# BAY-ARENAC BEHAVIORAL HEALTH
## PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING
Thursday, July 14, 2022
1:30 p.m. - 3:30 p.m.
Zoom Meeting

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

| Topic | Key Discussion Points | Action Steps/Responsibility |
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| 1. a. Review of, and Additions to Agenda <br> b. Approval of Meeting Notes: 06/09/22 <br> c. Program/Provider Updates and Concerns | a. There was an addition made to the agenda. 8e. Medicaid Long term Telemedicine Policy. <br> b. The June 9, 2022, meeting minutes were approved as written with a few minor changes. <br> c. A guest speaker from Great Lakes Bay Mental Health Network will be attending the August meeting. <br><br> <u>Madison Clinic</u> – Jennifer Kreiner is no longer with BABH. Tami Trea is the new NP, a staff provider, and is credentialed and privileged today and started seeing patients. Trista Putnam will be taking over a day at Arenac because Jill will be going down to 1 day a week. <br><br> <u>Saginaw Psychological</u> – Hired a new therapist. Open for adult referrals and the new therapist will be CAFAS trained next week so we will be open to child referrals. Will take one Medicare case a week. Looking to hire another therapist. Hired an Adult-CSM Manager and are open to all management referrals. Ashley Luplow's last day is July 29th and Barb Goss is doing an interim till Ashley's replacement is filled. | a. Joelle to make the changes to the June 9th notes. |

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| | MPA – Hired an Adult-OPT Therapist. Opened referrals to 5 a week. Open to all referrals for CSM. | |
| | Arenac Center – Nothing to report this month. | |
| | ACT – ACT is short one nurse. CSM is fully staffed. Audrey is almost set with warm handouts. OPT new therapist resigned already so we are in need of a therapist. | |
| | BABH Children's Services – Hired Lori LaGalo who is the new Family Support ABA Manager. | |
| | LPS – Nothing to report this month. | |
| | Access/EAS – Looking for a master's Level Clinician. | |
| | BABH Business Intelligence Department – Nothing to report this month. | |
| | BABH Quality Department – In the process of getting the surveys scheduled for the primary care providers. | |
| | Customer Services/RR – Nothing to report this month. | |
| | Finance – Nothing to report this month. | |
| | BABH IDD – Nothing to report this month. | |
| | BABH MI – Nothing to report this month. | |

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| | <u>North Bay</u> – Hired two full time DST's that will start August 1<sup>st</sup>. Looking at staff's hours so we can pull the wait list.<br><br>Karen is on a workgroup at the State level to explore conflict free access and planning which is a requirement which will be discussed with the 1915 iSPA. More updates to come. | |
| 2. <u>Quality Assessment Performance Improvement Program</u><br>  a. QAPIP Annual Plan (Nov)<br>  b. QAPIP Annual Report (Jan)<br>  c. QAPIP Semi-Annual Report (June)<br>  d. Population Committee & Work Group Assignments & Report Outs (as needed) | a. Nothing to report this month.<br>b. Nothing to report this month.<br>c. Nothing to report this month.<br>d. Nothing to report this month. | |
| 3. <u>Harm Reduction</u><br>  a. RR/CS Report (Jan, Apr, Jul, Oct) | a. Deferred | Deferred |
| 4. <u>Access to Care & Utilization Management</u><br>  **a. MMBPIS Report (Jan, Apr, Jul, Oct)**<br>  **b. Leadership Dashboard Report - UM Indicators (Jan, Apr, Jul, Oct)**<br>  c. Discharge Summary Disposition Report (Feb, May, Aug, Nov)<br>  d. Service Requests Disposition Report (Feb, May, Aug, Nov)<br>  e. LOCUS (Mar, Jun, Sep, Dec)<br>  f. Medicaid Health Plan vs. SPMI | a. Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request – BABH performed above the 95% standard. BABH demonstrated 100% (41/41) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (235/235) compliance of the adults who requested a pre-screen and received one within 3 hours. Indicator 2: Initial Assessment within 14 Days-Children/Adults – For these four populations, there were a total of 172 records out of compliance. One hundred and twenty-two of these were from the MI Adult population. Of those records, 107 were the result of consumer action (87 no-shows, twelve rescheduled, 6 refused an appointment within 14 days, 1 chose provider outside of network, 1 chose not to pursue services). Of the remaining records out of compliance, eleven were the result of being unable to reach the consumer, 1 was due to a staff error, 1 was due to a lag between the Request for a Screen and completion of the Access Screen, and 1 was an outlier. Of the records that were out of compliance for the MI Child population, twenty-eight were the result of consumer action (16 no-shows, 4 refused an appointment | |

