

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

Thursday, November 9, 2017

1:30 p.m. - 4:00 p.m.

Mulholland – Conference Room 225

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

Topic		Key Discussion Points	Action Steps/Responsibility
1.	Review of and Additions to Agenda Approval of Meeting Notes from 09/14/17 Meeting (October meeting was cancelled)	<ul style="list-style-type: none"> - The meeting was called to order at 1:30 pm. - There were no additions to the agenda. - Meeting notes were approved as is. 	
2.	Guest Presentation	No guest was present.	
3.	Mid-State Health Network (MSHN)/ Michigan Department of Health & Human Services (MDHHS) <ul style="list-style-type: none"> a. MSHN Supplement Data Set (MSSV) b. Work Group Updates c. MDHHS – LMSW Champs Enrollment d. 30-Day Notice and Implications 	<ul style="list-style-type: none"> a. This should be deployed to the clinical assessment for external providers. You should be seeing the additional fields. Janis sent the guide out to the internal programs and external agencies. There were 3 or 4 Veteran's fields added. God rid of "not collected for this co-located or crisis intervention service" and added a new response choice. If the new response choice is checked, you have to fill out the new field with a reason. b. We will be bringing the SIS assessor in-house, and will have to employ someone to do the assessing. c. The state is requiring that all LMSW's are to be enrolled as a provider in the Champs' system. BABH had decided that the 	<ul style="list-style-type: none"> a. Janis to check on the external assessment. d. Joelin will work with Customer Services on reviewing the documentation in the contract, and will send out a copy of the wording to everyone.

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		<p>employee will be responsible for doing their enrollment and keeping it up to date, because if they leave BABH and go to another agency, the enrollment will go with them. That might be the way to go for external providers as well. Enrollment is taking place now, and the state is looking at implementing this by January 1, 2018.</p> <p>d. There was confusion around the 30-day notice now being a 10-day notice for Medicaid. Joelin stated that until further notice, we will continue with the 30-day notice, and if it's revised to a 10-day, a formal communication will be sent out. Joelin will work talk with Customer Services about this.</p> <p>Care Coordination – There is currently one case for review from MSHN. Joelin communicates with providers active with the case and this should flag the providers to talk to their clinicians. If there are on-going medical and/or frequent ER visits, clinicians need to talk to consumer about the issues. In some cases, motivational interviewing techniques may be needed.</p>	
4.	<p>Summary/Data Analysis – Follow-Up to Data Analysis</p> <p>a. Provider Survey Summary</p>	<p>a. Janis went over the survey results with the committee. Three of the questions remained consistent with the previous survey, and five of the questions indicated a decrease in performance.</p> <p>Question 4 – Overall, BABH staff provide quality customer service that is helpful and welcoming to providers; Question 5 – BABH seeks provider agency input in decision-making; Question 6 – When requested, BABH demonstrates knowledge of practice guidelines written within your area of care; Question 7 – BABH responds in a timely matter; Question 8 – BABH operates as a partner with provider agencies.</p>	<p>a. Janis to pass on to Sandy, Katy Dean's question about each individual program not knowing how they are doing if the recommendation is changed to an individual progress.</p>

