

The following report provides a quarterly update to the goals identified in the QAPIP plan. The data has been reviewed and analyzed for FY22Q4 and FY22.

PROVIDER QUALIFICATION AND SELECTION

24 Hours of Children’s Specific Training: The Staff Development department has been working on utilizing reports within Relias to provide to supervisors on a regular schedule to determine how staff are progressing with this requirement. Supervisors have received training on how to access this information independently within Relias.

Plan of Service Training Forms: BABH staff are reviewing the use of this form during scheduled site reviews and are making recommendations for continued improvement on the use. Quality Improvement staff are currently in the process of attending staff meetings to work through questions and concerns identified by the staff that are utilizing this form. Changes, modifications, and improvements will be made to help this process flow as smoothly as possible.

HARM IDENTIFICATION AND REDUCTION

Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: The number of deaths for FY22Q4 doubled (9) compared to FY22Q3 (4), but this was still significantly less than FY22Q1 and FY22Q2. BABH saw a trend in sepsis deaths during FY22 so informational binders were created for specialized residential providers to use for staff training and education around signs and symptoms of sepsis. BABH will continue to monitor this during FY23 to see if this intervention/action staff positively impacted consumers or if there are other areas needing action and improvement. BABH saw consistent trends for the adverse events throughout all of FY22; emergency medical treatment (reportable) was the most common adverse event reported with a few emergency medical treatment (non-reportable), arrests (reportable and non-reportable), hospitalization (reportable), and emergency medical treatment/hospitalization for injury due to self-harm (reportable). There were no significant trends for the emergency medical treatment adverse events to action. All of these events occurred at different locations except two events happening at one specialized residential home with two different individuals in two different areas of the home. There was one individual that had two falls during FY22, however, this individual lives in her own home and has been identified as a fall risk and uses a walker. Staff continue to remind this individual to use her walker for assistance.

Reportable Behavior Treatment Events: The number of emergency physical management interventions increased for FY22Q4, however, the number of interventions continues on a downward trend. BABH saw a significant decrease in the number of emergency physical management interventions for FY22 (129) compared to FY21 (214). The psychologists worked closely with the treatment teams for a couple individuals to modify the behavior treatment plan to address new concerns that arose in FY22 to help consumers be more successful in their homes and reduce the number of needed emergency physical management interventions.

Completion of Crisis Plan: BABH direct operated programs and all the contract providers scored above the 95% standard for offering a crisis plan during FY22Q3 and all of FY22 to date. FY22Q4 data is currently being reviewed.

The Number of Days to Resolve a Grievance is Lower Than The MDHHS Standard of 90 Days: For FY22Q3, BABH completed grievances in 56 days which is significantly lower than the standard. Data not available for FY22Q4. For FY22



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to date, BABH identified a trend for the grievances falling into the 'quality of care' category and was primarily related to prescriber and case holder choice. BABH continues to work toward increasing prescriber options and availability as well as completing a primary case holder training. The training will be available during FY23 so it is unknown at this time if this action step accomplished the intended result.

The Number of Days to Resolve a Local Appeal is Lower Than The MDHHS Standard of 30 Days: For FY22Q2, BABH completed appeals in 28.1 days which is significantly lower than the standard. Data not available for FY22Q4. One hundred and sixty five of the appeals were related to termination and it was determined that it was due to lack of engagement from the consumer. The customer service staff encouraged engagement for the consumer and discussed barriers during the appeal process. BABH and the provider network continues to struggle with consumers engaging in services.

OUTCOMES

Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had a decrease in consumers receiving the appropriate labs for this measure during FY22Q4. When BABH puts the internal action steps into place, there is a lag time between these action steps and when this information shows up in the data so overall compliance is constantly shifting. Additionally, the action steps were not completed during September 2022 as the future of these measures were discussed. Overall, for FY22, BABH remained at a 79% compliance rate compared to a 79% compliance rate during FY21. There is a slight downward trend for this measure from FY19Q1 through FY22Q4.

Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH saw a decrease in consumers receiving the appropriate labs for this measure during FY22Q4, however there continues to be an upward trend. When BABH puts the internal action steps into place, there is a lag time between these action steps and when this information shows up in the data so overall compliance is constantly shifting. Additionally, the action steps were not completed during September 2022 as the future of these measures were discussed. Overall, for FY22, BABH had a 63% compliance rate which is an increase of 6% compared to FY21 (57%).

Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease: BABH saw a significant decrease in this measure for FY22Q4. There are not enough data points to identify an accurate trend line. When BABH puts the internal action steps into place, there is a lag time between these action steps and when this information shows up in the data so overall compliance is constantly shifting. Additionally, the action steps were not completed during September 2022 as the future of these measures were discussed. The cardiovascular screening measure was new during FY21Q4 so there is not baseline data from FY21 to compare to FY22.

Evidence of Primary Care Coordination: BABH and the contract providers continue to struggle with meeting the 95% standard for having evidence of health care coordination during FY22Q3 and all of FY22. Corrective action plans have been put into place which include providing training to staff about the importance of coordination and making sure documentation is present in the system for review. FY22Q4 data is currently being reviewed.



