

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, October 8, 2026 at 5:00 pm

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

Committee Members:	Present	Excused	Absent		Present	Excused	Absent	Others Present:
Christopher Girard, Ch	_____	_____	_____	Carole O'Brien	_____	_____	_____	BABH: Joelin Hahn, Karen Amon,
Pam Schumacher, V Ch	_____	_____	_____	Staci Tuggle	_____	_____	_____	Nicole Sweet, Sarah Holsinger,
Shelley King	_____	_____	_____	Pat McFarland, Ex Off	_____	_____	_____	Chris Pinter, and Sara McRae
Sally Mrozinski	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	Legend: M-Motion; S-Support; MA-
								Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Fiscal Year (FY) 2027 Quality Assessment & Performance Improvement Plan (QAPIP), S. Holsinger 4.2) Clinical Program Review: Community Living Supports (CLS) 4.3) Policies Ending 30-day Review: a) Gender Affirming Care, Chapter 4 4.4) Primary Network Operations & Quality Management Committee Notes from the August 13, 2026 Meeting		4.1) Consideration of a motion to refer the FY27 QAPIP to the full Board for approval 4.2) No action necessary 4.3) Consideration of a motion to refer the policy, Gender Affirming Care, Chapter 4, to end 30-day review to the full Board for approval 4.4) No action necessary

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5.	Adjournment	M -	S -	pm	MA
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BAY ARENAC

BEHAVIORAL HEALTH

Community Mental Health Services Program

Quality Assessment and Performance Improvement Program
FY 202~~16~~⁶⁵

Adopted by the Board: October 1~~56~~⁶⁵, 202~~65~~⁶⁵

BOARD
ADOPTION:
10/1~~5~~⁶/26~~5~~

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Section 1: Introduction and Overview

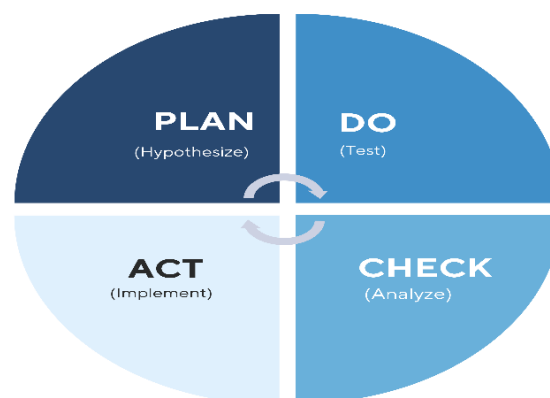
Bay-Arenac Behavioral Health Authority (BABHA) provides an array of behavioral health services and supports to individuals in the Michigan counties of Bay and Arenac through a network of direct operated programs and contracted service providers. BABHA is a Michigan Department of Health and Human Services (MDHHS) certified Community Mental Health Services Program (CMHSP), a Children's Diagnostic and Treatment Service Program, and is licensed by MDHHS as a Substance Abuse Provider. BABHA is also a CMHSP affiliate of the Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP) for Medicaid Specialty Services and Supports. In addition, BABHA is accredited by the Council on Accreditation of Rehabilitation Facilities (CARF).

BABHA is responsible for managing a local quality assessment and performance improvement program for its CMHSP provider operations and ensuring its contracted network clinical service providers address quality improvement in their own operations through the BABHA Quality Assessment and Performance Improvement Program (QAPIP).

BABHA's overall philosophy and mission governing its local quality management and performance improvement program can be summarized as follows:

- 1 Performance Improvement is dynamic, system-wide and integrated.
- 2 The input of a wide range of stakeholders, such as board members, consumers, providers, employees, community agencies, and other external entities, such as MDHHS, are critical to success.
- 3 It is important and encouraged to have an organizational culture where staff are comfortable reporting errors, system failures, and possible solutions, and leaders see information as the means to improvement.
- 4 Improvements resulting from performance improvement must be communicated throughout the organization and sustained; and
- 5 Leadership must establish priorities, be knowledgeable regarding system risk points, and act based upon sound data.

Continuous improvement is supported by the plan, do, check, act/adjust cycle (PDCA). Standard work statements are developed and utilized to implement and maintain improvements and are updated as the PDCA cycle is repeated to produce continuous improvement over time. The QAPIP, as described in this document, is evaluated annually for effectiveness and modifications are made, as necessary.



Mission

It is the mission of BABHA to improve health outcomes to enhance quality of life and strengthen the community safety net for citizens of Arenac and Bay counties.

Values and Guiding Philosophies

All who are associated with carrying out the mission of Bay-Arenac Behavioral Health Authority are governed by the highest ethical standards and the following values:

- ⇒ Each person is unique and will be treated with dignity and respect.
- ⇒ We are committed to delivering services in a manner that is responsive to community needs.
- ⇒ We seek to provide a recovery-focused and trauma-informed system of care.
- ⇒ We believe that individual and community wellness is enhanced by the delivery of integrated healthcare services that are directed by and responsive to the person served.
- ⇒ We are committed to promoting independence, choice control and meaningful engagement with peers, family friends, and community.
- ⇒ We are committed to collaboration with our community partners to encourage wellness, to promote prevention, and to increase health literacy.

