

BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING
 Thursday, April 14, 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 | X | 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 | | BABH Adult ID/DD Manager: Melanie Corrion | 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 | X |
| BABH BI Secretary: Joelle Sporman | - | BABH Children Svcs. Manager: Noreen Kulhanek | | BABH Nursing Manager: Sarah Van Paris | |
| BABH Integrated Care Director: Karen Amon | | LPS Site Supervisor: Rachel Keyes | X | BABH Contracts Admin.: Stephanie Gunsell | |
| BABH ACT/Adult MI Manager: Kathy Palmer | | BABH Quality Manager: Sarah Holsinger (Chair) | X | GUESTS | Present |
| BABH Quality and Comp. Coord.: Amber Wade | X | | | | |

| Topic | Key Discussion Points | Action Steps/Responsibility |
|---|---|-----------------------------|
| 1. a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 3-11-22 c. Program/Provider Updates and Concerns | <p>a) No additions were made.</p> <p>b) The March 11, 2022, meeting minutes were approved as written</p> <p>Brett will be reaching out to provider to set up the two-factor authentication.</p> <p><u>Madison Clinic</u> –Abbie Brothers started as the new clinical nurse. The clinic is fully staffed with nurses. Recently hired two new psychiatrists. New child psychiatrist Dr. Lee started April 5. 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 stable children/young adults 6-26 years old.) Jennifer Kreiner has resigned they are looking to fill her position.</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. New CEO is Nathalie Menendes, and new COO is Barb Goss. Outpatient Services lost a therapist and has hired a new one who will be starting in May.</p> | |

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| | <p><u>MPA</u> – Child and adult CSM open for referrals.</p> <p>MPA – OT referrals are on hold. Working with 3 therapists and would like to hire 3 more.</p> <p><u>Arenac Center</u> – Have a candidate who accepted the IMH position. She will start in May. Restricting services to Arenac County residents only. No longer accepting Northern Bay residents.</p> <p><u>ACT</u> – Fully staffed, no updates.</p> <p><u>RR/CS</u> – Will be starting site reviews beginning with residential. Seeing an increase in appeals, grievances, and other customer service issues.</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> – Cap on referrals. Limited Medicare referrals. Always interviewing. Have had staffing changes.</p> <p><u>Access/ES</u> – Have hired new staff. Reminder for case managers to put their appointments in the Phoenix calendar.</p> <p><u>BABH Business Intelligence Department</u> –No updates</p> <p><u>Quality Management</u> – Amber Wade has started as Quality and Compliance Coordinator and Mary Gilbert has resigned. Will need to hire a new SIS Assessor. Sarah, Amber, or Melissa will be contacting sites for site reviews which will be done by desk review unless the site requests otherwise.</p> <p><u>Finance</u> – No updates.</p> <p><u>BABH IDD</u>- No updates.</p> | |

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| | d. Open to services and reopen with/without screen – Laura Sandy | <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> <p>d. Per Laura's request, the appeals process was reviewed. Anyone requesting to return to services is considered an appeal. According to the Access Standards (an attachment to the MDHHS contract with CMH/PIHP), rescreening is not required if screened within the last year, but EAS will rescreen if over 180 days. Also, performance indicators are triggered once a screening is done. Rescreening will occur if individual is requesting a higher level of care, has significant changes in life domains, symptomology and/or functional impairments, 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. Customer Services uses a contact note to contact the previous provider. If the provider is unwilling to accept the individual back into service, the provider should notify the Customer Service secretary through the Phoenix messaging system.</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. Deferred</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>a. Sarah reported on the required performance indicators. "No shows" are the main concern for not meeting the 14-day requirement and the inability to reach the individual to set up initial appointment. Most providers are using the same practices to eliminate no shows; text message reminders, reminder calls, outreach letters and appointment letters when the individual cannot be reached to set the appointment. Brainstorming suggestions included adding an intake worker</p> | |

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| | <ul style="list-style-type: none"> d. Service Requests Disposition Report (Feb, May, Aug, Nov) e. LOCUS/LOC Utilization Management f. Medicaid Health Plan vs SPMI | <p>to the EAS team, having slots available with providers to set up the initial appointment immediately.</p> <p>This will be assessed further possibly put together a work group. Sarah will send out the PI report to departments and providers so they can review their numbers.</p> <ul style="list-style-type: none"> b. Janis went over the Leadership Dashboard. As seen by the graphs, the pandemic has affected numbers resulting in a drop off in some quarters. A copy was sent to providers. Expect an increase in the Restrictive and Intrusive interventions on the incident reports as this was not being coded when medication intervention used. There has been a noticeable decrease in incident reporting due to staffing issues at the homes and staff time restraints. Stacey reported more inpatient hospitalizations which is affecting the report. Also experiencing hospital capacity problems. c. Nothing to report d. Nothing to report e. Nothing to report f. Nothing to report | |
| 5. | <p><u>Outcomes</u></p> <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. b. Nothing to report c. Nothing to report d. Sarah reported on MSHN Priority Measures Report with graphs showing BABHA standing for various measures such as: F/U after hospitalization, readmission, ADHD, various health monitoring such as Diabetes, cardiovascular screening, etc. A copy was sent to meeting members. See graph for more details and standing. BABH has made significant improvements in the area of Cardiovascular Screening, Diabetes Screening, and Diabetes Monitoring. | |

