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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Primary Care Director: Joelin Hahn (Chair) |  | 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 Van Paris |  | MBPA Program Director: Sandra Garcia |  |
| BABH/Arenac - Integrated Care Director: Karen Amon |  | BABH Nursing: Heather Seegraves |  | MPA Adult OPT Program Supervisor: Katy Dean | X |
| BABH Children Services: Noreen Kulhanek |  | BABH Vocational Services: Brenda Rutkowski |  | MPA Adult CSM/SC Supervisor: Matt Lance | X |
| BABH Children Services: Emily Young | X | 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. Therapist: Barb Goss | X |
| BABH Clinic Manager: Amy Folsom | X | BABH Clinical Services: Heather Friebe | X | Saginaw Psych. Clinical Director: Nathalie Menendes | X |
| BABH ES/Access: Kristy Moore | X | BABH RR/Customer Services: Janelle Steckley |  | BABH Secretary: Joelle Sporman (Recorder) | X |
| 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: Rachel Keyes | X | BABH Contracts Admin.: Erin Lewis |  |
| BABH ACT/Adult MI Manager: Kathy Palmer |  | MBPA Clinical Director: Cindy Soto | X | BABH RR & CS Manager: Melissa Prusi |  |
| **GUESTS:**  |

| **Topic** | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | Review of and Additions to AgendaApproval of Meeting Notes from 03/08/18 Meeting | There was one addition to the agenda. 3b. Consumer Information Fact Sheet.Notes were approved as is. Katy would like clarification regarding leaving voice messages for consumers. There is a frequently asked questions document that is updated periodically about the indicators, so Sandy will pass this on to everyone. Access is given permission by the consumer to call them back and leave a message, but when calling back again, Kristy Moore will follow-up to see if it’s brought to the consumer’s attention again about leaving a voice message. See 3b. below. | Kristy to follow-up on 3a. Indicator 3 regarding voice message clarification. |
| 2. | Summary/Data Analysis – Follow-Up to Data Analysis1. Dashboard Review
* MMBPIS
* Diabetes Screening
* Recovery Assessment Scale
* CAFAS
* Proxy Measure Completeness
* Organizational Trauma Assessment
1. Follow Up to Data Analysis
 | 1. Medicaid Event Verification – All providers received 100%; there were no claims pulled for MBPA. BABH had 663 claims pulled and 15 had findings. Most of the findings were around using a certain modifier, so these may not be considered findings. Overall, we are at 99%.

IPOS – For FY18Q1, everyone who had a person-centered plan was pulled. Headers were not being used for the majority. If there is no evidence in the header, Sarah went into the charts to see if the letter has been sent in the 15 days. MBPA had 100%, MPA had 99% and LPS was at 86% so corrective action will need to be done for LPS.Evidence of Primary Care Coordination – MBPA had 100%, MPA had 99% and LPS had 82% so corrective action will need to be done for LPS.Completion of Crisis Plan – MBPA had 96%, MPA had 97% and LPS had 76% so corrective action will need to be done for LPS.* There are no corrective actions that need to be done for MMBPIS.

Follow-up to Hospitalization Hedis Measure for Children (ages 6-20) – Individuals need a follow-up appointment in 30 days of being discharged from the hospital. There are no exceptions. The standard is 70% and we are at 92.31%. Follow-up to Hospitalization Hedis Measure for Adults (ages 21+) – The standard is 58% and we are at 77.96%. * Diabetes Screening – For FY18Q1, we are at 81%. Out of 192 people, 157 completed their labs.
* Trauma Assessment – There were a total of 184 people that responded thru Survey Monkey. LPS data is not included in the survey monkey. Sandy went over the percentages of each section of the survey but we will discuss more next month when everyone gets a chance to review the survey.
1. There is no follow-up to data analysis. There has been improvement in all areas.
 | 1. Providers to follow-up with their staff regarding IPOS offered within 15 days, whether mailed or copied, is pulled from the header. Also, for Healthcare Coordination, there are 2 releases: consent to exchange and consent to exchange with the primary health physician is where the data is being pulled from.

Sandy to email the Trauma Assessment to the committee for review. |
| 3. | Project Descriptions/Development/Improvements1. Performance Indicator - MMBPIS Reporting
2. Consumer Information Fact Sheet
 | 1. Katy had an individual requesting they be transferred to MPA from another provider. There were no contact notes and MPA was 8 days into the 14 days for the first service. Customer Services was contacted already and this does not restart the 14 days. For Indicator 2 – Request for Service to the Assessment, when they no-show or request another appointment after the 14 days, the 14 days restarts. For Indicator 3 – if they had an assessment and need an ongoing service, once they no-show, cancel or schedule outside of the 14 days, it’s an exception. Because the consumer chose to not go back, we still need to get that person in within the 14 days.