Section 2: Organizational Structure and Committees

The organizational structure and committees and their relation to the QAPIP, and performance improvement responsibilities in general, are detailed below.

Governance

Board of Directors

The Board of Directors is the governing body of BABHA and has ultimate responsibility for the quality of care and services delivered by the organization. The Board of Directors evaluates, sets policies related to performance improvement and sets priorities for performance improvement initiatives for the next year. Annually, the Board of Directors reviews and formally adopts the QAPIP.

Chief Executive Officer

The BABHA CEO links the strategic planning and operational functions of the organization with the QAPIP functions, assures coordination occurs among organizational leaders to maintain quality and consumer safety, allocates adequate resources for the QAPIP, and designates the Director of Healthcare Accountability as Strategic Leadership Team (SLT) member responsible for the BABHA QAPIP.

Medical Director

The BABHA Medical Director provides clinical oversight related to quality and utilization of services both directly, through case supervision, participation in root cause analyses and review of critical incidents, and participation in relevant committees.

Leadership

The SLT is comprised of senior management which meets regularly and has an Expanded Leadership meeting of which the Quality Manager is a member. All managers and team leaders join the SLT in a monthly Agency Leadership meeting to collaborate on new processes and utilizes data effectively for informed decision making.

BABHA Staff

Staff receive education and annual training of the organization's QAPIP and expectations for their participation, which includes participation in data collection activities and identifying opportunities for improvement. They carry out the agency's mission and vision while providing direct care.

Quality Manager

The Quality Manager, under the oversight of the Director of Healthcare Accountability, is the leader responsible for the daily management of the QAPIP. The Quality Manager identifies program priorities, sponsors work groups and committees, facilitates root cause analyses, supports data-based decision making, generates reports, analyzes data and many other QAPIP related activities. The Quality Manager is the lead on the renewal of accreditation, assistance with preparation for various audits, and developing and implementing plans of corrections.

Quality and Compliance Coordinators

The Quality and Compliance Coordinators assist the Quality Manager with the coordination, initiation, guidance, and collaboration of local performance improvement projects. These individuals participate in regional performance measurement activities such as clinical record reviews for performance improvement projects, performing reviews of contracted service provider performance, Medicaid Event Verification, and are members on regional committees and work groups.

Stakeholders

BABHA sponsors regular meetings with key stakeholders to discuss system issues and process changes as well as changes in rules, regulations, and requirements are discussed as well as system level concerns and improvements, training and credentialing, updates to processes and procedures, and other relevant topics.

QAPIP Committees

Primary Network Operations and Quality Management Committee (PNOQMC)

The PNOQMC is the structure responsible for the QAPIP and performance improvement activities of BABHA's operations. The PNOQMC is responsible for monitoring performance by:

- Receiving recommendations for improvement,
- Identifying quality related indicators and measures,
- Reviewing data reports to ensure validity,
- Taking action to achieve improvement, and meeting regularly to review and assess performance.

Consumer Councils

BABHA sponsors two clinical consumer councils that report to the PNOQMC and provide input directly regarding program operations and performance. The consumer councils are responsible for supporting organizational efforts to ease service access, develop effective and efficient service provision, ensure active consumer participation, plan of service planning, self-determination, self-advocacy, independent facilitation, community integration, anti-stigma activities, achievement of recovery, positive clinical outcomes, and consumer satisfaction.

Behavior Treatment Review Committee

The Behavior Treatment Review Committee's (BTRC) primary function is to oversee the proposed use of intrusive and restrictive techniques that may be considered as a last resort for recipients of public mental health services. The committee is responsible for reviewing behavior treatment data, including information on approved intrusive or restrictive techniques, the number and duration of interventions per person, and instances where physical management or 911 calls to law enforcement were used during an emergency behavioral crisis. A quarterly analysis is conducted to identify trends or patterns of behavior that may indicate risk to an individual or group.

Healthcare Practices Committee

The Healthcare Practices Committee's primary function is to provide a comprehensive and coordinated approach to ensuring the delivery of clinically effective series in an environment that is safe and conducive to the wellbeing of consumers, employees and the community and to thus meet or exceed the established standards of care. This is accomplished through review, remediation and mitigation of clinical incidents/events that meet risk, critical, sentinel criteria but not limited to such events, medical record/peer review process, credentialing/privileging review, developing standards of care, and ongoing monitoring of reports.

Safety Committee

The committee oversees the development and compliance level of the Environment of Care policies and procedures and emergency response plans to ensure that the environment of BABHA is maintained adequately and that protections from potential hazards are in place. In addition, the committee monitors state and federal regulatory standards and accreditation standards to ensure that the agency meets the minimum requirements of applicable rules and regulations. The committee also reviews and monitors performance on various safety related components of the environment. When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues.

