

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

Thursday, August 13, 2026

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

Lincoln Center - East Conference Room

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

Topic	Key Discussion Points	Action Steps/ Responsibility
1. a. Review of, and Additions to Agenda b. Presentations: None c. Approval of Meeting Notes: July 9, 2026 d. Program/Provider Updates and Concerns	a. There were no additions to the agenda. b. There are no presentations this month. c. The July 9 th meeting notes were approved as written. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u> - <u>Adult ID/DD Services Dept.</u> – There were two team leaders but now have one team leader for the IDD CSM Team. The other position will be posted later. - <u>Adult MI Services Dept.</u> – No updates to report this month. - <u>Arenac Center</u> – No updates to report this month. - <u>Business Intelligence Dept.</u> – No updates to report this month. - <u>Child & Family Services Dept.</u> – No updates to report this month. - <u>CLS/North Bay & Horizon</u> – North Bay lost two CLS staff. - <u>Emergency Access Services (EAS)/Mobile Response Team (MRT) Dept.</u> – ES took on a BSW intern from SVSU that will be working 2nd shift. The MRT is in the process of hiring a supervisor for their team.	

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	- <u>Physician/OPT Services Dept.</u> – No updates to report this month. - <u>Quality/PIP Dept.</u> – Waiting on the MSHN MEV audit findings. The waiver audit was finalized, just waiting on final results to address the findings. When the results come in, we have less than 30 days to come up with a corrective action plan and 90 days for implementation. - <u>Recipient Rights/Customer Services Dept.</u> – Aubree and Angela are newer employees to the RR/CS Department. Aubree is working in Recipient Rights and Angela is working in Customer Services. - <u>Self Determination Program:</u> – No updates to report this month. <u>List Psychological:</u> - Two Care Coordinators are leaving List. Email Megan Smith, Rihanna Reed and Todd Butterfield regarding new referrals. List is hiring Kaitlyn, the intern, as a therapist. <u>MPA:</u> - <u>CSM</u> – No updates to report this month. - <u>OPT-A</u> – MPA is losing another therapist next week. - <u>OPT-C</u> – No updates to report this month. <u>Saginaw Psychological:</u> - <u>CSM</u> – No updates to report this month. - <u>OPT</u> – No updates to report this month.	
2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. <u>QAPIP Annual Plan</u> – Nothing to report this month. b. <u>Organizational Trauma Assessment</u> – Nothing to report this month.	
3. Reports a. QAPIP Quarterly Report (Feb, May, <u>Aug</u>, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. Recipient Rights Report (Jan, Apr, <u>Jul</u>, Oct)	a. <u>QAPIP Quarterly Report</u> – Sarah went over the QAPIP Quarterly Report for FY26Q3. The report is saved in the meeting folder and was emailed to the PNOQMC. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. <u>Recipient Rights</u> – Jackie went over the Recipient Rights Report for FY26Q3. The report is saved in the meeting folder and was emailed to the PNOQMC.	

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ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. <u>Access to Care & Service Utilization Reports</u> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iii. Customer Service Report (Jan, Apr, Jul, Oct) iv. Employment Data (Dec, Mar, Jun, Sep) d. <u>Regulatory and Contractual Compliance Reports</u> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. MSHN MEV Audit Report (Apr, Sep) iii. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report f. <u>Program Capacity Status</u> i. Review of Referral Status Report	ii. <u>RAS</u> – Nothing to report this month. iii. <u>MHSIP/YSS</u> – Nothing to report this month. iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month. c. <u>Access to Care & Service Utilization Reports</u> i. <u>MMBPIS Report</u> – Nothing to report this month. ii. Leadership Dashboard – Deferred iii. Customer Service Report – Jackie went over the Customer Service Report for FY26Q3. The report is saved in the meeting folder and was emailed to the PNOQMC. iv. <u>Employment Data</u> – Nothing to report this month. d. <u>Regulatory and Contractual Compliance Reports</u> i. PI Report – Sarah and Melissa D. are in the process of updating the PI report. Deferred. ii. <u>MSHN MEV Audit Report</u> – Nothing to report this month. iii. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month. e. <u>Ability to Pay Report</u> – Nothing to report this month. f. Referral Status Report – Nothing to report this month.	
4. <u>Discussions/Population Committees/Work Groups</u> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization	a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations – Nothing to report this month. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u>	

