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| **MEMBERS** | **Present** | **MEMBERS** | **Present** | **MEMBERS** | **Present** |
| BABH Clinic Manager: Amy Folsom | X | BABH IMH/HB Supervisor: Kelli Maciag | X | BABH ES/Access Clinical Program Mgr.: Stacy Krasinski | X |
| Saginaw Psych. CSM Supervisor: Ashley Luplow | --- | Saginaw Psych. Supervisor: Kristen Kolberg | X | MPA Child OPT Supervisor: Tracy Hagar | X |
| Saginaw Psych. Director: Barb Goss | --- | MPA Adult/CSM Supervisor: Laura Sandy | X | **AD-HOC MEMBERS** | **Present** |
| MPA Adult OPT Supervisor: Emily Simbeck | X | BABH North Bay Team Leader: Lynn Blohm | X | BABH Medical Records Specialist: Brenda Beck | --- |
| BABH Children Svcs. Team Leader: Emily Young | --- | BABH EAS Supervisor: Anne Nephew | --- | BABH Medical Records Specialist: Denise Groh | X |
| BABH Clinical Services Manager: Heather Friebe | X | BABH Adult ID/DD Manager: Melanie Corrion | X | BABH Finance Department: Ellen Lesniak | X |
| LPS COO: Jacquelyn List | --- | BABH Quality & Comp. Coordinator: Melissa Deuel | X | Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson | --- |
| BABH BI/Corporate Comp. Director: Janis Pinter | X | BABH RR/Customer Svcs. Manager: Melissa Prusi | X | Saginaw Psych. CSM Supervisor: Megan Hecht | X |
| BABH Primary Care Director: Joelin Hahn (Chair) | --- | Saginaw Psych. Clinical Director: Nathalie Menendes | --- | BABH Clinical Services Manager: Nicole Sweet | X |
| BABH BI Secretary: Joelle Sporman (Recorder) | --- | BABH Children Svcs. Manager: Noreen Kulhanek | --- | BABH Nursing Manager: Sarah Van Paris | --- |
| BABH Integrated Care Director: Karen Amon | X | LPS Site Supervisor: Rachel Keyes | X | BABH Contracts Admin.: Stephanie Gunsell | X |
| BABH ACT/Adult MI Manager: Kathy Palmer | X | BABH Quality Manager: Sarah Holsinger (Chair) | X | **GUESTS** | **Present** |
|  |  |  |  | GLBHC- Jill Armentrout and Stephen Scheib | X |

| **Topic** | | **Key Discussion Points** | **Action Steps/Responsibility** |
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| 1. | 1. Great Lakes Bay Health Center 2. Review of and Additions to Agenda 3. Approval of 11/11/21 Meeting Notes 4. Program/Provider Updates and Concerns | 1. Guest presentation from Jill and Stephen from the Great Lakes Bay Health Center (Federally Qualified Health Center- FQHC). Provided information about the array of services that they offer including, but not limited to, OPT, Peer Coaching and Group Sessions, Psychiatric Medication Management, Pharmacy, SUD treatment. Offer transportation to the centers and some case management services. Team approach to treatment. Focus on the mild to moderate population. They have services for adults and youths, but Stephen was not sure on capacity for each program at this time. Can take consumers that are stepping down from BABH services. Stephen needed to reach out to his team to see if they could assist with oversight of medications in their system, because they have graduated from all other BABH services. Primarily take Medicaid and Medicare, but also have a sliding fee scale for private insurance. BABH identified a need to have fluid movement back and forth between the FQHC and BABH. 2. No additions were made. 3. The November 11th meeting notes were approved as is. No meeting in December. 4. Madison Clinic – Linda Thomas has been hired to head up the Integrated Health/Advanced Nursing initiative. Penny has resigned and Carrie will be stepping into the role. Posting for another nursing position. Hired another child psychiatrist, but is struggling to get hours established. Continued struggle for getting children scheduled.   Saginaw Psychological – Therapy and psych services are open as well as referrals for DBT. Reach out to Kristen Kolberg through PCE directly regarding add-on OPT referrals. Not open to Medicare referrals. Two new CSMs have been hired.  MPA – Child and adult CSM open for referrals. Laura Sandy is the new Adult CSM supervisor so she is both the Adult and Child CSM services. Children’s OPT referrals are open. Tracy addressed concern about how other agencies are handling referrals for new consumers; BSW vs. MSW.  Arenac Center – OPT and IMH positions posted.  ACT – Staff are doing mostly virtual appointments due to shortage of staff as a result of Covid exposures and positive cases.  RR/CS – No updates.  Karen Amon – Still working with MRS and providers for vocational services. CLS committee continues to review and authorize CLS services. Karen has been able to meet with some providers regarding the CLS assessment used. Residential system has had an increase in staff shortages due to consumer/staff Covid positives. There continues to be increased scrutiny around the behavior treatment review committee; pressure from the region and the state.  BABH Children’s Services – Fully staffed. New HB worker. Referrals for IMH are on-hold due to staff capacity. Reach out to Kelli Maciag directly if there is a need for a referral.  LPS – Opened up for Medicaid referrals. Has a concern about new referrals not coming through the que. Janis agreed to follow-up with situation directly.  Access/ES – Anne Nephew is the new EAS Supervisor. Margaret Dixon is now casual. EAS is completing prescreens at the new My Michigan Health ED in Bay City (all virtual prescreens). Four positions that need to be filled.  BABH Business Intelligence Department – Janis announced her retirement in December 2022. There is a Quality and Compliance Coordinator position posted. Janis reminded staff that as of March 2021 social workers that are supervising other staff for licensure have to have the same degree. Ex: Staff seeking licensures as a macro social worker need to be supervised by a macro social worker.  Finance – No updates.  BABH IDD- No updates.  BABH MI- No updates.  North Bay- CLS services are suspended so direct support professionals can be redeployed to BABH residential settings due to staffing shortage as a result of Covid. | Jill and Stephen will send additional information to Joelin to forward to the group  Janis will have EHR admin end out communication on how to get things in the auth que. If any programs have questions, reach out to BABH staff so BABH can work with each program directly as needed. |