Corporate Compliance Committee

The Corporate Compliance Committee is responsible for all matters related to the legal and regulatory requirements of BABHA operations as it relates to contractual compliance, HIPAA privacy and security, and guarding against fraud and abuse of state and federal healthcare funds. The CCC performs fraud and abuse risk assessments and compliance program evaluations, identifies focus areas, conduct any necessary audits and self-review, and develop compliance program improvement priorities. The CCC assists with the review of internal and external monitoring and auditing activities to ensure that efforts are appropriate to provide assurance of compliance and ensures routine monitoring occurs as scheduled and findings are responded to.

Enrollee Rights and Responsibilities

The BABHA Recipient Rights Office monitors and ensures that recipients of mental health services have all of the rights guaranteed by state and federal law and provides a system for determining whether violations have occurred, and that action is taken in the event of a violation. Recipient Rights Office representatives report aggregated data on abuse, neglect and customer services findings and make recommendations to PNOQMC for system improvements when needed.

Section 3: Program Activities

The BABHA QAPIP "objectively and systematically monitors and evaluates the quality and appropriateness of care and service to members, through quality assessment and performance improvement projects, and related activities, and pursues opportunities for improvement on an ongoing basis" for "all demographic groups, care settings, and types of services" (MDHHS/CMHSP FY276 Contract, Attachment C 6.8.1.1). The program "achieves, through ongoing measurement and intervention, improvement in aspects of clinical care and non-clinical services that can be expected to affect consumer health status, quality of life, and satisfaction" (p. 1). BABHA "demonstrates a culture of accountability by developing and implementing a performance measurement and management plan that produce information an organization can act on to improve results for the person served, other stakeholders, and the organization itself" (CARF Behavioral Health Standards Manual, 1.LM).

To ensure services provided are of high quality, effective and appropriate for all clinical populations, the QAPIP program addresses the:

- ✓ Provider Qualification and Selection
- ✓ Harm Identification and Reduction
- ✓ Access to Care and Utilization
- ✓ Outcomes
- ✓ Stakeholder Perceptions of Care

Provider Qualification and Selection

Policies and procedures are in place to govern the selection and evaluation of directly employed staff and contract providers to ensure they are qualified to perform services and have current, appropriate credentials and privileges. Orientation and training in regard to responsibilities, program policy, and operating procedures are required for new employees. Staff performance and competency are monitored on a regular basis. Training needs are identified through formal means, such as performance/competency reviews, as well as informally, through self-identified areas for improvement.

GOAL	FY20276 Performance Goal	Assigned Person	Frequency of Review	Review Committee
~~BABHA staff will review a sample of internal and provider staff to verify they have documentation to support the appropriate qualifications.~~	95%	Quality Manager	Annually	PNOQMC

Reviews will be completed of providers to verify that the staff have been trained in the Individual Plan of Service prior to providing services and it is accurately documented.	95%	Quality Manager	Quarterly	Provider Specific Committees as appropriate
BABHA will complete reviews to ensure that the staff responsible for implementing an Individual Plan of Service (IPOS) are receiving training from the author of the IPOS.	95%	Quality Manager	Monthly	PNOQMC
<u>BABHA will develop a process to ensure staff have the appropriate documentation to support their qualifications when initially hired and BABHA will complete a one time review of all current staff.</u>	<u>100%</u>	<u>Quality Manager and Director of Human Resources</u>	<u>Annual</u>	<u>NA</u>

Harm Identification and Reduction

BABHA has a reporting and investigating system in place to capture the occurrence of all adverse events which include critical events (including death), risk events, unusual events, near misses, and sentinel events that involve harm or injury or the risk of harm or injury are reported to the Office of Recipients Rights (ORR). Adverse events are reviewed on a consumer specific level as well as overall trends that are reported. These adverse events have the potential to lead to the root cause analysis process if one is deemed appropriate. The trends identified through this analysis help determine how BABHA can make improvements to reduce risk for consumers.

Processes are also in place for reporting on significant events, which include investigations, material litigation, catastrophes, sentinel events, and governmental sanctions, bans on admissions, fines, penalties, or loss of programs (CARF Behavioral Health Standards Manual, 1.GH). These processes address the review and follow up of sentinel, unusual, and critical events for all persons receiving services from BABHA, including, but not limited to, those enrolled in the Children's Waiver, the Children with Serious Emotional Disturbance Waiver, the Habilitation Supports Waiver, and the 1915(i) State Plan Amendment (SPA) program.

The Recipient Rights Office representatives report aggregated data on abuse, neglect and customer services findings and make recommendations to PNOQMC for system improvements when needed.

GOAL	FY20276 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Continue to review all adverse events to determine any follow-up actions. Analyze the data to assist with determining change in process, procedure, workflow, etc.		Quality Manager	Quarterly	PNOQMC

Review the number of emergency physical interventions. ~~each year.~~	Decrease or remain consistent	Quality Manager	Quarterly	PNOQMC and BTRC
The number of days to complete the recipient rights investigation is lower than the Michigan Mental Health Code standard of 90 days.	100%	Recipient Rights Manager	Quarterly	PNOQMC
Abuse and neglect complaints substantiated have remedial action that includes disciplinary action and prevents recurrence.	100%	Recipient Rights Manager	Quarterly	PNOQMC
<u>Review trends in the risk events to determine any follow-up actions.</u>		<u>Quality Manager</u>	<u>Quarterly</u>	<u>PNOQMC</u>

Access to Care and Utilization Management

BABHA's utilization management plan is detailed in several sections of the Policies and Procedures Manual. The utilization plan components address, "practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by administration." Additional information on the procedures to evaluate medical necessity, criteria used, information sources, and the process used to approve the provision of medical services is also found in the Policies and Procedures Manual. BABHA uses a dashboard to track data related to various performance measures and utilization.