Katy would like to see Customer Service work with the other provider making sure everything is set. Need clarification on how to handle this.1. In Phoenix, go in to the Administrative Finance Section - View Consumer Information. In the Index, 1. Basic Information, under Primary and Alternate Phone, if ‘Do not leave a message’ is checked, don’t leave a message, but if it isn’t checked, you can leave a message. At the end of the clinical screen, the clinicians let the consumer know that the provider will call back with an appointment time.
 | Follow-up with Customer Services on this. Sandy will email the frequently asked questions document that was sent out last month because updates were made. |
| 4. | Consumer/Stakeholder Feedback/Activity1. Consumer Log
2. Standing Committees, Councils, Program and Contract Provider Reporting
3. Consumer Councils
4. Child and Family Committee
5. Recovery Committee
6. Quality of Life Committee
 | 1. # of Complaints – The number of RR/CS complaints are trending down. Complaint Trend by Allegation Category – Services suited to condition is usually the higher complaint trend by allegation. There were 4 in March. Substantiated Abuse and Neglect Complaints – For FY18Q1, there were 6 complaints, 4 of which were substantiated. For FY18Q2, there were 5 complaints and all 5 were substantiated. There were no appeals in Q1 or Q2. Grievance Data – There were very few grievances per provider. Medicaid Grievance Decisions in Favor of CMHSP vs. Beneficiary – For Q1-Q2, there were 10 Medicaid grievances filed, total of 5 that were in favor of the beneficiary. Appeal Data – MPA had 12 appeals in Q1 and 33 in Q2, 11 of which were for service termination for both quarters. Medicaid and GF Appeal Decisions in Favor of CMHSP vs. Beneficiary – For Q1, there were 33 appeal decisions and for Q2, there were 58. The majority were in favor of the beneficiary. Medicaid State Fair Hearing (Appeal) Decisions in Favor of CMHSP vs. Beneficiary – For Q1, 1 state fair hearing was withdrawn and 2 were dismissed. There were no state fair hearings in Q2. Inquiry Data – Most beneficiary inquiries are from services and supports.
2. 1. Consumer Council meetings were in March. They are trying to

 get Arenac County more involved in the Walk-A-Mile. There’s  an anti-stigma opportunity to address a recommendation  related to reducing bullying in the schools and special  education. Looking for more members for the Bay County  Consumer Council. Recommendation for increased  orientation for Self Determination for new and current  individuals. Next meetings take place in May.2. Did some brainstorming. How to use DBT skills for teens that  are prone to hospitalizations, those with suicidal thoughts. 3. April 19th is the next Recovery Committee meeting. It’s the  Indicator 4 Recovery Workgroup from 2:30-4:00 in Room 225.4. Nothing to report this month. | 1. Janis asked about service termination. Of those terminated cases, how many returned to services. Jeff to look in to pulling that data.
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| 5. | MSHN/MDHHS Updates1. Site Review Dates – MSHN DMC Follow-Up August 24-25
2. Medicaid Event Verification Report Results – Next Review August 24-25
3. MDHHS/MSHN SED/Child/Hab Waiver Reviews
 | 1. The MSHN Delegated Managed Care follow-up is scheduled for August 24-25. This is just a follow-up to the corrective action.
2. The next MEV review is scheduled for August 24-25 as well. This will be a full review.
3. The waiver reviews are tentatively set for July/August. They will be doing desk top reviews and will be working remotely from their location. They will fill out a form for each review they do and will identify what wasn’t found during the review.
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| 6. | Clinical Processes – Issues/Discussion1. Death Reports
2. LOCUS – Prep for future MiFAST Review
 | 1. Just a reminder when death reports are filled out, any details about the death or details about the treatment services is very helpful.
2. We need to prepare for the future MiFAST Review. We will be requesting the tool so we can see what they are looking for, and we will be gathering specific information. ‘How many clinicians have received formal training during the past 4 years?’ and ‘How many agencies have staff that have been trained as a LOCUS trainer? ‘ This information needs to be gathered from staff and providers.

Kristy commented that BABH had a training back in 2015. Most staff have not been trained, but new staff are being trained. That information needs to be provided of when the last training took place and who was trained. LPS had a training a couple weeks ago. There is no set schedule when trainings take place. Rachel Keyes is a trainer. MPA does not have a set schedule. Matt trained as a trainer.  | 1. Providers and staff need to gather the necessary information from their agency.

