

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

Thursday, February 10, 2022

1:30 p.m. - 3:30 p.m.

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MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
BABH Clinic Manager: Amy Folsom	X	BABH IMH/HB Supervisor: Kelli Maciag	--	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	--	BABH Medical Records Specialist: Brenda Beck	--
BABH Children Svcs. Team Leader: Emily Young	X	BABH EAS Supervisor: Anne Nephew	X	BABH Medical Records Specialist: Denise Groh/Recorder	X
BABH Clinical Services Manager: Heather Friebe	X	BABH Adult ID/DD Manager: Melanie Corrion/Jackie Kish fill in for Melanie near end of meeting	X	BABH Finance Department: Ellen Lesniak	--
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)	X	Saginaw Psych. Clinical Director: Nathalie Menendes	--	BABH Clinical Services Manager: Nicole Sweet	--
BABH BI Secretary: Joelle Sporman	----	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)	--	GUESTS	Present
				Greg Lietzow and Lisa Nagel	XX

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of and Additions to Agenda b. Plan of Service Addendum Report (guests Lisa Nagel and Greg Lietzow) c. Approval of 1-13-22 Meeting Notes d. Program/Provider Updates and Concerns	a. No additions were made. b. Greg and Lisa of the BI Dept introduced a new report which tracks the Plan of Service Addendum and the reason the addendum is being done. Example of what report captures: Referrals to a higher/lower level of care, same level of care, turnover, etc. Since some programs felt numbers in the report were off, Greg and Lisa will re-assess to determine the problem. It is possible staff are not filling in the "Reason for the addendum" during completion. Meanwhile supervisors will track the numbers for comparison with next month's report. Greg and Lisa will attend again next month so the group can re-review the data. At this point a routine report is not anticipated, unless the Committee would find is useful. c. The January 13, 2022 meeting notes were approved as written. <u>Madison Clinic</u> –Carrie R. (clinic nurse) will be taking over Penny's position as residential home nurse. The Madison Clinic will be hiring a new clinic nurse. Amy asked that providers have IPOS	Greg and Lisa to re-assess the report. Bring to meeting next month.

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	<p>and authorizations up to date. IN the process of filling 2 vacant contractual prescriber positions. Credentialing is in process for the new child psychiatrist who will be working 2 days a week. Preston Joiner PA is joining Dr. Ibrahim's team and will be assuming Megan B.'s assignments. He will be scheduled the 1st and 3rd Fridays of the month. Seeing children/young adults 6-26 years old.)</p> <p><u>Saginaw Psychological</u> – Therapy and psych services are open as well as referrals. Not open to Medicare referrals. Kristen asked that providers use code 992xx when authorizing med reviews. Currently have 6 case managers.</p> <p><u>MPA</u> – Child and adult CSM open for referrals. They have noticed a decline in case management referrals. Not sure of the cause. MPA – OT referrals are on hold. Working with 3 therapists and would like to hire 3 more.</p> <p><u>Arenac Center</u> – Interviewing for OT therapist. Still looking for an IMH specialist.</p> <p><u>ACT</u> – Fully staffed, no updates</p> <p><u>RR/CS</u> – There will be minor changes to ABD. The “Your Guide to Services” and “Local Provider Directory” are being updated. Decline in RR complaints, and average CS issues. RR Training is now available in Relias and online. Central Michigan's training is also being accepted. Due by the end of March.</p> <p><u>Karen Amon</u> – CLS referrals require a CLS Assessment Tool be submitted. Nicole Sweet is available to help with CLS Assessment Tool training.</p> <p><u>BABH Children's Services</u> – Fully staffed. Referrals for IMH are on-hold due to staff capacity. Reach out to Kelli Maciag directly if there is a need for a referral. No update.</p> <p><u>LPS</u> – Opened up for Medicaid referrals.</p> <p><u>Access/ES (EAS)</u> is completing prescreens at the new My Michigan Health ED in Bay City (all virtual prescreens). Three positions that need to be filled. New mobile response team number (989) 895-2306.</p>	