Michigan's Mission-Based Performance Indicator System (MMBPIS)

~~The Michigan Department of Health and Human Services (MDHHS), in compliance with federal mandates, establishes standards related to access, efficiency, and outcomes. Data is regularly collected, and quarterly reports are compiled and submitted to the PIHP for analysis, regional benchmarking. If BABHA's performance falls below the established goals, the Quality Manager, in collaboration with PNOQMC members, will complete a corrective action plan.~~

In October 2023, the Bureau of Specialty Behavioral Health Services began a comprehensive review of the existing quality assessment and performance improvement program with the goal of developing and implementing a new, more robust program. The revised program will feature a more comprehensive framework, clearer definitions, and a more rigorous methodology that aligns with national standards and practices from other states. This quality transformation has a 3-year rollout plan with new measures being added each year. By the start of calendar year 2027, all measures will have been implemented, and data tracking and analysis will be conducted.

PIHP Performance Improvement Projects (PIP)

BABHA participates in at least two PIHP PIPs per year. PIP topics are either mandated by MDHHS or selected by the PIHP and its partner CMHSPs. Data collected through the PIP are aggregated, analyzed, and reported by BABHA Quality Management staff for review at the regional Quality Improvement Council and local PNOQMC meetings and opportunities for improvements are identified. MSHN is still

waiting for approval from MDHHS on the two proposed PIPs. The first proposed PIP is a clinical PIP focused on improving depression screening and follow-up plan completion for adults receiving behavioral health services, as measured by the HEDIS CDF-AD metric. The second proposed PIP is a non-clinical PIP aimed at strengthening the operational processes that support depression screening and follow-up plan completion for adults receiving behavioral health services, also aligned with the HEDIS CDF-AD metric.

GOAL	FY20276 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Achieve or exceed the 95% standard for adults and children receiving pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	95%	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFICIENCY</u>				
ACT; CSM (integrated IDD/mental health - adults, children, and adolescents); Community Integration (psychosocial rehabilitation - adults); Intensive Family-Based Services (family services - children and adolescents); Outpatient Treatment (integrated IDD/mental health - children and adolescents, mental health - adults); Crisis Intervention (integrated IDD/mental health - children and adolescents, mental health - adults)				
~~Achieve or exceed 63% compliance for consumers who meet with a professional for an intake assessment within 14 days of request for service with an increase from FY25.~~	63%	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFICIENCY</u>				
~~ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults)~~				
~~Achieve or exceed 75% compliance for consumers who have a first service within 14 days of intake assessment with an increase from FY25~~	75%	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFICIENCY</u>				
~~ACT; CSM (integrated IDD/mental health – adults, children, and adolescents); Community Integration (psychosocial rehabilitation – adults); Intensive Family-Based Services (family services – children and adolescents); Outpatient Treatment (integrated IDD/mental health – children and adolescents, mental health – adults)~~				
Achieve or exceed the <u>6195%</u> standard for consumers <u>who received mental health follow-up within 30 days after discharge</u>	<u>6195%</u>	Quality Manager	Quarterly	PNOQMC

~~from hospitalization. discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days~~				
CARF Accredited Program and Standard – <u>EFFICIENCY</u>				
ACT; CSM (integrated IDD/mental health - adults, children, and adolescents); Community Integration (psychosocial rehabilitation - adults); Intensive Family-Based Services (family services - children and adolescents); Outpatient Treatment (integrated IDD/mental health - children and adolescents, mental health - adults)				
Compliance equal to or less than 15% for consumers readmitted to an inpatient psychiatric unit within 30 days of discharge ~~with a decrease from FY25~~	Less Than 15%	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFECTIVENESS</u>				
ACT; CSM (integrated IDD/mental health - adults, children, and adolescents); Community Integration (psychosocial rehabilitation - adults); Intensive Family-Based Services (family services - children and adolescents); Outpatient Treatment (integrated IDD/mental health - children and adolescents, mental health - adults)				
~~Meet or exceed 95% compliance that there is evidence that the individual served was given the Individual Plan of Service within 15 days~~	95%	Quality Manager	Quarterly	PNOQMC
~~CARF Accredited Program and Standard – <u>NA</u>~~				
A reduction in inpatient hospitalizations days will occur in FY26 for consumers with a severe, persistent mental illness	5% Reduction	Director of Integrated Care	Quarterly	PNOQMC
CARF Accredited Program and Standard - <u>EFFECTIVENESS</u>				
ACT; CSM (integrated IDD/mental health - adults, children, and adolescents); Community Integration (psychosocial rehabilitation - adults); Intensive Family-Based Services (family services - children and adolescents); Outpatient Treatment (integrated IDD/mental health - children and adolescents, mental health - adults); Crisis Intervention (integrated IDD/mental health - children and adolescents, mental health - adults)				
Reports will be created to determine if services authorized in the plan of service are being provided at the identified consistency.	New	Quality Manager	NA	Leadership
CARF Accredited Program and Standard – <u>NA</u>				
<u>Begin collecting baseline data for the new PIPs.</u>	<u>New</u>	<u>Quality Manager</u>	<u>As needed during initiation</u>	<u>PNOQMC</u>
<u>CARF Accredited Program and Standard – EFFECTIVENESS and EFFICIENCY</u>				
<u>ACT; CSM (integrated IDD/mental health - adults, children, and adolescents); Community Integration (psychosocial rehabilitation - adults); Intensive Family-Based Services (family services - children and adolescents); Outpatient Treatment (integrated IDD/mental health - children and adolescents, mental</u>				

