/2/2026	Marci Rozek
Flagstar Bank	E10737	MERCY PLUS HEALTHCARE SERVICES LLC	14,402.04	7/2/2026	Marci Rozek
Flagstar Bank	E10738	HEALING WITH HEART	100.00	7/2/2026	Marci Rozek
Flagstar Bank	E10739	APS EMPLOYMENT SERVICES, INC	5,836.20	7/2/2026	Marci Rozek
Flagstar Bank	E10740	PARAMOUNT CHILDRENS THERAPY CENTER IN	19,218.00	7/2/2026	Marci Rozek
Flagstar Bank	E10741	ASSISTANCE TO INDEPENDENCE HOME CARE S	262.80	7/2/2026	Marci Rozek
Flagstar Bank	E10742	PETER CHANG ENTERPRISES, INC.	23,331.44	7/2/2026	Marci Rozek
Flagstar Bank	E10743	Smith, Alexus	312.56	7/2/2026	Marci Rozek
Flagstar Bank	E10744	AUGRES CARE CENTER, INC	3,718.20	7/10/2026	Marci Rozek
Flagstar Bank	E10745	HAVENWYCK HOSPITAL	17,863.99	7/10/2026	Marci Rozek
Flagstar Bank	E10746	HOPE NETWORK BEHAVIORAL HEALTH	39,558.32	7/10/2026	Marci Rozek
Flagstar Bank	E10747	Hope Network Southeast	132,023.60	7/10/2026	Marci Rozek
Flagstar Bank	E10748	Fitzhugh House, LLC	10,779.98	7/10/2026	Marci Rozek
Flagstar Bank	E10749	ARNOLD CENTER, INC.	125.21	7/10/2026	Marci Rozek
Flagstar Bank	E10750	Bay Human Services, Inc.	263,410.93	7/10/2026	Marci Rozek
Flagstar Bank	E10751	Mid Michigan Specialized Residential, LLC	68,671.49	7/10/2026	Marci Rozek
Flagstar Bank	E10752	MICHIGAN COMMUNITY SERVICES IN	299,943.46	7/10/2026	Marci Rozek
Flagstar Bank	E10753	CENTRAL STATE COMM. SERVICES	28,621.44	7/10/2026	Marci Rozek
Flagstar Bank	E10754	LIBERTY LIVING, INC.	66,871.32	7/10/2026	Marci Rozek
Flagstar Bank	E10755	SUPERIOR CARE OF MICHIGAN LLC	8,298.00	7/10/2026	Marci Rozek
Flagstar Bank	E10756	Closer to Home, LLC	7,771.20	7/10/2026	Marci Rozek
Flagstar Bank	E10757	NORTH SHORES CENTER LLC	1,324.20	7/10/2026	Marci Rozek
Flagstar Bank	E10758	HEALTHSOURCE	79,199.60	7/10/2026	Marci Rozek
Flagstar Bank	E10759	FOREST VIEW HOSPITAL	10,098.00	7/10/2026	Marci Rozek
Flagstar Bank	E10760	MPA GROUP NFP, Ltd.	28,138.56	7/10/2026	Marci Rozek
Flagstar Bank	E10761	LIST PSYCHOLOGICAL SERVICES	662.48	7/10/2026	Marci Rozek
Flagstar Bank	E10762	SAGINAW PSYCHOLOGICAL SERVICES	21,525.19	7/10/2026	Marci Rozek
Flagstar Bank	E10763	PARAMOUNT REHABILITATION	1,826.80	7/10/2026	Marci Rozek
Flagstar Bank	E10764	DO-ALL, INC.	10,046.29	7/10/2026	Marci Rozek
Flagstar Bank	E10765	TOUCHSTONE SERVICES, INC	17,094.65	7/10/2026	Marci Rozek
Flagstar Bank	E10766	Winningham, Linda Jo	839.00	7/10/2026	Marci Rozek
Flagstar Bank	E10767	WILSON, STUART T. CPA, P.C.	77,252.15	7/10/2026	Marci Rozek
Flagstar Bank	E10768	CAREBUILDERS AT HOME, LLC	4,885.76	7/10/2026	Marci Rozek
Flagstar Bank	E10769	CENTRIA HEALTHCARE LLC	52,798.50	7/10/2026	Marci Rozek
Flagstar Bank	E10770	Flourish Services, LLL	102,564.25	7/10/2026	Marci Rozek
Flagstar Bank	E10771	GAME CHANGER PEDIATRIC THERAPY	70,133.25	7/10/2026	Marci Rozek
Flagstar Bank	E10772	Spectrum Autism Center	35,997.00	7/10/2026	Marci Rozek
Flagstar Bank	E10773	ENCOMPASS THERAPY CENTER LLC	72,076.00	7/10/2026	Marci Rozek
Flagstar Bank	E10774	MERCY PLUS HEALTHCARE SERVICES LLC	35,673.02	7/10/2026	Marci Rozek
Flagstar Bank	E10775	HEALING WITH HEART	100.00	7/10/2026	Marci Rozek
Flagstar Bank	E10776	BAY CITY CRU	500.00	7/10/2026	Marci Rozek
Flagstar Bank	E10777	APS EMPLOYMENT SERVICES, INC	5,365.12	7/10/2026	Marci Rozek
Flagstar Bank	E10778	MONTCLAIR SPECIALIZED RESIDENTIAL LLC	75,585.60	7/10/2026	Marci Rozek
Flagstar Bank	E10779	PARAMOUNT CHILDRENS THERAPY CENTER IN	24,312.00	7/10/2026	Marci Rozek
Flagstar Bank	E10780	KEITH SPECIALIZED RESIDENTIAL SERVICES LL	23,336.19	7/10/2026	Marci Rozek
Flagstar Bank	E10781	A GLOBAL HOMECARE	9,000.00	7/10/2026	Marci Rozek
Flagstar Bank	E10782	New Dimensions	5,817.51	7/10/2026	Marci Rozek
Flagstar Bank	E10783	RESERVE ACCOUNT- 15118730	700.00	7/10/2026	Marci Rozek
Flagstar Bank	E10784	HOPE NETWORK BEHAVIORAL HEALTH	534.07	7/17/2026	Marci Rozek
Flagstar Bank	E10785	BEACON SPECIALIZED LIVING SVS	4,650.00	7/17/2026	Marci Rozek
Flagstar Bank	E10786	ARNOLD CENTER, INC.	42,849.44	7/17/2026	Marci Rozek
Flagstar Bank	E10787	Bay Human Services, Inc.	61,499.12	7/17/2026	Marci Rozek
Flagstar Bank	E10788	LIBERTY LIVING, INC.	33,670.42	7/17/2026	Marci Rozek
Flagstar Bank	E10789	HEALTHSOURCE	7,190.00	7/17/2026	Marci Rozek
Flagstar Bank	E10790	PHC OF MICHIGAN - HARBOR OAKS	8,800.00	7/17/2026	Marci Rozek

Flagstar Bank	E10791	MPA GROUP NFP, Ltd.	26,384.38	7/17/2026	Marci Rozek
Flagstar Bank	E10792	LIST PSYCHOLOGICAL SERVICES	1,766.86	7/17/2026	Marci Rozek
Flagstar Bank	E10793	SAGINAW PSYCHOLOGICAL SERVICES	32,384.73	7/17/2026	Marci Rozek
Flagstar Bank	E10794	PARAMOUNT REHABILITATION	11,636.32	7/17/2026	Marci Rozek
Flagstar Bank	E10795	DO-ALL, INC.	6,637.62	7/17/2026	Marci Rozek
Flagstar Bank	E10796	New Dimensions	9,133.00	7/17/2026	Marci Rozek
Flagstar Bank	E10797	TOUCHSTONE SERVICES, INC	10,523.25	7/17/2026	Marci Rozek
Flagstar Bank	E10798	Winningham, Linda Jo	1,952.00	7/17/2026	Marci Rozek
Flagstar Bank	E10799	Nutrition for Wellness	312.10	7/17/2026	Marci Rozek
Flagstar Bank	E10800	WILSON, STUART T. CPA, P.C.	98,372.12	7/17/2026	Marci Rozek
Flagstar Bank	E10801	CAREBUILDERS AT HOME, LLC	33,501.94	7/17/2026	Marci Rozek
Flagstar Bank	E10802	AUTISM SYSTEMS LLC	9,308.68	7/17/2026	Marci Rozek
Flagstar Bank	E10803	CENTRIA HEALTHCARE LLC	46,818.00	7/17/2026	Marci Rozek
Flagstar Bank	E10804	Flourish Services, LLL	45,101.75	7/17/2026	Marci Rozek
Flagstar Bank	E10805	GAME CHANGER PEDIATRIC THERAPY	63,237.25	7/17/2026	Marci Rozek
Flagstar Bank	E10806	Spectrum Autism Center	31,392.00	7/17/2026	Marci Rozek
Flagstar Bank	E10807	ENCOMPASS THERAPY CENTER LLC	63,728.31	7/17/2026	Marci Rozek
Flagstar Bank	E10808	MERCY PLUS HEALTHCARE SERVICES LLC	36,167.89	7/17/2026	Marci Rozek
Flagstar Bank	E10809	Positive Behavior Supports Corporation	25,968.00	7/17/2026	Marci Rozek
Flagstar Bank	E10810	NOBLE PATHWAY PEDIATRIC THERAPY	14,586.00	7/17/2026	Marci Rozek
Flagstar Bank	E10811	HEALING WITH HEART	100.00	7/17/2026	Marci Rozek
Flagstar Bank	E10812	MAXIM HEALTHCARE SEVICES, INC.	10,651.52	7/17/2026	Marci Rozek
Flagstar Bank	E10813	APS EMPLOYMENT SERVICES, INC	4,141.58	7/17/2026	Marci Rozek
Flagstar Bank	E10814	PARAMOUNT CHILDRENS THERAPY CENTER IN	16,834.50	7/17/2026	Marci Rozek
Flagstar Bank	E10815	BETTER LIVING AFC LLC	59,894.35	7/17/2026	Marci Rozek
Flagstar Bank	E10816	ASSISTANCE TO INDEPENDENCE HOME CARE S	111.04	7/17/2026	Marci Rozek
Flagstar Bank	E10817	LISTENING EAR CRISIS CENTER	107,101.80	7/17/2026	Marci Rozek
Flagstar Bank	E10818	ARQUETTE, LORI	308.63	7/17/2026	Marci Rozek
Flagstar Bank	E10819	BICKEL, MEREDITH	62.35	7/17/2026	Marci Rozek
Flagstar Bank	E10820	BINKLEY, CASEY	317.55	7/17/2026	Marci Rozek
Flagstar Bank	E10821	BRUNO, AMBER	332.05	7/17/2026	Marci Rozek
Flagstar Bank	E10822	Bryan, Kelly	194.70	7/17/2026	Marci Rozek
Flagstar Bank	E10823	BYRNE, RICHARD	199.38	7/17/2026	Marci Rozek
Flagstar Bank	E10824	Castillo, Mariah	226.20	7/17/2026	Marci Rozek
Flagstar Bank	E10825	CERESKE, KIM	146.95	7/17/2026	Marci Rozek
Flagstar Bank	E10826	COOK, BRIANNA	31.18	7/17/2026	Marci Rozek
Flagstar Bank	E10827	Cook, Jordyn	244.33	7/17/2026	Marci Rozek
Flagstar Bank	E10828	Deshano, Jennifer	168.20	7/17/2026	Marci Rozek
Flagstar Bank	E10829	DODGE, JENNIFER	112.52	7/17/2026	Marci Rozek
Flagstar Bank	E10830	FRIEBE, HEATHER	50.75	7/17/2026	Marci Rozek
Flagstar Bank	E10831	GRUSNICK, ASHLEE	130.07	7/17/2026	Marci Rozek
Flagstar Bank	E10832	VIAN, SUSAN	366.03	7/17/2026	Marci Rozek
Flagstar Bank	E10833	HEWTTY, MARIA	211.42	7/17/2026	Marci Rozek
Flagstar Bank	E10834	KING, SHELLEY	263.53	7/17/2026	Marci Rozek
Flagstar Bank	E10835	Kish, Jackie	558.98	7/17/2026	Marci Rozek
Flagstar Bank	E10836	Kohn, Jessica	827.93	7/17/2026	Marci Rozek
Flagstar Bank	E10837	Lagalo, Lori	503.59	7/17/2026	Marci Rozek
Flagstar Bank	E10838	Lasceski, Jennifer	247.95	7/17/2026	Marci Rozek
Flagstar Bank	E10839	Lemiesz, Rachel	694.26	7/17/2026	Marci Rozek
Flagstar Bank	E10840	LUPCKE, TRACI	113.83	7/17/2026	Marci Rozek
Flagstar Bank	E10841	BEYER, NICOLE	321.90	7/17/2026	Marci Rozek
Flagstar Bank	E10842	McClure, Laurel	232.51	7/17/2026	Marci Rozek
Flagstar Bank	E10843	Musselman, Amy	38.50	7/17/2026	Marci Rozek
Flagstar Bank	E10844	NEWMAN, CHRISTAL	40.60	7/17/2026	Marci Rozek
Flagstar Bank	E10845	Niemiec, Kathleen	306.53	7/17/2026	Marci Rozek
Flagstar Bank	E10846	NIX, HEATHER	60.18	7/17/2026	Marci Rozek
Flagstar Bank	E10847	O'BRIEN, CAROLE	182.70	7/17/2026	Marci Rozek
Flagstar Bank	E10848	OSUNA, ALANNA	185.09	7/17/2026	Marci Rozek
Flagstar Bank	E10849	RAYL, ANDREA	233.80	7/17/2026	Marci Rozek
Flagstar Bank	E10850	Rechsteiner, Elise	190.02	7/17/2026	Marci Rozek
Flagstar Bank	E10851	Schneider, Maryssa	355.54	7/17/2026	Marci Rozek
Flagstar Bank	E10852	Schumacher, Pamela	40.02	7/17/2026	Marci Rozek
Flagstar Bank	E10853	Strode, Eric	5.10	7/17/2026	Marci Rozek
Flagstar Bank	E10854	Tenney, Ben	126.01	7/17/2026	Marci Rozek
Flagstar Bank	E10855	VASCONCELOS, FLAVIA	377.09	7/17/2026	Marci Rozek
Flagstar Bank	E10856	WATSON, MELODY	216.05	7/17/2026	Marci Rozek
Flagstar Bank	E10857	Woodcock, Timothy	416.15	7/17/2026	Marci Rozek
Flagstar Bank	E10858	SAGINAW PSYCHOLOGICAL SERVICES	341.00	7/17/2026	Marci Rozek
Flagstar Bank	E10859	A2Z CLEANING & RESTORATION INC.	3,092.00	7/17/2026	Marci Rozek
Flagstar Bank	E10860	Applied Innovation	55.35	7/17/2026	Marci Rozek
Flagstar Bank	E10861	Bromberg & Associates, LLC	50.00	7/17/2026	Marci Rozek
Flagstar Bank	E10862	Clean Team, Inc.	1,950.00	7/17/2026	Marci Rozek
Flagstar Bank	E10863	FLEX ADMINISTRATORS INC	444.20	7/17/2026	Marci Rozek
Flagstar Bank	E10864	Griffin Transit	59.00	7/17/2026	Marci Rozek
Flagstar Bank	E10865	HAMPTON AUTO REPAIR	3,446.86	7/17/2026	Marci Rozek
Flagstar Bank	E10866	HOSPITAL PSYCHIATRY PLLC	50,916.67	7/17/2026	Marci Rozek
Flagstar Bank	E10867	Iris Telehealth Medical Group, PA	130,405.00	7/17/2026	Marci Rozek
Flagstar Bank	E10868	KING COMMUNICATIONS	161.60	7/17/2026	Marci Rozek
Flagstar Bank	E10869	McCoy Heating and Cooling	712.70	7/17/2026	Marci Rozek
Flagstar Bank	E10870	MICHIGAN MEDICAL AND REHABILITATION SUPF	499.00	7/17/2026	Marci Rozek
Flagstar Bank	E10871	MOVVA, USHA	13,900.00	7/17/2026	Marci Rozek
Flagstar Bank	E10872	NETSOURCE ONE, INC.	33,074.07	7/17/2026	Marci Rozek
Flagstar Bank	E10873	New Dimensions, Inc.	860.00	7/17/2026	Marci Rozek

