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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) | X | BABH BI/Corporate Compliance: Janis Pinter | X | MBPA CSM/SC Supervisor: Kathy Coleman | X |
| BABH Quality Improvement: Sandy Gettel (Chair) | X | BABH Nursing Team Leader: Sarah VanParis |  | MPA Adult OPT Director: Katy Dean | X |
| BABH/Arenac - Integrated Care Director: Karen Amon | X | BABH Nursing: Heather Seegraves |  | MPA Adult CSM/SC Supervisor: Matt Lance |  |
| BABH Children Services: Noreen Kulhanek | X | BABH Vocational Services: Brenda Rutkowski |  | MPA Children’s OP Supervisor: Michelle Richards | X |
| BABH Children Services: Stephanie Hoffman |  | BABH Quality & Compliance: Sarah Holsinger | X | Saginaw Psych Barb Goss | X |
| BABH IMH/HB: Kelli Maciag |  | BABH Clinical Services: Heather Friebe | X | Saginaw Psych Nathalie Menendes | X |
| BABH Clinic Manager: Amy Folsom |  | BABH RR/Customer Services: Janelle Steckley |  | BABH Secretary: Joelle Sporman (Recorder) | X |
| BABH ES/Access: Kristy Moore |  | BABH RR/Customer Services: Jeff Wells | X | **BABH AD-HOC MEMBERS:** |
| BABH ES/Access: Margaret Dixon | X | LPS COO: Jackie Thompson |  | BABH Finance Department: Ellen Lesniak |  |
| BABH Access: Stacy Krasinski |  | LPS Clinical Director: Kim Kern |  | BABH Contracts Admin.: Erin Lewis |  |
| BABH Adult ID/DD Manager: Melanie Corrion | X | LPS: Clinical Admins: Lisa Sprague | X | BABH RR & CS Manager: Melissa Prusi |  |
| BABH ACT/Adult MI Manager: Kathy Palmer | X | MBPA Clinical Director: Cindy Soto | X | **GUESTS**: |
| BABH Medical Records: Brenda Beck | X | MBPA Program Director: Sandra Garcia |  |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of Meeting Notes from 06/08/17 Meeting | The meeting was called to order at 1:30 pm. There were no additions to the agendaMeeting notes were approved.  |  |
| 2. | Guest Presentation | No guest is present. |  |
| 3. | Mid-State Health Network (MSHN)/ Michigan Department of Health & Human Services (MDHHS)1. MSHN Supplement Data Set (MSSV)
2. Work Group Updates
 | 1. Individual agency follow-up is occurring. We are trying to get a meeting scheduled. Saginaw Psych and MPA are all set.
2. Nothing to report this month.
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| 4. | Summary/Data Analysis – Follow-Up to Data Analysis1. Reporting
2. MMBPIS - FUH
3. HEDIS-Diabetes Screen
4. Adverse Events
5. Recipient Rights
 | 1. See 2. below.
2. There are 2 HEDIS measures BABH is participating in. One is the Diabetes Screening which is expected to end in September and the other one is Follow-up to Hospitalization. The percentage of consumers who have received a diabetes screening has a regional goal of 79% which is an increase of 1% each measurement period. We are at 72% so we are not meeting the goal at this time. Follow-up to Hospitalization is that we have to follow-up with an appointment in 30 days. Standard for adults is 58% and BABH is at 79%. Standard for children is 70% and BABH is at 95%.
3. Over the past quarter, 911 calls made by staff and emergency physical interventions have increased. These will be monitored to make sure they go down. Over the past quarter, emergency medical treatment due to injury or med error has increased mainly due to falls in the home. Arrests come through an arrest or incident report form and we can use this to assist in Jail Diversion. Non-Suicide deaths have gone up over the past quarter and were all natural causes. Heart disease is the lead cause of death.
4. The number of complaints for Q1-Q3 was 117. January had the most complaints of 18 and October and April had the lowest complaints of 9. Complaint trend by allegation was neglect. Substantiated abuse and neglect complaints have gone up for Q3 to 19 complaints, 11 complaints were substantiated.

Grievance data for Q1 shows MPA at 20 grievances for Service Termination. MPA would like clarification as to what these grievances are. Could it be a reinstatement or the fault of the provider, it would be nice to know the reasoning. There were 26 appeal decisions in favor of the beneficiary for Q3. Services and Supports is the biggest beneficiary inquiry with 24 inquiries for Q3.  | 1. Data can be found on the Leadership Dashboard

4. Jeff to follow-up on Katy Dean’s concern with the 20 service terminations.Jeff to follow-up on data issues.Add as a follow-up agenda item for next meeting. |
| 5. | Clinical Process – Issues/Discussion1. Trauma Policy - Organizational Assessment
2. Health Integration
3. Discharge Transfer/Transition Policy
4. Supports Intensity Scale
5. Specialty MH Eligibility - Documentation and Supporting Evidence
 | 1. There was an Organizational Assessment that was done in 2013 so another assessment will be taking place this year. Working on the requirement for screenings and assessments for all populations and have identified some validated screening tools which will be put in place when we come up with that process. Trauma questions that are in the screen will be removed and will then incorporate the validated tool.
2. Health Integration was added to the tool. This has been a requirement for the past few years. A health screen will be performed on individuals who have not visited a primary care physician. We are not required to do the health screening, but we need to address this in the plan with the consumer and make sure they are getting in to see their doctor for a physical. They can refuse a physical, but we are asking that the case managers address this with the consumer and keep following up and note this in the progress notes.
3. We are trying to finalize the transition, transfer and discharge policy and need to make sure the processes all match. CARF standards talks about transition from one level of care to another so the language was clarified to match CARF, with the understanding not everyone is CARF accredited. A discharge is someone who is leaving all of our services within the provider network. The discharge date is the last date of service. The only time we are doing a discharge summary is when someone is being completely closed from the network. Transition planning occurs from the time of entry to services and throughout the treatment. Transitions include moving from one level of care to another or from one provider to another (same level), or adding or reducing services and/or providers within the provider network. The LOCUS needs clarification so wording will be changed in the grid. A LOCUS does not have to be done at discharge. If it’s older than a year, it will not be pulled into the BH TEDS discharge record because it’s invalid. There isn’t a terminal LOCUS at discharge but there is for CAFAS.

