

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

Thursday, September 10, 2026  
1:30 p.m. - 3:30 p.m.  
Lincoln Center - East Conference Room

| MEMBERS                                                             |   |                                                         |   | AD-HOC MEMBERS                                   |  |  |   |
|---------------------------------------------------------------------|---|---------------------------------------------------------|---|--------------------------------------------------|--|--|---|
| Alexandria Comai, BABH Clinical Team Lead - MRT/EAS                 |   | Kelli Wilkinson, BABH Supervisor - Children’s IMH/HB    | X | Amanda Johnson, BABH Supervisor - ABA/Wraparound |  |  |   |
| Allison Gruehn, BABH Program Manager - Adult MI/CSM/ACT             | X | Laura Sandy, MPA Clinical Director & CSM Supervisor     |   | Barb Goss, SPSI COO                              |  |  |   |
| Amy Folsom, BABH Program Manager - Psych/OPT Services               | X | Lynn Blohm, BABH North Bay Team Supervisor - CLS        | X | 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    | X | 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                           |   | Nicole Sweet, BABH Director Integrated Care - Acute     | X | Stephanie Gunsell, BABH Contracts Manager        |  |  |   |
| Heather Friebe, BABH Director Integrated Care - Arenac              | X | Pam VanWormer, BABH Program Manager - Arenac            | X | Taylor Keyes, BABH Team Leader - Adult MI        |  |  |   |
| Jackie Kish, BABH Recipient Rights & Customer Services Manager      |   | Sarah Holsinger (Chair), BABH Quality Manager           | X | GUESTS                                           |  |  |   |
| Jaclynn Nolan, SPSI Supervisor - OPT                                |   | Sarah Mulvaney, SPSI CSM Supervisor                     | X | Craig Kanicki, BABH DD Team Leader               |  |  | X |
| Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family | X | Stacy Krasinski, BABH Program Manager - EAS             | X | Teri Rosa, BABH EAS                              |  |  | X |
| Joelle Sporman (Recorder), BABH BI Secretary III                    | X | Stephani Rooker, BABH Program Manager - CLS/Horizon     |   |                                                  |  |  |   |
| Karen Amon, BABH Director Integrated Care - Long-term/IDD           | X | Tracy Hagar, MPA Supervisor - Child OPT                 | X |                                                  |  |  |   |

| Topic |                                                                                                                                                                                          | Key Discussion Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Action Steps/<br>Responsibility |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1.    | <b>a. Review of, and Additions to Agenda</b><br><b>b. Presentations: None</b><br><b>c. Approval of Meeting Notes: August 13, 2026</b><br><b>d. Program/Provider Updates and Concerns</b> | a. There was an addition to the agenda; 4q. Phoenix Level of Care.<br>b. There are no presentations this month.<br>c. The August 13 <sup>th</sup> meeting notes were approved as written.<br>d. <b>Program/Provider Updates and Concerns:</b><br><u>Bay-Arenac Behavioral Health:</u> <ul style="list-style-type: none"> <li>- <u>Adult ID/DD Services Dept.</u> – No updates to report this month.</li> <li>- <u>Adult MI Services Dept.</u> – No updates to report this month.</li> <li>- <u>Arenac Center</u> – No updates to report this month.</li> <li>- <u>Child &amp; Family Services Dept.</u> – No updates to report this month.</li> <li>- <u>CLS/North Bay &amp; Horizon</u> – Amy Ricker retired, and Brad Parker is covering her case load for the time being.</li> <li>- <u>Emergency Access Services (EAS)/Mobile Response Team (MRT) Dept.</u> – There is a vacancy on second shift for MRT. Teri Rosa is the Community Based Crisis Supervisor, and she will be overseeing the MRT and AOT and jail services.</li> </ul> |                                 |