Flagstar Bank	E10874	PRO-SCAPE, INC.	350.40	7/17/2026	Marci Rozek
Flagstar Bank	E10875	RESERVE ACCOUNT- 15118730	500.00	7/17/2026	Marci Rozek
Flagstar Bank	E10876	RINGCENTRAL INC	69.30	7/17/2026	Marci Rozek
Flagstar Bank	E10877	SHRED EXPERTS LLC	404.00	7/17/2026	Marci Rozek
Flagstar Bank	E10878	Staples	5,996.68	7/17/2026	Marci Rozek
Flagstar Bank	E10879	STATE OF MICHIGAN DEPT OF COMM HEALTH A	1,415.63	7/17/2026	Marci Rozek
Flagstar Bank	E10880	VanWert, Laurie	50.80	7/17/2026	Marci Rozek
Flagstar Bank	E10881	V.O.I.C.E., INC.	653.65	7/17/2026	Marci Rozek
Flagstar Bank	E10882	Waystar Health - ZirMed, Inc.	220.88	7/17/2026	Marci Rozek
Flagstar Bank	E10883	Yeo & Yeo Technology	80.00	7/17/2026	Marci Rozek
Flagstar Bank	E10884	ZOOM VIDEO COMMUNICATIONS INC	735.09	7/17/2026	Marci Rozek
Flagstar Bank	E10885	HAVENWYCK HOSPITAL	34,787.77	7/24/2026	Marci Rozek
Flagstar Bank	E10886	Fitzhugh House, LLC	12,459.86	7/24/2026	Marci Rozek
Flagstar Bank	E10887	ARNOLD CENTER, INC.	14,199.24	7/24/2026	Marci Rozek
Flagstar Bank	E10888	Bay Human Services, Inc.	181,490.70	7/24/2026	Marci Rozek
Flagstar Bank	E10889	LIBERTY LIVING, INC.	33,527.28	7/24/2026	Marci Rozek
Flagstar Bank	E10890	PHC OF MICHIGAN - HARBOR OAKS	21,620.71	7/24/2026	Marci Rozek
Flagstar Bank	E10891	MPA GROUP NFP, Ltd.	26,546.06	7/24/2026	Marci Rozek
Flagstar Bank	E10892	SAGINAW PSYCHOLOGICAL SERVICES	20,080.19	7/24/2026	Marci Rozek
Flagstar Bank	E10893	PARAMOUNT REHABILITATION	5,140.40	7/24/2026	Marci Rozek
Flagstar Bank	E10894	DO-ALL, INC.	8,219.31	7/24/2026	Marci Rozek
Flagstar Bank	E10895	New Dimensions	13,350.64	7/24/2026	Marci Rozek
Flagstar Bank	E10896	TOUCHSTONE SERVICES, INC	7,249.50	7/24/2026	Marci Rozek
Flagstar Bank	E10897	Winningham, Linda Jo	1,044.00	7/24/2026	Marci Rozek
Flagstar Bank	E10898	Nutrition for Wellness	609.60	7/24/2026	Marci Rozek
Flagstar Bank	E10899	WILSON, STUART T. CPA, P.C.	83,082.74	7/24/2026	Marci Rozek
Flagstar Bank	E10900	CAREBUILDERS AT HOME, LLC	3,726.78	7/24/2026	Marci Rozek
Flagstar Bank	E10901	CENTRIA HEALTHCARE LLC	53,458.50	7/24/2026	Marci Rozek
Flagstar Bank	E10902	Flourish Services, LLL	33,329.75	7/24/2026	Marci Rozek
Flagstar Bank	E10903	GAME CHANGER PEDIATRIC THERAPY	73,155.75	7/24/2026	Marci Rozek
Flagstar Bank	E10904	Spectrum Autism Center	31,938.00	7/24/2026	Marci Rozek
Flagstar Bank	E10905	ENCOMPASS THERAPY CENTER LLC	65,150.88	7/24/2026	Marci Rozek
Flagstar Bank	E10906	MERCY PLUS HEALTHCARE SERVICES LLC	33,005.32	7/24/2026	Marci Rozek
Flagstar Bank	E10907	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	7/24/2026	Marci Rozek
Flagstar Bank	E10908	HEALING WITH HEART	200.00	7/24/2026	Marci Rozek
Flagstar Bank	E10909	MAXIM HEALTHCARE SEVICES, INC.	650.88	7/24/2026	Marci Rozek
Flagstar Bank	E10910	APS EMPLOYMENT SERVICES, INC	7,363.84	7/24/2026	Marci Rozek
Flagstar Bank	E10911	PARAMOUNT CHILDRENS THERAPY CENTER IN	23,331.00	7/24/2026	Marci Rozek
Flagstar Bank	E10912	ASSISTANCE TO INDEPENDENCE HOME CARE S	315.36	7/24/2026	Marci Rozek
Flagstar Bank	E10913	RUSTIC RIDGE SPECIALIZED RESIDENTIAL SER	40,852.80	7/24/2026	Marci Rozek
Flagstar Bank	E10914	CENTRALSQUARE MEDWORXX SOLUTIONS	6,519.99	7/24/2026	Marci Rozek
Flagstar Bank	E10915	ENTERPRISE FM TRUST	7,312.76	7/24/2026	Marci Rozek
Flagstar Bank	E10916	NETSOURCE ONE, INC.	70.00	7/24/2026	Marci Rozek
Flagstar Bank	E10917	RESERVE ACCOUNT- 15118730	400.00	7/24/2026	Marci Rozek
Flagstar Bank	E10918	HAVENWYCK HOSPITAL	9,402.10	7/31/2026	Marci Rozek
Flagstar Bank	E10919	Hope Network Southeast	4,403.07	7/31/2026	Marci Rozek
Flagstar Bank	E10920	ARNOLD CENTER, INC.	10,527.98	7/31/2026	Marci Rozek
Flagstar Bank	E10921	Bay Human Services, Inc.	1,140.88	7/31/2026	Marci Rozek
Flagstar Bank	E10922	MICHIGAN COMMUNITY SERVICES IN	72,753.31	7/31/2026	Marci Rozek
Flagstar Bank	E10923	LIBERTY LIVING, INC.	33,454.44	7/31/2026	Marci Rozek
Flagstar Bank	E10924	HEALTHSOURCE	44,277.20	7/31/2026	Marci Rozek
Flagstar Bank	E10925	PHC OF MICHIGAN - HARBOR OAKS	12,320.00	7/31/2026	Marci Rozek
Flagstar Bank	E10926	MPA GROUP NFP, Ltd.	28,916.72	7/31/2026	Marci Rozek
Flagstar Bank	E10927	LIST PSYCHOLOGICAL SERVICES	2,214.49	7/31/2026	Marci Rozek
Flagstar Bank	E10928	SAGINAW PSYCHOLOGICAL SERVICES	23,336.23	7/31/2026	Marci Rozek
Flagstar Bank	E10929	PARAMOUNT REHABILITATION	5,921.76	7/31/2026	Marci Rozek
Flagstar Bank	E10930	DO-ALL, INC.	10,951.74	7/31/2026	Marci Rozek
Flagstar Bank	E10931	Nutrition for Wellness	428.20	7/31/2026	Marci Rozek
Flagstar Bank	E10932	WILSON, STUART T. CPA, P.C.	74,116.45	7/31/2026	Marci Rozek
Flagstar Bank	E10933	CAREBUILDERS AT HOME, LLC	31,018.67	7/31/2026	Marci Rozek
Flagstar Bank	E10934	CENTRIA HEALTHCARE LLC	53,122.50	7/31/2026	Marci Rozek
Flagstar Bank	E10935	GAME CHANGER PEDIATRIC THERAPY	65,481.50	7/31/2026	Marci Rozek
Flagstar Bank	E10936	Spectrum Autism Center	28,762.50	7/31/2026	Marci Rozek
Flagstar Bank	E10937	ENCOMPASS THERAPY CENTER LLC	58,373.82	7/31/2026	Marci Rozek
Flagstar Bank	E10938	Positive Behavior Supports Corporation	11,271.00	7/31/2026	Marci Rozek
Flagstar Bank	E10939	AUTISM AND NEURODIVERSITY SERVICES LLC	600.00	7/31/2026	Marci Rozek
Flagstar Bank	E10940	HEALING WITH HEART	200.00	7/31/2026	Marci Rozek
Flagstar Bank	E10941	APS EMPLOYMENT SERVICES, INC	5,087.52	7/31/2026	Marci Rozek
Flagstar Bank	E10942	PARAMOUNT CHILDRENS THERAPY CENTER IN	23,017.50	7/31/2026	Marci Rozek
Flagstar Bank	E10943	LISTENING EAR CRISIS CENTER	1,193.44	7/31/2026	Marci Rozek
Flagstar Bank	E10944	Clean Team, Inc.	228.00	7/31/2026	Marci Rozek
Flagstar Bank	E10945	PETER CHANG ENTERPRISES, INC.	23,343.93	7/31/2026	Marci Rozek
Flagstar Bank	E10946	Walgreen Co	1,083.00	7/31/2026	Marci Rozek
Flagstar Bank	E10947	WEX BANK	5,968.61	7/31/2026	Marci Rozek

Total Withdrawals: **5,100,268.52**

Marci Rozek

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

BAY ARENAC
BEHAVIORAL HEALTH

INTEROFFICE CORRESPONDENCE

August 16, 2026

To: Sara McRae, Executive Assistant to the CEO

From: Jessica Estabrook, Accounting Manager
Michele Perry, Finance Manager

Re: Disbursement Audit Information for Audit Committee

The following is a summary of disbursements as presented

Administration and Services for Behavioral Health

07/17/26 Checks Sequence: #102952-103003, ACH E10818-E10884

Employee travel, conference	$	10,861.05
Purchase Order Invoices	$	5,996.68
Invoices for Routine Maintence, purchase requisitions, & recurring	$	683,067.71
SUBTOTAL - Monthly Batch	**$**	**699,925.44**

ITEMS FOR REVIEW:

EFT transfer - Credit Card 08/06/2026	**$**	**14,240.22**

Weekly Special Checks:

07/24/2026 Checks 103010-103015, E10914-E10917	$	36,129.89
07/31/2026 Checks 103017-103022, E10944-E10947	$	33,454.08
08/07/2026 Checks 103025-103033, E10969-E10973	$	47,738.97
08/14/2026 Checks 103040 - 103042, E11018	$	62,291.57
SUBTOTAL - Special Checks	**$**	**179,614.51**

Health Care payments

07/17/26 Checks 102942-102951, ACH Pmts E10784-E10817	$	1,084,764.76
07/24/26 Checks 103004-103009, ACH Pmts E100885-E10913	$	830,526.86
07/31/26 Checks 103016-103016, ACH Pmts E10918-E10943	$	722,675.71
8/7/2026 Checks 103034-103039, ACH Pmts E10974-E11017	$	636,051.99
8/14/2026	$	2,132,628.19
SUBTOTAL - Health Care Payments	**$**	**5,406,647.51**
TOTAL DISBURSEMENTS	**$**	**6,300,427.68**

Prepared by: Jessica Estabrook

Reviewed by: Marci Bagley

MINUTES

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
AUDIT COMMITTEE MEETING

Monday, August 17, 2026 at 5:00 pm

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

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

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Chair, P. McFarland, called the meeting to order at 5:00 pm.	On the motion by R. Pawlak and support by T. Banaszak, P. Conley was excused. The motion passed unanimously. On the motion by T. Banaszak and support by R. Pawlak, S. Mrozinski was excused. The motion passed unanimously.
2.	Public Input (Maximum of 5 Minutes)	There were not any members of the public present.	
3.	Unfinished Business	There was not any unfinished business.	
4.	New Business 4.1) Selection of Disbursements & Health Care Claims from Summary Report 4.2) Financial Statements for the Period Ending July 31, 2026	4.1) Administration found the source information for the claims selected for review. 4.2) M. Rozek reported the financial statements needed to be corrected as there is an error in the line-item current assets due from other governmental units. This amount needs to be reduced by $1.9 million, which impacts revenue and fund balance. M. Rozek reported the revised financial statements will be presented at the board meeting. M. Rozek also reviewed the overall funding trends for Medicaid, Healthy Michigan, and Autism dollars. M. Rozek also reported the fiscal year 2027 revenue rates are anticipated by the end of August. There were general discussions	4.1) No action was necessary 4.2) On the motion by R. Byrne and support by T. Banaszak, the Financial Statements for the period ending July 31, 2026 as revised were referred to the full Board for approval. The motion was adopted unanimously.

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		related to the per eligible per member Medicaid funding formula and that BABH spends more per capita on services in comparison to the other community mental health service program (CMHSP) in the Midstate Health Network (MSHN) region.	
	4.3) Electronic Fund Transfers (EFTs) for the Period Ending July 31, 2026	4.3) M. Rozek reviewed the EFTs.	4.3) On the motion by R. Pawlak and supported by T. Banaszak, the EFTs for the period ending July 31, 2026 were referred to the full Board for approval. The motion was adopted unanimously.
	4.4) Review of Selected Disbursements & Health Care Claims Chosen from Summary Report by CFO	4.4) Administration reviewed the disbursements and health care claim invoices selected for further review. These included E10818 for employee travel reimbursement; E10833 for employee travel reimbursement; E10850 for employee travel reimbursement; E10865 Hampton Auto Repair for vehicle maintenance and repair; E10869 McCoy Heating & Cooling for HVAC Preventative Maintenance at Horizon Home; 102961 McLaren Bay Region for Mulholland Rent; 102999 Valley Carpet for carpet repairs at Arenac Center; E10914 Central Square Medworxx Solutions for annual maintenance fee for policy and document management software; E10969 Gallager Insurance for medical director malpractice insurance; and E1106 Autism and Neurodiversity Services, LCC for autism services. There were general discussions related to the Ford Fusion vehicles needing repairs; vehicle repair procedure and discretion; and the admin/board is a department classification not necessarily that the charges apply to the board of directors.	4.4) No action was necessary
	4.5) Consideration of Approval of Disbursements & Health Care Claims Totals	4.5) The Committee reviewed the disbursement and claim totals.	4.5) On the motion by R. Byrne and support by T. Banaszak, the disbursements and health care payments from July 12, 2026 through August 14, 2026 were referred to the full Board for approval. The motion was adopted unanimously.
5.	Adjournment	On the motion by T. Banaszak and support by R. Pawlak, the meeting adjourned at 5:27 pm. The motion was passed unanimously.	

_____
Pat McFarland, Committee Chair

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Bay-Arenac Behavioral Health
Board of Directors Meeting
Summary of Proposed Contracts (Not Approved at Finance Committee Meeting)
8/20/2026

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	M	**Do-All, Inc.** Temporary Rate increase to the following service codes: *H2014* *H2014 UN (2)* *H2014 UP (3) - US (6+)* *H2014 A6* *H2014 A6 UN (2)* *H2014 A6 UP (3) - US (6+)* *H2015* *H2015 UN (2)* *H2015 UP (3) - US (6+)* *H2015 A6* *H2015 A6 UN (2)* *H2015 A6 UP (3) - US (6+)* *H2023 3Y* *H2023 HX* *H2023 Y5*	 $7.25/unit $4.35/unit $3.05/unit $7.75/unit $4.65/unit $3.26/unit $7.25/unit $3.63/unit $2.42/unit $7.75/unit $3.88/unit $2.58/unit $8.82/unit $29/unit $15/unit	 $20.30/unit $12.18/unit $8.54/unit $21.70/unit $13.02/unit $9.13/unit $20.30/unit $10.16/unit $6.78/unit $21.70/unit $10.86/unit $7.22/unit $24.70/unit $81.20/unit $42/unit	9/1/26 - 9/30/26	Y	N
2	M	**Bay Human Services, Inc.** Temporary increase to the daily per diem rate for Georgetown	$1,591.59/day	$2,424.92/day	9/1/26 - 9/30/26	Y	N
3	M	**Central State Community Services, Inc.** Temporary increase to the daily per diem rate for Willow Home	$1,456.05/day	$2,289.38/day	9/1/26 - 9/30/26	Y	N
4	M	**Montclair Specialized Residential LLC (Flint, MI)** Second BABHA individual residing at this home	$749.76/day	Same	8/20/26 - 9/30/26	Y	N
Admin/Other Services							
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)							
SECTION III. STATE OF MICHIGAN OR MSHN GRANT CONTRACTS							
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL							

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

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

Footnotes:

Court of Appeals, State of Michigan

ORDER

REGION 10 PIHP V STATE OF MICHIGAN

Docket No. 380694

LC No. 25-000143-MB

Daniel S. Korobkin
Presiding Judge

Philip P. Mariani

Andrew J. Lievense
Judges

The motion to dismiss pursuant to MCR 7.211(C)(2) is DENIED.

Presiding Judge

A true copy entered and certified by Jerome W. Zimmer Jr., Chief Clerk, on

August 11, 2026
Date

Chief Clerk

Docusign Envelope ID: 1B669F7F-427C-871D-83E6-58978C4AF835

MILLER JOHNSON Attorneys

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P.O. Box 306
Grand Rapids, MI 49501-0306

MERITAS LAW FIRMS WORLDWIDE

NEIL MARCHAND
Attorney at Law

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616.988.1764 fax
marchandn@millerjohnson.com

August 4, 2026

PERSONAL & CONFIDENTIAL

Barry County Community Mental Health Authority
Bay-Arenac Behavioral Health Authority
Berrien County Mental Health Authority d/b/a Riverwood Center
Branch County Community Mental Health Authority d/b/a Pines Behavioral Health Services
Cass County Community Mental Health
Calhoun County Community Mental Health d/b/a Summit Pointe
Community Mental Health and Substance Abuse Services of St. Joseph County d/b/a/ Pivotal
Community Mental Health for Central Michigan
Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
Gratiot County Community Mental Health Services d/b/a Gratiot Integrated Health Network
Huron County Community Mental Health Authority
Ionia County Community Mental Health Authority d/b/a The Right Door for Hope, Recovery, and Wellness
Jackson-Hillsdale Community Mental Health Board d/b/a/ LifeWays
Kalamazoo County Community Health Authority d/b/a Integrated Services of Kalamazoo
Montcalm Center for Behavioral Health d/b/a Montcalm Care Network
Newaygo County Mental Health Authority
Saginaw County Community Mental Health Authority
Shiawassee County Community Mental Health Authority d/b/a Shiawassee Health and Wellness
Tuscola County Community Mental Health Authority d/b/a Tuscola Behavioral Health Systems
Van Buren Community Mental Health Authority

Dear CEOs and Executive Directors,

Thank you for choosing Miller Johnson to represent you. This letter contains the basic terms of our representation. The terms stated here are supplemented by our **Standard Terms of Engagement**, a copy of which is attached to this letter. Those terms are also important and you should read them closely.

It is our goal to represent you efficiently and effectively. You should be informed about the progress of the representation and comfortable with our services and the people who provide them, so please call us if you ever have a question, suggestion or problem.

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Who Is the Client? Identifying our client is important. Our duty of representation runs to our client, not to any other person. The attorney-client privilege belongs to our client, not to any other person. Our clients are Barry County Community Mental Health Authority, Bay-Arenac Behavioral Health Authority, Berrien County Mental Health Authority d/b/a Riverwood Center, Branch County Community Mental Health Authority d/b/a Pines Behavioral Health Services, Cass County Community Mental Health, Calhoun County Community Mental Health, Community Mental Health and Substance Abuse Services of St. Joseph County d/b/a/ Pivotal, Community Mental Health for Central Michigan, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, Gratiot County Community Mental Health Services d/b/a Gratiot Integrated Health Network, Huron County Community Mental Health Authority, Ionia County Community Mental Health Authority d/b/a The Right Door for Hope, Recovery, and Wellness, Jackson-Hillsdale Community Mental Health Board d/b/a/ LifeWays, Kalamazoo County Community Health Authority d/b/a Integrated Services of Kalamazoo, Montcalm Center for Behavioral Health d/b/a Montcalm Care Network, Newaygo County Mental Health Authority, Saginaw County Community Mental Health Authority, Shiawassee County Community Mental Health Authority d/b/a Shiawassee Health and Wellness, Tuscola County Community Mental Health Authority d/b/a Tuscola Behavioral Health Systems, and Van Buren Community Mental Health Authority (collectively, "You").

What Is the Scope of Our Representation? We will be representing you with respect to your discussions and planning for a new regional entity to respond to any request for proposal from the Michigan Department of Health and Human Services.

Joint Representation. Representing you means that we have twenty clients, not one. Representing more than one client can have advantages and disadvantages, which we highlight below.

- *Advantages.* One advantage of a joint representation is that it can often be more efficient and less costly than each of you having separate legal counsel. Also, communications between us and all of you can be protected by the attorney-client privilege. And a joint representation can facilitate the exchange of information and the coordination of strategies and tactics.

- *Disadvantages*.

    - One potential disadvantage is that conflicting interests may develop between some or all of you as the matter develops. Our duty is to exercise our judgment on behalf of all of you without favoring one of you over the other. We are not aware of any conflicting interests that you may have with each other with respect to our representation. But, if you believe at any time that your interests

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conflict with the others, please contact us immediately. We will also promptly contact you if we independently believe that a conflict may arise.

- Two other potential disadvantages in a joint representation is that any of you might feel that we are treating the other(s) better, and that you might feel that the other(s) is/are exerting greater influence over our judgment.

- *The Alternative*. These disadvantages of joint representation would not exist if each of you were to hire your own legal counsel. If each of you had your own separate legal counsel, each of you would have full control over the relationship with your own legal counsel. You would have no reason for concern about whether we may develop divided loyalties among you as our joint clients.

- *Contact Us*. If you feel at any time that our representation is unbalanced in any way, please let us know immediately. Each of you may terminate your participation in this joint representation at any time by giving us written notice.

- *Attorney-Client Privilege and Joint Representation*. You should also understand how the attorney-client privilege works in a joint representation. The privilege is held jointly by all of you. We may not disclose to anyone else our communications between us and any of you. But communications between any of you and our firm related to the representation are not protected from our disclosure of those communications to the others. Therefore, if you have relevant information that you wish to disclose to us on a privileged basis, and you do not want us to disclose that information to the others, you should not disclose that information to us and you should seriously consider retaining your own counsel instead of entering into or continuing this joint representation. Otherwise, we must disclose to our joint client privileged information received from any of you.

- *Confidentiality in a Joint Representation*. A joint representation also imposes a confidentiality obligation on each of you that would not exist where each of you have your own counsel. In a joint representation, you may have confidentiality obligations that survive after the joint representation terminates. If any of you terminates participation in this joint representation, or if we terminate our representation of one or any of you, the privileged nature of prior communications continues.