health - adults); Crisis Intervention (integrated IDD/mental health - children and adolescents, mental health - adults)

Medicaid Event Verification (MEV)

BABHA has an established process to complete Medicaid Event Verifications (MEV) and follow-up restitution, as necessary. The event verification process checks reimbursed Medicaid claims against chart documentation to verify accuracy and validity. BABHA completes internal reviews for contract services providers and direct services. Additionally, the PIHP conducts two reviews annually of BABHA Medicaid claims. These reviews help to determine that the individuals that are served have access to a variety of services and that the services provided meet Medicaid guidelines.

GOAL	FY20276 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Meet or exceed 95% compliance for BABHA and all contract service providers that receive a MEV review. (Corrective action is required on anything less than 100%)	95%	Quality Manager	Quarterly	PNOQMC/ CCC
Meet or exceed ~~80~~ 95% compliance for all external MEV reviews conducted by the PIHP.	~~80~~ 95%	Quality Manager	Bi-Annually	PNOQMC/ CCC
~~Continue completing internal MEV reviews to reduce risk related to billable services.~~		Quality Manager	Various	PNOQMC/ CCC

Outcomes

BABHA continues to make strides in improving outcomes for the individuals it serves. Improvement opportunities have been identified in the Strategic Plan. -MDHHS tracks and monitors a variety of HEDIS measures that have been identified as activities used to improve healthcare for consumers. BABHA ~~has been focusing~~will focus on the Diabetes Screening and, Diabetes Monitoring, and Cardiovascular Monitoring measures in an effort to improve health outcomes for the individuals that BABHA serves.

Additionally, BABHA reviews a sample of consumer records quarterly from each primary provider, including BABHA primary services, to determine that coordination occurred with the primary healthcare physician. MDHHS monitors this standard during annual Waiver Audit.

GOAL	FY2027 Performance Goal	Assigned Person	Frequency of Review	Review Committee
~~Meet or exceed the 80% standard for the Diabetes Screening HEDIS measure will increase in compliance from FY26.~~	~~Increase by 5%80%~~	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFECTIVENESS</u>				
ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only)				
~~Monitor compliance with the Diabetes Monitoring HEDIS measure will increase in compliance from FY26.~~	~~Increase by 5%Standard not yet set by MDHHS~~	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>EFFECTIVENESS</u>				
ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only)				
~~The Cardiovascular Monitoring HEDIS measure will increase in compliance from FY26.~~	~~Increase by 5%~~	~~Quality Manager~~	~~Quarterly~~	~~PNOQMC~~
~~CARF Accredited Program and Standard – <u>EFFECTIVENESS</u>~~				
~~ACT; CSM (adults only); Community Integration (adults only); Outpatient Therapy (adults only)~~				
Meet or exceed 95% compliance that there is evidence of health care coordination within the consumer record completed by the primary providers.	95%	Quality Manager	Quarterly	PNOQMC
CARF Accredited Program and Standard – <u>NA</u>				
Review Peer Review documents for the prescribers to determine any trends.		Madison Clinic Program Manager	Quarterly	HPC
CARF Accredited Program and Standard – <u>Section 2E, Standard 9bNA</u>				

Stakeholder Perceptions

Customer satisfaction and service quality is evaluated through quantitative and qualitative information obtained from a wide variety of stakeholders including consumers and/or their families, providers, staff, and community members. Feedback on satisfaction and opportunities for improvement are provided through:

- Suggestion Boxes- monthly
- Behavior Treatment Plan Survey- annually

- Mental Health Statistics Improvement Program (MHSIP) and Youth Satisfaction Services (YSS) Survey- annually
- National Core Indicators (NCI) Survey- annually
- Provider Survey- annually
- Community Needs Assessment- every two years
- Employee Survey- every two years

GOAL	FY20276 Performance Goal	Assigned Person	Frequency of Review	Review Committee
Meet or exceed 80% agreeance/favorable responses to the survey questions on the provider survey.	80%	Quality Manager	Annually	Expanded SLT and All Provider Specific Committees
Meet or exceed 80% satisfaction during the annual survey for the MHSIP survey specific to the General Satisfaction domain.	80%	Quality Manager	Annually	PNOQMC
Meet or exceed 80% satisfaction during the annual survey for the YSS Survey specific to the Appropriateness (General Satisfaction) domain.	80%	Quality Manager	Annually	PNOQMC
Meet or exceed 80% satisfaction for the Behavior Treatment Surveys.	80%	Quality Manager	Annually	BTRC
Meet or exceed 80% agreeance/favorable responses to the survey questions on the provider survey.	80%	Quality Manager	Annually	Expanded SLT and All Provider Specific Committees

Section 4: Performance Measurement Methodologies

The BABHA QM program uses a variety of methods to establish measures, collect data, analyze and report findings, and implement and monitor corrective actions as necessary.

