

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

Thursday, October 13, 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	---	BABH Quality Manager: Sarah Holsinger (Chair)	X
BABH Clinic Manager: Amy Folsom	X	BABH IMH/HB Supervisor: Kelli Maciag		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	X	<b>AD-HOC MEMBERS</b>	<b>Present</b>
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	X
BABH Clinical Services Manager: Heather Friebe	X	BABH Adult ID/DD Manager: Melanie Corron		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	X
BABH BI Secretary: Joelle Sporman (Recorder)	X	BABH Children Services Manager: Noreen Kulhanek	X	<b>GUESTS</b>	<b>Present</b>
BABH Director Integrated Care: Karen Amon	X				

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 09/08/22 c. Program/Provider Updates and Concerns	<p>a. There were no additions to the agenda.</p> <p>b. The September 8<sup>th</sup> meeting notes were approved as written with a minor change.</p> <p>c. <u>Madison Clinic</u> – Offered a Medical Assistant the job at the Arenac Center. In the process of interviewing to replace the secretary at the Madison site. No updates for Prescribers. Remind staff to include all services in interim plans, and if you are doing a new plan, all services should have the same end dates including auths.</p> <p><u>MPA</u> – OPT-Adult has a male provider that is accepting Medicaid and Medicare, but we do not want to over fill him. The referral status is 10 a week. We are fully staffed. No updates for OPT-Child.</p> <p><u>LPS</u> – Rachel Keys is now working part-time, and she is no longer the contact for the supervisor. Amanda is moving from full-time to part-time, and there are two new providers, one is a male for adults. Amanda R. has been added to emails in Phoenix.</p>	

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	<p><u>Business Intelligence</u> – Nothing to report this month in Quality Management. Karen Amon will be taking on Janis’ role after December 16<sup>th</sup> and Janis will be working part-time. Jesse Bellinger is the new IS Manager.</p> <p><u>BABH Integrated Care</u> – Referrals for ACT are on hold due to being short staffed.</p> <p><u>Infant Mental Health</u> – Interviewing for a new Family Support position. A new Co-Hort is graduating in October for CBT, so there should be 3-4 more clinicians trained in CBT.</p> <p><u>Saginaw Psychological</u> – Still need to hire another therapist. One of the clinicians finished the EMDR training so we are trying to get someone in for EMDR. Finalizing referrals for anyone wanting to do Meds Only and that should come out in the next week. No updates for Case Management.</p> <p><u>Arenac Center</u> – The Arenac Center is fully staffed. We are hiring a Medical Assistant and she should be starting soon.</p> <p><u>North Bay</u> – There is still a wait list. Interviewing for a few positions.</p> <p><u>Recipient Rights/Customer Services</u> – Getting set for Your Guide to Services. Documents were posted on the BABH website and the Facebook page on voting. Melissa is developing a CSM primary record holder one on one training that is available to all case managers and supervisors to use as a resource. Meetings will be scheduled and put on Relias.</p> <p><u>Access/Emergency Services</u> – Reminder to Case Management Supervisors that when a COFR is due, please remind staff to get those in a couple of months ahead of time.</p>	
2. <b>Plans &amp; System Assessments/Evaluations</b>	a. Nothing to report this month.	