How Will We Communicate With Each Other? We will keep you informed of the status of the representation and on matters that impact any decisions you must make. Should you at any time have questions or need for information, we will respond promptly. Unless otherwise limited by you, we may communicate with one another in person or by phone, email, letter or fax. The email addresses that we may use for our communications to you are Slinsey@sccmha.org and bmeints@iskzoo.org. Please understand that our communications to those email addresses will likely be privileged or confidential and that it is your responsibility to secure that address from unauthorized users.

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By signing this agreement, you agree that Sandra Lindsey and Beth Ann Meints are authorized to direct our representation.

Your Obligations. Your cooperation is essential for a good working relationship in this representation. Accordingly, you will:

A. give us direction as we may request from time to time.

B. give us complete and accurate information throughout the representation. We will rely on the completeness and accuracy of that information in performing our services.

C. notify us of any change of your primary organizational contact or communication addresses or methods.

How Do We Charge for Our Services?

Background On Fees. Unless other arrangements are made, we compute our service fees primarily on the time spent by our lawyers and paralegals to deliver services. Ethical rules require that our hourly rates and the overall fee take into account the complexity of the work, our efficiency, the results achieved, the special expertise and experience of the lawyers and paralegals involved, the time limitations imposed by you or the circumstances, and other relevant factors.

Hourly Rates. Depending upon the special expertise and amount of experience involved, our lawyer hourly rates range from $230 to $820, and our paralegal hourly rates range from $225 to $320 at this time. Our firm's attorney average billing rate is approximately $490 per hour. Our hourly rates are subject to change from time to time without notice and are reviewed at least annually. I will be primarily responsible for handling this matter. My present hourly rate is $650. On rare occasions we may not have adequate legal or paralegal staff available to handle the demands of your representation. In that event, we may at our discretion retain independent contractors and charge their services to you at comparable rates for Miller Johnson employees.

Out of Pocket Expense Reimbursement. You will reimburse us for reasonable out-of-pocket expenses incurred by us in delivering our services. We charge the reimbursement at our actual cost without any premium or mark-up. Examples of expenses are computer research, overnight mail service, document delivery service, copies, filing fees, secretarial overtime, and travel. If we retain outside service providers, such as expert witnesses, local counsel and other consultants, we may ask them to bill you directly or may forward their bills to you for payment.

Monthly Billing. We will send monthly invoices itemizing our services and expenses to Saginaw County Community Mental Health Authority. The monthly bills are convenient means to track our activities. If there is anything on the bill or the activities it describes that you have questions about, please ask us promptly.

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Conflicts. Our firm represents many other companies and individuals. Our initial conflict check shows no apparent conflicts to representing you. If there are other individuals or entities, aside from the designated Parties and any potentially adverse parties, for whom conflicts should be evaluated, you will inform us. If we learn of a conflict, we will notify you and take appropriate action.

Client Records. During the course of this representation, we will receive electronic and hard copy files and other items from you and others, and we will create work product. We will maintain those files and other items that are material and relevant to protecting and promoting your interests during the course of the representation and for a reasonable time thereafter. These materials are referred to as "Records". At your request, upon conclusion of this representation, we will return to you all hard copies of the Records that we are not legally bound to retain. If you do not request these Records within 45 days of the conclusion of this representation, then we will destroy the hard copy records, and only maintain an electronic copy. Any Records we are legally bound to retain will be destroyed pursuant to our retention schedule for the type of matter representation.

Acceptance of These Contractual Terms. Sometimes we ask a Client to sign and return a copy of this letter. Whether or not you return a signed copy, this agreement becomes binding upon the performance of our services with your knowledge or acceptance.

Entire Agreement and Effective Date. This letter and the Miller Johnson Standard Terms of Engagement contain the entire agreement between you and our firm regarding this representation. Your acceptance of our services after the date of this letter evidences your agreement to these terms.

Thank you again for selecting Miller Johnson to represent you. Please call us to discuss anything in this letter that you do not understand completely.

Sincerely,

MILLER JOHNSON

By Neil J. Marchand
Attorney

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ACCEPTED AND AGREED:

By: Signed by: Richard Thiemkey DECCB047D47E42F...

Name: Richard Thiemkey

Of: Barry County Community Mental Health Authority

Date: 8/5/2026

By: _____

Name: Chris Pinter

Of: Bay-Arenac Behavioral Health Authority

Date: _____

By: DocuSigned by: Ric Compton 60E50262A5024C1...

Name: Ric Compton

Of: Berrien County Mental Health Authority d/b/a Riverwood Center

Date: 8/5/2026

By: _____

Name: Sue German

Of: Branch County Community Mental Health Authority d/b/a Pines Behavioral Health Services

Date: _____

By: _____

Name: Michael Mallory

Of: Cass County Community Mental Health Services d/b/a Woodlands Behavioral Health Network

Date: _____

By: Signed by: Jean M Goodrich 1B994545EA0749D...

Name: Jeannie Goodrich

Of: Calhoun County Community Mental Health d/b/a Summit Pointe

Date: 8/6/2026

By: _____

Name: Cameron Bullock

Of: Community Mental Health and Substance Abuse Services of St. Joseph County d/b/a Pivotal

Date: _____

By: Signed by: Bryan Korgman CA636D23506F473...

Name: Bryan Korgman

Of: Community Mental Health for Central Michigan

Date: 8/7/2026

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By: Signed by: Sara Lurie C439A9608ED3482...

Name: Sara Lurie

Of: Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

Date: 8/5/2026

By: _____

Name: Lynn Charping

Of: Gratiot County Community Mental Health Services d/b/a Gratiot Integrated Health Network

Date: _____

By: DocuSigned by: Tracey Dore 38F122BE24594EC...

Name: Tracey Dore

Of: Huron County Community Mental Health Authority

Date: 8/4/2026

By: _____

Name: Susan Richards

Of: Ionia County Community Mental Health Authority d/b/a The Right Door for Hope, Recovery, and Wellness

Date: _____

By: Signed by: Cassandra Watson 34579AD0A2C94F7...

Name: Cassandra Watson

Of: Jackson-Hillsdale Community Mental Health Board d/b/a LifeWays

Date: 8/7/2026

By: Signed by: Beth Ann Meints 0156AECC859E4A7...

Name: Beth Ann Meints

Of: Kalamazoo County Community Mental Health Authority d/b/a Integrated Services of Kalamazoo

Date: 8/5/2026

By: DocuSigned by: Tammy Warner D61F3FF30B8B42E...

Name: Tammy Warner

Of: Montcalm Center for Behavioral Health d/b/a Montcalm Care Network

Date: 8/4/2026

By: Signed by: Carol Mills 61892D29748A402...

Name: Carol Mills

Of: Newaygo County Mental Health Authority

Date: 8/5/2026

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DocuSigned by:
By: Sandra Lindsey
2FF3DFBE984A422...

Name: Sandra Lindsey

Of: Saginaw County Community Mental Health Authority

Date: 8/10/2026

Signed by:
By:
6DDF868A3F3E407...

Name: Ryan Painter

Of: Shiawassee County Community Mental Health Authority d/b/a Shiawassee Health and Wellness

Date: 8/4/2026

By: _____

Name: Sharon Beals

Of: Tuscola County Community Mental Health Authority d/b/a Tuscola Behavioral Health Systems

Date: _____

Signed by:
By: Debra Hess
2F985431016949A...

Name: Debra Hess

Of: Van Buren Community Mental Health Authority

Date: 8/6/2026

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MILLER JOHNSON
Attorneys and Counselors

MILLER JOHNSON
STANDARD TERMS OF ENGAGEMENT

Miller Johnson is pleased to have you as a client. The foundation of a good relationship is a clear understanding of the legal services we will provide and the business terms of our engagement. We want you to be an informed and involved client and encourage your questions, suggestions and concerns at any time. These terms supplement those found in your engagement letter and are an integral part of our agreement.

THE ATTORNEY-CLIENT RELATIONSHIP

The person or entity we represent is that identified in the engagement letter and does not include, unless specifically stated, any affiliates, corporate parents, subsidiaries, officers, directors, shareholders, employees, partners or commonly owned entities. If the client is a corporation, a professional corporation or limited liability company, you must notify us in writing promptly upon the start of the engagement if there are individuals who are so closely involved with the ownership of the entity that we should consider them personally in any future analysis of conflicts of interest.

This representation shall end at the completion of the specific service(s) you have retained us to perform. If you later retain us to perform additional or different services, those shall be considered a separate engagement, regardless of whether we issue a new engagement letter, even if they bear some relationship to earlier work. We may send you a closing letter evidencing the completion of the representation or may communicate with you regarding the disposition of files and documents, but these activities are not considered a part of the engagement and the representation shall have ended on the date of last substantive legal service. Should we inform you from time to time of developments in the law which may be of interest to you, by email, newsletter, or otherwise, such communication is not a revival of an attorney-client relationship.

FUTURE REPRESENTATION

If our relationship has ended, we have no obligation to represent you in connection with related matters unless we have agreed to do so in writing. For example, in the event our engagement involves preparation of an agreement which provides for ongoing rights and obligations on your part, a dispute concerning the interpretation or enforceability of that agreement may subsequently arise after our engagement has been terminated. In the absence of our express written agreement, you may not assume that we will continue to be free to represent you in such a future dispute. Moreover, we have no obligation to inform you of deadlines, option rights, expiration dates or developments in the law, or to file UCC continuation statements or other documents that are required to continue or preserve your rights, unless we have agreed in writing to do so.

EXPRESSIONS OF PROFESSIONAL JUDGMENT

Any statements we may make concerning the outcome of your legal matters are expressions of our professional judgment and are not guarantees. Any estimate of the total amount of your legal fees and expenses for the engagement is likewise an expression of our professional judgment at the time and not a guarantee or a cap. Estimates of cost, particularly in litigated or contentious matters, are always inexact, depending very much upon the activities and positions of other parties and the scheduling of events by courts or tribunals.

HOW FEES ARE SET

Our fees are set by agreement with you. There is a variety of possible fee arrangements, including hourly billing, a flat fee, a contingent fee, and a variety of mixed or hybrid billing arrangements. Our customary fee agreement is based upon hourly billing for services rendered with adjustments as may be appropriate to the circumstances of the representation. Unless otherwise agreed, hours are billed at standard rates, which are set from time to time for each of our billing attorneys and paralegals. Upon your request at any time we shall be pleased to provide you with the rates for the personnel working on your matter. Our standard hourly rates are adjusted from time to time, usually annually, to reflect market conditions and the growing expertise of individual lawyers and paralegals. The hourly rate you are charged shall be the one in effect at the time the service is rendered. We shall track time in one quarter hour increments.

When we travel on your behalf, we generally charge portal-to-portal for our travel time. Whenever possible, we shall endeavor to work on your matter while traveling. If we work on matters for other clients while traveling on your behalf, that time shall be deducted from our charges to you.

It is important to the success of our relationship that we communicate accurately and fully regarding our charges and the basis for them. Likewise, you should tell us whenever you have any questions or issues about a billing statement and should address them to us within a reasonable time after receipt of our invoice (which we would ordinarily expect to be no more than 60 days). If you are not satisfied with the outcome of discussions about such matters with the attorney with whom you are dealing, please call the firm's general number and ask for the Chief Operating Officer, who will see that the appropriate person addresses your concern.

ATTORNEY CONFERENCES / MEETINGS

From time to time, internal conferences shall take place among the professionals who are participating in your representation. Although this approach might seem to result in duplication of effort, it is our belief that this practice facilitates communication, improves the quality of the work by allowing us to utilize specialists and a proper mix of personnel, and thus ultimately provides you with the best value. If, at any time, you are concerned about the efficiency or cost-effectiveness of our efforts, please express those concerns promptly so that we can address the issue in a timely fashion.

COSTS AND REIMBURSABLE EXPENSES

We often find it necessary to incur certain expenses on our client's behalf, such as travel (transportation, food and lodging), filing, recording and certification fees, title searches, court reporters, long distance telephone charges outside the contiguous 48 states, conference calling services, printing, photocopying and document production, computerized legal research, faxes, electronic litigation support, messenger and overnight courier services, and, in situations that may require it, non-lawyer staff overtime. These expenses are charged, insofar as possible, at our actual out-of-pocket cost.

Generally, you shall be directly invoiced for significant third party expenses, such as the invoices of other professionals whose assistance is required (e.g. accountants, consultants, forensic specialists, economists, planners, experts, etc.), court reporters, transcripts, investigations, photographs and other graphic exhibits and materials, and the like. In the event that we pay these expenses on your behalf, the cost shall be included with other reimbursable charges on our invoice to you.

On rare occasions we may not have adequate legal or paralegal staff available to handle the demands of your representation. In that event, we may at our discretion retain independent contractors and charge their services to you at comparable rates for Miller Johnson employees.

TERMS OF PAYMENT / COLLECTION

Unless otherwise agreed in writing, we typically bill monthly. Payment is due upon receipt. Any invoices not paid when due accrue interest at the maximum rate permitted by Michigan law, not to exceed 7% per annum, from the beginning of the month following the due date. In the event we must take legal action to collect a fee, you shall be responsible for paying the costs of collecting the debt, including court or arbitration tribunal costs, filing fees, and actual attorney fees (regardless of whether Miller Johnson in-house counsel are used).

CLIENT BILLING POLICIES AND PROCEDURES

We sometimes receive statements from clients of billing policies, procedures, guidelines or the like, that we are instructed to follow. In the event that you give such instructions, to the extent that they merely

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supplement the understandings in this Agreement, unless we notify you to the contrary, we shall take reasonable steps to honor them. However, in the event that the terms of the instructions conflict with this Agreement, this Agreement shall govern unless we otherwise expressly agree in writing.

ATTORNEY'S LIEN

If a monetary judgment or award is made in your favor, we shall have a lien on the proceeds to the extent of any unpaid fees, disbursements or other charges. All payments by way of recovery, award, settlement or the like to you from third parties shall be made jointly payable to you and to us.

In divorce matters, you hereby award us a valid and perfected lien on the property (including proceeds) awarded pursuant to a Judgment of Divorce, and we may, but are not required to, file any documents we deem appropriate to give notice of this lien (including recording a copy of this engagement letter, Judgment of Divorce, and UCC financing statements), in the real property records where the property subject to the Judgment of Divorce is located as well as with the appropriate Secretary of State's office.

CLIENT FILES

We maintain a file of the items reasonably necessary to your representation ("Client Files"), such as correspondence, pleadings, deposition transcripts, exhibits, physical evidence and expert reports. The Client File is our property. Any of your own documents or items that you have provided to us ("Client Documents") remains your property. We also generate, and sometimes temporarily place in the Client File, documents containing our attorney work product, mental impressions, precedents, legal or factual research, notes, and other materials that we find helpful or useful but that is not essential to the representation ("Work Product"). We also maintain Administrative Records, which include time and expense reports, billing memoranda or invoices, personnel and staffing materials, credit and accounting records and collection records. Work Product and Administrative Records are also our property.

After our engagement ends, we may or, upon your request, shall return any Client Documents to you. You agree that we may retain copies of those materials at our expense so as to insure that we have a complete record of the engagement. With respect to the Client Files, the Work Product and the Administrative Records, including electronic documents, you agree that we may adopt reasonable retention policies and may in furtherance of such retention policies delete and destroy such documents.

At any time you may request and shall be entitled to receive a copy of the Client Files for which you have compensated us. You agree to pay the cost of copying and transmittal.

If we receive a subpoena for your files in any matter in which you are a party, you agree to pay our reasonable and necessary costs and attorney fees for compliance.

If you request that your Client File and your Client Documents be transferred to another lawyer or returned to you, you understand that, unless otherwise agreed in writing, we shall retain a copy of the complete file, so as to have a record of our representation, and you agree that you shall pay the reasonable and necessary costs of file preparation and transfer, including the costs of copying and shipping the file and the services of personnel assigned to the task. If at the time you request such a transfer you have not fully satisfied all of your obligations to us under this agreement, including the payment of all fees and costs, we shall be entitled to hold the Client Files as security for performance of those obligations to the full extent permitted by the rules of professional conduct.

CLIENT TRUST ACCOUNT

We shall comply with all applicable ethical standards regarding the handling of funds belonging to you. Pursuant to those requirements, we shall not deposit any funds belonging to you in firm operating accounts. Rather, all such funds shall be deposited in a trust bank account that complies with our obligations under Michigan Rule of Professional Conduct 1.15 (Interest on Lawyers Trust Accounts).

TERMINATION OF PROFESSIONAL RELATIONSHIP

You may terminate our representation at any time by notifying us.

We may also withdraw from providing services to you upon giving you reasonable notice. The ethics rules governing the practice of law list several types of conduct or circumstances that require or allow us to withdraw from representing a client. Among those reasons are: (1) non-payment of our fees; (2) your failure to be forthright, cooperative or supportive of our efforts, (3) your misrepresentation of, or failure or refusal to disclose, material facts to us; (4) your failure or refusal to accept our advice; or (5) the discovery of a conflict of interest with another client. We shall try to identify in advance and discuss with you any situation which may lead to our withdrawal and, if withdrawal becomes necessary, we shall give you written notice of our withdrawal.

Termination of our professional relationship shall not affect your responsibility for payment for our services rendered or for costs and expenses incurred. Upon termination of our representation, we shall submit a statement for services rendered to date of termination, payable in full upon receipt.

In the event of termination or withdrawal, you shall pay the reasonable and necessary costs, including attorney time and the costs of copying the Client files, required to transfer the file to new counsel. Work Product shall not be transferred without our written approval, which may be given or not at our sole discretion.

CONFIDENTIALITY / PRIVILEGE

We shall protect your confidences and shall not divulge confidential information concerning your business, personal or legal matters, except as required by law, regulation or court order or as permitted by professional ethical standards.

An important feature of our relationship is the attorney/client privilege, which protects most confidential communications with us from disclosure to third persons. You should bear in mind, however, that this important safeguard may be lost as to a given matter if you disclose or authorize disclosure to any privileged information to any third party.

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION (HIPAA)

If our representation of you requires us to receive and use health information that is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we shall protect this information as required of business associates under the HIPAA privacy and security standards.

AUDIT LETTER RESPONSES

You may request that we provide your auditors certain information in connection with your auditors' examination of your financial statements. We shall charge you for our services in doing so and each such response shall be considered an engagement separate and distinct from any of the matters reported upon. For your benefit and to protect the attorney-client privilege, our responses shall only be made in accordance with the ABA Statement of Policy Regarding Lawyers' Responses to Auditors' Requests for Information (December 1975), including all of the limitations contained therein. You consent to our adherence to the ABA Statement and agree not to request additional information.

SECURITIES LAW ADVICE

Unless specifically requested and agreed by us in writing, we shall not provide any advice with respect to the securities laws of the United States or any other jurisdiction or any related rules or regulations. You shall not, without our prior written consent, include any documents or information we provide to you in any filings with federal or state securities regulators.

FEDERAL TAX ADVICE

Unless specifically requested and agreed by us in writing, we shall not provide any advice that is intended or written to be used, and without such specific written consent cannot be used, for the purpose of (a) avoiding federal tax penalties that may be imposed upon a taxpayer or (b) promoting, marketing, or recommending to another party any tax-related matters addressed by us.

GENERAL PROVISIONS

You may not assign, transfer or otherwise convey rights or obligations under this agreement without our consent. This agreement is governed by Michigan law.

This document involves important legal agreements between us. We are not acting as your attorney with respect to this agreement and you may wish to consult independent counsel in deciding whether or not to agree to it.