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		<p>Senior Leadership Team talked about the questions and a particular provider group had more negative responses and this was mainly with the Vocational providers. BABH has meetings with Residential and Primary providers but not Vocational providers, so Karen Amon has added that they be in the loop on communications with providers.</p>	
5.	<p>Clinical Process – Issues/Discussion</p> <ul style="list-style-type: none"> a. Trauma - Assessment and Screening Process b. End of Service Survey/RAS – Recommendation from Recovery Committee c. Health Integration – Coordination of Care Letter d. Medication Only – Policy and Procedure e. Trauma and Safety in Clinical Assessment 	<ul style="list-style-type: none"> a. The screen is done at the assessment. The trauma assessment can only be done by a Master’s level position. If there are any suggestions for changing how this is presented in the clinical assessment or questions regarding the process, Karen Amon is the person you need to talk to. b. There was a recommendation from the Recovery Committee to replace the end of service survey with the RAS survey. Waiting on final approval of this recommendation. Intent of changing the way we interpret the data so it’s individual progress rather than department/agency progress. Katy Dean questioned each program not knowing how they are doing if the recommendation is changed to individual progress. c. Changes were made to the letter so that we are requesting information. d. The policy and procedure was changed to reflect that Meds Only still needs to have an annual clinical assessment. If clinicians are closing to Meds Only, at least do the clinical assessment update so that is in there for a year, and will then do a PCP at a later time. e. There is a section in the clinical assessment around Trauma/ Safety Concerns, and the clinicians are great about addressing the trauma concerns, but we are noticing safety concerns are not being addressed. If there are no personal safety concerns, then it needs to be noted that there are no identified safety concerns. 	

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6.	<p>Project Descriptions/Development/Improvements</p> <p>a. Organizational Assessment – Trauma Informed – Recommendation from Trauma Work Group</p>	<p>a. The Trauma Organizational Assessment is to be completed 1 time every three years. The survey is too long, it's 102 questions. LPS will be doing the assessment twice since there wasn't a good turnout. As of now, an implementation date is not set, so more to come.</p> <ul style="list-style-type: none"> - Can we use survey monkey? - How do we want to receive the data back? - Will each agency be identified? - Can we skip repeating the survey if it's already been completed for SUD or another CMHSP within 3 years? 	
7.	<p>Corporate Compliance Updates/Discussion</p>	<p>The Managed Care Rules at the Federal Level changed and are impacting the PHP which affects us for Medicaid. Enrollee materials have to be in a 12-point font at a 4th grade reading level.</p>	
8.	<p>Phoenix System Updates/Discussion</p> <p>a. BH-TEDS Reporting</p> <p>b. Plan of Service and Related Document Proposed Changes</p>	<p>a. Started sending out compliance reports to see if we have an encounter, do we have an admission recorder. If we have more than a year of service, do we have an update. If we have a discharge summary, do we have a discharge BH-TEDS record. We need to get as close to a 100% compliance. Everyone with an encounter has a BH-TEDS record, and those with no encounters has a discharge record.</p> <p>Katy asked if IS can start drilling the lists down since it includes people that have not been seen in the first 30 days and it shows they have an ability to pay.</p> <p>The largest no show populations are those getting out of the inpatient unit, brand new to us from hospitalizations. Joelin suggests we create a program - a brand new person to our system of care who comes in via the MH unit, would be an automatic referral to supports coordination, at the least, along with whatever other services they would be referred to. Elements of</p>	<p>a. Janis will make sure the reports are adjusted per Katy's comment.</p> <p>b. Staff to compile some examples of their department's objectives and frequency and interventions.</p> <p>Janis to make the changes to the forms.</p>