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	<ul style="list-style-type: none"> <li>a. QAPIP Annual Plan (Sept)</li> <li>b. Organizational Trauma Assessment</li> </ul>	<ul style="list-style-type: none"> <li>b. Nothing to report this month.</li> </ul>	
3.	<p><b>Reports</b></p> <ul style="list-style-type: none"> <li>a. QAPIP Annual Report (Jan)</li> <li>b. QAPIP Quarterly Report (Aug, Nov, Feb, May)</li> <li>c. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u> <ul style="list-style-type: none"> <li>i. <b>MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</b></li> <li>ii. <b>Recipient Rights (Jan, Apr, Jul, Oct) – deferred - presented Q3 data during a previous meeting</b></li> <li>iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</li> <li>iv. Consumer Satisfaction Report (MHSIP/YSS) (Nov)</li> <li>v. Provider Satisfaction Survey</li> </ul> </li> <li>d. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. <b>MMBPIS Report (Jan, Apr, Jul, Oct)</b></li> <li>ii. <b>LOCUS (Mar, Jun, Sep, Dec) - Deferred from Sept</b></li> <li>iii. <b>Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</b></li> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> <li>v. Discharge Summary Disposition Report (Feb, May, Aug, Nov)</li> <li>vi. <b>Customer Service Report (Jan, Apr, Jul, Oct)</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. Nothing to report this month.</li> <li>b. Nothing to report this month.</li> <li>c. <ul style="list-style-type: none"> <li>i. Cardiovascular Screening dropped in the last reporting period for BABH and the Region. The data is constantly changing. Diabetes Screening dropped a little in the last reporting period for BABH and the Region. Diabetes Monitoring increased in the last reporting period for BABH and the Region. ADHD medication follow-up within 30 days dropped two quarters for BABH and the Region so it was taken to an internal committee to see what may have been going on even though it went up the last quarter. Looking at health care goals and there was a slight downward trend, but we are where we need to be. Readmissions to the hospital within 30 days remains steady. Outpatient visit with mental health within 30 days of psychiatric inpatient stays for adults declined for BABH and the Region. There were some staff using the Case Management code, but there were a lot of no-shows or follow-up appointments were not kept. Outpatient visit with mental health within 30 days of psychiatric inpatient stays for children declined for BABH and the Region.</li> <li>ii. The Recipient Rights Q3 data was presented at a previous meeting.</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>v. Nothing to report this month.</li> </ul> </li> <li>d. <ul style="list-style-type: none"> <li>i. <u>Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request</u> – BABH performed above the 95% standard. BABH demonstrated 100% (48/48) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (211/211) compliance of the adults who requested a pre-screen and received one within 3 hours. <u>Indicator 2: Initial Assessment within 14 Days-Children/Adults</u> – 75 - Consumer No Showed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>d. <ul style="list-style-type: none"> <li>iii. Noreen will get with her staff about any changes for the CAFAS data so it can be noted in the dashboard. Noreen will email notes to Janis so Janis can enter them in the dashboard graphs. Janis will make the change to the Intensive Crisis Stabilization graphs with the trend lines, and will note it's for children only. Janis will make a change to the Adults/Children who received CLS graphs as well. Janis will also make a note to the Children who received Core Services graphs about the reason for the issues. For the ABA Services by Provider, Janis will note a comment for Paramount since they just added ABA.</li> </ul> </li> </ul>

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<p>e. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> <li>i. Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov)</li> <li>ii. MSHN MEV Audit Report (May)</li> <li>iii. <b>MSHN DMC Audit Report (Oct) - verbal</b></li> <li>iv. <b>MDHHS Waiver Audit Report (Oct when applicable)</b></li> </ul> <p>f. <b>Periodic Review Reports</b></p>	<p>Appointment, 20 - Consumer Refused an Appointment Within 14 Days, 26 - Consumer Rescheduled Appointment, 15 - Consumer Unable to Be Reached, 2 - Consumer Chose Not to Pursue Services, 1 - Consumer Chose Provider Outside of Network, 10 - Custom. Assessment not signed and staff no longer works at agency; Issues with referral to provider or case being assigned (5); Consumer inadvertently removed from the queue (3). <u>Indicator 3: Start of Service within 14 Days Adult/Children</u> – 41- Consumer No Showed Appointment, 9 - Consumer Refused an Appointment Within 14 Days, 5 - Consumer Rescheduled Appointment, 2 - Consumer Unable to Be Reached, 18 - No Appointment Available Within 14 Days, 3 - Staff Cancel/Reschedule, 5 - Custom. Staff no longer at agency; unable to verify reason for out of compliance. No documentation of attempts made to contact (2); Family was out of town; First contact made at the end of the 14 days. <u>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</u> – BABH demonstrated 95.24% (20/21) compliance for the child population and 95.71% (67/70) compliance for the adult <u>population</u>. <u>Indicator 10: Re-admission to Psychiatric Unit within 30 Days</u> – BABH did meet the standard of less than 15% readmission rate for adults and children.</p> <ul style="list-style-type: none"> <li>ii. We need to look at the LOCUS, but we need to do some internal work before we bring it back to the PNOQMC.</li> <li>iii. Staff went over the indicator graphs and any issues were noted. Noreen will get an update from Emily and Kelli about the changes to the CAFAS graphs, and anything noted can be emailed to Janis so she can add the notes to the dashboard graphs. For the Adults/Children who received emergency services graphs, Intensive Crisis Stabilization is the Mobile Crisis Response and is for children only. The label needs to reflect it's for children only. Janis asked Stacy if she wants the graph to show the trend line and she does, so Janis will make that change. For the Adults/Children who received CLS graphs, Janis asked Nicole if she wants the graphs to</li> </ul>	