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HIPAA BUSINESS ASSOCIATE/SUBCONTRACTOR PROVISIONS

These provisions outline the obligations of Miller Johnson under the privacy, security, breach notification and enforcement rules of the Health Insurance Portability and Accountability Act ("HIPAA") where Miller Johnson is acting as a "business associate" of a Client who is a "covered entity," or where Miller Johnson is acting as a "subcontractor" of a Client who is a "business associate." The terms "covered entity," "business associate" and "subcontractor" are defined under HIPAA. With respect to each such Client, these provisions set forth Miller Johnson's obligations, activities, and permitted uses and disclosures of protected health information ("PHI"), as that term is defined under HIPAA. **These provisions do not apply unless Miller Johnson is acting as a "business associate" or a "subcontractor" of a Client as described above.**

MILLER JOHNSON'S OBLIGATIONS AND ACTIVITIES

- Miller Johnson agrees not to use or disclose PHI other than as permitted or required herein or as required by law.
- Miller Johnson agrees to use appropriate safeguards and comply with federal regulations with respect to electronic PHI, and to prevent the use or disclosure of PHI other than as provided for in this HIPAA section.
- Miller Johnson agrees to mitigate, to the extent practicable, any harmful effect that is known to Miller Johnson of a use or disclosure of PHI by Miller Johnson in violation of the requirements of the HIPAA provisions herein.
- Miller Johnson agrees to report to Client any use or disclosure of PHI not provided for herein of which Miller Johnson becomes aware and/or any security incident of which Miller Johnson becomes aware.
- If Miller Johnson discovers a breach of unsecured PHI, Miller Johnson shall notify Client as soon as reasonably practicable. The notification will include identification of each individual whose unsecured PHI has been breached (or Miller Johnson reasonably believes to have been breached), and any other available information in Miller Johnson's possession which the Client is required to include in any required notice to the affected individuals.
- Miller Johnson agrees to ensure that any agent, including a subcontractor, that creates, receives, maintains or transmits PHI on behalf of Miller Johnson regarding Client agrees in writing to the same restrictions, conditions and requirements that apply herein to Miller Johnson with respect to such information. Moreover, Miller Johnson shall ensure that any such agent or subcontractor agrees to implement reasonable and appropriate safeguards to protect Client's electronic PHI.
- Miller Johnson agrees to make its internal practices, books, and records including policies and procedures relating to the use and disclosure of PHI received from, or created or received by Miller Johnson on behalf of, Client reasonably available to the federal government for purposes of determining Client's compliance with HIPAA.
- Miller Johnson agrees to document such disclosures of PHI required for Client to respond to a request by an individual for an accounting of disclosures of PHI and to provide the information to permit Client to respond to such a request in accordance with applicable federal regulations.

MILLER JOHNSON'S PERMITTED USES AND DISCLOSURES

Miller Johnson may use or disclose PHI to perform legal services for Client, provided that such use or disclosure would not violate HIPAA if done by Client. Miller Johnson also agrees to make its uses and disclosures and requests for PHI consistent with Client's minimum necessary policies and procedures which Client has communicated to Miller Johnson. Miller Johnson may use PHI for our proper management and administrative purposes or to carry out our legal responsibilities. Miller Johnson may also disclose PHI for our proper management and administrative purposes or to carry out our legal responsibilities, provided that the disclosures are required by law, or Miller Johnson obtains reasonable written assurances from the person to whom the PHI is disclosed that the PHI will remain confidential and used or disclosed only as required by law or for the purpose for which it was disclosed, with the recipient agreeing to notify Miller Johnson of any instances where the recipient becomes aware the PHI has been breached.

OTHER HIPAA TERMS

These provisions relate solely to Miller Johnson's compliance with HIPAA with respect to PHI relating to Client. It does not govern any other aspect of the parties' relationship nor does it confer any rights or obligations on any other person or entity other than Miller Johnson and Client. These provisions replace and take precedence over any prior HIPAA business associate agreements or subcontractor agreements entered into between the parties and are binding on each party's successor.

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Document Pages: 11
Signatures: 13
Certificate Pages: 8
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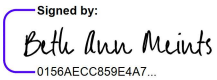
Beth Ann Meints bmeints@iskzoo.org Security Level: Email, Account Authentication (None)	Signed by:  0156AECC859E4A7... Signature Adoption: Pre-selected Style Using IP Address: 2601:401:8400:b3e0:f4a0:50db:2de4:fffc	Sent: 8/4/2026 3:42:33 PM Viewed: 8/4/2026 4:13:34 PM Signed: 8/5/2026 9:09:45 PM
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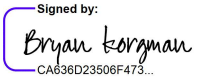
Bryan Korgman bkrogman@cmhcm.org Executive Director Security Level: Email, Account Authentication (None)	Signed by:  CA636D23506F473... Signature Adoption: Pre-selected Style Using IP Address: 174.245.30.88	Sent: 8/4/2026 3:42:33 PM Resent: 8/5/2026 8:32:28 AM Viewed: 8/5/2026 8:47:52 AM Signed: 8/7/2026 9:00:06 AM
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Carol Mills cmills@newaygocmh.org Executive Director Security Level: Email, Account Authentication (None)	Signed by:  61892D29748A402... Signature Adoption: Pre-selected Style Using IP Address: 206.204.195.167	Sent: 8/4/2026 3:42:34 PM Viewed: 8/5/2026 1:04:38 PM Signed: 8/5/2026 1:05:45 PM

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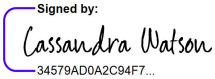
Cassandra Watson cassandra.watson@lifewaysmi.org Security Level: Email, Account Authentication (None)	Signed by:  34579AD0A2C94F7...	Sent: 8/4/2026 3:42:35 PM Viewed: 8/4/2026 3:43:27 PM Signed: 8/7/2026 9:34:39 AM
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Chris Pinter Cpinter@babha.org Chief Executive Officer Security Level: Email, Account Authentication (None)		Sent: 8/4/2026 3:42:36 PM Viewed: 8/12/2026 10:25:39 AM
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Debra Hess dhess@vbcmh.com Chief Executive Officer Van Buren Community Mental Health Security Level: Email, Account Authentication (None)	Signed by:  2F985431016949A...	Sent: 8/4/2026 3:42:36 PM Viewed: 8/6/2026 6:16:01 AM Signed: 8/6/2026 6:18:23 AM
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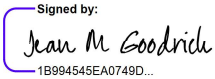
Jean M Goodrich jgoodrich@summitpointe.org CEO Security Level: Email, Account Authentication (None)	Signed by:  1B994545EA0749D...	Sent: 8/4/2026 3:42:45 PM Viewed: 8/6/2026 8:26:08 AM Signed: 8/6/2026 8:27:09 AM
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Michael Mallory michaelm@woodlandsbhn.org Security Level: Email, Account Authentication (None)		Sent: 8/4/2026 3:42:37 PM
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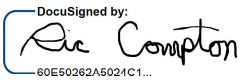
Ric Compton ric.compton@riverwoodcenter.org CEO Riverwood Center Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/14/2025 9:45:15 AM ID: 4a543a65-c306-4612-9039-07b8262e9670 Company Name: Miller Johnson	DocuSigned by:  60E50262A5021C1... Signature Adoption: Drawn on Device Using IP Address: 216.250.152.146	Sent: 8/4/2026 3:42:38 PM Viewed: 8/5/2026 7:46:59 AM Signed: 8/5/2026 9:35:58 AM
Richard Thiemkey rithiemkey@bccmha.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/5/2026 4:53:16 PM ID: 926d6f8f-aee5-45eb-9848-642ffbb6fb3e Company Name: Miller Johnson	Signed by:  DECCB047D47E42F... Signature Adoption: Pre-selected Style Using IP Address: 69.174.191.198	Sent: 8/4/2026 3:42:39 PM Resent: 8/5/2026 8:32:30 AM Viewed: 8/5/2026 4:53:16 PM Signed: 8/5/2026 4:53:49 PM
Ryan Painter rpainter@shiabewell.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/4/2026 6:31:48 PM ID: 257420da-08e0-49c2-9763-e9695a1d9062 Company Name: Miller Johnson	Signed by:  6DDF868A3F3E407... Signature Adoption: Drawn on Device Using IP Address: 2600:1007:b0b3:a421:5071:f08c:7bdc:ef1d Signed using mobile	Sent: 8/4/2026 3:42:39 PM Viewed: 8/4/2026 6:31:48 PM Signed: 8/4/2026 6:32:44 PM
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Sara Lurie luriesa@ceicmh.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/4/2026 5:29:13 PM ID: 698177d0-3d10-4705-812e-9ba21c288e33 Company Name: Miller Johnson	Signed by:  C439A9608ED3482... Signature Adoption: Pre-selected Style Using IP Address: 65.61.60.254	Sent: 8/4/2026 3:42:45 PM Viewed: 8/4/2026 5:29:13 PM Signed: 8/5/2026 7:52:00 AM

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Sue Germann sgermann@pinesbhs.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		Sent: 8/4/2026 3:42:41 PM Resent: 8/5/2026 8:32:31 AM
Susan Richards srichards@Rightdoor.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		Sent: 8/4/2026 3:42:42 PM
Tammy Warner twarner@montcalmcare.net Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/4/2026 4:29:47 PM ID: 4df7b1d4-e8d8-457b-b67a-a238493634fe Company Name: Miller Johnson	DocuSigned by: Tammy Warner D61F3FF30B8B42E... Signature Adoption: Pre-selected Style Using IP Address: 69.36.63.202	Sent: 8/4/2026 3:42:43 PM Viewed: 8/4/2026 4:29:47 PM Signed: 8/4/2026 4:30:12 PM
Tracey Dore Tracey@huroncmh.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 8/4/2026 3:44:28 PM ID: 51f45612-8fba-499f-b669-42efb3eac0cf Company Name: Miller Johnson	DocuSigned by: Tracey Dore 38F122BE24594EC... Signature Adoption: Pre-selected Style Using IP Address: 208.99.238.94	Sent: 8/4/2026 3:42:43 PM Viewed: 8/4/2026 3:44:28 PM Signed: 8/4/2026 3:46:43 PM

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Notary Events	Signature	Timestamp

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September 2026 BABHA Board of Directors

September 2026

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	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			

October 2026

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug 30	31	Sep 1	2 5:00pm Special Personnel & Compensation Committee	3 5:00pm Facilities & Safety Committee	4	5
6	7 Labor Day/BABH Offices Closed	8 5:00pm Recipient Rights Advisory & Appeals Committee	9 5:00pm Finance Committee	10 5:00pm Program Committee	11	12
13	14 5:00pm Audit Committee	15	16 RR Conference	17 RR Conference 5:00pm REGULAR BOARD MEETING	18 RR Conference	19
20	21	22	23	24	25	26
27	28	29	30	Oct 1	2	3

BAY ARENAC

BEHAVIORAL HEALTH

~~2024~~2025-~~2025~~2026

Information Management Strategic and Operational Plan

Updated by IS ~~Manager~~Department: ~~November 8, 2024~~ June 5, 2026

Strategic Leadership Team Approval: ~~November 12, 2024~~ June 16, 2026

Full Board Approval Date

~~2024~~2025-~~2025~~ 2026 Information Management Strategic and Operational Plan

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~~2024~~2025-~~2025~~ 2026 Information Management Strategic and Operational Plan

Scope

The Bay-Arenac Behavioral Health Authority (BABHA) Information Management Strategic and Operational Plan encompasses the organization's responsibilities as a Community Mental Health Services Program (CMHSP).

Overview

This document presents the BABHA Information Management Strategic and Operational Plan, specifically, the values and core strategies of the organization relative to information management and technologies, in support of the organization accomplishing its mission. It documents Leadership's current assessment of any forces in the environment with the potential to impact the organization's technological environment and defines strategies for responding. The Plan informs decision making in the use of technology and information management services, thereby influencing vendor relationships, service agreements, and so on. It also captures some operational processes to ensure these activities receive adequate attention on an annual basis to ensure quality and maintenance of technical edge.

Methodology

Information Management Strategic Planning for BABHA as an entity is performed by the Chief Executive Officer (CEO), members of the Strategic Leadership Team (SLT) ~~and~~, and the Information Systems ~~Manager~~Department. The SLT encompasses key leadership positions in the organization including the Chief Financial Officer, Director of Healthcare Accountability, Director of Integrated Care – ~~Primary Care, Director of Integrated Care - Specialty Care~~Acute Services; Long Term Services; Children & Families; Arenac Center, and the Director of Human Resources.

The BABHA Information Management Strategic Plan is comprised of the following components:

- Values and Guiding Philosophies, which define the extent to which the organization plans to utilize information technologies and information management tools to manage its operations.

- Core ~~Strategies~~Strategies, which are statements of long-term strategies (3-5 years) intended to facilitate organizational achievement of its mission, consistent with the aforementioned values.

- An Environmental Scan to identify opportunities and threats in the environment that may impact BABHA's ability to achieve its core strategies in the present or near future (1-2 years), including current research and technological advances.

- Breakthrough Initiatives: present short-term strategies (12-24 months) to address the highest priority environmental opportunities and threats, taking into consideration the organization's strengths and weaknesses. The strategies are specific with responsible parties, sub-tasks, and due dates defined.

Strategic initiatives by their nature do not include operational activities and are transformative in nature. The focus is on opportunities and threats with the potential to impact achievement of core strategies. Top priority is given to mission critical strategic opportunities and threats, with secondary priority given to systems transformation. Not every opportunity or threat warrants action by BABHA.

This document is reviewed by the Strategic Leadership Team (SLT) and the Board of Directors on an annual basis. In addition, the SLT engages in ongoing monitoring of the environment for opportunities and threats and report such information at the SLT meetings as warranted.

~~2024~~2025-~~2025~~ 2026 Information Management Strategic and Operational Plan

Values/Guiding Philosophies

1. Information technologies will effectively and efficiently support information capture and accessibility.
2. Information management practices will operate consistent with regulatory and contractual requirements and BABHA business rules.
3. Redundant data entry and reporting will be minimized. Information will be readily accessible to users.
4. Technologies and information management processes will enhance not hinder staff productivity and support optimal workflows.
5. Information security technology will be deployed to protect confidential information being stored, processed, or transmitted by the organization.
6. Technologies and information management will provide support for accessibility to IT systems for any authorized system user as defined by the agency.
7. Balance will be maintained between technological investment and benefit to the organization.
8. Information technology and information management vendors will operate in a manner that is consistent with the mission of BABHA, relative to their scope of work on behalf of BABHA.
9. Unless otherwise justified, selection of information technologies and information management tools will be consistent with commonly accepted standards and current best practices.
10. Staff will be trained and expected to take full advantage of current technology.
11. ~~BABHA will comply with product licensing requirements.~~
12. ~~12.~~11. Information technologies will be sensitive to the needs of stakeholders with less technological capacity and flexible enough to interact effectively.
13. ~~13.~~12. Collaborative decision-making will be used unless circumstances dictate otherwise.
14. ~~14.~~13. A base of knowledge will be maintained to ensure well-informed decisions are made.

~~2024~~2025-~~2025~~ 2026 Information Management Strategic and Operational Plan

Core Strategies

1. Maintain an optimal network capacity through proper management procedures and planned purchasing of bandwidth and other network services.
2. Maintain adequate server capacity through proper management procedures and proactively monitoring resource utilization.
3. Minimize e-storage demands on technological systems through appropriate information management (retention) practices.
4. Ensure ~~proper~~ system and network redundancies are implemented and tested on a regular basis as documented in the working business continuity and disaster recovery plan.
5. Control the risk and cost of change through use of test environments, fallback plans, request tracking and project management. ~~Quality controls utilized for all vendor projects.~~
6. Maintain ~~proper~~ equipment and product licensing inventories. Maintain a planned replacement schedule.
7. Provide periodic review of all system security software and measures including but not limited to anti-virus, firewalls, intrusion detection, encryption, and security policies and privacy practices as defined in policies C09-S03-T13 Security Awareness - Protection from Malicious Software and C09-S03-T14 Security Awareness - Log-in Monitoring, ~~-~~C09-S05-T10 – Videoconferencing recording transcribing and use of AI~~AI policies - add~~
8. Maintain telepresence and video conferencing capability.
9. Use technology to support remote access by community-based and remote BABHA staff.
10. In-house information systems subject matter expert(s) to maintain knowledge through ~~subscription~~ online ~~journals and print research~~ materials. Provide access to formal continuing education, and other training resources as warranted.
11. Flexible and focused training options for staff regarding information management and technologies.
12. Establish and maintain central repositories of data files and reports.
13. In-house subject matter expert(s) to maintain awareness of front-line user needs and workflows to ensure information management systems are meeting business demands.
14. ~~—~~Structured evaluation of user satisfaction and system performance using standardized tools, analytics, and qualitative feedback.~~Periodic and systematic assessment of user overall satisfaction using a standardized tool.~~

Environmental Scan, Analysis of Strengths, Weaknesses, Opportunities and Threats, and Breakthrough Initiatives

SECTION DESCRIPTION

BABH reviews what is occurring in the environment external to the organization and engages in an analysis and action planning process to ensure the organization continues to remain viable in order to achieve its mission.

An ENVIRONMENTAL SCAN identifies OPPORTUNITIES AND THREATS in the environment that may impact the organization's ability to achieve its core strategies in the present or near future (1-2 years). The organization defines opportunities and threats as follows:

Opportunities:	Conditions external to the organization that the organization may want to take advantage of in order to facilitate achievement of core objectives
Threats:	Conditions external to the organization that may hinder achievement of core objectives if not decreased or eliminated

Organizational STRENGTHS AND WEAKNESSES are then assessed for the highest priority opportunities and threats. The organization defines these terms as follows:

Strengths:	Attributes of the organization that are expected to be helpful to the organization in taking advantage of an opportunity or fending off a threat
Weaknesses:	Attributes of the organization that may hinder the organization's ability to take advantage of an opportunity or fend off a threat

BREAKTHROUGH INITIATIVES, present short-term strategies (12-24 months) to address the highest priority environmental opportunities and threats, taking into consideration the organization's strengths and weaknesses. The strategies are specific with responsible parties, sub-tasks, and due dates defined.

KEY: EDI=Electronic Data Interchange; EHR=Electronic Health Record; IS=Information Systems; LAN=Local Area Network; NSO=NetSource One; O365=Office 365; PCE=Peter Chang Enterprises; PRI=Primary Rate Interface; SLA=Service Level Agreement; SLT=Senior Leadership Team; VDI=Virtual Desktop Infrastructure; VPN=Virtual Private Network; WAN=Wide Area Network

Environmental Scan: HEALTH INFORMATION EXCHANGE

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Improve health care quality and patient outcomes by ensuring everyone involved in care has access to the same information
- Exchanging health information via an HIE or Direct Address messaging are core objectives of meaningful use

Opportunities or Threats:

Opportunities

- Exchanging information electronically will increase efficiency and reduce errors for BABH and the providers we exchange PHI with
- This will increase the amount of data in our system that is actual data instead of an image or page of data that cannot be tabulated and analyzed
- Eliminate dual entry for those agencies we exchange information with

Threats

- ~~None identified.~~ – Ssecurity risks, changing external staff passwords, we may not be familiar with staff calling or emailing to change password. Utilizing MFA to reduce risk

Strengths and Weaknesses (Response to Opps/Threats):

Strengths

- Our Electronic Health Record (EHR) has established connections and proven technologies to connect with an HIE
- The Healthcare Integration Steering Committee will direct meaningful HIE engagement

Weaknesses

- Many of our providers are accustomed to the traditional methods of exchanging PHI, i.e. fax, scan to email, etc.