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More Than 40% of Children Served Will Have Meaningful Improvement In Their Child and Adolescent Functional Assessment Scale(CAFAS)/Preschool and Early Childhood Functional Assessment Scale (PECFAS) Score: During FY22Q4, 40% of children showed meaningful improvement in their CAFAS/PECFAS scores meeting the goal BABH set. For FY22 as a whole, BABH demonstrated at or above 40% of children showing improvement for three out of the four quarters.

Autism Outcomes: Applied Behavior Analysis (ABA) monthly summary reports and six month assessments have been added to the Phoenix System. BABH staff are exploring ways to utilize these electronic forms to gather data elements to determine outcomes.

Outcomes Utilizing the Supports Intensity Scale (SIS) Assessments: BABH has not focused on this goal at this point in the year.

Quality of Care Record Reviews- Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 95% of the records reviewed during FY22Q4 received the level of services that were written in the plan which meets the 75% standard set by BABH.

Quality of Care Record Reviews- All Services Authorized In The Plan of Service Are Identified Within the Goals/Objectives of the Plan of Service: 96% of the records reviewed during FY22Q4 had the services identified appropriately to match the services authorized which meets the 75% standard set by BABH.

Develop Quarterly Reports to Increase the Quality Report and Outcomes Related To The Level of Care Utilization System (LOCUS): BABH has chosen to focus on other quality and outcome activities such as the performance indicators due to the external reporting requirements that are connected to the performance indicators.

Evidence Based Practices: BABH leadership sent out a survey in June 2022 to staff and providers to determine what evidence based practices are being used in current programming. Evidenced based practices are on the Strategic Leadership Plan and a plan is being actioned through this plan moving forward.

ACCESS TO CARE AND UTILIZATION MANAGEMENT

Audited Services with Proper Documentation for Encounters Billed: BABH direct operated programs and contract service providers continue to score above the 95% standard for audited services, with 98% or better for FY22Q4. BABH also increased the services audited during FY22Q3 and completed a review for all specialized residential homes. The specialized residential homes scored 98% or better. For FY22, all services audited internally scored 98% or better. BABH had two Medicaid Event Verification (MEV) audits from Mid-State Health Network (MSHN) during FY22. BABH received a 96.62% compliance rate in February 2022 and an 81.96% compliance rate in August 2022. BABH worked with MSHN after the audit in August 2022 to improve the communication process which will likely result in a higher compliance rate in the future. Staff will be reviewing FY22Q4 data as scheduled starting this month.

Increase Medicaid Event Verification (MEV) Reviews: BABH staff have resumed site reviews as of May 2022 which include MEV reviews. The plan is to continue with MEV reviews throughout the fiscal year during the time of program specific site reviews.



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Copy of Plan of Service Offered Within 15 Days of Planning Meeting: For FY22Q3 and all of FY22 to date, BABH direct operated services and the contract service providers did not meet the 95% standard for this measure. BABH and the providers completed corrective action measures reminding staff of the standard and utilizing the data fields in the PCE system for easy tracking and review. BABH is exploring a way to collect a greater sample to determine overall compliance.

Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH received well above the 95% standard for Indicator 1 for both children and adult populations during FY22Q3 and all of FY22 to date.

MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): BABH saw a slight decrease in compliance (4%) for FY22Q3 compared to FY22Q2. BABH consistently scored between 54-58% compliance for children and adults combined for FY22. This is lower than FY21 which demonstrated a compliance rate of 57-63%. Staff from BABH direct operated programs and contract service providers created a workgroup that has met twice to date and scheduled to meet again to discuss ways to improve Indicator 2.

MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): BABH saw a decrease in compliance (5%) for FY22Q3 compared to FY22Q2. BABH saw a range of compliance between 57-75% for children and adults combined for FY22. This is lower than FY21 which demonstrated a compliance rate of 67-73%. Staff from BABH direct operated programs and contract service providers created a workgroup that has met twice to date and scheduled to meet again to discuss ways to improve Indicator 3.

MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): BABH scored above the 95% compliance rate for children and adult for all of FY22 to date.

MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for both the children and adult populations for FY22Q3 and all of FY22 to date.

Reduction of Inpatient Hospitalization Days for FY22: BABH had 6,812 inpatient hospitalization days during FY21 and 6,115 for FY22. This was a reduction of 697 inpatient hospitalization days during FY22 which met the goal of an overall reduction.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY22 satisfaction survey period, 91% of adults and 93% of children expressed a general satisfaction with services. BABH had a goal of 80% satisfaction so this greatly surpassed the FY22 goal.

Provider Survey: All the statements on the provider survey received over the 80% standard. There were seven statements that saw a decrease in satisfaction for 2022 compared to 2021. BABH leadership has determined specific action steps that can be taken to improve on these scores for 2023.



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Behavior Treatment Survey: This survey is completed annually at the end of each calendar year. The results from 2021 showed a 100% satisfaction rate for the 23 surveys returned.

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