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| | within 14 days and 8 rescheduled). Of those remaining, 2 were the result of being unable to reach the consumer, 5 were the result of there not being an appointment with a staff within 14 days, 1 was the result of staff reschedule/cancel, 2 were the result in a lag between the Request for a Screen and completion of the Access Screen, 2 were due to the provider not receiving the authorization, 1 was due to a change in insurance, 3 were due to the consumer not receiving an assessment due to being a Home-based plan, 1 was due to the first available appointment, and 1 was an outlier. Of the three that were out of compliance for the IDD Child population, all were due to the consumer/family refusing an appointment within 14 days. There was one that was out of compliance for the IDD Adult population, and it was the result of the consumer/family refusing an appointment within 14 days. Indicator 3: Start of Service within 14 Days Adult/Children – For these four populations, there were a total of 77 records out of compliance. The MI Adult population accounted for 47 of the records that were out of compliance. Sixty-eight of these were the result of consumer action (32 were no-shows, 3 were the consumer refusing an appointment within 14 days, and 4 were due to a consumer rescheduling). Of those remaining, 3 were the result of staff not having an available appointment, 1 was due to staff cancel/reschedule, 1 was lack of documentation, 1 was unable to determine due to staff no longer working for the agency, 1 was an outlier, and 1 was due to the consumer going back inpatient. The MI Child population accounted for 23 of the records that were out of compliance. Nineteen of these were the result of consumer action (11 were no-shows, 7 were consumer refusing an appointment within 14 days, 1 consumer rescheduled). Of those remaining, 1 was due to staff unable to reach consumer, 2 staff reschedule/cancel, and 1 was an outlier. The IDD Adult population accounted for 1 record that was out of compliance due to the consumer no-showing. The IDD Child population accounted for 6 records that were out of compliance. One was the result of a consumer no-show, 1 was the result of consumer reschedule, one was staff unable to make contact, and three consumers choosing outside of 14 days. Indicator 4a: | |

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| | Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit – BABH demonstrated 100% (15/15) compliance for the child population and 98.63% (72/73) compliance for the adult population. <u>Indicator 10</u>: Re-admission to Psychiatric Unit within 30 Days – BABH did meet the standard of less than 15% readmission rate for adults and children.<br>b.  Janis emailed the Leadership Dashboard report to the committee, and you can review the indicators on your own time.<br>c.  Nothing to report this month.<br>d.  Nothing to report this month.<br>e.  Nothing to report this month.<br>f.  Nothing to report this month. | |
| 5.  <u>Outcomes</u><br>a.  Recovery Assessment Scale (RAS) Summary Report (Mar, Jun, Sep, Dec)<br>b.  CAFAS Reports for Performance Improvement/LOC Utilization Management<br>c.  Organizational Trauma Assessment<br>**d.  MSHN Priority Measures Report (Jan, Apr, Jul, Oct)** | a.  Nothing to report this month.<br>b.  Nothing to report this month.<br>c.  Nothing to report this month.<br>d.  We did notice there was a decrease in getting in children that were newly prescribed an ADHD medication within 30 days, that they need to get in for a follow-up appointment. BABH dropped significantly with this measure. If someone is in services and receiving an ADHD med, and switch meds, that starts the measure so we will discuss this internally and then address this as a team. The report will be saved to the folder. | |
| 6.  <u>Clinical Processes – Issues/Discussions</u><br>a.  Ability To Pay<br>b.  QIDP, QMHP, CMHP<br>c.  Addendums (Primary Case Holder vs. Add-On Services)<br>d.  Client Contact Screens<br>e.  Clinic Action Request Form<br>f.  Check in regarding recent changes – Client Contacts, Med Module, etc.<br>g.  Effective Dates of IPOS before IPOS meeting date | a.  Nothing to report this month.<br>b.  Nothing to report this month.<br>c.  Nothing to report this month.<br>d.  Nothing to report this month.<br>e.  Nothing to report this month.<br>f.  Nothing to report this month.<br>g.  This has been completed. This is in place in the plan of service that you cannot put in effective dates in the plan of service that is before the plan of service meeting date.<br>h.  Defer | j.  Janis will email Sarah H. to check with MSHN, and Melissa P. to check with ORR. Input to be brought back to the next meeting.<br>k.  Sarah H. to come up with a plan as to where the radial button for the VSN can be added.<br>l.  Janis will get with PCE to add 'decline' as an option |