Commented [MP1]: Mel to look into HISC and potential replacement

Commented [MP2R1]: This workgroup has been put on hold for now according to Joelin Hahn

Breakthrough Initiatives:	Target:	Resources:
1. Continue to build upon ~~Mi Gateway and VPR~~MiHIN health information exchange (HIE) solutions to exchange information with the primary health care and hospital communities.		IS ~~Manager; Director of Health Care Accountability; I.S. Help Desk/EHR Administrator, Medical Records Associate, Clinical Services Program Manager, Nursing Manager~~Department
2. Use direct address to exchange information that we routinely exchange PHI with, if/when other health care providers have direct messaging capability.	Ongoing	IS ~~Manager, I.S. Help Desk/EHR Administrator, Medical Records Associate, Clinical Services Program Manager, Nursing Manager~~Department

Environmental Scan: MANAGEMENT OF COMPUTING RESOURCES

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- ~~The cloud computing environment recurring costs are directly related to the amount of resources used by the organization. (This is not accurate. It is the amount reserved).~~ Recurring costs within the Azure cloud computing environment are determined by the volume and configuration of resources reserved and maintained by the organization.
- Establishing document management practices can control use of computing resources and assist with establishing and enforcing document retention guidelines

Opportunities or Threats:

Opportunities

- Cloud computing environment is tightly integrated environment that can provide opportunities for more centralization and control of organizational records
- The ~~Office~~ MS 365 ~~(O365)~~ environment, including SharePoint, has a comprehensive data retention system that could be utilized to apply retention schedules to a variety of data elements held by the organization

Threats

- Cost of cloud computing environment will continually increase without management and monitoring of computing resources
- Under-reserving may affect performance or scalability.
- Document retention guidelines are difficult to enforce without negatively impacting user experience and functionality, i.e. email archiving
- Vendors increasing their licensing prices
- Possible loss of local vendor support
- ~~Some resources can generate costs in a non-transparent manner~~

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- Cloud computing infrastructure is tightly integrated and more easily allows for centralized management and monitoring of computing resources
- Costs are predictable but fixed.
- Implementation of single G: drive improves ability for users to share documents
- Team has been identified to assist departments and users with the management of organizational records

Weaknesses

- Access to cloud storage data can be affected by speed of internet access
- Potential for interrupted access to cloud infrastructure
- ~~Agency maintains~~There ~~large amounts of~~is duplicative data that is not~~n't~~ necessary to keep and ~~poses~~pose security risks
- Reserving additional capacity increases monthly costs, even if usage fluctuates.

Breakthrough Initiatives:	**Target**	**Resources:**
1. Current cloud environment allows organization to consider leveraging less expensive ~~O~~MS365 cloud storage options where practical and applicable	Ongoing	IS ~~Manager, Director of Health Care Accountability, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, IS Help Desk Specialist, Senior Programmer/ Analyst~~Department
2. Work with departments and users to establish unified data storage practices	Ongoing	IS ~~Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator~~Department

3.	~~Migrate seldom-used data to secure cloud storage where practical and applicable~~	~~Ongoing~~	~~IS Manager, Senior Systems Administrator, Senior Programmer/ Analyst~~
4.	Move computing resources to Azure to save cost increase reliability and reduce complexity of the environment.	Ongoing	IS Department
5.	Obtain and evaluate at least three vendor proposals for major computing investments, ensuring cost efficiency, market alignment, and a secure, reliable computing environment that supports business continuity.	Ongoing	IS Department

Environmental Scan: BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN AND TESTING

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- The organization's ability to function at an acceptable capacity when a disaster occurs is diminished without an updated plan and disaster recovery configuration
- Routine testing and documentation of that testing will ensure the functionality of the disaster recovery plan and all its components

Opportunities or Threats:

Opportunities

- Routine testing of the disaster recovery plan will ensure functionality and uncover any potential changes that could affect disaster operations
- ~~MiTel phone system is a distributed model with site-to-site fail-over capabilities by decentralizing infrastructure via distributed model~~
- Ring Central system is able to bring the phone system to staff wherever they have an internet connection

Threats

- ~~All critical network circuits terminate at NetSource One (NSO) creating single point of failure.~~ A failure of the Ring Central system would result in reduced or unavailable phone functionality, directly impacting Help Desk operations and Emergency Access Services (EAS)
- A Verizon service outage could render organizational Wi-Fi hotspots unavailable, negatively impacting business operations and staff workflow

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- Network connections to agency sites have high throughput and redundant connections with both AT&T ~~ASE~~ circuits and Charter ~~VPN~~ connections; includes both voice and data network traffic
- UTM firewalls provide SD-WAN technology which allows for both the primary and backup network connections to be active and handle prioritized network traffic
- Offsite disaster recovery computing location is restored and tested quarterly~~.~~
- Data backups are tested monthly via routine data restores.
- The Electronic Health Record (EHR) system is hosted by the vendor, Peter Chang Enterprises (PCE), which has a redundant data center that is utilized and tested semi-annually
- Basic network connection is used by staff however when there is a power outage or Wi-Fi failure staff have Wi-Fi hotspots are available to EAS staff to ensure continuity for our crisis line and Emergency/Access services

Weaknesses

- Planning and testing for smaller component outages still must be accounted for, i.e. fiber optic failure at Mulholland
- Disaster recovery processes of outside vendors needs to be verified

Breakthrough Initiatives:	Target	Resources:
1. Continue to enhance testing procedures, documentation, and functionality of the business continuity and disaster recovery plan, as practical and applicable.	Ongoing	IS ~~Manager~~Department, ~~Senior Systems Administrator~~
2. BABHA will explore alternative communication methods and established outage procedures to	Ongoing	IS Department

support continuity of Help Desk and Emergency After-Hours Services (EAS) during Ring Central service disruptions.			
~~1.~~3. BABHA's business continuity and security risk assessments will assess hotspot usage, vendor performance, and available redundancy options to ensure continuity of essential work processes during service interruptions.	Ongoing	IS Department	

Environmental Scan: ~~MAINTAIN COST EFFECTIVE TELECOMMUNICATIONS SYSTEMS~~ IMPROVE BABHA'S WEBSITE AND ENSURE PATIENT PORTAL PROVIDES EQUAL ACCESS TO DIGITAL CONTENT BY ENHANCEMENT OR REDESIGN

Lead Team Member: ~~IS Manager~~ IS Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- ~~Maintaining efficient and cost-effective telecommunications systems will provide quality service while making additional resources available for the organizational mission.~~ Ensuring BABHA complies with Section 504 of the Rehabilitation Act which requires organizations receiving federal financial assistance—including schools, hospitals, and social service agencies—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. Digital Standards require that web content must be perceivable, operable, understandable, and robust (POUR principles)
- Ensuring that BABHA's online content and systems are current by assigning each section of the website to be maintained by the appropriate parties

Opportunities or Threats:

Opportunities:

- ~~Ensures that organization is not overpaying for outdated or underperforming services.~~ Explore website designers to determine if the current website can be updated or requires total redesign which can allow for a more user-friendly website

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths:

- ~~The TelNet rates are very inexpensive compared to the previous carrier rates.~~ BABHA has the ability to choose a new webdesigner should this be necessary
- ~~Agency has redundant internet access at all our primary facilities that would allow for conversion to cloud-based telephone service~~ BABHA's Strategic Leadership Team

- ~~Ensures the organization's website and other digital content remains an accurate reflection of current practices, services, and programs~~
- ~~Can move to cloud based telephone service to improve reliability and increase access to phone system to remote and field workers~~ Ensures the organization's website and other digital content complies with Section 504 of the Rehabilitation Act

Threats:

- ~~TelNet services are inexpensive, but organization voice services with a single vendor represents single point of failure~~
- Non-compliance can lead to federal investigations (OCR), loss of funding (CMS/HHS), and private lawsuits.
- ~~Current phone system will be end of life December 2025.~~

determined they will maintain responsibility to review the website contents on a scheduled basis

Weaknesses:

- ~~TelNet outages illustrated that relying on local carriers to route calls introduces additional points of failure.~~
- BABHA'S website has outdated information which is not updated regularly
- BABHA's website does not meet these accessibility requirements

Breakthrough Initiatives:	**Target**	**Resources:**
1. ~~Develop a cost-effective long-term telecommunications strategy that aligns with business initiatives and anticipated organizational needs in the context of the new hybrid office and remote work environment – i.e., reduced reliance on desk top phones, etc~~. Explore webdesign options to determine how best to improve BABHA's website and comply with Section 504 of the Rehabilitation Act	09/30/2026	~~Director of Health Care Accountability, IS Manager~~ IS Department
2. Review BABHA's online content, assign each section of the website to appropriate parties to be reviewed/updated	09/30/2026	IS Department
3. Collaborate with PCE to ensure BABHA's patient portal complies with Section 504 of the Rehabilitation Act	09/30/2026 ~~12/31/25~~	IS Department
~~1.~~4. Review BAAs to ensure accessibility requirements are met by vendors.	09/30/2026	~~IS Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator~~ IS Department and legal counsel
~~Implement RingCentral (or similar) cloud-based unified communications solution to replace our EOL phone system.~~		

Environmental Scan: IMPROVE SYSTEM SECURITY PRACTICES AND TECHNOLOGY

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for 2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Improve security practices that govern system audits, security reviews, and documentation

Opportunities or Threats:

Opportunities

- Continue to use ~~KnowBe4~~ Hook Security email phishing campaigns and user training

Threats

- Email phishing threats represent the greatest risk to organizational data

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- Cloud environment is tightly integrated and newer technologies making auditing easier
- EHR has powerful system activity auditing tools
- Hosting provider is considered HIPAA-compliant datacenter provider
- MFA deployed to staff for VDI ~~Office~~ MS 365 services, and EHR access
- MFA deployed to providers that utilize BABHA EHR

Weaknesses

- The human factor is ~~still~~ a weak link in our security

Breakthrough Initiatives:	**Target**	**Resources:**
1. Explore~~Provide~~ in person training options for security threats	09/30/2026	IS Department
~~1.~~2. Continue end user education on security threats, especially with ~~KnowBe4~~ Hook phishing campaigns and individual training as necessary.	Ongoing	IS ~~Manager, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, IS Help Desk Specialist~~Department
3. Add targeted training for high ~~-~~risk groups (Finance, IT, HR)	09/30/2026	IS Department

Environmental Scan: ~~INCREASE MOBILE AND REMOTE WORK TECHNOLOGIES~~STREAMLINE MOBILE AND REMOTE WORK TECHNOLOGIES

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- ~~Improve remote collaboration tool capacity to allow for all staff to conduct secure virtual meetings with both internal and external parties~~
- Ensure staff have equipment that provides effective use of agency's remote work software tools
- Increase use of cloud services allowing ~~for~~ staff to securely access organizational data more easily when working remotely or in the community

Opportunities or Threats: **Strengths and Weaknesses** (Response to Opps/Threats)**:**

Opportunities

- Increase use of Microsoft Teams throughout agency. All staff with an agency email account are already licensed for the software via MS~~O~~365 subscription
- Broad deployment of iPads, laptops~~, Chromebooks~~, and agency cell phones allow staff to utilize commonly deployed virtual collaboration tools such as Microsoft Teams~~, Zoom,~~ and Doxy.me
- Increase use of cloud services securely allow for staff to access organizational data more easily when working remotely or in the community
- Have select staff pilot new cost-effective technologies to use in the community and remotely to ensure staff have the most efficient technology available

Threats

- Remotely managing a large fleet of devices can be challenging for the IS Department as control is decentralized from the company network to staff's home network
- Staff sometimes have limited or poor internet options when working remotely
- Risk of staff printing or storing documents that contains PHI in non-secure locations. Personal computers, cell phones, cloud or personal paper files at home.
- Risk of staff holding tele-sessions in an unsecure environment

Strengths

- Current ~~Office~~ MS 365 software subscriptions provide users with access to collaboration tools without additional cost
- Mobile equipment currently deployed to staff allows for remote work and collaboration
- All agency cell phones have an unlimited voice, text, and data service plan allowing for extended remote work at no additional cost

Weaknesses

- ~~Newly deployed thin clients are now capable of processing audio and video but do not have microphones or cameras limiting participation in virtual meetings from the office~~
- Keeping collaboration tools such as Microsoft Teams ~~and Zoom~~ updated on mobile devices can be challenging
- ~~All agency cell phone plans have unlimited hotspot data plans, however, data throttling begins after 10 gigabytes of usage~~
- Ability to monitor productivity of staff working remotely is available, but reports made available for supervisors could be improved.

Breakthrough Initiatives:	**Target**	**Resources:**
~~1.~~		
~~2. Implement the change to Microsoft 365 licenses from Office 365 licenses for additional management and security features, allowing for the IT Department to effectively manage the de-centralized nature of SharePoint.~~	~~02/15/25~~	~~Director of Health Care Accountability~~~~Senior Systems Administrator~~~~I.S. Help Desk/EHR Administrator~~
1. ~~Test~~ Explore SharePoint permissions and features to ensure permissions are appropriate for use based on employees need and "need to know" ~~online (Share point has been online for years..) and~~ OneDrive on a per-department basis	09/30/~~25~~26	IS ~~Manager~~Department, ~~Senior Systems Administrator~~
2. Explore Teams Channel permissions and features to ensure permissions are appropriate for use based on employees need and "need to know". a. IS Department to become proficient in the use and structure of SharePoint and Teams Channels b. IS Department to provide training for piloting end users then conduct training prior to pilot groups transitioning c. Pilot work groups, committees, or departments to ensure permissions support workflow and processes then move forward with transitioning as deemed appropriate.		IS Department~~IS Manager, Director of Health Care Accountability, Senior Systems Administrator, I.S. Help Desk/EHR Administrator~~
~~3.~~		
3. ~~Need action to complete this ...~~Explore options for monitoring of staff productivity with leadership	09/30/2026	IS Department
4. Identify and Address Barriers Keeping Staff on Zoom	09/30/2026	IS Department

Environmental Scan: INCREASE TECHNICAL TRAINING OFFERED TO STAFF

Lead Team Member: IS ~~Manager~~Department **Status:** Revised ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Additional technical training will allow staff to more efficiently use the technologies provided to them by the agency
- Effective remote work relies heavily on technology

Opportunities or Threats:

Opportunities

- The agency has numerous software tools staff might find beneficial with an enhanced knowledge of how they operate
- The IS Departmen~~'~~t can provide training both virtually and in person
- Relias training may have valuable training~~s~~ modules that could be offered to staff

Threats

- Lack of knowledge can hinder productivity or increase reluctance to use available technology

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- IS Department staff are eager to provide training to staff on tools most commonly referred to the Help Desk
- Relias training library is extensive and easily deployed to staff
- Staff generally know how to use current common technology
- Staff reach out to the help desk if they have questions on how to use technology
- Staff are trained every time a new technology is implemented

Weaknesses

- Lack of staff participation with voluntary trainings offered
- Staff do not engage in additional training due to training overload
- Need to identify if and where staff knowledge gaps exist and what training would be both useful and appreciated~~.~~

Breakthrough Initiatives:	**Target**	**Resources:**
1. Provide users software tips and training opportunities through electronic means as a more efficient alternative to recommending more mandatory annual training	09/30/~~25~~26	IS ~~Manager~~Department ~~, Senior Systems Administrator, I.S. Help Desk/EHR Administrator, Senior Programmer~~/ ~~Analyst, LAN / Database Specialist, IS Help Desk Specialist~~ IS Department ~~IS Manager, Senior Systems~~ IS Department ~~Administrator, I.S. Help Desk/EHR Administrator, Senior Programmer/ Analyst, LAN / Database Specialist, IS Help Desk Specialist~~
2. ~~Investigate a wiki-style location on intranet/SharePoint for organizing and accessing past tips~~Provide training in multiple formats to staff, Tech Tips, videos, lunch and learns	~~09/30/25~~26 09/30/26	
3. Explore and identify staff member knowledge gaps exist and offer training options to address gaps	09/30/2026	
a. Explore ways to gauge staff member knowledge gaps and preferred training subjects		

~~2.~~

~~Provide training in multilemultiple formats to staff, tech tip Tuesdays, videos~~

~~1.~~

~~I.S. Help Desk/EHR AdministratorIS Help Desk SpecialistSenior Systems AdministratorSenior Programmer/ AnalystLAN / Database Specialist~~

Operational Initiatives

Environmental Scan: VENDOR MANAGEMENT AND PERFORMANCE MONITORING

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Ensure that vendor is providing acceptable levels of service and adhering to Service Level Agreement (SLA) parameters

Opportunities or Threats:

Opportunities

- ~~External monitoring of EHR, external VDI portal, telecommunication systems, and BABHA website uptime provides independent view of system availability~~BABHA's vendors monitor our VDI and EHR environments and provides consistent performance and responds quickly to address issues which allows the BABHA IT staff to concentrate on agency initiatives.

Threats

- Using vendors who lease or subcontract with larger vendors can make troubleshooting service issues more difficult
- Vendor consolidation and growth risk when an existing vendor is acquired by a larger organization or experiences significant growth in its client base may impact service quality, responsiveness, or consistency

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- Users are quick to report issues to the helpdesk~~,~~ and ~~outage reports can be~~is tracked ~~in a SharePoint list~~through the help desk ticketing system ,and is accessible to all IT staff to collaborate on.

Weaknesses

- Too reliant on vendor to report performance problems with their services
- Lack of diversity in vendors can impact operations when experiencing service disruptions from a particular vendor
- ~~Old reporting tool "What's Up Gold" did not provide adequate insight into actual outages, instead only reporting if the IP address of the service responded to a ping, which resulted in many false positives, and false negatives.~~

Breakthrough Initiatives:	**Resources:**
~~1. Compare outage calculations against SLA parameters or other performance guidelines to ensure vendor compliance~~	~~IS Manager~~
~~2. Provide performance data for Leadership Dashboard reporting~~ ~~○ Wide and local area network issues~~ ~~○ Telepresence issues~~ ~~○ Cloud computing and Virtual Desktop Infrastructure (VDI) issues~~ ~~○ Phone issues~~ ~~○ Phoenix issues~~	~~IS Manager, Director of Health Care Accountability, I.S. Help Desk/EHR Administrator~~
~~3.~~ ~~Generate power BI reports for leadership dashboard from outage SharePoint list.~~ ~~This has been completed~~	~~IS Manager, LAN / Database Specialist, Senior Programmer/ Analyst~~
1. Audit use of staff software and application subscriptions (such as Zoom, Doxy, Adobe and Microsoft products) on a routine basis and adjust vendor agreements where feasible to eliminate unnecessary costs.	09/30/2026 IS ~~Manager~~Department, ~~LAN / Database Specialist, Senior Systems Administrator, Senior Programmer / Analyst,~~

2. Monitor vendor performance, customer service levels, and contractual compliance	~~I.S. Help Desk/EHR Administrator, IS Help Desk Specialist~~ 09/30/2026 IS Department
~~4.~~3. Explore other vendor options and seek out quotes from vendors to ensure BABHA vendors are cost-effective	01/31/2027 IS Department

Operational Initiative: CONTINUED DEVELOPMENT OF STANDARDIZED COMMUNICATIONS KNOWLEDGE

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- In-depth knowledge of the various Electronic Data Interchange (EDI) formats utilized by the state, regional entities, and other healthcare data repositories will help BABHA facilitate the timely exchange of data with other organizations

Operational Actions:	Resources:
1. Continue developing institutional knowledge of file structures used for state encounter reporting, BH-TEDS/Mental Health Client-Level Data (MH-CLD) submissions, and new state consumer registry file	IS ~~Manager~~Department~~, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator~~
2. Research American National Standards Institute (ANSI) -accredited standards within the healthcare industry such as HL7 International	IS ~~Manager~~Department, ~~Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator~~
3. ~~Research HIE vendors and the EHR Direct Messaging capabilities identifying potential uses for BABH~~	~~IS Manager, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator, Medical Records Associate~~

Environmental Scan: INFORMATION SYSTEMS DOCUMENTATION

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Document information systems procedures, processes, and system designs to ensure adequate knowledge transfer and long-term functionality of department and systems

Opportunities or Threats:

Opportunities

- Create central repository for documentation
- Cross-training within department will make documentation essential to success

Threats

- Lack of documentation limits knowledge transfer
- Limits ability for cross training to be effective

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- Tools necessary to capture and share knowledge are currently available
- Data Governance Committee creates workgroup venue to standardize data driven project documentation
- Standard documentation procedures have been established for report/data centric projects.