Kristy to check with Staff Development on BABH trainings. |
| 7. | Corporate Compliance Updates/Discussion1. Review of Corporate Compliance Plan
2. Emailing of PHI
3. Medicare Card Transition
4. Electronic Visit Verification
5. Provider Medicaid Enrollment
 | 1. Janis went thru the Corporate Compliance Plan. There are documents on the staff development website on confidentiality, privacy and security. Providers need to make sure the State and Federal False Claims Act, Deficit Reduction Act, and Whistleblowers Protection Act are noted in staff trainings, page 8 of the Corporate Compliance Plan. Fraud requires intent, so training is being done with staff and will also be done with the providers. There was a change in the Federal Regulation Managed Care Rules about notifications to Medicaid. If you become aware that a Medicaid enrollee’s circumstances may have changed and they no longer qualify for Medicaid, it needs to be addressed.
2. BABH was reminded by MDCH that identification numbers are PHI (ex: medical record number, Medicaid number, PIHP number, account number, initials, etc.). BABH staff need to encrypt emails or go thru Phoenix when sending PHI. You can transmit PHI but it has to be done securely. BABH is working with PCE to make distribution lists so it’s more user friendly. Phoenix messaging is fine, no need to encrypt. When sending PHI thru Outlook or other email source, it has to be encrypted.
3. Janis emailed staff about the Medicare Card Transition. This will take place in Michigan after June 1st. More to come on this.
4. With the 21st Centuries Cures Act, they are requiring states to have an Electronic Visit Verification system for home health and person care services that are funded by Medicaid. Once a worker arrives at the home of the patient, they will need to dial in when they arrive and when they leave.
5. Master’s Level Limited License SW, MFT, LPC and Psychologists can now enroll in Medicaid. A new site was created and is more user friendly.
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| 8. | Phoenix System Updates/Discussion | Nothing to report this month. |   |
| 9. | Prescriber Update1. Patient Portal
2. Prescriber Updates
 | 1. Nothing to report this month.
2. Dr. Attia is on board but will be on medical leave after May 15th and will have a locum to cover her time away. Dr. Bridget Smith will be starting this coming Tuesday in the Children’s Department. Mary Gollbach is now Mary Holbrook.
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| 10. | Standing Committees, Councils, Program and Provider Updates1. LPS
2. MBPA
3. MPA
4. Saginaw Psychological
5. ACT/Adult MI CSM
6. Arenac Center
7. Children’s Services
8. ES/Access
9. IDD Adult/Specialty Care Services
10. Psychiatric Services - Madison Clinic
 | 1. Nothing to report this month.
2. MBPA added a new case manager, Samantha Shephard. They put an add out for a therapist. NP is on maternity leave.
3. Morgan Meyer is out of state at an EMDR training. MPA is partnering with CMU. They have an expert on social media and the effects of social media use on children and adults. CMU will be doing a training with MPA staff, and then MPA will be able to train on how to address social media use and their mental health with their clients.
4. Saginaw Psych’s DBT program is going well. Will be offering a position to a therapist for the Bay City location only.
5. Nothing to report this month.
6. Nothing to report this month.
7. Jennah Mahlon, Family Supports Client Services Specialist started last week. If any clinicians need the nuerator CAFAS training, Brad Parker and Sharol Dantzer will be doing the training April 16-17.
8. Access/ES will be starting the Intensive Crisis Stabilization Team back up along with the Children’s Mobile Response Unit. Those jobs should be posted soon. They will also be starting another Juvenile Detention Liaison position. Since there’s a jail liaison, it made sense to have a juvenile detention liaison as well. Prescreens will be done there as well. All ES members can do Access screens. Two out of the five Access workers actively do prescreens, and the other three have knowledge of the process. Everyone is cross-trained as of now.
9. Paige Coldwell is a new case manager that started in February. North Bay has a Team Leader position vacant and interviews are scheduled thru next week. MSHN is in the process of an approval of corrective action plan and evidence from a few months ago. This is only for the first round of HCBS surveys finished in April 2017.
10. Nothing to report this month.
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| 11. | BABH/MSHN Announcements1. Pain Management/Ethics Training
2. Provider Survey (Survey Monkey)
3. Site Review Dates – MSHN DMC Follow-Up
4. MDHHS/MSHN SED/Child/Hab Waiver Reviews
5. Walk-A-Mile
6. A Night In June
 | 1. BABH is offering a Pain Management/Ethics Training April 26th and September 30th. Please pass this on to your staff because there hasn’t been a good turnout.
2. The Provider Survey will take place in May. The survey is done thru Survey Monkey.
3. The MSHN DMC Follow-Up site review is scheduled for August 24-25.
4. The MDHHS/MSHN SED/Child/Hab Waiver Review is tentative for July and August.
5. The Walk-A-Mile will be taking place on Wednesday, May 2nd in Lansing. T-shorts need to be ordered by Monday for the WAM.
6. Nothing to report this month.
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| 12. | Other/Additional:* Remind staff of available services: Opportunity Center and Chores-R-Us
* Peer Connect 360-SUD/Co-occurring Recovery Coaching, Support Groups
* Washington Elementary School Family Health Initiative
* Families Against Narcotics (FAN)
* Hope Not Handcuffs (a Program of FAN)
 | * Just a reminder that BABH has services available at the Opportunity Center and Chores-R-Us. Available services at the OC include clubhouse, peer support services and program that helps with supported employment. 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. When working with a consumer that has substance abuse along with mental health, and substance abuse is primary, the SA side has case management services through Recovery Pathways and Sacred Heart.
* The project is going well and we have teamed up with Great Lakes Bay Health Centers. We will hopefully embed a health clinic in the school before August. The multi-agency collaborative from Bay County was approved for a second-year grant for around $150,000. The goal now is to work to make it a sustainable school based health center.
* There is a local Families Against Narcotics (FAN) Group at Delta College. It takes place the 2nd Thursday of every month at 7:00.
* Hope Not Handcuffs is a Program of FAN.
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| 13. | Adjournment**Next Meeting** | The meeting adjourned at 3:45 pm. The next meeting will be on Thursday, May 10, 2018 from 1:30-4:00 pm 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. |  |