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	<p>show a trend line, and she does, so Janis will make the change. For the children who received Core Services graphs, Joelin stated that it's not that BABH is waiting to give the person a service, but the state is now mandating it. When someone gets their evaluation, they are not meeting medical necessity for specialty mental health services. Janis will note that in the dashboard. ABA Services by Provider, there will probably be an increase at Paramount because they just added ABA so Janis will note that.</p> <ul style="list-style-type: none"> <li>iv. Nothing to report this month.</li> <li>v. Nothing to report this month.</li> <li>vi. Melissa went over the Customer Service Report. For Q3, total grievances were 7 and average days to complete them were 56. For Q3, total inquiries were 16 and average days to complete them were 15.4. For Q3, total appeals were 48 and average days to complete them were 28.1.</li> <li>e.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. There were no findings at the audit back in August. There was a MEV review and there were some findings related to codings. MSHN wants to see an IPOS training form to cover the dates of those services. When the plan of service training forms were submitted, they were not covering the service dates and there were findings for that. Nicole Sweet said she's not sure if it's internal or external providers, but they are not assigning an IPOS training form.</li> <li>iv. BABH received the final results if the corrective action plan was accepted for the waiver audit. There were findings across the region for use of ranges in the plans of service. The appeal was denied since it was still a finding. The organization has to submit a corrective action tomorrow of how we will handle the ranges. Internal discussion is taking place on how we will handle this.</li> </ul> </li> <li>f. There are a lot of periodic reviews not being completed on time. Keep on agenda for further discussion.</li> </ul>	

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<p>4. <b>Discussions/Population Committees/Work Groups</b></p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <ul style="list-style-type: none"> <li>i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt.</li> <li>ii. PCP Treatment Team Input</li> <li>iii. Consumer Council Recommendations (as warranted)</li> </ul> <p>b. <u>Access to Care and Service Utilization</u></p> <ul style="list-style-type: none"> <li>i. <b>MMBPIS Work Group</b></li> <li>ii. <b>Services Provided during a Gap in IPOS</b></li> <li>iii. <b>Repeated Use of Interim Plans - Deferred</b></li> </ul> <p>c. <u>Regulatory Compliance &amp; Electronic Health Record</u></p> <ul style="list-style-type: none"> <li>i. 1915 iSPA</li> <li>ii. Ability to Pay Assessments</li> <li>iii. <b>Periodic Reviews - Including Options for Blending with Plan of Services Addendums</b></li> <li>iv. <b>Management of Diagnostics</b></li> <li>v. <b>Critical Care Team Meeting</b></li> </ul>	<ul style="list-style-type: none"> <li>a. Nothing to report this month.</li> <li>b. <ul style="list-style-type: none"> <li>i. There was one Performance Indicator Workgroup that was very productive. Looking at solutions we have to open up new positions. Another meeting has been scheduled. We know it will be a system's change.</li> <li>ii. When there is a gap in the plan of service, is it due to a consumer not showing up, or was a plan not in place? People were not completing an interim plan when doing an assessment. During the assessment, an interim plan was done covering the services that were authorized through a bundle package, and the interim plan covers the services authorized till the plan is done. We could look at adding an interim plan element to the pre-plan. We could add one piece to the assessment. We could look at the periodic review and how we can link in getting an addendum done at the same time to save a step. We have not had an external finding, this would be something we would do internally, not to change any current process till we integrate suggestions. This could be phase 2 of the MMBPIS Work Group.</li> <li>iii. Defer</li> </ul> </li> <li>c. <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>iii. Discussed previously about combining those processes.</li> <li>iv. There were significant revisions to the C04-S03-T14 Diagnosis - Revision Draft policy and procedure. Please read through it and we will discuss further at the next meeting.</li> <li>v. This is an option available throughout the network when someone is at risk. Amy Folsom and Joelin Hahn can be contacted if you would like to schedule a Critical Care Team Meeting. This meeting would help problem solve. If services are being provided for an individual in one unit and they are also being treated in another unit, it would be a wraparound to have the whole team work together to solve any problems there may be.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>b. <ul style="list-style-type: none"> <li>ii. Janis will write some notes and piece things together for the MMBPIS Work Group.</li> <li>iii. Deferred</li> </ul> </li> <li>c. <ul style="list-style-type: none"> <li>iv. Deferred</li> </ul> </li> </ul>
<p>5. <b>Announcements</b></p>	<p>a. FYI</p>	

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	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	b. FYI	
6.	<b>Parking Lot</b> a. Addendums (Primary Case Holder vs. Add-On Services)	a. Future discussion	
7.	<b>Adjournment/Next Meeting</b>	The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on November 10, 2022, 1:30 - 3:30.	