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| h. Alignment of Main and Ancillary Service Plans in PCE<br>**i. PCP Treatment Team Input**<br>**j. Acknowledgement of Receipt**<br>**k. Veteran's Service Navigator (VSN)**<br>**l. PCP Tools used Section of IPOS**<br>**m. Generate Auths Outside of Plans of Services**<br>**n. Interim Plans**<br>**o. Updated CPT Code Sheet** | i. PCP meetings were taking place but were not included in the PCP meeting and were not given the opportunity to provide input. please remind your teams that if there are other services in the treatment plan, input from those other providers should be obtained as part of the PCP process. Make sure to remind your team to get a copy of the treatment plan, especially with the AFC homes. Make sure you are getting input from Vocational providers.<br>j. The acknowledgement of receipt is an area where people struggle to find the information and where it is located. The receipt is assigned when someone receives booklets, and this is only required to be done once. We had preliminary findings a few years ago on this and we had preliminary findings again this year. People are being educated or being provided information regarding abuse and neglect reporting and are provided the RR booklet. This has been accepted in the past that the acknowledgement of receipt is given but not sure if it will be a finding again. The RR booklet does change and could be put in the pre-plan stating the person was offered a copy of the booklet so there is evidence showing they are being educated on the process. Janis questioned if a signature is needed from the person receiving the documentation? The case holder signs the pre-plan, but would this be a barrier? Janis will get with Sarah H. and Melissa P. to follow-up with MSHN and the Office of Recipient Rights to see what is allowed. MPA's Intake packet has the acknowledgement of receipt form and all the new/updated brochures so the receipt is being done yearly.<br>k. Tammy Foster is the Veteran's Service Navigator contact at MSHN, and Matthew Clark is the Veteran's Service Navigator contact in Saginaw. If a consumer is receiving services in Bay County, we would refer them to Matthew, but if they are in Arenac County, they need to be referred to Tammy. We need to offer people to get connected to a VSN, and we need to track who we are offering and submit the information to MSHN on a quarterly basis. There are some benefits through the VA system that are for family members as well. Could we add a radial button in the clinical assessment but link it to the plan so the case holder can follow-up and do the referral? | if they do not want to use a tool.<br><br>Heather to look into the name of the trainer who did an in-service for her staff.<br><br>Karen to order training booklets for contract agencies.<br><br>Joelin and Karen to work with Independent Facilitators to come in September or October to train staff.<br>m. Janis will update the Freestanding Auths Group List. Janis will follow-up with LPS on their status. Janis will forward the list to internal staff for review.<br>n. Deferred<br>o. Janis will update the CPT Code Sheet. Keep on agenda. |

