

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

Thursday, September 8, 2022

1:30 p.m. - 3:00 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		BABH Quality Manager: Sarah Holsinger (Chair)	X
BABH Clinic Manager: Amy Folsom	X	BABH IMH/HB Supervisor: Kelli Maciag	X	BABH ES/Access Program Manager: Stacy Krasinski	X
BABH EAS Supervisor: Anne Nephew		Saginaw Psych. Supervisor: Kristen Kolberg	X	MPA Child OPT Supervisor: Tracy Hagar	X
Saginaw Chief Operating Officer: Barb Goss		MPA Adult/CSM Supervisor: Laura Sandy		AD-HOC MEMBERS	Present
MPA Adult OPT Supervisor: Emily Simbeck	X	BABH North Bay Team Supervisor: Lynn Blohm	X	BABH Medical Records Associate: Denise Groh	X
BABH Children Services Team Leader: Emily Young		Saginaw Psych. CSM Supervisor: Megan Hecht	X	BABH Finance Department: Ellen Lesniak	
BABH Clinical Services Manager: Heather Friebe		BABH Adult ID/DD Manager: Melanie Corion		Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson	
LPS COO: Jacquelyn List	X	BABH Quality & Compliance Coordinator: Melissa Deuel	X	BABH Clinical Services Manager: Nicole Sweet	X
BABH BI/Corporate Compliance Director: Janis Pinter	X	BABH RR/Customer Services Manager: Melissa Prusi	X	BABH Nursing Manager: Sarah Van Paris	
BABH Director Integrated Care: Joelin Hahn (Chair)	X	Saginaw Psych. CEO: Nathalie Menendes		BABH Contracts Admin.: Stephanie Gunsell	
BABH BI Secretary: Joelle Sporman (Recorder)	X	BABH Children Services Manager: Noreen Kulhanek		GUESTS	Present
BABH Director Integrated Care: Karen Amon	X	LPS Site Supervisor: Rachel Keyes	---		

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 08/11/22 c. Program/Provider Updates and Concerns	<p>a. There were additions to the agenda; 4.c.iv. - Management of Diagnostics. Add Parking Lot as #6, a. Addendums, and #7 will be Adjournment/Next Meeting.</p> <p>b. The August 11th meeting notes were approved as written with a minor change to the date of the meeting notes.</p> <p>c. <u>Madison Clinic</u> – Tami Trea, NP, replaced Jennifer Kreiner. Jill LeBourdais, Prescriber, went down to 1 day a week at the Arenac Center and Krista Putnam is replacing her Thursdays. Fully staff for prescribers and nursing. Adding a medical assistant at the Arenac Center.</p> <p><u>MPA</u> – OPT hired a therapist last month, another therapist just started, and they are both limited licensed. There is a male therapist starting Monday and he has a full license. When he gets trained in Phoenix, we will be open to referrals for Medicaid and Medicare. Fully staffed. No updates for CSM.</p> <p><u>LPS</u> – There is a new therapist that started this week with a limited license. A male therapist will start at the end of the month with a limited license.</p>	b. Joelle to change the date of the August notes and resend to the PNOQMC.

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	<p><u>Business Intelligence</u> – In the process of hiring an IS Manager. Scheduling second interviews for Janis Pinter’s replacement.</p> <p><u>BABH Integrated Care</u> – Lena Houston resigned from BABH. She is now the new MDHHS ACT Coordinator. Interviewing for the ACT Team Leader position.</p> <p><u>Infant Mental Health</u> – Someone will be leaving for maternity leave so there will be a 2-week priority hold on Home-Based IMH.</p> <p><u>Saginaw Psychological</u> – There are no updates in Therapy. Added a provider in the med clinic 2 days a month; she is here the 2nd and 4th Thursday of the month. CSM hired a new case manager. Open to all CSM referrals.</p> <p><u>North Bay</u> – Another DSP accepted a position so she will get started in the next few weeks. More people were pulled from the wait list. We are going back to in-person training at North Bay.</p> <p><u>Recipient Rights/Customer Services</u> – The Consumer Advisory Council meeting is later this month. The 29th Annual RR Conference is next week so our department may be slower to respond with calls/emails until breaks or near the end of the workday each day.</p>	
<p>2. Plans & System Assessments/Evaluations</p> <p>a. QAPIP Annual Plan (Sept)</p> <p>b. Organizational Trauma Assessment</p>	<p>a. Sarah went through the changes to the QAPIP Annual Plan for FY23. There was discussion around Relias possibly being used for the providers, not just internal use. This would need to be discussed at SLT. Janis suggested to have Jennifer Lasceski attend this meeting to discuss this further. There has been on-going conversation about child specific trainings, questioning if there is a way to go through Relias and identify child-specific requirements. Janis asked to add ‘increasing access to training resources to help meet competency requirements’ to the training section. EBP’s were removed from the QAPIP Plan because we are already tracking it in the Strategic Plan. We</p>	<p>a. Joelin to add ‘Relias Training for Providers’ to the next SLT meeting agenda. Sarah H. to add ‘increasing access to training resources’ to the plan. Karen to get with MDHHS regarding using the bio-psychosocial</p>