| 2. | Quality Assessment Performance Improvement Program   1. QAPIP Annual Plan (Nov) 2. **QAPIP Annual Report (Jan)** 3. QAPIP Semi-Annual Report (June) 4. Population Committee & Work Group Assignments & Report Outs (as needed) | 1. Nothing to report 2. QAPIP Report:  * Completed 6 Root Cause Analyses during FY21. As a result, BABHA staff brought the Transition and Crisis Prevention Team policy and procedure drafted to a Leadership Team Meeting for discussion and also talked about involving higher level of leadership into case specific discussions if more advocacy is needed. * Continues to be an upward trend in the number of emergency physical interventions. * Decline in compliance related to offering/completing a crisis plan. Staff identified a concern with getting paperwork signed for consumers that preferred virtual appointments. * Overall trend for substantiated complaints is trending downward very slightly. * Performance Indicators: Indicator 1- remaining above 95% consistently. Indicator 2 and Indicator 3- BABH was slightly below regional and state compliance levels. Primarily due to consumer no-shows, cancelations/rescheduling, and choosing outside of 14 days. Indicator 3 will become part of the new regional performance improvement project. BABH may need to pull together a workgroup to discuss ways to improve engagement with consumers and determine ways to address the barriers consumers are experiencing with getting to their scheduled appointments. Indicator 4- consistently above the 95% standard. Indicator 10- met the ‘below 15%’ standard for children, but have been consistently above 15% of adults. Trends identified have been an increase in the level of care for consumers resulting in Alternative Treatment orders as well as an increase for those with SUD diagnosis and consumers that are new to the BABH system. * Plan of Service within 15 days- overall decrease in compliance during FY21. Trends identified are lack of documentation, missing signature pages, and giving beyond 15 days. Providers/programs have completed corrective action plans. * MEV- during FY21, 3,500 claims were reviewed with a total of 8 errors. * Diabetes Screening, Diabetes Monitoring, and Cardiovascular Screening HEDIS measures have seen upward trends for consumers receiving the appropriate labs. Targeted efforts on these measures and addressing the Care Alerts by internal staff. * Coordination of Care- significant decline in compliance due to missing releases or missing evidence that coordination occurred. Providers/programs are in a corrective action. * RSA- two statements were below 3.50 goals. Staff are taking policies and reports to the Consumer Council meetings as a way to get feedback from consumers and incorporate it into agency plans. * CAFAS/children’s data- FY21 was consistent with previous years for children showing improvement in CAFAS scores. Steady decline in overall number of children receiving services- variety of factors including fewer contacts within the community due to the pandemic leading to fewer referrals, children dropping out of services, and difficulty providing evidence based practices via telehealth. * Outcomes- continuing to work with PCE to develop ways to build electronic forms to use for monitoring. Working with ABA providers to develop ways to measure outcomes. * MHSIP and YSS Surveys- did not receive enough responses to be able to action any of the specific areas identified. Focus was on how to improve response rates to be able to action the items. * BTP surveys- received 23 surveys and all expressed satisfaction.  1. Nothing to report 2. Nothing to report |  |
| 3. | Harm Reduction   1. **RR/CS Report** | 1. Trend line is trending down for number of Recipient Rights complaints. 12 complaints received in October and 7 complaints received in November and December. There were 18 complains for FY22Q1 and 7 were substantiated. 3 grievances, 22 inquiries, and 39 appeals. All completed within the timeframe standards. Of the 39 appeals, 26 were in the favor of the beneficiary, 5 were in the favor of the CMHSP, 5 are pending, and 1 was resolved with favor for both beneficiary and CMHSP. |  |
| 4. | Access to Care and Utilization Management   1. **MMBPIS Report (Jan, Apr, Jul, Oct)** 2. **Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, Oct)** 3. Discharge Summary Disposition Report   (Feb, May, Aug, Nov)   1. Service Requests Disposition Report   (Feb, May, Aug, Nov)   1. LOCUS/LOC Utilization Management 2. UM Reporting to MDHHS | 1. FY21Q4: Indicator 1- above 95% standard for both populations. Indicator 2- decrease in MI-Child, MI Adult, and DD-Adult populations. 151 were out of compliance and primarily the result of consumer action. IDD- child population: 17 out of compliance and 15 of those were the result of consumers waiting to receive an ABA evaluation. Indicator 3- decrease in MI-Child and DD-Child and primarily the result of consumer action. Indicator 4- above 95% standard for both populations. Indicator 10- child population met standard. Adult population was at 18.95%. Four consumers each had two readmissions. Eight were on an ATO. Eight had an active SUD diagnosis and eight were new consumers. 