Establishing Measures

Performance measures, developed in alignment with BABHA's strategic priorities, address clinical and non-clinical areas. The QAPIP is used but is not limited to the following means for identification of issues and opportunities for improvement:

- Growth areas identified based on performance
- Stakeholder feedback
- Oversight and monitoring reviews

Data Collection

Methods of Data Collection:

- Surveys and Questionnaires: Collect feedback from patients, staff, and stakeholders.
- Electronic Health Record (EHR): Use data from EHR to track patient outcomes and service utilization.
- Record Reviews

• Frequency of Data Collection:

- Continuous Monitoring: Implement real-time data collection for ongoing assessment.
- Periodic Reviews: Conduct monthly or quarterly reviews to identify trends and areas for improvement.
- Annual Evaluations: Perform comprehensive annual evaluations to assess overall program effectiveness.

Data Analysis and Reporting

Data is aggregated at intervals appropriate to the process or activity under review, with specific timeframes and methods defined in project descriptions. Statistical testing and analysis are applied as needed to interpret and display the aggregated data. BABHA data is examined over time to identify patterns and trends and is compared against desired performance levels, including external benchmarks when available. Quality Management staff use dashboards or summary reports to present data results, along with recommendations for further investigation, data collection improvements to address validity concerns, and/or system-level improvements.

Undesirable patterns, trends, or performance variations are flagged for action. In some cases, additional data collection and analysis may be required to identify root causes, leading to remedial or corrective measures. Conversely, departments demonstrating consistently positive performance may be asked to document the strategies used to sustain those outcomes.

Quarterly and annual reports are formally reviewed by the Board. These reports summarize studies conducted, results obtained, follow-up actions, and aggregated data on utilization and service quality. This review ensures the QAPIP's continuity, effectiveness, and ongoing relevance.

Corrective Action Plans

A corrective action plan (CAP) is a step-by-step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to:

- Identify the most cost-effective actions that can be implemented to correct error causes.
- Develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient.

- Achieve measurable improvement in the highest priority areas.
- Eliminate repeated deficient practices

BABHA utilizes the CAP process throughout the agency to improve compliance and quality.

Communicating Process and Outcome Improvements

The results of BABHA provider operations performance measurement and improvement activities are communicated through the periodic dissemination of materials to employees, providers, and stakeholders via the BABHA Website, BABHA Board of Directors, Strategic Leadership Team, agency Leadership Team, Consumer Councils, PNOQMC, staff meetings as well as the general distribution of applicable information through the leadership dashboard, BABHA intranet, and other outlets as deemed appropriate.

Section 5: Review/Evaluation of Plan Effectiveness

BABHA has led and been involved in many performance improvement activities during FY20265. Given the nature and scope of the accomplishments, the FY20265 QAPIP plan has been determined to be effective in a variety of areas and any updates, revisions, and new projects have been added to the FY20276 plan as necessary to continue the pursuit of exceptional performance. During FY20276, continued evaluation of the QAPIP will take place. Continued evaluation will occur to develop, define, collect, and validate data within current systems; and to communicate/collaborate with providers and internal programs for such areas that need improvement. There have been some gaps and improvements that have been identified during the review of the QAPIP and these will be addressed as priorities for FY20276.