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	<p>have struggled with Autism and IDD services and ways to collect the data and use it for outcomes. This was left on the plan to continue to look at this, but for the next fiscal year, this will be a requirement, so we need to continue looking at this. With some of the changes and regulations, there is a higher focus being placed on the LOCUS in determining level of care. This tool will be used in order for people to be eligible for waiver services. List Psychological, Saginaw Psychological and MPA have not had the LOCUS Fidelity Review scheduled. Karen stated, new as of today during the WSA user training, it was indicated we may be able to use the bio-psychosocial assessment tools to determine eligibility. Karen will reach out to the MDHHS person to confirm in writing. The annual plan is what we look at for the upcoming year. If you think of something you want added to the plan, let Sarah H. know.</p>	<p>assessment tool and get that in writing.</p>
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Annual Report (Jan) b. QAPIP Quarterly Report (Aug, Nov, Feb, May) c. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights (Jan, Apr, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iv. Consumer Satisfaction Report (MHSIP/YSS) (Nov) v. Provider Satisfaction Survey d. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) - Deferred 	<ul style="list-style-type: none"> a. Nothing to report this month. b. Nothing to report this month. c. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Nothing to report this month. iii. There was an 80% completion rate for the Recovery Assessment Scale (RAS) for FY22Q3. For a comparison of the responses for active consumers for FY22Q2 and FY22Q3, twelve of the responses for FY22Q3 were higher than the responses for FY22Q2. The statement, "I like myself" was the statement that had the most significant difference (.13). iv. Nothing to report this month. v. Nothing to report this month. d. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Defer iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. vi. Nothing to report this month. e. Nothing to report this month. 	<p>d. ii. Deferred</p>

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	<ul style="list-style-type: none"> iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iv. Service Requests Disposition Report (Feb, May, Aug, Nov) v. Discharge Summary Disposition Report (Feb, May, Aug, Nov) vi. Customer Service Report (Jan, Apr, Jul, Oct) e. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov) ii. MSHN MEV Audit Report (May) iii. MSHN DMC Audit Report (Oct) iv. MDHHS Waiver Audit Report (Oct when applicable) 		
4.	<p><u>Discussions/Population Committees/ Work Groups</u></p> <ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt. ii. PCP Treatment Team Input iii. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> i. Addendums (Primary Case Holder vs. Add-On Services) ii. MMBPIS Work Group 	<ul style="list-style-type: none"> a. Nothing to report this month. b. <ul style="list-style-type: none"> i. Add a new section, Parking Lot, and add this agenda item to the parking lot. ii. The MMBPIS Work Group is scheduled for September 29th at 9:00am. Sarah H. will send out information prior to the work group. Janis would like ATP completion to be part of the work group discussion. c. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Nothing to report this month. iii. The Quality of Care Record reviews are being done internally. Periodic review findings show the reviews are not being completed at the interval they are scheduled through the planning process. Would it be possible to add more auths through the periodic review? Can we do an initial plan for 6-months of auths? Janis will get with PCE on these suggestions. We will look in to this further. Keep on agenda as Periodic Reviews including 	<ul style="list-style-type: none"> b. <ul style="list-style-type: none"> ii. Sarah H. to send out documentation beforehand for the MMBPIS Work Group. c. <ul style="list-style-type: none"> iii. Janis will send out an email to the PCE Rep and PCE User Group asking about adding auths through the periodic reviews, 6-months of auths, and plan of service addendums through

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	c. <u>Regulatory Compliance & Electronic Health Record</u> i. 1915 iSPA ii. Ability to Pay Assessments iii. Periodic Reviews - Including Options for Blending with Plan of Services Addendums iv. Management of Diagnostics	Options for Blending with Plan of Service Addendums. iv. A while back we discussed establishing and modifying diagnosis. There are issues with billing because of diagnostic codes. Janis will send out the diagnostic draft policy and procedure to the PNOQMC to refresh what was being discussed, and what was being asked of PCE to do. We will discuss further next month.	the periodic reviews. iv. Keep on agenda and discuss at next month's meeting.
5.	Announcements a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursday, September 8, 2022, 5-7:00 PM c. Narcan Kits	a. Joelin will be sending out documentation to primary case holders and need to be handed out to individuals served. We need to remind individuals served that there will be redetermination of state benefits and we want to make sure they are prepared for this and that they get in touch with the DHHS Outreach worker. b. FYI c. Narcan kits have been ordered. If you know of anyone that needs them, have them contact the Madison Clinic.	
6.	Parking Lot a. Addendums (Primary Case Holder vs. Add-On Services)	a. Added for future discussion.	
7.	Adjournment/Next Meeting	The meeting adjourned at 3:00 pm. The next meeting will be via Zoom on October 13, 2022, 1:30 - 3:30.	