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c. <u>Regulatory Compliance & Electronic Health Record</u> i. Management of Diagnostics d. BABH Policy/Procedure Updates e. <u>Medicaid/Medicare Updates</u> i. Verification of Insurance: Reminder to have staff check with every contact ii. Healthy MI vs. Full Medicaid Coverage iii. Medicaid Transportation Guide iv. Food Benefit – unexpected change f. <u>General Fund</u> i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination ii. Healthy MI: Assist/Advocate for Full Medicaid iii. GF Plan Update g. Supervisor Dashboard h. LOCUS Training i. Expired Assessments j. BH TEDS Conversion	i. Management of Diagnostics – Nothing to report this month. d. <u>BABH – Policy/Procedure Updates</u> – Nothing to report this month. e. <u>Medicaid/Medicare Updates</u> i. <u>Verification of Insurance</u> – Insurance should be verified with each contact. ii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month. iii. Medicaid Transportation Guide – Joelin went over the Medicaid transportation guide provided by our local DHHS office MHP pays for transportation for medical and mental health and the local DHHS will pay for transportation for individuals with Straight Medicaid or those not assigned to a MHP. Brianna Lyons is the local DHHS Community Resource Coordinator for Bay and Arenac counties. She is the person to call to coordinate transpiration for those with straight Medicaid or not yet enrolled with a MHP. Her number is for voicemails only and she should get back to you within 1-2 business days. Individuals with a MHP should call the number on their health plan card to request transportation. iv. Food Benefit - unexpected change – The Low-Income Home Energy Assistant Program is a benefit that was given to individuals throughout the state. This program gave people help towards heating and energy bills. A specific dollar payment was issued to the food assistant program clients that were senior citizens, disabled or veterans living in a home that has a shelter expense greater than 0. After receiving the payment, the allocation on the FAP application would reflect the full amount for the LIHEAP, which increased their FAP benefit. Starting in July, the budget in Michigan was exhausted so now people’s benefits have significantly decreased anywhere from \$500-\$700/month to \$24/month. Information of local food bank services are updated on the Bay United Way website each month. f. <u>General Fund</u> i. <u>Spenddown</u> – Nothing to report this month. ii. Healthy MI: Assist/Advocate for Full Medicaid – BABHA partnered with our local DHHS and works with Jodi Surbrook.	

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	Food Assistance Program- work requirements: Effective earlier this year, the MI food assistance program (FAP), Supplemental Nutrition Assistance Program or SNAP, enacted a rule requiring 20 hrs of work. As individuals requiring specialty behavioral health services may not have the ability to fulfill this requirement, BABHA has created a process to request a Work Requirement Exempt Letter. The primary caseholder may request this letter via the Phoenix Contact Note. Amy Folsom has added a quick phrase to the Contact Note for this purpose. Healthy MI Program (HMP) work requirements (effective 1/1/27): The work requirement exemption letter used for the FAP/SNAP program will not work the HMP. All Medicaid application (Medicaid and HMP): Individuals must show proof of disability when applying for Medicaid via a social security application and completing the MDHHS Medical Social Questionnaire (application for State Disability). A copy if the MDHHS Medical-Social Questionnaire is available in the file for this PNOQMC meeting. On page 2 of the questionnaire, people need to fill out any hospitalizations they have had in the past 12 months, both medical and psychiatric. The form requests the hospital/facility name but does not ask for the address, but if the address is not included, the form will be rejected. Hospital Address: Go to the BABH website, under the Services tab, Local Provider Directory, and the PDF has the names and addresses of all the providers including inpatient. Psychiatric Medication List: There's a medication list that case workers can print off the Coordination of Care Clinic Only Form, which will give a complete list of meds, doses, etc., that is needed to complete the questionnaire. SSD application outcome – case holders should obtain a copy of the SSD determination letter to be scanned in the Phoenix chart. Exemption for Work Requirements: Disabled/Aged/Blind (DAB) status means individuals are deemed disabled in the Medicaid system and they will not have the work requirements. TANF is the general population that will have to adhere to the work requirements. When someone is approved for Social Security Disability, their status in the MDHHS Medicaid system should reflect “DAB” status. If it does not, the case holder should contact Jodi Surbrook (local DHHS). Consumer death (Medicaid or HMP recipients)- the primary case holder should notify Jodi Surbrook (local DHHS) as soon as possible. iii. GF Plan Update – to the Outpatient benefit has been updated in the bundled authorization to add individual therapy as the primary modality of therapy. If/when	

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		BABHA re-implements group therapy, the primary modality of therapy will revert to group therapy. <u>Appeals</u>: When someone is closed out of services and appeals to come back for services, the appeal will go to the current GF criteria, not the past criteria. g. <u>Supervisor Dashboard</u> – All but one contract provider site has been trained by Greg Lietzow on the dashboard. h. <u>LOCUS Training</u> – Deferred i. <u>Expired Assessments</u> – If the assessment expires but the IPOS is still active and the consumer is only engaging with the secondary service (such as therapy), the therapist can see the consumer one time. After that, the consumer must re-engage with the primary provider to update all annual paperwork. j. <u>BH TEDS Conversion</u> – Deferred	
5.	Parking Lot a. Conflict Free CSM		
6.	Adjournment/Next Meeting	The meeting adjourned at 3:00 pm. The next meeting is scheduled for September 10, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.	