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|                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>- <u>Physician/OPT Services Dept.</u> – There are two new students at the Madison Clinic that will be doing chart reviews. If consumers do not have a family doctor, put ‘none’ in the chart so it shows they were asked. Shannon, the secretary, will be back from medical leave next week. Shalynda Rutherford is on medical leave till November. Medical assistant started and is doing great.</li> <li>- <u>Quality/PIP Dept.</u> – MSHN MEV Audit results are in.</li> <li>- <u>Recipient Rights/Customer Services Dept.</u> – No updates to report this month.</li> <li>- <u>Self Determination Program:</u> – No updates to report this month.</li> </ul> <p><u>List Psychological:</u></p> <ul style="list-style-type: none"> <li>- Nothing to report this month.</li> </ul> <p><u>MPA:</u></p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – Looking at hiring a case manager that will serve adults and children.</li> <li>- <u>OPT-A</u> – No updates to report this month.</li> <li>- <u>OPT-C</u> – No updates to report this month.</li> </ul> <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – A new adult case manager is starting the end of the month.</li> <li>- <u>OPT</u> – Child therapist is now only seeing adults so that limits SPSI for child referrals.</li> </ul> |                                 |
| <p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <p>a. <b>QAPIP Annual Plan (Sept)</b></p> <p>b. Organizational Trauma Assessment Update</p>                                                                       | <p>a. <u>QAPIP Annual Plan</u> – Sarah went over the QAPIP Plan. The report is saved in the meeting folder and was emailed to the PNOQMC. No changes or additions were made.</p> <p>b. <u>Organizational Trauma Assessment</u> – Nothing to report this month.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
| <p>3. <b>Reports</b></p> <p>a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>i. Recipient Rights Report (Jan, Apr, Jul, Oct)</p> | <p>a. <u>QAPIP Quarterly Report</u> – Nothing to report this month.</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>i. <u>Recipient Rights</u> – Nothing to report this month.</p> <p>ii. <u>RAS</u> – The Recovery Assessment Scale report is saved to the meeting folder and was emailed to the PNOQMC.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |

