

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

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

Topic		Key Discussion Points	Action Steps/Responsibility
1.	<ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 04-14-22 c. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There was one addition to the agenda. Evidence Based Practice - Provider Network Survey, under 10a. Other/Additional. b. The April 14, 2022, meeting minutes were approved as written. c. <u>Madison Clinic</u> – The Madison Clinic is looking to hire a full-time Psychiatric provider to replace Jennifer Kreiner who is resigning from BABH. Jennifer is leaving the last week of June. The Child Psychologist is on board, so we are fully staffed. <p><u>Saginaw Psychological</u> – There is a new graduate that will be starting with Saginaw Psychological hopefully this month when she receives her license. There is one other potential candidate but the Private Pay Team is also down a therapist so she will go to the CSM Team or the Private Pay Team. No updates for the CSM Department.</p> <p><u>MPA</u> – MPA hired someone for the Adult OPT Program, and she will start June 1st. We are struggling to find therapists. Joelin stated that there is a program</p>	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>through MSHN for recruitment and retention. A few applications came through from contract providers to get funding on this program. This is in process of being reviewed and should be going to the BABH board therefore updates will be coming. There are no updates for Child and Family at this time.</p> <p><u>Arenac Center</u> – The Arenac Center was able to hire an Infant Mental Health Specialist and she will start on Monday. We hired an Adult Case Manager, and he will start Friday. The Arenac Center will be fully staffed.</p> <p><u>ACT</u> – ACT’s Clinical Services Specialist who has a master’s level, has resigned and will be leaving June 20th. We are checking references on someone for that position. We have someone on medical leave. Case Management is down one, but we are checking references on that position as well. With the expansion of Outpatient, we are checking references. The other full-time therapist has resigned, and her last day is June 17th so we will still be down an Outpatient Therapist.</p> <p><u>RR/CS</u> – Nothing to report this month.</p> <p><u>BABH Children’s Services</u> – Children’s Services is finishing up interviews, there is an open Family Support position we are interviewing for. Vanessa stayed on part-time, and the interviews should be finalized next Monday. The Intake worker that is on maternity leave returns in 3 weeks.</p> <p><u>LPS</u> – List had a full-time provider that dropped down to part time. A new graduate got their LL a few days after graduation. Still open to referrals aside from Medicare, just limited.</p> <p><u>Access/EAS</u> – There are new people starting in Access/EAS, they are in training.</p>	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic		Key Discussion Points	Action Steps/Responsibility
		<p><u>BABH Business Intelligence Department</u> – Joelle is back from medical leave.</p> <p><u>Finance</u> – Nothing to report this month.</p> <p><u>BABH IDD</u> – Nothing to report this month.</p> <p><u>BABH MI</u> – Nothing to report this month.</p> <p><u>North Bay</u> – North Bay is looking to hire DSTs full-time. Kari will be moving to the BI Department.</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 this month.</p> <p>b. Nothing to report this month.</p> <p>c. Nothing to report this month.</p> <p>d. Nothing to report this month.</p>	
3.	<p><u>Harm Reduction</u></p> <p>a. RR/CS Report (Jan, Apr, Jul, Oct)</p>	<p>a. Deferred</p>	
4.	<p><u>Access to Care & 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 (Feb, May, Aug, Nov)</p> <p>d. Service Requests Disposition Report (Feb, May, Aug, Nov)</p> <p>e. LOCUS (Mar, Jun, Sep, Dec)</p> <p>f. Medicaid Health Plan vs. SPMI</p>	<p>a. Nothing to report this month.</p> <p>b. Nothing to report this month.</p> <p>c. Overall, there was an increase in the number of discharges for FY22Q2 compared to the previous three quarters. The primary reason for cessation of services continues to be 'dropping out of treatment,' however, there was a decrease in the percentage of discharges for FY22Q2. There was a decrease in the number of consumers that were discharged as the result of 'substantially all parts of the treatment plan or program were completed' and continues to trend downward overall. There was a 6% increase in the number of consumers that were discharged due to 'other' for FY22Q2 compared to FY22Q1.</p>	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic		Key Discussion Points	Action Steps/Responsibility