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| <p>6. Clinical Processes – Issues/Discussions</p> <ul style="list-style-type: none"> a. QIDP/QMHP/CMHP b. Addendum (Primary Case Holder vs Add-on Services) c. Progress Notes vs. Contact Notes | <ul style="list-style-type: none"> a. Staff should be signing with all their credentials. During the past year, BABH has experienced external site reviewers requesting evidence of work experience that qualifies the staff for QIDP, QQMHP, CMHP credentials. last meeting, Janis recommended having a document that shows staff have met criteria for QMHP or CMHP designation. The QMHP Designation Qualification Review form which BABHA uses was sent out with today's agenda for optional provider use. Staff are to use their credentials when signing documents. This should come up automatically when signing Phoenix documents as it is built into the system once the staff is added to the system. Reminder that Medicaid codes have changed – some require specific qualifications so caution should be used when selecting codes. Please reach out to Janis if you have any questions. b. There is confusion on who should be adding services when two different program providers are involved. The primary case holder should be doing the addendum and adding the goals and objectives for all programs. Janis suggested having a meeting with key people to talk this over and bring back to the group. c. Joelin asked that supervisors remind their clinical staff when to use a contact note instead of a progress note. The progress note is billable, and the contact note is non-billable. Contact notes should be used when documenting “no shows”, appointment reminders, outreach efforts, and other non-billable services. Janis will send out a guide which will help clarify which type of note to use. | <p>Janis to set up an internal meeting with key people to talk this over</p> <p>Janis to send out Contact vs. Progress Note Guide.</p> |
| <p>7. <u>Stakeholders Perceptions and Protections</u></p> <ul style="list-style-type: none"> a. Consumer Satisfaction Report b. Provider Satisfaction Survey c. Consumer Council Recommendations (as warranted) | <ul style="list-style-type: none"> a. Nothing to report this month b. Nothing to report this month c. Nothing to report this month | |
| <p>8. <u>Compliance</u></p> <ul style="list-style-type: none"> a. Internal MEV /Performance Improvement Report (Feb, May, Aug, Nov.) | <ul style="list-style-type: none"> a. Melissa is working to complete the quarterly review. b. Nothing to report c. Nothing to report | |

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| | b. MSHN MEV Audit Report (May) c. MSHN DMC Audit Report (Oct) d. MDHHS Waiver Audit Report (Oct when applicable) e. Regulations/Legislation Updates | d. Nothing to report e. Providers will be informed when the state ends the Covid State of Emergency. More to come at the next meeting regarding using Telehealth beyond the pandemic. Janis did state that Telehealth will be more prevalent than it was before the pandemic. | |
| 9. | <u>Phoenix Electronic Health Record</u> a. Interim Plans | a. Nothing to report | |
| 10. | <u>Other/Additional</u> a. New MEV/PI Process b. Homeless Individuals – Access/Intake Joelin c. Additional funds with Recruitment and Retention | a. QI is working to help staff with corrective actions. Quality has added a corrective action column which describes the error that needs correcting. If QI is incorrect on which corrections should be made, this should be communicated back to them. Any changes to billed services should go through the BABH Finance Dept. Example a wrong date of service is billed. BABH Finance will void the service, then the provider's billing dept should rebill the correct date of service. b. When an individual being screened is considered homeless EAS will get as much contact information (PHCP, emergency contact, etc.) as possible and obtain verbal consent to speak to these contacts. This will help with the challenges of reach individuals who are homeless. c. Joelin provided a reminder that Midstate Network has funding for recruitment and staff retention. Providers were originally notified by BABH Contract Manager Stephanie Gunsel. Joelin will forward the original email out to the external provider agency leadership. Providers are encouraged to consider applying for this additional funding opportunity to support recruitment and retention efforts. As all providers including BABH are at capacity for OPT services, BABH will be hiring another therapist. Joelin let providers know how much leadership appreciates the work everyone is doing during the staffing shortage to get individuals into service. | |
| 11. | Adjournment/Next Meeting | The meeting adjourned at 3:29 pm. The next meeting will be via Zoom on May 12, 2022, 1:30 – 3:30. | |