2. There was an upward trend in restrictive and intrusive interventions for the past quarter. Karen Amon is asking about the specific source of the data. Overall, a lower number of incident reports being submitted in the residential system. Suspect that this may be due to staff shortage and not having the time to complete reports like they did pre-pandemic. Penetration rate continues to trend downward and BABH is keeping an eye on it. Haven’t pinned down all the reasons, but LMSW job market. Facility days trending downward overall, but still having some due to some difficult situations. Children’s mobile crisis response team has helped with options for pre-admission screening dispositions. Overall, more people are using emergency services. 3. Nothing to report 4. Nothing to report 5. Nothing to report 6. Nothing to report | Sarah H will follow-up to determine exactly where this data is pulled from to better understand the numbers. |
| 5. | Outcomes   1. **Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec)** 2. **Quality Report (Mar, Jun, Sep, Dec)** 3. CAFAS Reports for Performance Improvement/LOC Utilization Management 4. Organizational Trauma Assessment 5. Recovery Self-Assessment: Provider and Administrator Version 6. HEDIS Measures | 1. Discussed during QAPIP Annual report. FY21Q4 specific report was sent to group. 2. Seeing a decline overall in performance improvement for crisis plan, plan of service within 15 days, and healthcare coordination. Some trends noticed regarding performance improvement opportunities were narrative boxes and radio buttons left blank. Also noticing that the services authorized are not written into the goals and objectives of the plans. 3. Nothing to report this month. 4. Nothing to report this month. 5. Nothing to report this month. 6. Nothing to report this month |  |
| 6. | Clinical Processes – Issues/Discussions   1. **Adding Limits to Duration & Supervisory Signatures on Interim Plans** 2. **Access Timeliness vs. Waitlist** | 1. The interim plan discussion will be kept on the agenda as BABH continues to monitor. There continues to be concerns related to interim plans being dated over 45 days. There have been some situations where the interim plan has extended a year and this is out of compliance with the contract because an interim plan does not meet person centered planning standards. Depending on how aggressive MDHHS/MSHN wanted to be, they could recoup based on the fact that we didn’t have a plan of service in place. Janis introduced the idea of putting a hard stop on interim plans to not allow for dating over 45 days and/or could require a supervisor signature if someone tries to renew an interim plan. The group supported having a hard stop on the interim plans. Janis will discuss options with the EHR Committee. These are being found through record reviews and would have been communicated to each provider/program. Reminder that Access is giving 45 days for authorizations to allow more time for providers to engage the consumers. 2. Medicaid services are prohibited from having a waitlist for consumers, but we can for general fund. Performance indicators would show bad performance if consumers are not connected to services in a timely manner, but this is a performance issue and not something that is prohibited. It was discussed about whether we take the hit by having a waitlist or if we take the hit on performance indicators. The data shows that the primary reasons our performance is low is due to consumer action (no-show, reschedule, cancel, etc.). The data is not reflecting as much concern related to staffing issues. BABH may need to schedule a working session to discuss how to engage consumers so that this number can be impacted and consumers can get into services in a timely manner. | 1. Janis will work with the EHR Committee to determine options for putting a 45 day hard stop on interim plans 2. Janis will talk to SLT after having more information. |
| 7. | Stakeholders Perceptions and Protections   1. Consumer Satisfaction Report 2. Provider Satisfaction Survey 3. Consumer Council Recommendations (as warranted) | 1. Nothing to report this month. 2. Nothing to report this month. 3. Nothing to report this month. |  |
| 8. | Compliance   1. **Internal MEV Report (Apr, July, Oct, Jan)** 2. MSHN MEV Audit Report (Apr) 3. MSHN DMC Audit Report (Oct) 4. MDHHS Waiver Audit Report (Oct when applicable) | * 1. Report was sent out in the meeting notice. Sarah discussed this information during the QAPIP Annual Report.   2. Nothing to report this month.   3. Nothing to report this month.   4. Nothing to report this month. |  |
| 9. | Phoenix Electronic Health Record   1. Suggestion to Auto-Populate Objectives With Authorization Language 2. When/Where Gender Related Fields Appear Inc Docs Given to Person Served | 1. Deferred 2. Deferred | Janis will send out an email to contract providers. |
| 10. | Other/Additional   1. Notice of Adverse Benefits Determination Letters | 1. Melissa P is requesting feedback if there are any concerns or if you need any assistance. If anyone needs any type of training for their staff regarding customer services, welcoming environment, or any other recipient rights or custom service topic, the RR/CS department is open to doing any training necessary. |  |
| 11. | Adjournment/Next Meeting | The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on February 9, 2022. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sarah Holsinger. |  |