Weaknesses

- Programming and software development still needs a structured documentation process.
- Need to finalize Quality Control protocols for system development, design, modifications, validations and documentation

Breakthrough Initiatives:	**Resources:**
1. ~~Establish standard documentation practices for information systems processes, procedures, and system design~~	~~IS Manager, Senior Systems Administrator, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator, LAN / Database Specialist, IS Help Desk Specialist~~
2. Continue to develop documented standards of organizational data definitions and business processes	~~Director of Health Care Accountability,~~ IS ~~Manager~~Department~~, Quality Manager, Senior Programmer/ Analyst, LAN / Database Specialist~~
3. Investigate use of Microsoft Dev Ops for all source code to ensure access if lead staff not available	~~Senior Programmer/ Analyst, LAN / Database Specialist~~IS Department
4. Explore use Microsoft Share Point to standardize documentation processes to ensure continuity	IS ~~Manager~~Department, ~~I.S. Help Desk/EHR Administrator, Senior Programmer/ Analyst, LAN / Database Specialist~~
~~4.~~5. Prepare education plan and timelines for implementation to ensure agency permissions remain consistent and appropriate for use	IS Department

Environmental Scan: CONTINUE TO IMPROVE ANNUAL RISK ASSESSMENT PROCESS

Lead Team Member: IS ~~Manager~~Department **Status:** Revised for ~~2024~~2025-~~2025~~2026

Impact on Ability to Accomplish Mission:

- Continue to enhance tool to monitor risk, compliance, security, and the effectiveness of the organization's policies and procedures
- Identify gaps in compliance and security that can be used to drive the continuous improvement process

Opportunities or Threats:

Opportunities

- Can build upon internally conducted risk assessment with the new Security Risk Assessment tool released by the U.S. Department of Health and Human Services
- Evaluate physical security at all locations for possible improvements related to the protection of PHI

Threats

- Regular monitoring of risk is essential to maintaining compliance and a strong security posture
- Without an updated risk assessment, it is difficult to provide a gap analysis of risk, compliance, and security
- Proposed changes to the HIPAA Security Rule that have not yet been finalized and published could require significant effort to comply with changes.

Strengths and Weaknesses (Response to Opps/Threats)**:**

Strengths

- ~~2024~~ 2025 risk assessment can be used as a building block for broader inspections of security
- Tightly integrated cloud computing environment should limit number of technical anomalies reported

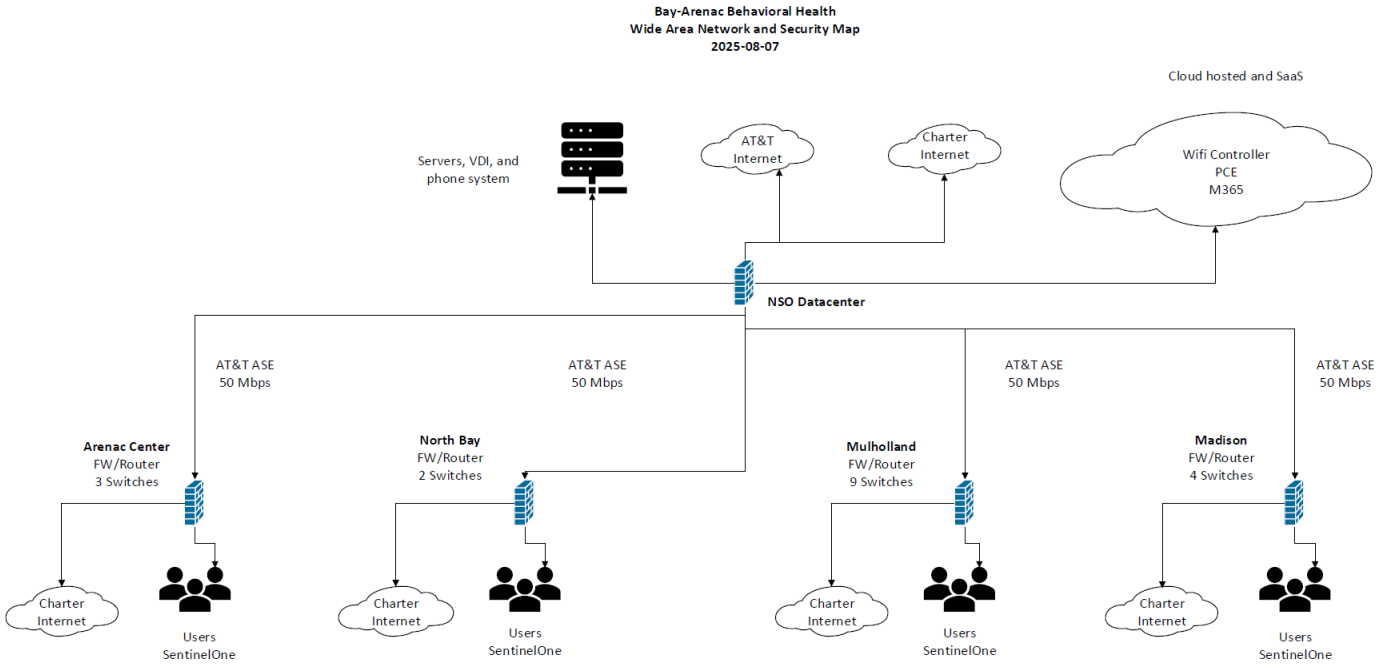
Weaknesses

- Continued development of disaster recovery plan testing and documentation
- The physical security at some locations could be improved as it relates to the protection of PHI
- Unable to monitor security of PHI in employees' remote work locations

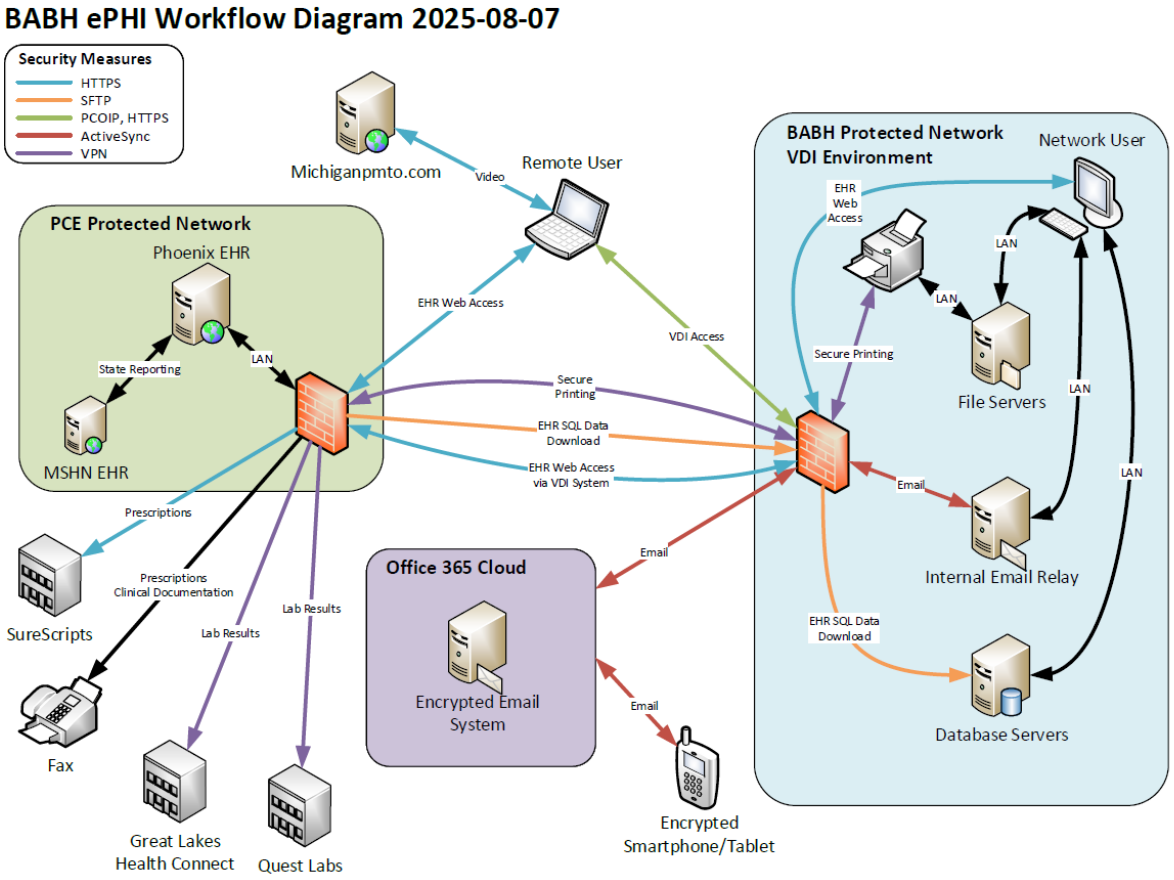
Breakthrough Initiatives:	**Resources:**
1. Continued development of risk assessment monitoring tool	IS ~~Manager~~Department
2. Perform risk assessment for the organization annually	IS ~~Manager~~Department
3. Obtain external security risk assessment through independent party per industry standards	IS Department
4. Remediate gaps identified in the risk assessment annually ~~3.~~	IS ~~Manager~~Department~~, Senior Systems Administrator, Senior Programmer/ Analyst, I.S. Help Desk/EHR Administrator, LAN / Database Specialist, IS Help Desk Specialist~~

Attachments

Wide Area Network and Security Map



e-PHI Workflow Diagram



Security Risk Assessment Findings and Remediation Plan 2024
Bay Arenac Behavioral Health

Completed By: Jesse Bellinger, IT Manager/Security Officer
Date Completed: July 01, 2024

I. Overview

Bay Arenac Behavioral Health (BABH), in accordance with 45 CFR Part 160 and Part 164, must complete a HIPAA Risk Assessment to ensure all electronic protected health information (ePHI) created, received, maintained, or transmitted by a covered entity is adequately protected.

This BABH security risk assessment process utilizes the Security Risk Assessment (SRA) tool provided by the United States Department of Health and Human Services. The SRA tool lists 120 security assessment questions, provides several different response choices to each question, and ways in which to comply when a non-compliant response is selected.

This document includes a summary of the 7 sections within the SRA tool, a breakdown of compliance in each section, and a description of the areas where BABH was not in full compliance with the requirement.

II. Security Risk Assessment Findings

Section 1 – SRA Basics

This section focuses on basic information about our SRA, including if we have ever completed an SRA, how often we conduct an assessment, the processes used to complete one, and how the results are reported.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	9	9	100%
Addressable	1	1	100%
Total	10	10	100%

BABH is fully compliant within this section.

Section 2 – Security Policies

Section 2 concentrates on agency policies and procedures, risk management processes, document retention of our completed SRA materials, and the role of the Security Officer in managing risk.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	8	8	100%
Addressable	0	0	N/A
Total	8	8	100%

BABH is fully compliant within this section.

Section 3 – Security and Workforce

Section 3 concentrates on the security aspects of workforce members. The questions focus on security awareness training, employment screening procedures, system and application access processes, and the competence of the Security Officer. Protection from malicious software and monitoring of login attempts is also addressed in this section.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	12	12	100%
Addressable	7	7	100%
Total	19	19	100%

BABH is fully compliant within this section.

Section 4 – Security and Data

This section focuses on access to electronically protected health information (ePHI). The questions center around how users are granted access, how are users identified when accessing ePHI, is access appropriate, the use of encryption, automatic logoff from systems, and backups.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	17	16	94%
Addressable	10	10	100%
Total	27	26	96%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members personal devices accessing a cloud-based EHR without first identifying and approving the device)

DHHS Guidance: Unsecured points could compromise data accessed through an otherwise secure application. Consider implementing a device management process to ensure security standards are in place for all points accessing ePHI. Assign a separate user account to each user in your organization. Train and regularly remind users that they must never share their passwords. Require each user to create an account password that is different from the ones used for personal internet or e-mail access (e.g., Gmail, Yahoo, Facebook). For devices that are accessed off site, leverage technologies that use multi-factor authentication (MFA) before permitting users to access data or applications on the device. Logins that use only a username and password are often compromised through phishing e-mails. Implement MFA authentication for the cloud-based systems that your organization uses to store or process sensitive data, such as EHRs. MFA mitigates the risk of access by unauthorized users.

Section 5 – Security and the Practice

Section 5 targets physical security of devices, facilities, and the data center. The questions concentrate on how facilities are protected from unauthorized access, how devices protected from theft and unauthorized access, and an inventory of all equipment that store, process, or access ePHI.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	12	12	100%
Addressable	12	11	92%
Total	24	23	96%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 10 (Addressable): How do you validate a person's access to your facility?

Answer: We do not have lists of authorized persons or controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

DHHS Guidance: Consider appropriate methods of validating access to your facility. Implement and document safeguards determined to be reasonable and appropriate. Always keep data and network closets locked. Grant access using badge readers rather than traditional key locks.

Section 6 – Security and Business Associates

This section concentrates on how business associates are handled, the terms within our Business Associate Agreements (BAA), and assurances of compliance of our business associates.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	13	12	92%
Addressable	0	0	N/A
Total	13	12	92%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

DHHS Guidance: Consider monitoring, auditing, or obtaining information from business associates to ensure the security of ePHI and include language about this in BAAs.

Section 7 – Contingency Planning

The final section of the SRA emphasizes contingency planning and security incidents. The questions center around identifying, documenting, and testing security incidents and emergency situations.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	19	19	100%
Addressable	1	1	100%
Total	20	20	100%

BABH is fully compliant within this section.

III. Security Risk Assessment Findings Summary

SRA Results

BABH is compliant with 118 of the 121 questions within the DHHS SRA tool. The areas BABH will focus on in the coming year are improving facility access validation and managing devices that access ePHI.

Question Type	Questions	Compliant Answers	Compliance %
Required	90	88	98%
Addressable	31	30	97%
Total	121	118	97%

IV. Security Risk Assessment Remediation Plan

Section 4 – Security and Data

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members personal devices accessing a cloud-based EHR without first identifying and approving the device)

Remediation Plan: Available options to limit device access to the cloud based EHR include IP Filtering and/or a browser cookie. Due to BABH's use of contracted providers, both options present an unreasonable burden to both end users and IT staff.

Standard 164.312(d) "Person or Entity Authentication" is the referenced rule for Section 4, Question 23. This standard has no implementation specifications and requires a covered entity to "Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed".

Access to PHI via our EHR software is protected by username, password, and 2 factor authentication. This ensures the person seeking access is who they say they are by requiring them to combine something they have (the time sensitive 2FA code generated by the token or authenticator app) and something they know (their username and password).

Our current practice provides reasonable security without placing an unreasonable burden on end users and IT staff. It is therefore not reasonable for us to follow the guidance within the SRA tool in this case.

Section 5 – Security and the Practice

Question 10 (Addressable): How do you validate a person's access to your facility?

Answer: We do not have lists of authorized persons or controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

Remediation Plan: Access to most facilities is controlled except for Mulholland. A recent change at the Mulholland site caused the doors to be open to the public. Most sites have video monitoring to track attempts to access the facility, except for North Bay.

The Security Officer will work with the Senior Leadership Team and the Facility Manager on ways to improve monitoring unauthorized attempts to access our facilities, and work on reasonable measures to secure Mulholland.

Section 6 – Security and Business Associates

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

Remediation Plan: BABH will not be pursuing the DHHS Guidance within the DHHS SRA Tool. The hhs.gov website contradicts the guidance provided within the tool. The hhs.gov website explicitly states that covered entities are not required to monitor or oversee the means by which their business associates carry out privacy safeguards or the extent to which the business associate abides by the privacy requirements of the business associate agreement. Our current practice adheres to the guidance provided on hhs.gov website. (Reference: FAQ 236 Is a covered entity liable for, or required to monitor the actions its business associates? https://www.hhs.gov/hipaa/for-professionals/faq/236/covered-entity-liable-for-action/index.html)

Security Risk Assessment Findings and Remediation Plan 2025
Bay-Arenac Behavioral Health

Completed By: Jesse Bellinger, IT Manager/Security Officer
Date Completed: 08/06/2025

I. Overview

Bay-Arenac Behavioral Health (BABH), in accordance with 45 CFR Part 160 and Part 164, must complete a HIPAA Risk Assessment to ensure all electronic protected health information (ePHI) created, received, maintained, or transmitted by a covered entity is adequately protected.

This BABH security risk assessment process utilizes the Security Risk Assessment (SRA) tool provided by the United States Department of Health and Human Services. The SRA tool lists 126 security assessment questions, provides several different response choices to each question, and ways in which to comply when a non-compliant response is selected.

This document includes a summary of the 7 sections within the SRA tool, a breakdown of compliance in each section, and a description of the areas where BABH was not in full compliance with the requirement.

II. Security Risk Assessment Findings

Section 1 – SRA Basics

This section focuses on basic information about our SRA, including if we have ever completed an SRA, how often we conduct an assessment, the processes used to complete one, and how the results are reported.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	9	9	100%
Addressable	1	1	100%
Total	10	10	100%

BABH is fully compliant within this section.

Section 2 – Security Policies

Section 2 concentrates on agency policies and procedures, risk management processes, document retention of our completed SRA materials, and the role of the Security Officer in managing risk.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	8	8	100%
Addressable	0	0	N/A
Total	8	8	100%

BABH is fully compliant within this section.

Section 3 – Security and Workforce

Section 3 concentrates on the security aspects of workforce members. The questions focus on security awareness training, employment screening procedures, system and application access processes, and the competence of the

Security Officer. Protection from malicious software and monitoring of login attempts is also addressed in this section.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	11	11	100%
Addressable	8	8	100%
Total	19	19	100%

BABH is fully compliant within this section.

Section 4 – Security and Data

This section focuses on access to electronically protected health information (ePHI). The questions center around how users are granted access, how are users identified when accessing ePHI, is access appropriate, the use of encryption, automatic logoff from systems, and backups.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	20	19	95%
Addressable	10	10	100%
Total	30	29	96.7%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members personal devices accessing a cloud-based EHR without first identifying and approving the device)

DHHS Guidance: Unsecured points could compromise data accessed through an otherwise secure application. Consider implementing a device management process to ensure security standards are in place for all points accessing ePHI. Assign a separate user account to each user in your organization. Train and regularly remind users that they must never share their passwords. Require each user to create an account password that is different from the ones used for personal internet or e-mail access (e.g., Gmail, Yahoo, Facebook). For devices that are accessed off site, leverage technologies that use multi-factor authentication (MFA) before permitting users to access data or applications on the device. Logins that use only a username and password are often compromised through phishing e-mails. Implement MFA authentication for the cloud-based systems that your organization uses to store or process sensitive data, such as EHRs. MFA mitigates the risk of access by unauthorized users.