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| | l. When doing record reviews and MEV, on the IPOS, the PCP tools used section has options of 'other,' there is not an option for NA, and some sections are left blank. We are getting multiple citations for not filling out the sections. If using the RAS, use Other. If the consumer refuses to use a tool you can mark other. We need to educate our consumers on Independent Facilitation. As of right now, the goal is to get one of the four boxes marked. We could make the field mandatory where a PCP tool box needs to be filled out. Could we have a decline box? If the tool was offered, yes, but they declined to use it. The RAS is an option, but this tool is typically not used. When clicking other, we can type what other tool is being used, RAS for instance, or type declined since it was declined, just so something is filled out. We need to find a training through MSHN, and then the training could be put in Relias so new employees have the training. Heather had a trainer do an in-service at their staff meeting so she will find out who the trainer was. Every internal program manager received several books and training materials a while back. We can get these to the contracted agencies but will need to order them. Joelin will work with Karen to have an Independent Facilitator come out in September or October.<br><br>m. The ability to generate auths outside of a plan of service is in need of work. We need to reduce the number of people generating an auth. We have 153 contracted providers that have the ability to generate an auth. Line staff should not have access to doing this, it should be supervisors and managers. Janis would like to know who should be handling the auths. Saginaw Psych did not know they were able to generate an auth without a plan. MPA always does an auth through a plan. Finance staff had the ability to generate an auth at LPS. We can remove Saginaw Psych and MPA staff. We need to check the status of LPS staff. Internal staff to get with Janis on what staff will have the need to generate an auth.<br><br>n. Defer | |

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| | o. The CPT Code Sheet is broken down by service/provider. The sheet gets out of date so we would like to keep it updated annually. Janis made changes during the meeting but will continue to update the sheet. Keep on agenda. | |
| 7. Stakeholders Perceptions and Protections<br>a. Consumer Satisfaction Report - MHSIP/YSS (Nov)<br>b. Provider Satisfaction Survey<br>c. Consumer Council Recommendations (as warranted) | a. The MHSIP/YSS surveys are underway. The tally sheets need to be returned to Joelle or Sarah through inner-office or you can email them the tally sheet.<br>b. Nothing to report this month.<br>c. Nothing to report this month. | |
| 8. Compliance<br>a. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov)<br>b. MSHN MEV Audit Report (May)<br>c. MSHN DMC Audit Report (Oct)<br>d. MDHHS Waiver Audit Report (Oct when applicable)<br>**e. Regulations/Legislation Updates**<br>- **1915 iSPA**<br>- **Medicaid Longterm Telemedicine Policy**<br>f. Durable Power of Attorney | a. Nothing to report this month.<br>b. Nothing to report this month.<br>c. Nothing to report this month.<br>d. Nothing to report this month.<br>e. The State of MI transitioned from a 1915(b)(3) authority to a 1915 (i)SPA. In the past we had the SED Waiver, Children's Waiver and Hab Support Waiver and we had to go through an eligibility initially and annually to provide the services. We now have to go through eligibility through the PIHP and the state. An individual must meet certain needs-based criteria to be entered into the waiver system and a Waiver Support Application (WSA) needs to be filled out. Only certain people are allowed access in to the WSA system. MSHN said the network providers will not be able to access the system so the information will need to be entered in by someone else. WSA user trainings to take place July thru September 2022 and the system will be completely implemented by 10/01/23.<br><br>MSHN had a meeting about what MDHHS thinks they will be doing regarding telemedicine post state of emergency. In-person contact is dictated by the services funded. They will continue to allow Video Telemedicine for eligible services. They are looking at discontinuing audio-only telemedicine. Remote Patient Monitoring Devices (i.e., blood sugar) is allowed, but with limitations. We are allowed to continue to use 'home' as the location for person served. | |

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| | | There are no geographic restrictions for Medicaid. The federal government will be announcing by July 15th if the public health emergency will be extended for another 90 days. The next 90 days will be in October, so the MI Medicaid will go into effect the day after the public health emergency ends.<br>f. Nothing to report this month. | |
| 9. | Phoenix Electronic Health Record<br>**a. Phoenix Workflow Functionality** | a. Defer | Deferred |
| 10. | Other/Additional | | |
| 11. | Adjournment/Next Meeting | The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on August 11, 2022, 1:30 - 3:30. | |