References

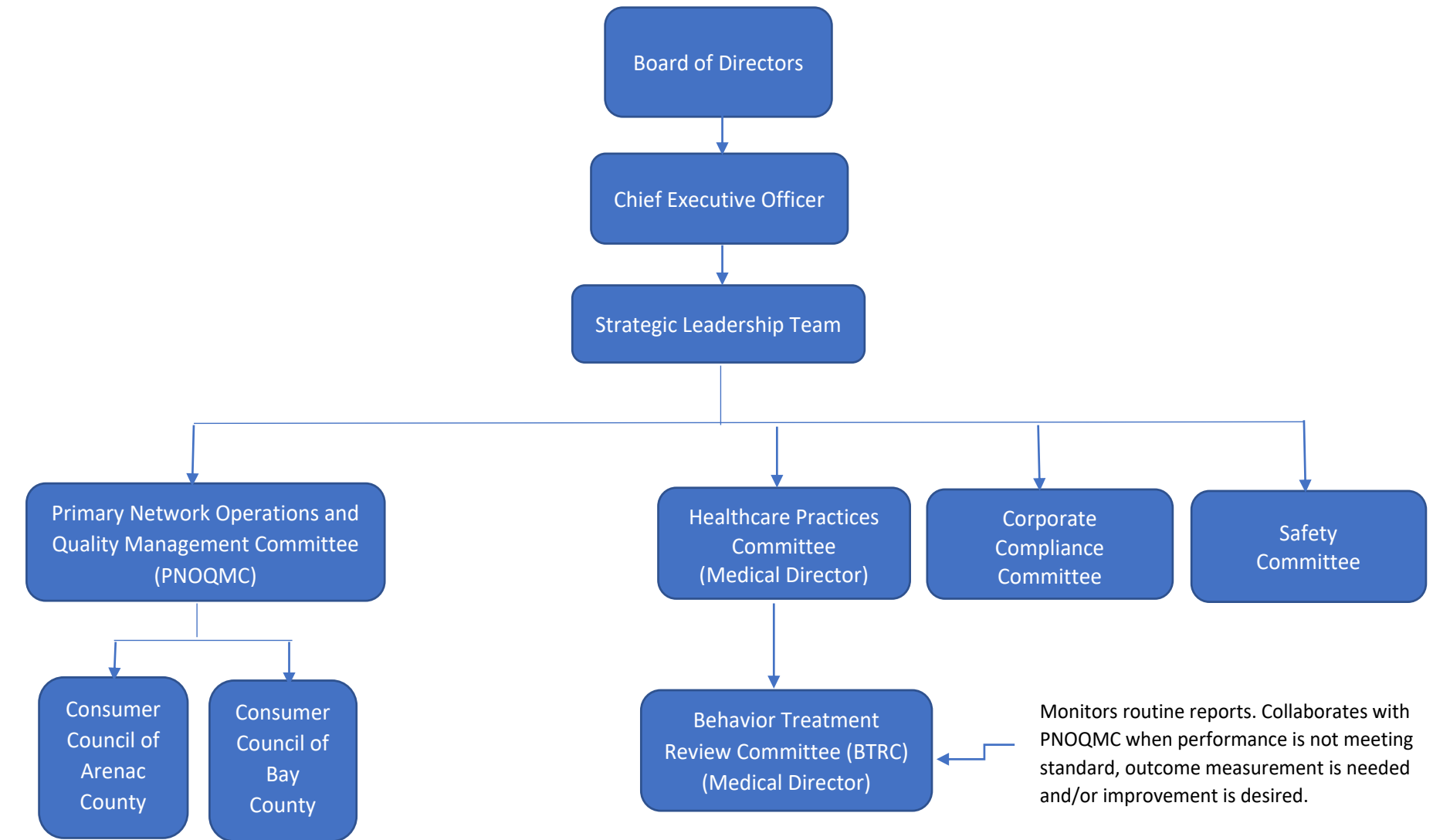
- Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Medical Staff Plan
- Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Strategic Leadership Plan
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T01 Staff Credentials
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T13 Credentialing and Privileging of Licensed Independent Practitioners
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C08-S06-T06 Organizational Credentialing
- Bay-Arenac Behavioral Health Employee Handbook
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T05 Cultural Competence and Limited English Proficiency.
- Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Cultural Competency and Diversity Plan.
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T02 Orientation
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T01 Minimum Training Requirements
- Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Training Plan
- Bay-Arenac Behavioral Health Policies and Procedures Manual, Agency Action Plans, Operating Philosophy and Ethical Guidelines
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T05 Performance Management
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S01-T02 Professional Staff Competency
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S02-T26 Continuing Education
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C07-S03-T03 Scheduling, Promoting, and Documentation of Staff Education
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C03-S01-T01 Statutory Establishment
- Bay-Arenac Behavioral Health Policies and Procedures Manual, C02-S01-T06 Reporting and Investigation of Adverse Events

Bay-Arenac Behavioral Health Authority
Board of Directors
April 1, 202 ~~6~~ ⁵ through March 31, 202 ~~7~~ ⁶

Original Board Appointed 09/23/63		
County Elected to Come Under PA 258, effective 08/08/75		
MH Code revision PA 290, 1995, effective 03/27/96: All board member terms were extended 3 months to end on 03/31, and thereafter be 3-year terms		
Name	Term	County Represented
Robert Pawlak Chair	04/01/25 to 03/31/28	Bay
Patrick McFarland Vice Chair	04/01/24 to 03/31/27	Bay
~~Chris Girard~~ Sally Mrozinski Treasurer	04/01/25 to 03/31/28	~~Bay~~ Arenac
~~Sally Mrozinski~~ Pamela Schumacher Secretary	04/01/25 to 03/31/28	~~Arenac~~ Bay
Tim Banaszak	04/01/26 to 03/31/29	Bay
Richard Byrne Parliamentarian	04/01/25 to 03/31/28	Bay
Patrick Conley	04/01/24 to 03/31/27	Bay
~~Jerome Crete~~ Chris Girard	04/01/26 to 03/31/29	Bay
Shelley King	04/01/25 to 03/31/28	Bay
Kathy Niemiec	04/01/26 to 03/31/29	Bay
Carole O'Brien	04/23/24 to 03/31/27	Arenac
~~Pamela Schumacher~~ Staci Tuggle	04/01/24 to 03/31/27	Bay

Revised 05/01/2025 08/12/2026

Bay Arenac Behavioral Health
Quality Assessment and Performance Improvement Program
Reporting Structure
2027



Community Living Support (CLS) Services

★ Understanding CLS

CLS helps individuals develop, maintain, and strengthen skills needed to live as independently as possible. The goal is to teach, coach, and support progress—not simply fill someone's day.