Section 5 – Security and the Practice

Section 5 targets physical security of devices, facilities, and the data center. The questions concentrate on how facilities are protected from unauthorized access, how devices protected from theft and unauthorized access, and an inventory of all equipment that store, process, or access ePHI.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	12	12	100%
Addressable	12	11	92%
Total	24	23	96%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 10 (Addressable): How do you validate a person's access to your facility?

Answer: We do not have lists of authorized persons or controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

DHHS Guidance: Consider appropriate methods of validating access to your facility. Implement and document safeguards determined to be reasonable and appropriate. Always keep data and network closets locked. Grant access using badge readers rather than traditional key locks.

Section 6 – Security and Business Associates

This section concentrates on how business associates are handled, the terms within our Business Associate Agreements (BAA), and assurances of compliance of our business associates.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	15	12	80%
Addressable	0	0	N/A
Total	15	12	80%

BABH is not compliant within this section. Below are the question(s) that are not in full compliance.

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

DHHS Guidance: Consider monitoring, auditing, or obtaining information from business associates to ensure the security of ePHI and include language about this in BAAs.

Question 14 (Required): Does the organization require business associates and third-party vendors to implement security requirements more stringent than required in the HIPAA Rules?

Answer: No, contracts with vendors or BAs outline requirements to follow the HIPAA Rules as applicable to BAs without additional cybersecurity protocols.

DHHS Guidance: The HIPAA Rules require a covered entity to obtain satisfactory assurances from its business associate that it will appropriately safeguard PHI it receives or creates on behalf of the covered entity. Organizations could consider protocols within their business practice to include enhanced cybersecurity and supply chain requirements beyond those required by the HIPAA Rules that third parties can follow and how compliance with the

requirements may be verified. Rules and protocols for information sharing between the organization and suppliers are detailed and included in contracts between the two.

Question 15 (Required): How do you track and verify business associate and third-party vendor compliance to security policies and where are these policies documented?

Answer: The organization verifies business associate and third-party vendor status each year but does not perform evaluations.

DHHS Guidance: The organization could require business associates and third-party vendors to disclose cybersecurity features, functions, and known vulnerabilities of their products and services for the life of the product or the term of service. Contracts could require evidence of performing acceptable security practices through self-attestation, conformance to known standards, certifications, or inspections. Business associates and third-party vendors could be monitored to ensure they are fulfilling their security obligations throughout the relationship lifecycle.

Section 7 – Contingency Planning

The final section of the SRA emphasizes contingency planning and security incidents. The questions center around identifying, documenting, and testing security incidents and emergency situations.

Results

Question Type	Questions	Compliant Answers	Compliance %
Required	19	19	100%
Addressable	1	1	100%
Total	20	20	100%

BABH is fully compliant within this section.

III. Security Risk Assessment Findings Summary

SRA Results

BABH is compliant with 121 of the 126 questions within the DHHS SRA tool.

Question Type	Questions	Compliant Answers	Compliance %
Required	94	90	96%
Addressable	32	31	97%
Total	126	121	96%

IV. Security Risk Assessment Remediation Plan

Section 4 – Security and Data

Question 23 (Required): How do you determine the means by which ePHI is accessed?

Answer: Applications which access ePHI are identified, evaluated, approved, and inventoried, but we do not manage which devices can access these applications (e.g. workforce members personal devices accessing a cloud-based EHR without first identifying and approving the device)

Remediation Plan: Available options to limit device access to the cloud based EHR include IP Filtering and/or a browser cookie. Due to BABH's use of contracted providers, both options present an unreasonable burden to both end users and IT staff.

Standard 164.312(d) "Person or Entity Authentication" is the referenced rule for Section 4, Question 23. This standard has no implementation specifications and requires a covered entity to "Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed".

Access to PHI via our EHR software is protected by username, password, and 2 factor authentication. This ensures the person seeking access is who they say they are by requiring them to combine something they have (the time sensitive 2FA code generated by the token or authenticator app) and something they know (their username and password).

Our current practice provides reasonable security without placing an unreasonable burden on end users and IT staff. It is therefore not reasonable for us to follow the guidance within the SRA tool in this case.

Section 5 – Security and the Practice

Question 10 (Addressable): How do you validate a person's access to your facility?

Answer: We do not have lists of authorized persons or controls in place to identify persons attempting to access the practice, grant access to authorized persons, or prevent access by unauthorized persons.

Remediation Plan: Access to most facilities is controlled except for Mulholland second floor, which uses a shared hallway with Hospital staff; individual offices are able to be locked on that floor when not occupied. Most sites have video monitoring to track attempts to access the facility, except for North Bay, although a recent policy change requires the ability for consumers to opt out of being recorded, which creates a conflict between privacy and security.

The Security Officer will work with the Senior Leadership Team to navigate the conflict in privacy and security, and if necessary, recommend appropriate cameras to monitor access attempts.

Section 6 – Security and Business Associates

Question 7 (Required): How do you maintain awareness of business associate security practices?

Answer: We rely on the language of our BAAs to ensure that Business Associates are securing ePHI.

Remediation Plan: BABH will not be pursuing the DHHS Guidance within the DHHS SRA Tool. The hhs.gov website contradicts the guidance provided within the tool. The hhs.gov website explicitly states that covered entities are not required to monitor or oversee the means by which their business associates carry out privacy safeguards or the extent to which the business associate abides by the privacy requirements of the business associate agreement. Our current practice adheres to the guidance provided on hhs.gov website. (Reference: FAQ 236-Is a covered entity liable for, or required to monitor the actions its business associates? https://www.hhs.gov/hipaa/for-professionals/faq/236/covered-entity-liable-for-action/index.html)

Question 14 (Required): Does the organization require business associates and third-party vendors to implement security requirements more stringent than required in the HIPAA Rules?

Answer: No, contracts with vendors or BAs outline requirements to follow the HIPAA Rules as applicable to BAs without additional cybersecurity protocols.

Remediation Plan: We have language in our BAAs that BAs are to take "appropriate safeguards" to protect PHI in addition to compliance with the Security Rule and HITECH act. We do not necessarily require adherence to more stringent standards from our BAs than what is outlined in the HIPAA rules, but the language of our BAAs does not rule that out. The question referenced here does not refer to any current HIPAA regulation, but the proposed changes to the HIPAA security rule that have not yet been published may include this. The current language of this rule may make compliance challenging with large providers who only issue boilerplate BAAs and will not change their practices for individual customers. Smaller providers could face significant administrative challenges adhering to this standard as well. The Security Officer will work with SLT to evaluate question 14's impact, and what steps could be taken to prepare for potential rule changes, as well as evaluate if compliance with this question is currently feasible.

Question 15 (Required): How do you track and verify business associate and third-party vendor compliance to security policies and where are these policies documented?

Answer: The organization verifies business associate and third-party vendor status each year but does not perform evaluations.

Remediation Plan: This question appears to be related to question 14, both of which are new in the SRA for this year. Currently there is no HIPAA rule referenced that would require compliance with either question. Proposed changes to the Security rule that is currently NPRM status could likely impact this. The Security Officer will work with SLT to evaluate question 15's impact, and what steps could be taken to prepare for potential rule changes, as well as evaluate if compliance with this question is currently feasible.

Information Technology Equipment Replacement Schedule

Objective

The purpose of this information technology equipment replacement schedule is to outline a systematic plan for the replacement of the agency's oldest computer equipment ensuring efficient and effective management of BABH's budget and computing capabilities. This schedule will provide an equipment lifecycle strategy for all client technology deployed within the agency minimizing the negative aspects of using older information technology.

Older computing equipment is:

- slower at processing employee tasks reducing employee productivity
- more expensive to support
- less energy efficient
- prone to more security breaches

This equipment replacement schedule should be considered a general guide and can be adjusted year-to-year to accommodate other agency needs or budgetary constraints.

Schedule

Device Type	Replacement Schedule
Desktop Computers	Replace devices every 4 years
Standard Laptop Computers	Replace devices every 4 years
Chromebooks	Replace devices every 4 years
iPads/Tablets	Replace devices every 3 years
10ZiG Thin Clients	Replace devices every 6 years
Desktop Printers	Replace devices every 6 years
Computer Monitors	Replace devices every 8 years

Replacement Cost

Device Type	Quantity	Unit Cost*	Total Cost*
Chromebooks (swap w/ surface)	17	$1,500	$25,500
Laptop	57	$1,500	$85,500
Desktop	17	$1,500	$25,500
iPad	3	$449	$1347
Total			$137,847

*Costs subject to change based on market and bulk pricing

~~Device Type~~	~~Quantity~~	~~Unit Cost~~	~~Total Cost~~
~~Chromebooks (swap with Surface)~~	~~23~~	~~$800~~	~~$18,400~~
~~iPad~~	~~12~~	~~$450~~	~~$5,400~~
~~Laptop~~	~~19~~	~~$1,500~~	~~$28,500~~
~~*totals*~~	~~54~~	-	~~**$52,300**~~

Equipment Qualifying for Replacement in 2026~~5~~

Category	BABH Asset Tag	Purchased Date	Years Since Purchase	Manufacturer	Model Number	Assigned To
Laptop	1697	12/14/2016	10	Dell	Latitude E5550	Alexandria Karas
Laptop	1699	12/15/2016	10	Dell	XPS 15	Kimberly Jinks
Laptop	8608	6/12/2020	6	Dell	XPS 15 7590	Kevin Motyka
Laptop	8165	9/10/2020	6	Dell	XPS 15	Deidra Walker
Laptop	8177	9/10/2020	6	Dell	XPS 15	Stacy Krazinski
Laptop	8208	9/30/2020	6	Dell	XPS 13	Sarah Holsinger
Laptop	8274	10/15/2020	6	Dell	XPS 13"	Jordan Wells
Laptop	8278	12/19/2020	6	Dell	XPS 15"	Jennifer Lasceski
Laptop	8280	12/20/2020	6	Dell	XPS 15"	Andrea Rayl
Laptop	8279	12/20/2020	6	Dell	XPS 15"	Bradley Parker
Laptop	1815	2/2/2021	5	Dell	XPS 15"	ES Dept
Laptop	1826	5/1/2021	5	Dell	XPS 15 9500	Irina Back
Laptop	1827	5/13/2021	5	Dell	XPS 15" 9500	Emily Gerhardt
Laptop	1828	5/20/2021	5	Dell	XPS 15" 9500	Stacy Krasinski
Laptop	1830	7/1/2021	5	Dell	XPS 15 9500	Dr. Movva
Laptop	1834	9/1/2021	5	Dell	XPS 15 9500	Lynn Meads
Laptop	8874	5/6/2022	4	Dell	xps 15	Pamela Vanwormer
Laptop	8861	5/12/2022	4	Microsoft	Surface Laptop Go 1943 i5	Kaitlyn Kokaly
Laptop	8873	5/12/2022	4	Dell	XPS 15	Flavia Devasconcelos
Laptop	1944	5/24/2022	4	Dell	XPS 15 9520	ES Dept
Laptop	8870	6/1/2022	4	Microsoft	Surface Go 1943	Eric Strode
Laptop	8872	6/15/2022	4	Microsoft	1493	Princess Hardy
Laptop	8881	7/25/2022	4	Dell	XPS15	Ashley Badour
Laptop	1905	7/27/2022	4	Lenovo	Thinkpad L15G3	Melissa Prusi
Laptop	8887	7/28/2022	4	Ms Surface	TNU-00001	Rebecca Leo
Laptop	1902	7/28/2022	4	Lenovo	Thinkpad L15G3	Amy Folsom
Laptop	8894	7/28/2022	4	Ms Surface	KC8-00001	Ashlee Grusnick
Laptop	1901	7/28/2022	4	Lenovo	Thinkpad L15G3	Tayla Stinson
Laptop	8916	7/28/2022	4	Ms Surface	2013	Karen Heinrich
Laptop	8899	7/28/2022	4	Ms Surface	KC8-00001	Alexus Smith
Laptop	8895	7/28/2022	4	Ms Surface	KC8-00001	Benjamin Tenney
Laptop	1904	7/28/2022	4	Lenovo	Thinkpad L15G3	Melissa Deuel
Laptop	1900	7/28/2022	4	Lenovo	Thinkpad L15G3	Christine Klatt
Laptop	1817	7/28/2022	4	Lenovo	Thinkpad L15G3	Johnelle Luther

Laptop	8878	7/28/2022	4	Lenovo	20YU001LUS	Meera Mohan
Laptop	1818	7/28/2022	4	Lenovo	Thinkpad L15G3	Kimberly Cereske
Laptop	1819	7/28/2022	4	Lenovo	Thinkpad L15G3	Tamera Matuszewski
Laptop	8897	7/28/2022	4	Ms Surface	KC8-00001	Rachel Lemiesz
Laptop	8885	7/28/2022	4	Ms Surface	TNU-00001	Kerensa Hecht
Laptop	8917	7/28/2022	4	Ms Surface	2013	Dustin Babcock
Laptop	8918	7/28/2022	4	Ms Surface	2013	Shaun Beyer
Laptop	8886	7/28/2022	4	Ms Surface	TNU-00001	Mariah Castillo
Laptop	8891	7/28/2022	4	Ms Surface	TNU-00001	Craig Kanicki
Laptop	8892	7/28/2022	4	Ms Surface	TNU-00001	Traci Lupcke
Laptop	1906	9/29/2022	4	Lenovo	Thinkpad L15 G3	Laurel McClure
Laptop	1907	10/13/2022	4	Lenovo	Thinkpad L15 G3	Marci Rozek
Laptop	8922	10/28/2022	4	Microsoft	2013	Joan Patten
Laptop	8927	11/18/2022	4	Microsoft	8QD-00023	ES Staff
Laptop	8933	11/18/2022	4	Microsoft	8QD-00023	Karen Lothian
Laptop	8926	11/18/2022	4	Microsoft	8QD-00023	Dean Deshaw
Laptop	8930	11/18/2022	4	Microsoft	8QD-00023	Lisa Mcalister
Laptop	8923	11/18/2022	4	Microsoft	8QD-00023	Melissa Reetz
Laptop	8925	11/18/2022	4	Microsoft	8QD-00023	Tonya Labelle
Laptop	8932	11/18/2022	4	Microsoft	8QD-00023	Meredith Bickel
Laptop	8963	11/22/2022	4	Microsoft	2013	Alexis Riley
Laptop	8934	12/22/2022	4	Microsoft Surface Go2 2013	8QD-00048	Susan Curtis
Laptop	1908	12/22/2022	4	Lenovo Thinkpad L15 G3	21C3004VUS	Jill Cederberg
Desktop	8006	8/15/2016	10	Dell	Optiplex 7040	Christopher Pinter
Desktop	6477	8/15/2016	10	Dell	Optiplex	Help desk
Desktop	8004	8/15/2016	10	Dell	Optiplex 7040	Brenda Beck
Desktop	6481	8/15/2016	10	Dell	Optiplex 7040	Tonia Wilczynski
Desktop	6485	8/15/2016	10	Dell	Optiplex 7040	Help desk
Desktop	6472	8/16/2016	10	Dell	Optiplex	Andrea Rayl
Desktop	8011	8/24/2017	9	Dell	Optiplex 5050	Finance
Desktop	6537	8/25/2017	9	Dell	Optiplex 5050	Help desk
Desktop	6535	8/25/2017	9	Dell	Optiplex 5050	Jill Cederberg
Desktop	6533	8/29/2017	9	Dell	Dell OptiPlex 5050 - SFF	Susan Curtis
Desktop	8104	10/16/2018	8	Dell	OptiPlex 7060	Help desk
Desktop	8102	10/22/2018	8	Dell	OptiPlex 7060	Denise Hartman
Desktop	6720	8/28/2019	7	Dell	Optiplex 3060	Help desk
Desktop	8747	7/1/2021	5	Dell	Optiplex 7090 Micro	Kathryn Brooks
Desktop	8880	8/1/2022	4	Dell	D15U	Room 210
Desktop	8882	8/1/2022	4	Dell	D15U	Room 113
Desktop	8879	8/1/2022	4	Dell	D15U	Roderick Smith
Chromebook	8647	7/1/2021	5	Acer	314	Arenac Kiosk
Chromebook	8642	7/1/2021	5	Acer	314	Susan Vian

Chromebook	8645	7/1/2021	5	Acer	314	Brian Kruzell
Chromebook	8632	7/1/2021	5	Acer	314	Amanda Christie
Chromebook	8658	7/1/2021	5	Acer	314	Ashley Aho
Chromebook	8663	7/1/2021	5	Acer	314	Bradley Parker
Chromebook	8621	7/1/2021	5	Acer	314	Jessica Kohn
Chromebook	8636	7/1/2021	5	Acer	314	Jodi Histed
Chromebook	8651	7/1/2021	5	Acer	314	Lori Lagalo
Chromebook	8664	7/1/2021	5	Acer	314	Maryssa Schneider
Chromebook	8643	7/1/2021	5	Acer	314	Stephanie Blaylock
Chromebook	8666	7/1/2021	5	Acer	314	Timothy Woodcock
Chromebook	8633	7/1/2021	5	Acer	314	Sarah Van Paris
Chromebook	8635	7/1/2021	5	Acer	314	Sarah Van Paris
Chromebook	8625	7/1/2021	5	Acer	314	Shalynda Rutherford
Chromebook	8624	7/1/2021	5	Acer	314	Casey Binkley
Chromebook	8653	7/1/2021	5	Acer	314	Jenna Mahar
iPad	8141	10/09/2019	7	Apple	6th Gen	Anne Sous
iPad	8281	01/03/2021	5	Apple	8th Gen 10.2"	Mickayla Miller
iPad	8292	01/04/2021	5	Apple	8th Gen 10.2"	Antonio Vega