		<p>Still trending upward even though it was slightly less than last quarter. There was an increase from Q1 to Q2 where people are aging out of services, have extended placement, and all other reasons.</p> <p>d. For FY22Q2, BABH saw the number of individuals requesting CMHSP services is 49% compared to 34% in FY22Q1 which shows an increase of 15% total from FY22Q1 to FY22Q2. For FY22 YTD, there were 159 consumers that were scheduled for an assessment that did not receive eligibility determination (dropped out, no-show, etc.) which is 58% compared to FY21. There are ongoing discussions at PNOQMC about how to engage consumers in treatment. There were 1,445 consumers that met eligibility for CMHSP services which was 47% compared to the total from FY21. The number of consumers on the waitlist are specific to those that are put on a waitlist during the Access Screen process of consumer engagement. BABH currently reviews the number of consumers on other waitlists including CLS, ABA, and Outpatient Therapy are reviewed annually for the MDHHS Annual Submission.</p> <p>e. Within the last year, Joelin forwarded messages from the LOCUS/MI-FAST Team because they were requesting to do reviews with all the contract providers. For the providers that already finished the review, nothing has been sent out.</p> <p>f. Nothing to report this month.</p>	
5.	<u>Outcomes</u> 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)	<p>a. Nothing to report this month.</p> <p>b. Nothing to report this month.</p> <p>c. Nothing to report this month.</p> <p>d. Nothing to report this month.</p>	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic	Key Discussion Points	Action Steps/Responsibility
<p>6. <u>Clinical Processes – Issues/Discussions</u></p> <ul style="list-style-type: none"> a. Ability To Pay b. QIDP, QMHP, CMHP c. Addendums (Primary Case Holder vs. Add-On Services) d. Client Contact Screens e. Clinic Action Request Form 	<ul style="list-style-type: none"> a. This was discussed in the Corporate Compliance Committee meeting to bring this back to PNOQMC since we are leveled out and we are trying to make improvements in this area. We need to be diligent about filling out the ATP to avoid penalties. The % of completion rate is decent, but MDHHS wants 100% compliance. Please remind staff they need to stay on top of the Ability to Pay during the annual assessment update as it is a requirement from the state. b. Joelin will send out a copy of the form BABH uses for credentialing, which is specific to the QIDP, QMHP and CMHP. c. Nothing to report this month. d. The new Client Contact Module is scheduled to go live on Monday, May 16th. If you run into any issues or have any questions, you can contact Denise Groh, Medical Records Associate, or Theresa Adler with the Help Desk. Brenda Beck is also available to assist you, but she is on a limited schedule. Review changes at your staff meeting. There is a guide for the client contact fields and it has screen shots that you can look through. e. The clinics do have a communication protocol which helps make sure urgent matters that require a nurse's attention does not just go through Phoenix, but to call directly. Medical concerns or questions have to come as a phone call to the clinic so we can get the person to where they need to be, that way it is not tied up in a Phoenix message. Request for clinic action and phone calls to the clinic are the best way to communicate with nursing staff and providers. Remind staff of the protocol because it triggers the phone message, so these types of issues are managed timely. 	<ul style="list-style-type: none"> b. Joelin will send out the QIDP, QMHP and CMHP credentialing form to the providers.
<p>7. <u>Stakeholders Perceptions and Protections</u></p> <ul style="list-style-type: none"> a. Consumer Satisfaction Report - MHSIP/YSS (Nov) b. Provider Satisfaction Survey c. Consumer Council Recommendations (as warranted) 	<ul style="list-style-type: none"> a. The MHSIP/YSS surveys are given to MI consumers; children, adolescents, and adults who have a MI diagnosis. This survey is usually done through a face-to-face appointment, but over the last 2 years the survey has been mailed to the consumer. In the last 2 years, we have not had much of a return rate to action this. We discussed ways to improve this process by sending the survey to a consumer's personal email, do face-to-face as in the past where staff can have the survey available on an iPad, or continue to mail them out. This is open to a 4-week period between July and August. Any consumer that is seen 	<ul style="list-style-type: none"> a. Sarah will send more information to the committee for the July survey process.