Build independence

Develop life skills

Work toward personal goals

Need less paid support when possible

🤝 Building Natural Supports

Natural supports include relationships and resources outside of paid services that help individuals build meaningful, connected lives.

Family & friends

Neighbors

Faith communities

Clubs & recreation

Volunteer opportunities

Community organizations

CLS is intended to supplement, not to replace natural supports available through the individual's family and community. When appropriate, other resources should be explored first:

- Home Help services
- Vocational Rehabilitation & Supported Employment
- Clubhouse programs
- Peer support & support groups
- Adult/continuing education
- Senior centers & recreation programs
- Volunteer opportunities
- Libraries & community education
- Faith-based organizations

CLS process to obtain services:

- Case holder works with the consumer/family to complete a CLS Needs Assessment. Reviewed and approved by the Supervisor.
- Case holder presents the CLS Assessment at the monthly CLS committee meeting
- The Committee members are a mix of clinical and financial individuals. Approval is determined by the medical necessity based on information provided and the Committee can approve, deny or make further recommendations.

CLS services can be provided through a Self Determination arrangement. The consumer is the employer and hires and manages their own staff.

Or they can be provided by a Provider Agency.

BABH currently contracts with 8 external provider agencies and BABH has 1 internal provider; North Bay.

CLS cost containment strategies have been put in place to reduce the ever-increasing costs of these services. Consistency with assessing medical necessity has been improved. We have been working to reduce duplicative CLS services with consumers by having them choose one provider agency to provide all their CLS service needs. North Bay has been working to transition consumers that have two providers to the external provider to minimize cost. North Bay continues to serve 30 consumers that have higher Level of Care needs or are confined to a wheelchair, and no other provider agency is able to assist with transporting the consumer in the community. North Bay has been working to be more productive and focus efforts to provide more face to face/in the community CLS with less down time. Staff departures have not been back filled to help boost productivity. FY26 strategies have been successful at reducing the costs of CLS services.

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

POLICIES AND PROCEDURES MANUAL

Chapter: 4			
Section:			
Topic:	Gender Affirming Health Care		
Page: 1 of 2	Supersedes Date:	Approval Date:	
	Pol:	Pol:	<i>Board Chairperson Signature</i>
	Proc:	Proc:	<i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 9/1/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to balance identity-focused care with comprehensive psychiatric treatment, including assessment, treatment planning, counseling, crisis intervention, care coordination, referral, and support services that are within the organization's authorized scope of services. BABHA will respond to related matters in a neutral, respectful, clinically appropriate, trauma-informed, and person-centered manner consistent with evidenced-based medical practices.

BABHA does not take an advocacy position for or against gender-affirming care for minors. BABHA acknowledges the essential role and legal rights of parents and guardians in taking action to ensure the well-being of children and adolescents in their care while honoring their expressed gender identity and appropriate youth self-advocacy consistent with prevailing federal and state requirements.

Purpose (mandatory)

The purpose of this policy is to establish a consistent, respectful, clinically appropriate, and legally compliant approach for service providers when responding to requests, questions, assessments, treatment planning needs, referrals, documentation, or services related to gender-affirming care.

This policy applies to all clinical and non-clinical employees, contractors, volunteers, students, providers, and other individuals acting on behalf of the organization when interacting with individuals served, families, guardians, advocates, community partners, payers, access centers, hospitals, primary care providers, specialty providers, or other stakeholders regarding gender-affirming care or related behavioral health needs.

Education Applies to:

- ☒ All BABHA Staff
- ☐ Selected BABHA Staff, as follows:
- ☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
- ☐ Selected Contracted Providers, as follows:
 - ☐ Policy Only ☐ Policy and Procedure

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

POLICIES AND PROCEDURES MANUAL

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Page: 2 of 2	Supersedes Date:	Approval Date:	<i>Board Chairperson Signature</i> <i>Chief Executive Officer Signature</i>
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DO NOT WRITE IN SHADED AREA ABOVE

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
C. Pinter	C. Pinter	9/1/26	NEW	

**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.	

**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

Topic	Key Discussion Points	Action Steps/ Responsibility
	- <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. QAPIP Quarterly Report – 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. Recipient Rights – Jackie went over the Recipient Rights Report for FY26Q3. The report is saved in the meeting folder and was emailed to the PNOQMC.	

**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

Topic	Key Discussion Points	Action Steps/ Responsibility
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>	

**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

Topic	Key Discussion Points	Action Steps/ Responsibility
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.	

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

Topic	Key Discussion Points	Action Steps/ Responsibility
	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	

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

Topic		Key Discussion Points	Action Steps/ Responsibility
		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.	