~~OLD LIST – NEEDS TO BE REPLACED~~

~~Category~~	~~BABH Asset Tag~~	~~Purchased Date~~	~~Years Since Purchase~~	~~Manufacturer~~	~~Model Number~~	~~Signed out to~~
~~ChromeBook~~	~~8637~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Birdie Brown~~
~~ChromeBook~~	~~8656~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Lisa Husarick~~
~~ChromeBook~~	~~8653~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Jenna Mahar~~
~~ChromeBook~~	~~8651~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Lori Lagalo~~
~~ChromeBook~~	~~8647~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Allison Gruehr~~
~~ChromeBook~~	~~8645~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Brian Kruzell~~
~~ChromeBook~~	~~8643~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Stephanie Blaylock~~
~~ChromeBook~~	~~8642~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Susan Guertin~~
~~ChromeBook~~	~~8658~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Ashley Furtaw~~
~~ChromeBook~~	~~8638~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Andrea Rayl~~
~~ChromeBook~~	~~8636~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Jodi Histed~~
~~ChromeBook~~	~~8635~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Sarah VanParis~~
~~ChromeBook~~	~~8632~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Amanda Christie~~
~~ChromeBook~~	~~8629~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Monica Baniel~~
~~ChromeBook~~	~~8625~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Shalynda Rutherford~~
~~ChromeBook~~	~~8624~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Caseyt Birkley~~
~~ChromeBook~~	~~8621~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Jessica Hegenaver~~
~~ChromeBook~~	~~8620~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Kim Jinks~~
~~ChromeBook~~	~~8640~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Holli Vogel~~
~~ChromeBook~~	~~8663~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Brad Parker~~
~~ChromeBook~~	~~8633~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Sarah VanParis~~
~~ChromeBook~~	~~8664~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Maryssa Schneider~~
~~ChromeBook~~	~~8666~~	~~7/1/2021~~	~~3~~	~~Acer~~	~~314~~	~~Timothy Woodcock~~
~~iPad~~	~~8286~~	~~1/4/2021~~	~~3~~	~~Apple~~	~~8th Gen 10.2"~~	~~Timothy Woodcock~~
~~iPad~~	~~8275~~	~~9/13/2019~~	~~5~~	~~Apple~~	~~iPad 6th Generation~~	~~Nichole Sweet~~

iPad	6740	9/4/2019	5	Apple	6th Gen	Tracy Landrey
iPad	6735	11/1/2019	5	-	6th Gen	Anne Sous
iPad	6748	9/23/2019	5	-	6th Gen	Ellen Leskiak
iPad	6724	9/23/2019	5	-	6th Gen	Justin Louks
iPad	8140	10/9/2019	5	-	6th Gen	Anne Sous
iPad	8142	11/1/2019	5	-	6th Gen	Sara McRae
iPad	6734	11/1/2019	5	-	6th Gen	Theresa Adler
iPad	8149	11/6/2019	5	-	6th Gen	Audra Jungnitsch
iPad	8126	9/24/2019	5	apple	-	Melissa Haney
iPad	6521	5/17/2017	7	Apple	iPad Pro 12.9"	Kelly Bryan
Laptop	6026	10/15/2018	6	Dell	Latitude	Kelly Bryan
Laptop	1720	3/1/2017	7	Lenovo	Yoga 460	Lori Boucard
Laptop	6520	3/1/2017	7	Dell	Latitude 3460	Tina Dilley
Laptop	1728	8/25/2017	7	Dell	XPS 15	Viki Atkinson
Laptop	1717	3/1/2017	7	-	Yoga 460	Heather Nix
Laptop	1736	8/25/2017	7	Dell	XPS 13"	Nicholas Berkobien
Laptop	1735	8/25/2017	7	Dell	XPS 13"	Amber Wade
Laptop	1725	8/29/2017	7	Dell	XPS	Lisa Nagel
Laptop	1733	8/25/2017	7	Dell	XPS	Traci Hopper
Laptop	1746	8/25/2017	7	Dell	XPS 13	Recipient Rights
Laptop	1744	8/25/2017	7	Dell	XPS 13	Shaun Beyer
Laptop	1730	8/25/2017	7	Dell	XPS 15	Melanie Corrion
Laptop	1731	8/25/2017	7	Dell	XPS 15"	Marci Rozek
Laptop	1697	12/15/2016	8	Dell	Latitude E5550	Alexandria Karas
Laptop	1706	12/15/2016	8	Dell	XPS	Tina Dilley
Laptop	1695	12/12/2016	8	Dell	Latitude E5570	Teri Rosa
Laptop	1692	8/15/2016	8	Dell	Latitude E7270	Mariah Castillo
Laptop	1701	12/15/2016	8	Dell	XPS 15	Greg Lietzow
Laptop	6332	1/1/2015	9	Dell	Latitude E5550	Ann Nephews

BABH Master Agreement List

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/Users	Fee/Rate	Annual Cost
NSO	Cloud computing environment (NSO-HOST-Web service was cancelled effective 10/31/2025 - $200/mo)	Monthly summary Iaas $10,875.75 Security $2954.60 Backups $2,195 Management $2,775.80 3rd party subs $9,979.20 Total monthly: $28,780.35	-	X	-	NSO	2/1/2023	2/1/2026	-	Autorenew on an annual basis	$345,336.20
BlueHost.com	Website Hosting and Support	-	-	-	-	BlueHost.com	04/23/2025	04/23/2028	-	- $359.64 for 36 mos	- 119.88 per year
-	-	-	-	-	-	-	-	-	-	-	-
Zoom	Telepsychiatry and conference room video conferencing	Month to month service used for telepsychiatry and video conferencing	X	-	-	Zoom	Month to Month	Month to Month	48 licenses - will reduce next year 1 Room Connectors	$14.29 per user per month $~~34.20~~ 49.00per H.232 Room Connector for external meetings	$735.09~~20.79~~ total/mo -
Verizon Wireless	for mobile phone service	Monthly access fees for service on 225 lines & equipment charts on 225 lines 224 lines 12/19/2025	-	-	-	-	-	-	-	-	-
Charter Acct 8245-12-	for general guest access at offices	-	-	-	-	Charter	-	evergreen	-	-	-

318-007-7655												
AT&T Internet-based VPN - direct fiber internet circuits - billed directly to BABHA from AT&T	Mulholland Building	AT&T Account Number: 989 R41-0200 612 2	-	X	-	AT&T	11/1/2025	Monthly	50 MBPS	4839.26/mo	$58,071.12/yr
- ASE Circuit (Ethernet) AT&T Internet-based VPN	Madison Building	AT&T Account Number: 989 R41-0125 619 9	-	X	-	AT&T	- 11/1/2025 - -	- - - -	50 MBPS	- - -	- - -
ASE Circuit AT&T Internet-based VPN	Arenac Building	ASE 20mb Circuit between Arenac and NSO Hampton Place location	-	X	-	AT&T	- 11/1/2025 - -	- - - Monthly	- 50 MPBS - -	- - -	- - -
- ASE Circuit (Ethernet)	Kawkawlin Site (North Bay)	AT&T Account Number: 989 R41-0229 718 4	-	X	-	AT&T	8/23/2018	Monthly	50 MBPS	-	-
Omnilert - Mass Notification System	Omnilert - mass notification system for alerting staff of emergent situations via email, SMS, and calling	Licensed for 325 Users. 250 staff contacts and 2 contacts for each provider.	1 annual license fee 325 user fee	x	-	Omnilert	9/28/2025	09/27/2026	325 users	Platform Cost $1,800/yr Annual user fee $4.20	1800 1365 $3165/ annual

	cell and desk phones										
Ruckus Wireless - NSO Trever Shetler at NSO indicated this is our corporate wireless solution - 12/30/2025 email	-	Support license renewals for controller and access point licenses; provides the latest patches and free warranty replacement if the device fails. This renewal is being done through Abadata at this time.	14	-	-	NSO/ Ruckus	6/3/2024	6/3/2027	-	- - - $170/month - - - -	- - - $2040/annual - - -
*Fortinet (NSO) Firewall renewals (FortiAnalyzer end of life no longer billed $75/mo) but does include FortiGate (co-term renewal $9,090/year from 09/16/25 - 10/01/26) and FortiManager renewal ($245/year from 10/01/25 - 10/1/26)	-	Support for Fortinet UTM firewalls. Includes all branch firewalls and main FW at NSO network hub; support for Forti-Mgr and Forti-Analyzer servers; subscription for ongoing threat to keep security devices upgraded. Bought service with 5-year term when purchasing equipment.	-	x	-	NSO/ Fortinet	FortiGate $9090/yr FortiManager ($245/yr)	10/01/26 10/01/26	09/30/2031 09/30/2031	Prepaid 5 year term.	$9,090/yr & $245/yr

SSL Certificate - Wild Card Email noted - Standard Wildcard SSL Renewal connected to .babha.org	for multiple use *babha.org	Cost confirmed 03/16/2026 per email notification.				Go-Daddy	5/28/2026	05/27/2027	one multi-use cert	- $449.99	$499.99/yr
Domain Registration Account - babha.org	web domain for access to network for BABHA	Some domains are through Go-Daddy; others through Network Solutions			X			10/2030		Prepaid 5-year term $105.85	$105.85
Adobe allowed two users per license	Acrobat used to update PDF documents	BABH has 6 ~~5?~~ Adobe subscriptions - Acrobat– J. Louks, T Adler, S. McRae, B. Beck, M.Giesken (Annual), J. Sporman (annual)	X				Acrobat - May 2013	n/a	Acrobat – J. Louks, T Adler, S. McRae, B. Beck, M.Giesken (Annual), J. Sporman (annual)	Acrobat - $14.99/month/user	179.88 /user
DocuSign	eSignature	Handled by Finance directly Business Pro Edition - 5 licenses Premier Support - 1 annual license					4/20/2026	4/19/2027		$40/per month per license $360/year	$2400/yr $2730/yr ttl
			X				-	-			

Fixed Asset Software (Sage)	Finance - asset management	handled by Finance directly									
PCE Clinical Information Systems	EMR Implementation	IT does not handle this contract	-	-	-	-	-	-	-	-	-
PCE Clinical Information Systems	ASP Services	IT does not handle this contract	-	-	-	-	- - -	- - -	-	-	-
PCE Clinical Information Systems	EPCS	E-prescribing (including controlled substances) for 10 prescribers	X	-	-	-	~~1/16/2014~~	~~evergreen~~	~~10 licenses~~	~~$1,500/month per prescriber~~	~~$18,000.00~~
~~CAFAS (Functional Assessment Systems)~~	~~web service with Multi-Health Systems~~	~~to permit PCE- Phoenix integration w/ CAFAS/ PECAFAS~~	-	-	-	-	- -	- -	~~implementation fee & annual fee~~	~~$1,999 implementation fee~~ ~~$499 annual fee~~	~~$499/yr~~
SpeechExec-Pro Transcribe	Dictation software for Madison Clinic	-	-	-	-	-	#1 01/2026 #2 07/29/24	#1 01/2028 #2 07/29/26	Two licenses	#1 - $208.00/ two year subscription #2 - $293.00 / two-year subscription	$293.00/yr &$208.00 each $501 ttl annual
Jam Software – TreeSize Professional	program used to monitor/report file sizes, folders, folder permissions.	-	-	-	-	-	-	10/30/2026	1 license – T.Adler	$35.00/yr	$35.00
MSDN (Microsoft Developer	software development tools used by	Licenses have been established	X	-	-	Vendor varies	12/1/2025	12/1/2028	2 licenses - LNagel and GLietzow	$2601.38 for 3yr term	-

Commented [LN3]: @Greg Lietzow @Melissa Prusi Do we still have CAFAS?

Network) was through PC Connection; now CDW	Greg W and Greg L; Visual Studio is obtained through MSDN; (used for Gallery)	for both Lisa Nagel and Greg Lietzow				based on price						
Progress Software - was Telerik DevCraft Support and Maintenance	software development tools (used for Gallery)	Reduced from 2 to 1	X	X	-	-	2/27/2026	2/27/2027	1 license	-	$849.00	

Ring Central CX (EAS/HelpDesk) EX all	Professional Services (Fixed Fee) - Labor is quoted as a fixed-fee per statement of work - Any item not outlined in the statement of work is not included and therefore may be subject to additional pricing at our standard T&M rates on a separate ticket SubTotal $64,522.05 Monthly Recurring breakdown EX -	RingCX Implementation Package - REMOTE $22,500.00 Service Credits 3 - TTL - $25,239.50	EX 269 Tfree 84 CX 37 e911 269	x	-	Ring Central	7/15/2025	7/14/2028	EX 269 Tfree 84 CX 37 e911 269	3 yr term	-

	$44,048.00 Monthly Recurring breakdown CX - $42,180.00 Hardware Fees - $14,526.00										

Item	Purpose	Notes	Licenses	Agreement	Invoice Only	Hosting/ Vendor	Term Start	Term End	Scope/ Users	Fee/Rate	Annual Cost
-	-	-	-	-	-	-	-	-	-	-	-
NSO	Cloud computing environment	Monthly summary Iaas $10,875.75 Security $2954.60 Backups $2,195 Management $2,775.80 3rd party subs $9,979.20 Total monthly: $28,780.35	-	X	-	NSO	2/1/2023	2/1/2026	-	-	##########
BlueHost.com	Website Hosting and Support	-	-	-	-	Blue Host. com	4/23/2022	4/23/2025	-	$323.64 for 36m	$107.88 per year
-	-	-	-	-	-	-	-	-	-	-	-

Commented [GL4]: @Lisa Nagel - cost.. ? Backups?

Go To Meeting	Meeting services and audio conferencing service	Help Desk is admin - investigate reducing to 1 license	x	-	-	-	3/20/2014	evergreen	3 users	16.00/month/ seat	$576
OpenVoice Conf Rm # 7833212 Moderator PIN 8240193	conference calling service	T Adler Is administrator	x	-	-	-	-	-	3 users	.08 cents/per minute + ISF rate (usually around 20/25 percent)	-
Zoom	Telepsychiatry and conference room video conferencing	Month to month service used for telepsychiatry and video conferencing	x	-	-	Zoom	Month to Month	Month to Month	78 47users 1 Room Connectors	$14.99 per user per month $34.20$50 per H.232 Room Connector for external meetings	4718.28
Verizon Wireless	for mobile phone service	Monthly access fees for service on 225 lines & equipment charts on 225 lines	-	-	-	-	-	-	-	-	-
Communications as a Services (CaaS) - ShoreTel and BABH network equipment	Call center functionality and support for IP communicator	ES/Access Center call center and Help Desk phone systems	x	x	"	NSO	9/1/2017	9/1/2022	Phone System Network switches Network routers Fax system	1778.75 / mo	##########
Charter Acct 8245-12-318-007-7655	for general guest access at offices	-	-	-	-	Charter	-	evergreen	-	-	-

Commented [GL5]: @Lisa Nagel - this cost is higher right?

- ASE Circuit (Ethernet) -	Mulholland Building	AT&T Account Number: 989-R41-0200-612-2	-	X	-	NSO	- - 8/23/2018 -	Monthly	50 MBPS	- - $752.64/mo 3/21 -	$9,031.68
- ASE Circuit (Ethernet) - -	Madison Building	AT&T Account Number: 989-R41-0125-619-9	-	X	-	NSO	- - 8/23/2018 -	Monthly	50 MBPS	- - $752.64/mo 3/21 -	- - $9,031.68 -
ASE Circuit	Arenac Building	ASE 20mb Circuit between Arenac and NSO Hampton Place location	-	X	-	NSO	- 8/23/2018 - -	Monthly	- 50 MPBS - -	- - $752.64/mo 3/21 -	- - $9,031.68 -
- ASE Circuit (Ethernet) -	Wirt Building	AT&T Account Number: 989-R41-0068-081-1	-	X	-	NSO	- - 8/23/2018 -	Monthly	50 MBPS	- - $752.64/mo 3/21 -	- - $9,031.68 -
ASE Circuit (Ethernet)	ASE Fiber Hub - NSO Hampton Place	ASE Hub req'd to provide a hub-and-spoke infrastructure for ASE Circuits being installed as of 8/23/18	-	X	-	NSO	8/23/2018	8/23/2021	250 MBPS	$1257.57/mo 3/21	##########
- ASE Circuit (Ethernet)	Kawkawlin Site (North Bay)	AT&T Account Number: 989-R41-0229-718-4	-	X	-	NSO	8/23/2018	Monthly	50 MBPS	$752.64/mo 3/21	$9,031.68

T1 PRI Circuit - Mulholland	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for $80/month	-	-	-	- Tel-Net	5/30/2020	Monthly	12 mos	- $440/mo	-
T1 PRI Circuit - for NSO site for BABH calls	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	Renewal approved during 4/2015 board meeting, included unlimited intralata calls for $80/month	-	-	-	Tel-Net	5/30/2020	Monthly	12 mos	- $440.65	-
PRI - Arenac Center	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet Account Number: TN021779	-	*	-	TelNet	-	Monthly	-	$405.15	-
PRI - Madison	special T1 circuits - Primary Rate Interface carries voice and data between network and end user	TelNet PRI - Account # TN021871 Order # TNN4589753	-	*	-	TelNet	-	Monthly	-	$421.70	-

		Circuit ID PPTHT1000041168									
Omnilert - Mass Notification System	Omnilert - mass notification system for alerting staff of emergent situations via email, SMS, and calling cell and desk phones	Licensed for 425 Users. 250 staff contacts and 2 contacts for each provider.	-	*	-	Omnilert	9/28/2021	9/28/2022	378 users	Platform Cost $1,800/yr User $4.20/yr (378 users)	$3,388
Ruckus Wireless - NSO	-	Support license renewals for controller and access point licenses; provides the latest patches and free warranty replacement if the device fails. This renewal is being done through Abadata at this time.	14	-	-	NSO/Ruckus	10/21/2022 6/3/2024	10/21/2023 6/3/2027	-	$170/month	-
Fortinet UTM Firewall Support includes FW hardware, FortiMgr support, and IOS subscriptions	-	Support for Fortinet UTM firewalls. Includes all branch firewalls and main FW at NSO network hub; support for Forti-Mgr and Forti-Analyzer servers; subscription for ongoing threat to keep security devices	-	*	-	NSO/Fortinet	11/1/2020	11/1/2025	-	Prepaid 5-year term.	$464/yr

		upgraded. Bought service with 5-year term when purchasing equipment.									
-	-	-	-	-	-	-	-	-	-	-	-
SSL Certificate - Wild Card	for multiple use *babha.org	-	-	-	-	Go-Daddy	- - 5/20/2022	5/20/2023	one multi-use cert	- $449.99 -	$449.99
-	-	-	-	-	-	-	-	-	-	-	-
Domain Registration Account - babha.org	web domain for access to network for BABHA	Some domains are through Go-Daddy; others through Network Solutions	-	-	X	-	-	10/9/2025	-	Prepaid 5-year term $105.85	$21.17
-	-	-	-	-	-	-	-	-	-	-	-
Adobe	Acrobat used to update PDF documents	BABH has 5? Adobe subscriptions – Acrobat (T Adler, J Louks,S. McRae, B. Beck; Medical Records Associate);	X	-	-	-	Acrobat - May 2013	n/a	Acrobat – IS Help Desk Specialist, T Adler, S. McRae, B. Beck, Medical Records Associate	Acrobat - $14.99/month/user	179.88 /user

Fixed Asset Software (Sage)	Finance - asset management	handled by Finance directly	X	-	-	-	11/1/2020	11/1/2021	5 licenses	$3,211/yr	$3,211/yr
PCE Clinical Information Systems	EMR Implementation	-	-	-	-	-	9/20/2013	3/3/2014	-	$219,940	-
PCE Clinical Information Systems	ASP Services	-	-	-	-	-	3/1/2020	2/28/2023	-	$21,600/Month	-
PCE Clinical Information Systems	EPCS	E-prescribing (including controlled substances) for 10 prescribers	X	-	-	-	1/16/2014	evergreen	10 licenses	$1,500/month per prescriber	$18,000.00
CAFAS (Functional Assessment Systems)	web service with Multi-Health Systems	to permit PCE-Phoenix integration w/ CAFAS/ PECAFAS	-	-	-	-	3/12/2015	3/12/2016	implementation fee and annual fee	$1,999 implementation fee $499 annual fee	$1,999
SpeechExec Pro Transcribe	Dictation software for Madison Clinic	-	-	-	-	-	#1 01/2022 #2 08/19/22	#1 01/2024 #2 08/19/24	Two licenses	$254.15 per two-year subscription	$254.16
Jam Software – TreeSize Professional	program used to monitor/report file sizes, folders, folder permissions.	-	-	-	-	-	9/1/2022	8/31/2023	1 license – T.Adler	$27.98/year	$27.98
MSDN (Microsoft Developer Network)	software development tools used by Greg W and Greg L; Visual Studio is obtained	Licenses have been established for both Lisa Nagel and Greg Lietzow	X	-	-	Vendors	##########	##########	-	$799 (for GL renewal)	n/a

~~was through PC Connection; now CDW~~ - - - - - - -	~~through MSDN; (used for Gallery)~~					~~based on price~~			- ~~2 licenses – LNagel and GLietzow~~ - - - - - -		
~~Telerik DevCraft Support and Maintenance~~	~~software development tools (used for Gallery)~~	~~Reduced from 5 licenses to 2~~	~~X~~	~~X~~	-	-	~~2/27/2021~~	~~2/27/2022~~	~~2 licenses~~	~~$606.69 ea (inc 10% discount and govt discount)~~	~~$1,213.38~~

Commented [GL7]: @Lisa Nagel we did one license right..