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>within that 4-week period would receive a survey. MPA suggested if a consumer is face-to-face within that 4-week period, they would receive a survey, but for those doing a phone call would have the survey mailed to them. Saginaw Psychological would do the survey both ways, have an electronic version and a paper copy. Electronic version to be available so support staff can handle this for case managers that do not have the time. Overall, there is agreement to have a hybrid option of doing this process electronically so the survey can be done during contacts, the survey can be hand delivered during contact, or mailed directly to the consumer.</p> <p>b. Nothing to report this month.</p> <p>c. Nothing to report this month.</p>	
<p>8. <u>Compliance</u></p> <p>a. Internal MEV /Performance Improvement Report (Feb, May, Aug, Nov)</p> <p>b. MSHN MEV Audit Report (May)</p> <p>c. MSHN DMC Audit Report (Oct)</p> <p>d. MDHHS Waiver Audit Report (Oct when applicable)</p> <p>e. Regulations/Legislation Updates</p>	<p>a. <u>% Audited Services with Proper Documentation for Encounters Billed</u> – Overall, Bay Direct and the contract services scored above the 95% standard. BABH Direct, MPA and North Bay all scored 100% for the MEV. LIST scored 99.5% which is the result of one error due to the transition to using PCE system. Saginaw Psychological scored 98.9% which was the result of two errors due to not having documentation to support the claim. List is currently working to transition staff to using the PCE system and ongoing education is available as needed. Saginaw Psychological provided education to their billing department about double checking dates and times.</p> <p><u>IPOS within 15 Days</u> – Bay Direct, Saginaw Psychological and MPA scored below 95%. List scored a 95%, a 7% increase from FY21Q4. Saginaw Psychological increased from 71% in FY21Q4 to 92%. It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan or upload the signed document under the signed documents link attachment section of the IPOS or under the All-scanned Documents link.</p> <p><u>Crisis Plan Offered</u> – Bay Direct scored below 95%. List scored 95%, a 7% increase from FY21Q4. Both MPA and Saginaw Psychological scored 100%. It</p>	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic		Key Discussion Points	Action Steps/Responsibility
		<p>is recommended that all radio buttons be double checked. If a consumer identifies that they would like a safety/crisis plan, staff should verify/complete one in the record.</p> <p><u>Evidence of Coordination</u> – Bay Direct, List, Saginaw Psychological and MPA scored below 95%. Bay Direct increased from 60% in FY21Q4 to 84%. It is recommended that if a consumer declines HCC, the form is marked as declined and it is present in the chart. It is also recommended that evidence of coordination be uploaded to the chart.</p> <p>There was a recommendation to have the staff name added to the performance improvement report, so we know which program the consumer is in. This has been added to the report and it will be on the next review. It was very helpful to have the Suggested/Corrective Action column.</p> <p>b. Nothing to report this month. c. Nothing to report this month. d. Nothing to report this month. e. Deferred</p>	
9.	<u>Phoenix Electronic Health Record</u> a. Interim Plans	a. Nothing to report this month.	
10.	<u>Other/Additional</u> a. Evidence Based Practice - Provider Network Survey	a. One strategic initiative is to figure out where we are at with Evidence Based Practices and determine what we can do to increase services. Due to Covid and staff turnover, we lost a lot of the Evidence Based Practices that we had at all locations. A survey monkey will be coming out for the survey process. The list will come out ahead of time. For each of the EBP's listed, it will ask how many staff you have that are trained in this, how many staff are in the process of being trained, and how many staff are interested in being trained in EBP. When answers are put in the survey, the data is compiled behind the scenes, so it is best to be prepared ahead of time.	

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

Thursday, May 12, 2022

1:30 p.m. - 2:40 p.m.

Zoom Meeting

Topic		Key Discussion Points	Action Steps/Responsibility
11.	Adjournment/Next Meeting	The meeting adjourned at 2:40 pm. The next meeting will be via Zoom on June 9, 2022, 1:30 - 3:30.	