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		<p>the program may include making the referral before the person is discharged, and having the supports coordinator/case manager meet that person on the unit a day before or day of discharge. For this to work, we may need a designated staff specifically for hospital discharges. We have a lot of co-occurring people that need substance abuse treatment and continued psychiatric services. They are being referred to substance abuse for outpatient therapy and recovery support and referred to Madison for psych services, but there is still a gap. Supports Coordination for this case may be warranted.</p> <p>Program assignment – Internal staff can switch the primary case holder. External staff can add on as a program but cannot switch the case holder.</p> <p>b. Janis went over the changes to the Pre-Plan and Plans of Service. These are changes being made to switch from the term PCP to Plan of Service. In the Pre-Plan, the consumer is being asked if they have a Mental Health or Healthcare Advanced Directive. We are expected to use the Medicaid Claims information that is available in the profile of use of Medicaid services that is provided thru CareConnect 360 to integrate care.</p> <p>There are a lot of issues with CLS and personal care where the service provided in the setting doesn't match what was assessed as being needed. We need to provide more communication thru the plan about what the personal care needs are and it's being proposed that we have a display of the 3803 that prints out with the plan so when the plan goes to a group home the staff will see it. A change will block authorizing personal care if you do not have a 3803. You need to have that order or we are out of Medicaid compliance, and it needs to be signed by the nurse.</p>	
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		<p>There are issues with how we describe our methodologies. Objectives and frequency and intervention are being used differently. We are looking at switching “My Goals and Objectives will be completed thru” to the title of the Objective section. Katy Dean felt it would be helpful to compile some examples of acceptable language for this section.</p> <p><u>Plan of Service Addendum</u> – Implementing the changes to adding the transition transfer. For ‘Referral to an additional program or agency (no consumer signature required; consumer will sign plan addendum with new program or agency), we can add an authorization with no consumer signature. The intent is to make the referral, and staff will do a plan of service addendum with the goals and objectives of the consumer. To recap the discussion, we will be referring to another program or agency for the same level of care. We will add a new transition type - referral to another program or agency for a higher or lower level of care then there must be a signature.</p> <p><u>Plan of Service for External Providers</u> – This is a new form, and the only people that should be using this form are primary case holders only.</p> <p>There is a new feature which allows digital signatures to be flagged as “signed by verbal consent” for cases when obtaining a physical signature is not feasible. The original signer of a document cannot obtain verbal consent so that multiple staff are involved in acquiring the verbal consent. To turn this feature on, set document config ALLOW_SIGN_DIGITAL_SIG_BY_VERBAL_CONSENT to Yes.</p>	
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9.	<p>Prescriber Update</p> <p>a. Patient Portal</p>	<p>a. Just a reminder patient portal is available in Phoenix. We were able to meet our 5% for FY17.</p>	
10.	<p>Consumer/Stakeholder Feedback</p> <p>a. Consumer Log</p> <p>b. Standing Committees, Councils, Program and Contract Provider Reporting</p> <ol style="list-style-type: none"> 1. Consumer Councils 2. LPS 3. MBPA 4. MPA 5. Saginaw Psychological 	<p>a. The consumer log is on hold.</p> <p>b. Stephanie Hoffman is no longer with BABH. Emily Young is the new Team Leader for the Children’s Program. Kristy Moore, Amy Folsom and Kathy Palmer have been trained to mental health training to local law enforcement. This is a team of mental health clinicians along with law enforcement.</p> <ol style="list-style-type: none"> 1. Nothing to report this month. 2. Nothing to report this month. 3. Nurse Practitioner started at MBPA. 4. MPA is working on their group schedule for 2018. Have a survey out to get a list of groups that are offered and what is preferred. Looking at having evening groups. 5. Saginaw Psychological is being added as another DBT resource. 	<p>a. Add Customer Service’s report to next month’s agenda.</p>
11.	<p>BABH/MSHN Announcements</p> <p>a. Hidden Arts Display</p> <p>b. American Health Care Act</p> <ul style="list-style-type: none"> • Proposed revisions to the Affordable Care Act 	<p>a. The Hidden Arts display is at the United Way building downtown Bay City and is open to all consumers or any community members. Art pieces should be submitted to Do-Art and this is done quarterly.</p> <p>b. No updates to give.</p>	
12.	<p>Other/Additional</p>	<p><u>Remind staff of available services:</u> Just a reminder that BABH has services available at the Opportunity Center. Available services at the OC include clubhouse, peer support services and program that helps with supported employment.</p> <p><u>Chores-R-Us</u> is available for CLS services and they do a great job with helping consumers.</p> <p><u>Peer Connect 360</u> – Peer Connect 360 is open for referrals and have groups 2 days a week in Bay County. When working with a consumer</p>	

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13.	<p>Adjournment</p> <p>Next Meeting</p>	<p>The meeting adjourned at 4:00 pm. The next meeting will be on <u>Thursday, December 14, 2017 from 1:30-4:00 pm</u> at Mulholland in Room 225. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sandy Gettel.</p>	