There are documents for Plan of Service Review of Progress, Plan of Service Addendum, Aftercare Plan and Discharge Summary. We talked about PCP being IPOS, but since there are family plans and not all individual plans, it’s called Plan of Service. Plan of Service Addendum – do an addendum to the plan for a goal and an initial auth. You have to take the elements of the discharge summary and embed in the addendum with a radio button. Reason for an addendum is for adding authorizations only, transition planning and other. Take a look at the changes made to the discharge summary. Based on CARF, ‘Recommended Aftercare Plan: Resources/options should symptoms reoccur’, can be removed from the summary and any notes can be put in the service recommendations or referrals. Two radio buttons to follow-up with primary care physician displaying your information and other.1. Still working on the list of identified consumers specific to MPA and MBPA. Communication will come from Melanie. More information to come.
2. The state came out with a proposed revision to the outpatient benefit for the mild to moderate from 20 outpatient sessions, which includes psychological services, to unlimited.
 | 1. Sandy and Karen to follow-up with implementation
2. Keep on agenda.
3. Janis or Karen to make changes to the grid. Brenda to discuss the LOCUS with Dmitriy.
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| 6. | Project Descriptions/Development/ Improvements1. Quality of Care Form
2. Follow-up to Hospitalization
 | 1. Deferred
2. Deferred
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| 7. | Corporate Compliance Updates/ Discussion | Nothing to report this month. |  |
| 8. | Phoenix System Updates/ Discussion | BABH has a request to create a CSM Supports Coordination package to make the authorization process quicker. Janis would like to know what the providers want.BABH is buying an additional feature offering appointment reminders from the scheduler in Phoenix. The reminders will be in the form of text and email messages and will be based upon appointment reminders. We are limited on the number of words. There is a cost but it’s nominal.Will be posting the consumer handbook, provider directory and advanced directives information on the patient portal. | Michelle Richards to email the group as to what MPA would like to see in the process.Janis to ask Theresa Adler to send this out for input regarding the appointment reminders. |
| 9. | Prescriber Update1. Patient Portal
 | 1. Talk to the consumers about using the patient portal.
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| 10. | Consumer/Stakeholder Feedback1. Consumer Log
2. Standing Committees, Councils, Program and Contract Provider Reporting
3. Recovery Committee
4. Quality of Life
5. Child and Family Committee
6. Consumer Councils
7. LPS
8. MBPA
9. MPA
10. Saginaw Psychological
 | 1. Nothing to report this month.
2. The Population Committees, #1-#3 are being looked at.
3. The Recovery Committee is part of the Population Committees that is being looked at to see if the structure works best. This committee is suspended until further notice till the analysis is complete.
4. The Quality of Life is part of the Population Committees that is being looked at to see if the structure works best.
5. The Child and family Committee is part of the Population Committees that is being looked at to see if the structure works best. This committee is suspended until further notice till the analysis is complete.
6. The next meeting is Tuesday, July 25th for the Bay County Council and Wednesday, July 26th for the Arenac County Council.
7. Lisa Sprague is filling in for Jackie Thompson.
8. MBPA is open to CSM but are not getting many referrals. OPT has 1 new staff person starting. They are short staffed and are closed to referrals.
9. MPA has a hold on referrals for Outpatient-A. The hold applies to transfers or add-ons from BABH, List and MBPA. MPA is open to all Access referrals.
10. Saginaw Psychological is closed for referrals except for psychological referrals.
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| 11. | BABH Announcements1. Walk for Hope Suicide Prevention
2. American Health Care Act
* Proposed revisions to the Affordable Care Act
 | 1. Reminder that the Walk for Hope Suicide Prevention campaign is coming up in August. Joelin will forward on the flyer.
2. Deferred
 | 1. Joelin to forward on the Walk for Hope flyer.
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| 12. | Other/Additional | Remind staff of available services: Just a reminder that BABH has services available at the Opportunity Center. They not only have the Clubhouse but they also have peer support services. Chores-R-Us is available for CLS services and they do a great job with helping consumers. Peer Connect 360 is open for referrals and have groups 2 days a week in Bay County. Washington Elementary School Family Health Initiative – This is a grant that MPA, Saginaw Psychological and BABH are working on. We may be approved for the second year grant. Stepping Up Initiative – BABH meets with the Bay County Courts, Sheriff’s Department, Probation Office, Prosecutor’s Office, and Jail Administration and now includes public substance abuse providers at Sacred Heart and Recovery Pathways. Working on a vivitrol program that would start while incarcerated. Will receive the first injection before being released from jail.  |  |
| 13. | Adjournment**Next Meeting** | The meeting adjourned at 3:30 pm.The next meeting will be on Thursday, August 10th, 2017 from 12:30-3:00 pm at Mulholland in Conference Room 225. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sandy Gettel. |  |