

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

Thursday, March 10, 2022

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

GoToMeeting

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	X	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/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	X
LPS COO: Jacquelyn List	X	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	X
BABH BI Secretary: Joelle Sporman		BABH Children Svcs. Manager: Noreen Kulhanek	X	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
				Greg Lietzow, Lisa Nagel, Brett Kish	XXX

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of, and Additions to Agenda b. Two Factor Authentication (guest Brett Kish) c. Plan of Service Addendum Report (guests Lisa Nagel and Greg Lietzow) d. Approval of Meeting Notes: 2/10/22	a. No additions were made. b. Brett spoke on 2 Factor Authentication. This is becoming the industry standard as best practice. BABHA staff use the 2 Factor Authentication. BABHA would like providers to use it also. Log in is same for first factor but then a second factor is added (second code). Some staff have the free app added to their phone, but a key fob with a token is also available for staff who do not wish to add the app to their personal phone. BABHA will provide the initial fob at no cost to providers. c. At the last meeting, Greg and Lisa of the BI Dept presented info on a new report – It reflects 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 of the numbers were quite low, Greg and Lisa re-accessed to determine the problem. They found that the filter for “auth changes only” was not selected and after adding it the correct numbers showed on the report. d. The February 10, 2022, meeting notes were approved as written.	

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e. Program/Provider Updates and Concerns	<p><u>Madison Clinic</u> –They have hired a new clinic nurse, Abbie, who will be starting soon. Recently hired 2 new psychiatrists. Credentialing is in process for the new child psychiatrist she will be working 2 days a week. Preston Joiner PA is joining Dr. Ibrahim’s team. 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. Please contact Maria Schmuck with questions for the Med Clinic.</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> – Miechon Jordan will be moving to the open outpatient therapist position, but now Arenac will need an adult case manager to replace Miechon. Still looking for an IMH specialist.</p> <p><u>ACT</u> – Fully staffed, no updates.</p> <p><u>RR/CS</u> –The “Your Guide to Services” will be sent out and mediation information will be included. Mediation info should be given out annually at IPOS. Will be setting up times for site reviews.</p> <p><u>Karen Amon</u> – No updates</p> <p><u>BABH Children’s Services</u> – Intake specialist is off, and they are currently doing their own intakes.</p> <p><u>LPS</u> – Open for referrals. Limited Medicare referrals. Have a new therapist starting.</p> <p><u>Access/ES</u> – Have two new staff starting in the next couple weeks.</p> <p><u>BABH Business Intelligence Department</u> –Quality and Compliance Coordinator position has been offered to an external candidate.</p> <p><u>Finance</u> – No updates.</p>	

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		<p><u>BABH IDD</u>- No updates.</p> <p><u>BABH MI</u>- No updates.</p> <p><u>North Bay</u>- CLS services have resumed. Looking to hire a few DSP's and then they can pull people off the waitlist for CLS.</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, <u>Oct</u>)</p> <p>b. Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, <u>Oct</u>)</p> <p>c. Discharge Summary Disposition Report (Feb, May, Aug, Nov)</p> <p>d. Service Requests Disposition Report (Feb, May, Aug, Nov)</p> <p>e. LOCUS/LOC Utilization Management</p> <p>f. Medicaid Health Plan vs SPMI</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> <p>e. Nothing to report</p> <p>f. Nothing to report</p>	
5.	<p><u>Outcomes</u></p> <p>a. Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec)</p>	<p>a. Sarah went over the Recovery Assessment Scale – numbers are staying consistent with individuals in active services showing better scores than individuals new to services. A slight decline in RAS scores from FY21Q4 to FY22Q1.</p>	

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	<ul style="list-style-type: none"> 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"> b. Nothing to report this month. c. Nothing to report this month d. Nothing to report this month 	
6.	<p>Clinical Processes – Issues/Discussions</p> <ul style="list-style-type: none"> a. Appeals b. GF Exception Process c. QIDP/QMHP/CMHP 	<ul style="list-style-type: none"> a. Melissa, Joelin, Sarah and Stacey recently met to review and improve the EAS and RR/CS Appeals Process and determine whether someone should be rescreened when coming back into services within a year of being closed. Rescreening is not required if screened within the last year. Also, performance indicators are triggered once a screening is done. Discussion on how to address lack of engagement and other barriers. Rescreening will occur if individual is requesting a higher level of care, LOCUS score 16-17, requesting Meds only or seeking CM/OP services to receive meds and if the individual was closed because they met their previous treatment goals. b. The General Fund Exceptions Process protocol document was reviewed and discussed. See BABH General Fund Exceptions Protocol for process details. External GF Exceptions request to be submitted to the HPC Chair, Amy Folsom for committee review. The case holder should work with the individual to obtain Medicaid or other coverage. c. Staff should be signing with all their credentials and should have evidence of experience. Each agency is responsible for having a process to ensure staff meet the appropriate requirements. Janis recommended having a document that shows they have met criteria for QMHP or CMHP designation. Janis will send out information on credentialing and further discussion will take place at the next meeting. 	<p>Janis will send out information on credentialing and the website to access the Medicaid Code and Qualification List</p>
7.	<p><u>Stakeholders Perceptions and Protections</u></p> <ul style="list-style-type: none"> a. Consumer Satisfaction Report 	<ul style="list-style-type: none"> a. Nothing to report this month 	

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	<ul style="list-style-type: none"> b. Provider Satisfaction Survey c. Consumer Council Recommendations (as warranted) 	<ul style="list-style-type: none"> b. Nothing to report this month c. Sarah to send out Consumer Council Meeting Bullet Points 	Sarah to send out
8.	<u>Compliance</u> <ul style="list-style-type: none"> 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) e. Annual Compliance Training 	<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. e. Janis went over the Corporate Compliance Plan and highlighted key items which included ATP, Standards of Conduct and Ethics including fraud/abuse reporting to Lara. The timeline for reporting fraud and abuse is 2 business days for internal staff and 5 business days for external. 	
9.	<u>Phoenix Electronic Health Record</u> <ul style="list-style-type: none"> a. Interim Plans 	<ul style="list-style-type: none"> a. Nothing to report 	
10.	<u>Other/Additional</u> <ul style="list-style-type: none"> a. 	<ul style="list-style-type: none"> a. 	
11.	Adjournment/Next Meeting	The meeting adjourned at 3:31 pm. The next meeting will be via Zoom on April 14, 2022, 1:30 – 3:30.	