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		<p><u>BABH Business Intelligence Department</u> – Interviewing for the Quality and Compliance Coordinator position.</p> <p><u>Finance</u> – No updates.</p> <p><u>BABH IDD</u>- No updates.</p> <p><u>BABH Adult MI</u>- No updates.</p> <p><u>North Bay</u>- CLS services are suspended so direct support professionals can be redeployed to BABH residential settings due to staffing shortage as a result of Covid.</p>	
2.	<p><u>Quality Assessment Performance Improvement Program</u></p> <p>a. QAPIP Annual Plan (Nov)</p> <p>b. QAPIP Annual Report (Jan)</p> <p>c. QAPIP Semi-Annual Report (June)</p> <p>d. Population Committee & Work Group Assignments & Report Outs (as needed)</p>	<p>a. Nothing to report</p> <p>b. Nothing to report</p> <p>c. Nothing to report</p> <p>d. Nothing to report</p>	
3.	<p><u>Harm Reduction</u></p> <p>a. RR/CS Report</p>	<p>a. Nothing to report</p>	
4.	<p><u>Access to Care and Utilization Management</u></p> <p>a. MMBPIS Report (Jan, Apr, Jul, Oct)</p> <p>b. Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, Oct)</p> <p>c. Discharge Summary Disposition Report</p> <p>d. (Feb, May, Aug, Nov)</p> <p>e. Service Requests Disposition Report</p> <p>f. (Feb, May, Aug, Nov)</p>	<p>a. Nothing to report</p> <p>b. Nothing to report</p> <p>c. The Discharge Summary Disposition Report shows discharge trends at a glance. Report showed a decline in individuals dropping out of treatment since COVID. EAS reported an increase in crisis contacts. Group discussion on possibilities for the increased crisis calls include lack of placement options, staffing issues, some individuals just need someone to talk to, requesting resources only, etc. Janis will have Greg and Lisa run a report on crisis calls to determine how many consumers in active services are calling the crisis line, including pre- and post-pandemic.</p>	<p>Janis to ask Greg and Lisa to run crisis calls report.</p>

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	<ul style="list-style-type: none"> g. LOCUS/LOC Utilization Management h. Medicaid Health Plan vs SPMI 	<ul style="list-style-type: none"> d. The Service Requests Disposition Report is a breakdown of what happens to each person who calls for services. FY2021 shows a substantial increase in crisis contacts. It also shows the amount of assessment no shows, referrals to Medicaid Health Plan, individuals not meeting criteria, hospitalizations, etc. e. Nothing to report f. Medicaid Health Plan has added language that it is our responsibility to assess the individual and ensure they are at the correct level of care. Individuals should be moved to a higher/lower level of care, etc., as needed. 	
5.	<u>Outcomes</u> <ul style="list-style-type: none"> a. Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec) b. CAFAS Reports for Performance Improvement/LOC Utilization Management c. Organizational Trauma Assessment d. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) 	<ul style="list-style-type: none"> a. Nothing to report this month. b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month 	
6.	<u>Clinical Processes – Issues/Discussions</u> <ul style="list-style-type: none"> a. Death Reporting Process b. Intake Assessments- staff that can complete these c. Access Timeliness vs. Waitlist 	<ul style="list-style-type: none"> a. Participants were reminded of Death Reporting Process as follows: Once the death is reported to staff, a death report should be completed in Phoenix asap and no later than 24 hours. The staff member should get as much information as possible. Amy will obtain the death certificate. A discharge summary is not necessary only a TEDs discharge. If substantiated a root cause analysis meeting will be held. b. Intake Assessments are to be completed by a master's level clinician. Occasionally bachelor level clinicians complete an assessment. The regional expectation is for a master level clinician to diagnosis. (Qualified within scope of practice to diagnosis.) The supervisor signing the assessment will be responsible for confirming the diagnosis. Assessments for individuals coming back into services with an assessment less than a year old do not require a new assessment. c. CMHSP's are not allowed to waitlist individuals as it is a violation of Michigan Medicaid rules. Clinician shortages are causing problems with timely assessments (14-day rule). This issue will be brought to Midstate Health Network to get input on strategies to indicate crisis level staffing shortages that preclude meeting service delivery mandates. 	c. Will be taken to MSHN for input

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7.	<u>Stakeholders Perceptions and Protections</u> a. Consumer Satisfaction Report b. Provider Satisfaction Survey c. Consumer Council Recommendations (as warranted)	a. Nothing to report this month b. Nothing to report this month c. Nothing to report this month	
8.	<u>Compliance</u> a. Internal MEV Report (Apr, July, Oct, Jan) b. MSHN MEV Audit Report (Apr) c. MSHN DMC Audit Report (Oct) d. MDHHS Waiver Audit Report (Oct when applicable)	d. Nothing to report this month e. Nothing to report this month. f. Nothing to report this month. g. Nothing to report this month.	
9.	<u>Phoenix Electronic Health Record</u> a. Interim Plans	a. Janis sent out information on an update to the completion of interim plans. Phoenix will not allow the interim plan to go beyond 45 days. Document justification for the interim plan. As requested by Access initial authorizations will be increased from 30 days to 45.	
10.	<u>Other/Additional</u> a. Overdoses	a. Joelin reported on the increase in overdose deaths since 2017 from 70 - 80 thousand to over 100 thousand in 2021. Staff should have SUD treatment, prevention and support resources available for the individuals we serve and their families. Also, if an individual is having SUD issues beyond the clinician's scope, they should be referred to call EAS for an SUD treatment referral.	
11.	Adjournment/Next Meeting	The meeting adjourned at 3:18 pm. The next meeting will be via Zoom on March 10, 2022. If there are any additional items that need to be covered at the next meeting, please contact Joelin Hahn or Sarah Holsinger.	