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| <ul style="list-style-type: none"> <li>ii. <b>Recovery Assessment Scale (RAS) Report (Mar, Jun, <u>Sep</u>, Dec)</b></li> <li>iii. <b>Consumer Satisfaction Report (MHSIP/YSS)</b></li> <li>iv. <b>Provider Satisfaction Survey (Oct)</b></li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> <li>iii. Customer Service Report (Jan, Apr, Jul, Oct)</li> <li>iv. <b>Employment Data (Dec, Mar, Jun, <u>Sep</u>)</b></li> </ul> </li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b>Internal Performance Improvement Report (Feb, May, <u>Aug</u>, Nov)</b></li> <li>ii. <b>MSHN MEV Audit Report (Apr, <u>Sep</u>)</b></li> <li>iii. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Ability to Pay Report</li> <li>f. <u>Program Capacity Status</u> <ul style="list-style-type: none"> <li>i. <b>Review of Referral Status Report</b></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>iii. <b><u>MHSIP/YSS</u></b> – Sarah went over the Consumer Satisfaction Report (MHSIP/YSS).<br/>Action steps: We will upload the ARC calendar to the BABH Facebook page. We will continue to upload BABH's community calendar on the Facebook page. Keep looking for consumers to be a part of the Consumer Council meeting. The report is saved in the meeting folder and was emailed to the PNOQMC. This is supposed to be the last year we have to administer this survey. It will be changed to a different survey next year called the CAHPS.</li> <li>iv. <b><u>Provider Satisfaction Survey</u></b> – Sarah went over the Provider Satisfaction Survey. Sarah sent out 120 surveys, but there were only 29 responses with a response rate of 24%. The report is saved in the meeting folder and was emailed to the PNOQMC. Broad action steps include: 1. Explore the possibility of having at least semi-annual provider meetings with all provider types. 2. Remind staff to respond to providers timely; even if the response is that the staff are looking into the answer. 3. Remind supervisors to provide additional oversight, training, and education to new staff.</li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. <u>MMBPIS Report</u> – Nothing to report this month.</li> <li>ii. <u>Leadership Dashboard</u> – Defer</li> <li>iii. <u>Customer Service Report</u> – Nothing to report this month.</li> <li>iv. <b><u>Employment Data</u></b> – Nothing to report this month.</li> </ul> </li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b><u>PI Report</u></b> – Sarah went over the PI report. The report is saved in the meeting folder and was emailed to the PNOQMC.</li> <li>ii. <b><u>MSHN MEV Audit Report</u></b> – Sarah went over the MSHN MEV Audit Report. BABH received a 73.43% for the audit that took place in August. There was a total of 321 claims reviewed. Progress notes were missing the HH modifier. This modifier is used when someone is receiving integrated substance use and mental health services. In the DSM 5, tobacco use disorder is considered a SUD diagnosis. If someone has a tobacco use disorder and in their plan of service, they say they want to quit smoking, on the back of the signature page, where it states they are receiving integrated co-</li> </ul> </li> </ul> |                                 |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>occurring services, you must check the box. There was a lengthy discussion about the appropriateness of these findings and whether staff are qualified to provide stage-wise treatment without additional training/education. The general consensus is that we should refute the finding from MSHN. The report is saved in the meeting folder and was emailed to the PNOQMC.</p> <p>iii. <u>MDHHS Waiver Audit Report</u> – Specifics discussed further down in the agenda.</p> <p>e. <u>Ability to Pay Report</u> – Nothing to report this month.</p> <p>f. <u>Referral Status Report</u> – There is a hold on Senior Outreach.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
| <p>4. <u>Discussions/Population Committees/Work Groups</u></p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <p>i. Consumer Council Recommendations (as warranted)</p> <p>b. Access to Care and Service Utilization</p> <p>c. <u>Regulatory Compliance &amp; Electronic Health Record</u></p> <p>i. Management of Diagnostics</p> <p>d. BABH Policy/Procedure Updates</p> <p>e. <u>Medicaid/Medicare Updates</u></p> <p>i. Verification of Insurance: Reminder to have staff check with every contact</p> <p>ii. <b>Healthy MI vs. Full Medicaid Coverage</b></p> <p>f. <u>General Fund</u></p> | <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <p>i. Consumer Council Recommendations – Nothing to report this month.</p> <p>b. <u>Access to Care and Service Utilization</u> – Nothing to report this month.</p> <p>c. <u>Regulatory Compliance &amp; Electronic Health Record</u></p> <p>i. Management of Diagnostics – Nothing to report this month.</p> <p>d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month.</p> <p>e. <u>Medicaid/Medicare Updates</u></p> <p>i. <u>Verification of Insurance</u> – Nothing to report this month.</p> <p>ii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month.</p> <p>f. <u>General Fund</u></p> <p>i. <u>Spenddown</u> – Nothing to report this month.</p> <p>ii. <b>Healthy MI: Assist/Advocate for Full Medicaid</b> – Continue to identify cases that may benefit from SSD and full Medicaid coverage. Those applications should be submitted as soon as possible. Current renewals for Medicaid and Health MI may include the Medical-Social Questionnaire. This form <b>MUST</b> be completed and submitted back to</p> |                                 |

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| <ul style="list-style-type: none"> <li>i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination</li> <li>ii. Healthy MI: Assist/Advocate for Full Medicaid</li> <li>iii. GF Plan Update</li> <li>g. <b>Supervisor Dashboard</b></li> <li>h. <b>LOCUS Training</b></li> <li>i. <b>Expired Assessments</b></li> <li>j. <b>BH TEDS Conversion</b></li> <li>k. <b>Code Protocol/Guidelines</b></li> <li>l. <b>Hospital RR Complaints Process</b></li> <li>m. <b>MDHHS Waiver Audit Results</b> <ul style="list-style-type: none"> <li>• Staff Qualifications</li> <li>• IPOS Signatures</li> <li>• Ranges</li> <li>• Bundle Packages</li> <li>• Service Driven Objectives</li> </ul> </li> <li>n. <b>IPOS Staff Trainings</b></li> <li>o. <b>HH Modifier</b></li> <li>p. <b>Interim Plans at Intake at EAS</b></li> <li>q. <b>Phoenix Level of Care</b></li> </ul> | <p>DHHS for the individual to be deemed disabled due to a mental illness. The individual will receive a copy of this form in the mail from DHHHS.</p> <p>iii. <u>GF Plan Update</u> – Nothing to report this month.</p> <p>g. <u><b>Supervisor Dashboard</b></u> – Deferred</p> <p>h. <u><b>LOCUS Training</b></u> – Internal staff are working on doing formalized documentation/training because there is the initial training and additional training after the fact that is now required annually. Remove from agenda.</p> <p>i. <u><b>Expired Assessments</b></u> – Nothing to report this month. Remove from agenda.</p> <p>j. <u><b>BH TEDS Conversion</b></u> – Nothing to report this month. Remove from agenda.</p> <p>k. <u><b>Code Protocol/Guidelines</b></u> – Defer</p> <p>l. <u><b>Hospital RR Complaints Process</b></u> – Every psychiatric hospital has their own RR department that is separate from the CMH RR department. The hospitals are supposed to notify the CMH RR when a hospital RR complaint is filed. It was recently discovered at a BABHA internal meeting that the BABHA RR office has not been notified of any RR complaints. <b>New process:</b> when a staff is knowledgeable of a hospital RR complaint (they filed one or they assisted the consumer/family with filing) they should send an email to BABHA RR department.</p> <p>m. <u><b>Waiver Audit Results</b></u> – Sarah went over the MDHHS waiver audit results. These are the main findings. <u>Staff Qualifications</u> – Sarah is working with HR on how to revamp the staff qualifications. When staff are first hired, there will be a one-time review with current staff, but for those that have been at the agency for 10 or more years, there will be an attestation form that can be filled out. <u>IPOS Signatures</u> – There were multiple findings for missing signatures on the plans or addendums. Staff should never be using the ‘refuse to sign’ because it means that we would need to use GF. Forward to Joelin Hahn or Nicole Sweet if someone refuses to sign their IPOS. <u>Ranges</u> – Ranges are still in the plan of service and there</p> | <p>m. <u><b>Waiver Audit Results</b></u> – Amy to send the Telehealth med consents process to Sarah.</p> |

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|       |                                                                                  | <p>should not be any ranges. <u>Bundle Packages</u> – When a bundle package is authorized and those services are not being provided as authorized, we got cited for not providing services as written in the plan. <u>Service Driven Objectives</u> – Your objective cannot be about the services being provided.</p> <p>Telehealth med consents is an issue. Amy will send the process to Sarah, and she can add as the corrective action. Look into the pricing of DocuSign.</p> <p>n. <u>IPOS Staff Trainings</u> – Remind staff and educate new staff on making sure the plan of service training form is in the chart.</p> <p>o. <u>HH Modifier</u> – Discussed in 3.d.ii., MSHN MEV Audit Report, above.</p> <p>p. <u>Interim Plans at Intake at EAS</u> – Reminder to have Intake for EAS to do the interim plans the same day as the assessment is open.</p> <p>q. <u>Phoenix Level of Care</u> – The level of care is identified in the consumer information tab. With that level of care, clinicians need to keep that updated. There is another banner in red that comes from MDHHS, and that is accurate. Joelin would like everyone to go back to their staff and ask if they can remove the current LOC at the top of the consumer’s chart.</p> | <p>q. <u>Phoenix Level of Care</u> – Go back to your staff and ask if they use the Current LOC at the top of the consumer’s chart. Email feedback to Joelin.</p> |
| 5.    | <b>Parking Lot</b><br>a. Conflict Free CSM<br>b. Psychological Testing Resources | Nothing to report this month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |
| 6.    | <b>Adjournment/Next Meeting</b>                                                  | The meeting adjourned at 3:30 pm. The next meeting is scheduled for October 8, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |