

AGENDA

**BAY ARENAC BEHAVIORAL HEALTH
 BOARD OF DIRECTORS
 HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING**
 Monday, February 5, 2024 at 5:00 pm
 William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

	Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
	Robert Pawlak, Ch	_____	_____	_____	Patrick McFarland	_____	_____	_____	BABH: Karen Amon and Sara McRae
	Robert Luce, V Ch	_____	_____	_____	Colleen Maillette, Ex Off	_____	_____	_____	
	Tim Banaszak	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	Legend: M-Motion; S-Support; MA-
	Ernie Krygier	_____	_____	_____					Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report 3.2) Corporate Compliance Committee meeting notes from December 19, 2023		3.1) No action necessary 3.2) No action necessary
4.	Other Reports 4.1) Primary Network Operations & Quality Management Committee meeting notes from December 14, 2023		4.1) No action necessary
5.	Unfinished Business 5.1) None		

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6.	New Business 6.1) Quarterly Fraud Abuse Report 6.2) Corporate Compliance Semi-Annual Report		6.1) No action necessary 6.2) No action necessary
7.	Adjournment	M -	S - pm MA

Telehealth Monitoring Version 10 20 2021

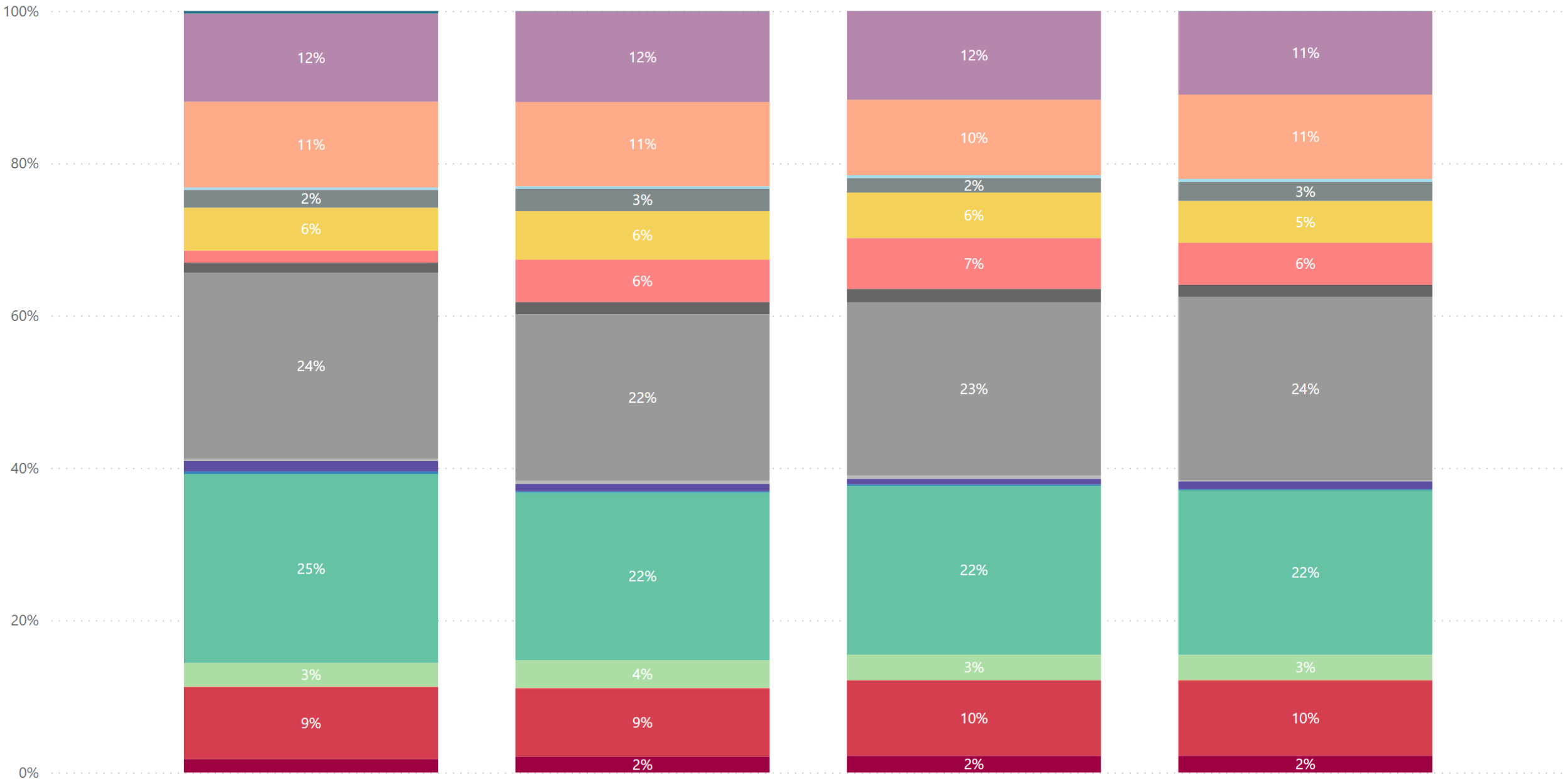
[View in Power BI](#) ↗

Last data refresh:
1/20/2024 12:01:48 PM UTC

Downloaded at:
1/20/2024 1:07:30 PM UTC

Bay And Arenac - Encounter Count

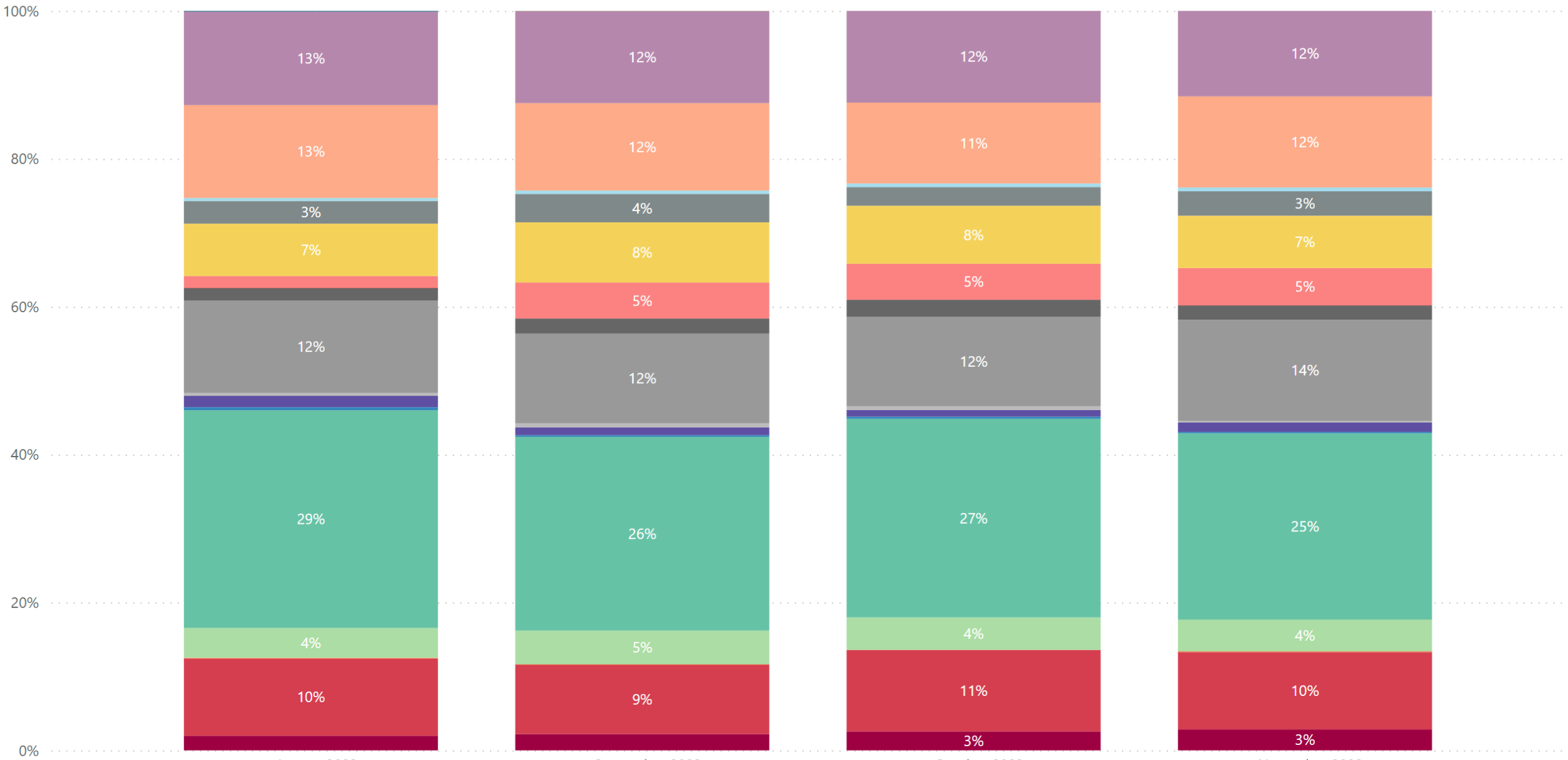
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Month_Name

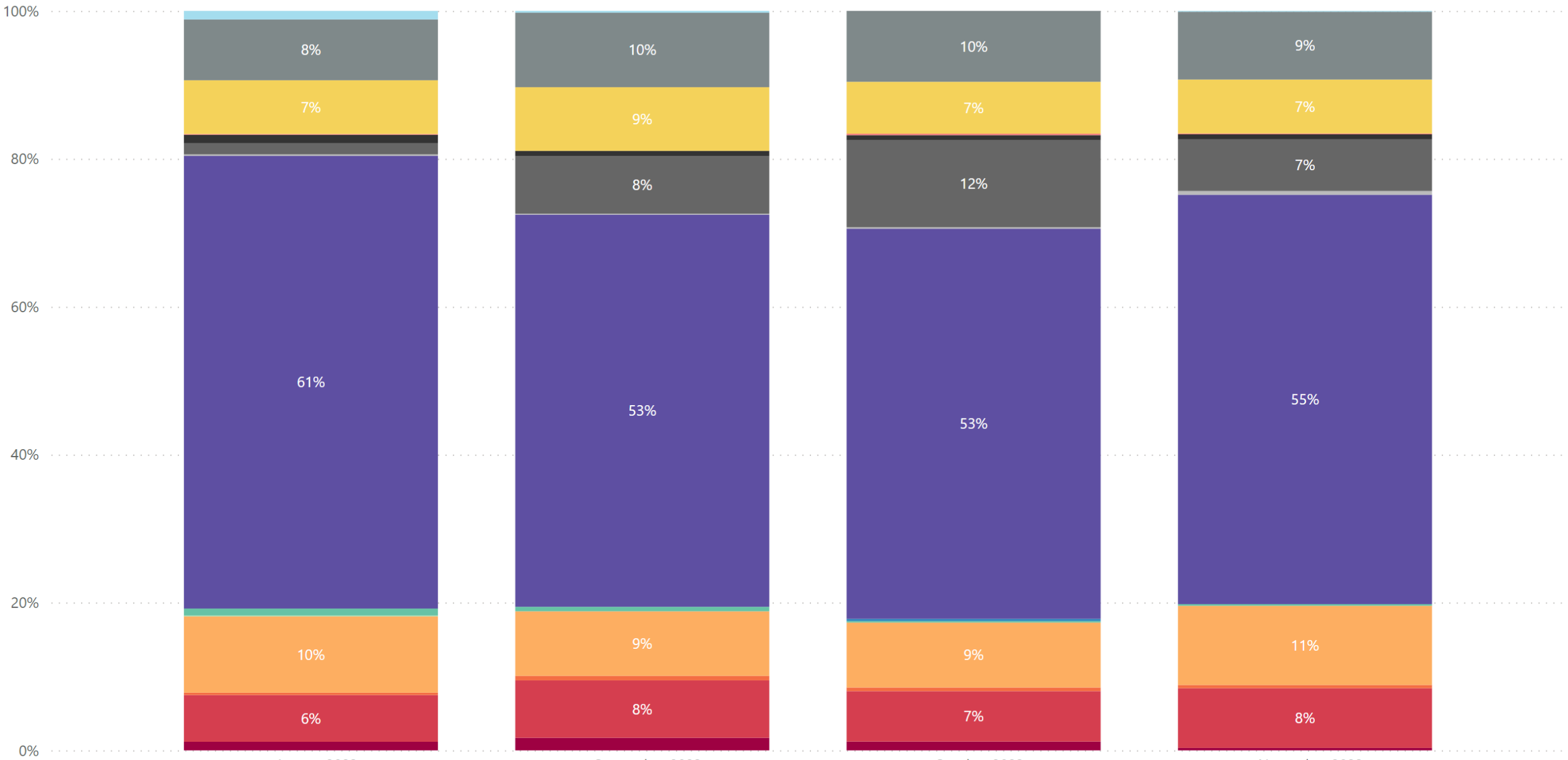
Bay - Encounter Count

PlaceOfContactFromPCELookupTable ● CLF/AFC ... ● Community ● Court ● Diversion ● ER ● Home ● Hospital I... ● Jail ● Nursing ... ● Office ● Other ● Place of E... ● School ● Specializ... ● Telemed ... ▶



Arenac - Encounter Count

PlaceOfContactFromPCELookupTable ● CLF/AFC ... ● Commu... ● ER ● Home ● Hospital I... ● Jail ● Nursing ... ● Office ● Other ● Place of ... ● School ● Speciali... ● Telemed ... ● Telemed... ● Telemed...



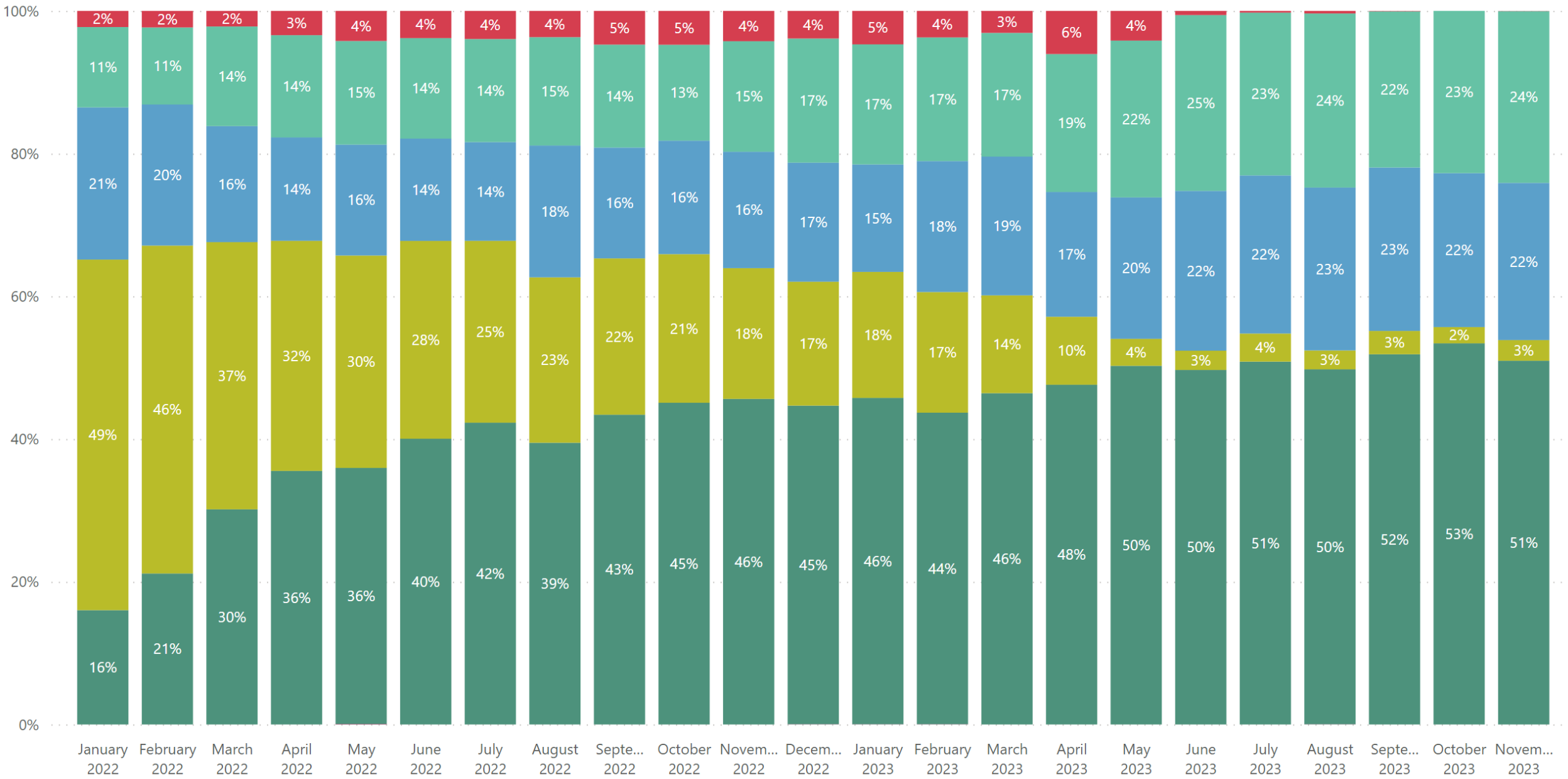
Bay And Arenac - Encounter Count

PlaceOfContactFromPCELookupTable ● CLF/AFC ... ● Community ● Court ● ER ● Home ● Hospital I... ● Jail ● Nursing ... ● Office ● Other ● Place of ... ● School ● Specializ... ● Telemed ... ● Telemed ... ▶



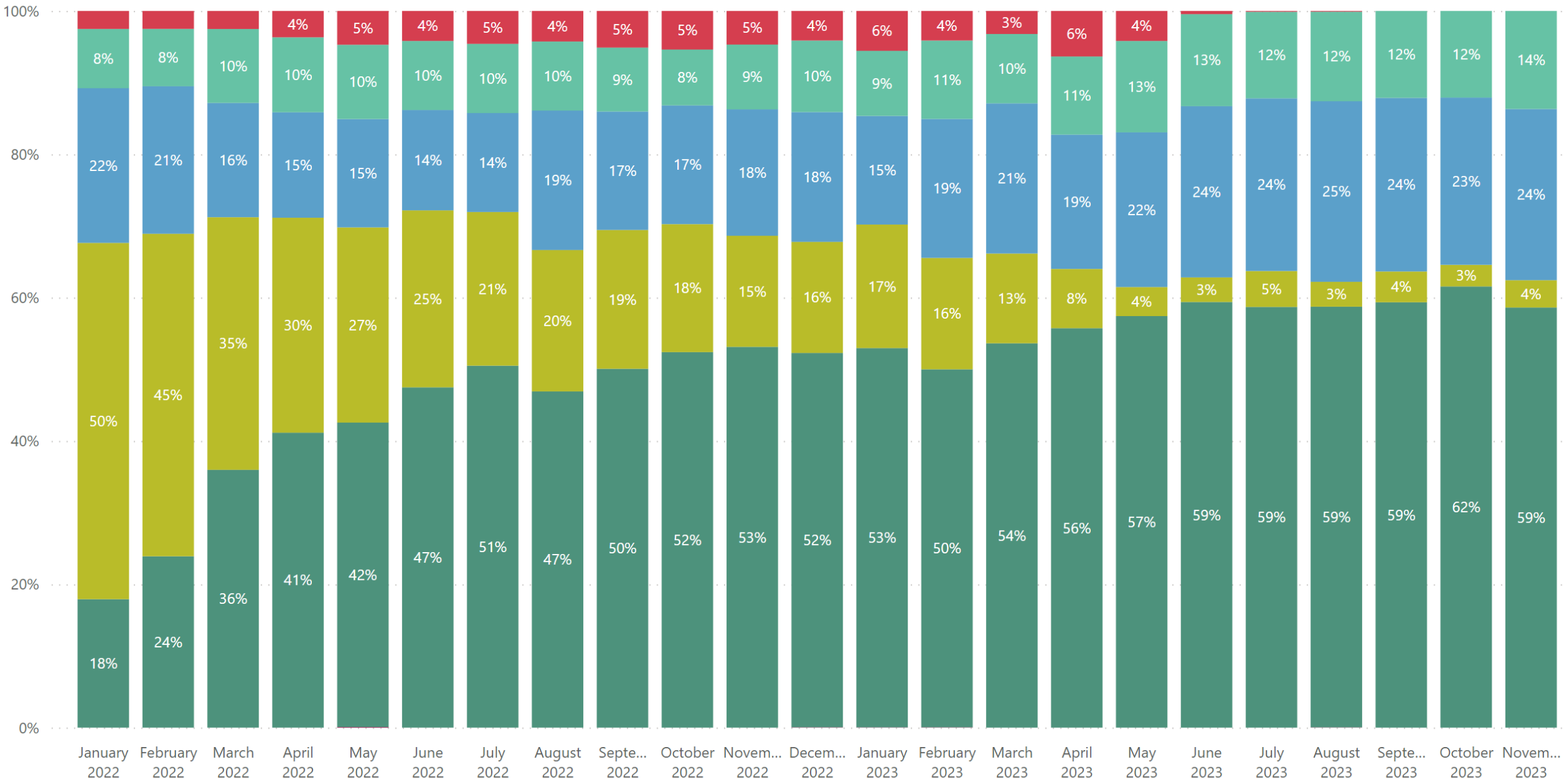
Bay And Arenac - Encounter Count

Place of Contact (groups) ● (Blank) ● CLF/AFC Home & Community & Court & ER & Home & Inpatient & Jail & ... ● COVID (Phone) ● COVID (Video) ● Office ● Tele (Trad)



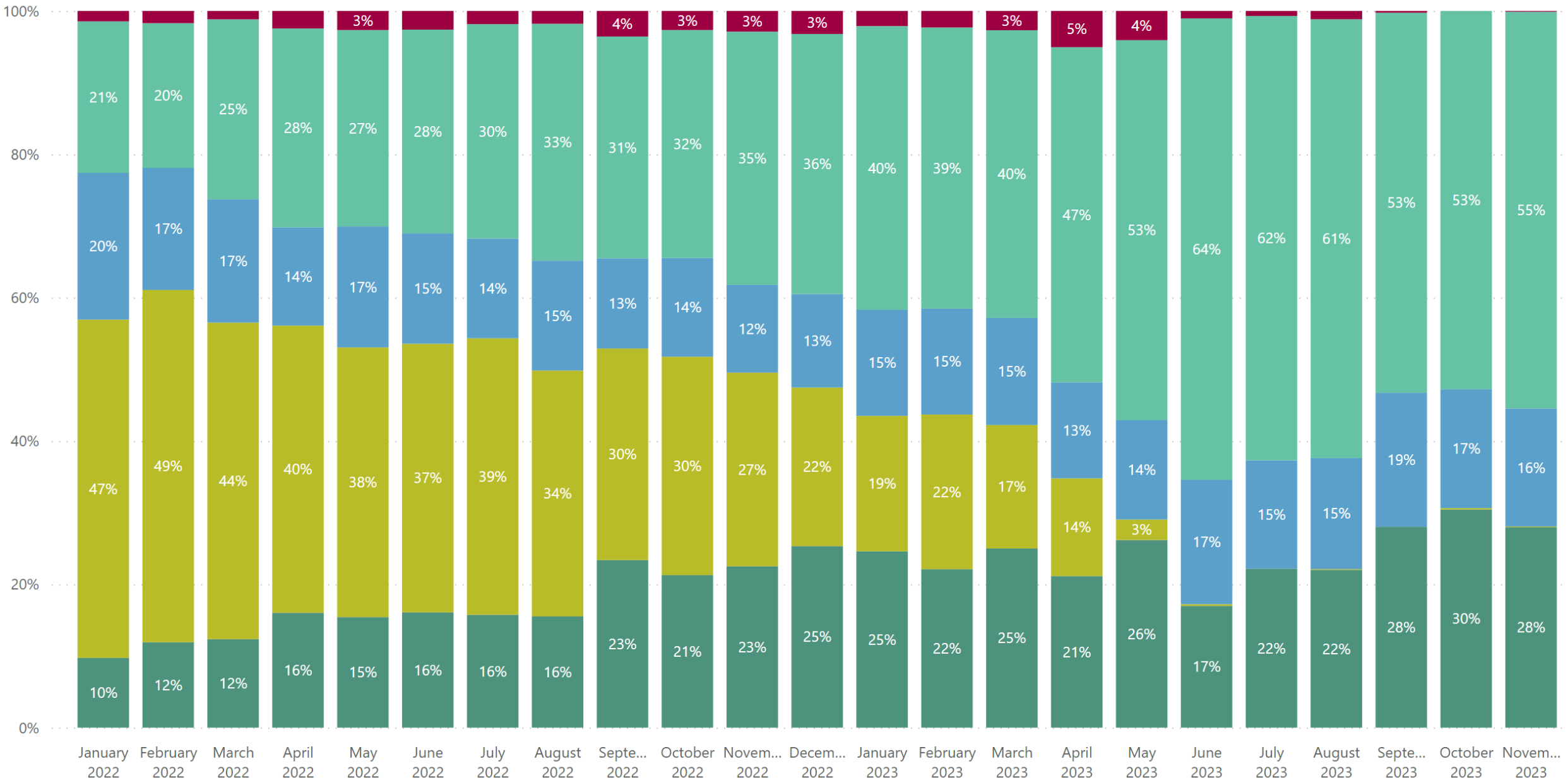
Bay - Encounter Count

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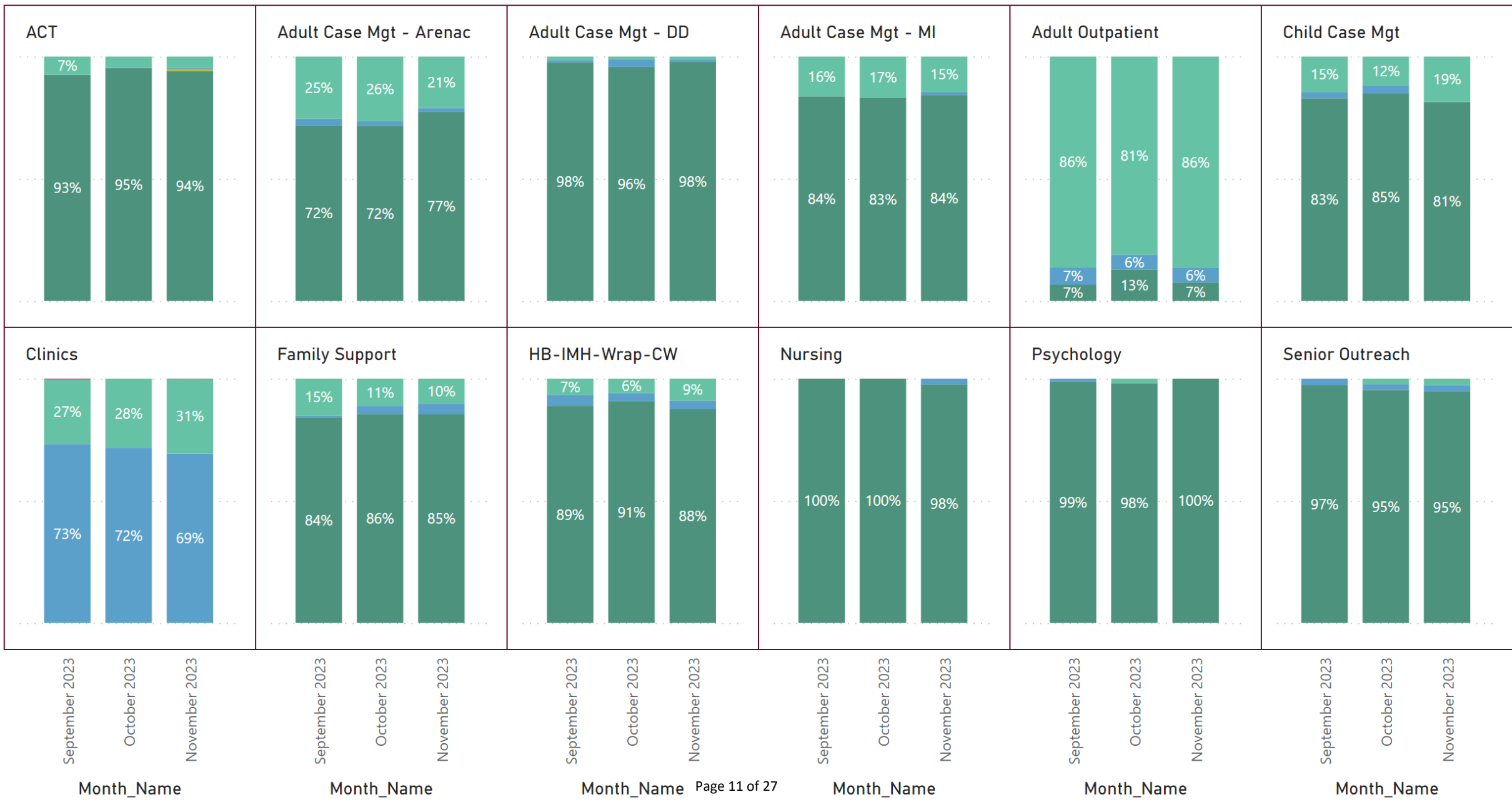
Arenac - Encounter Count

Place of Contact (groups) ● CLF/AFC Home & Community & Court & ER & Home & Inpatient & Jail & ... ● COVID (Phone) ● COVID (Video) ● Office ● Tele (Trad)



Bay And Arenac - Encounter Count

Place of Contact (groups) ● CLF/AFC Home & Community & Court & ER & Home & Inpatient & Jail & ... ● COVID (Phone) ● COVID (Video) ● Office ● Tele (Trad)



10/1/2019

Service Date Begin

11/30/2023

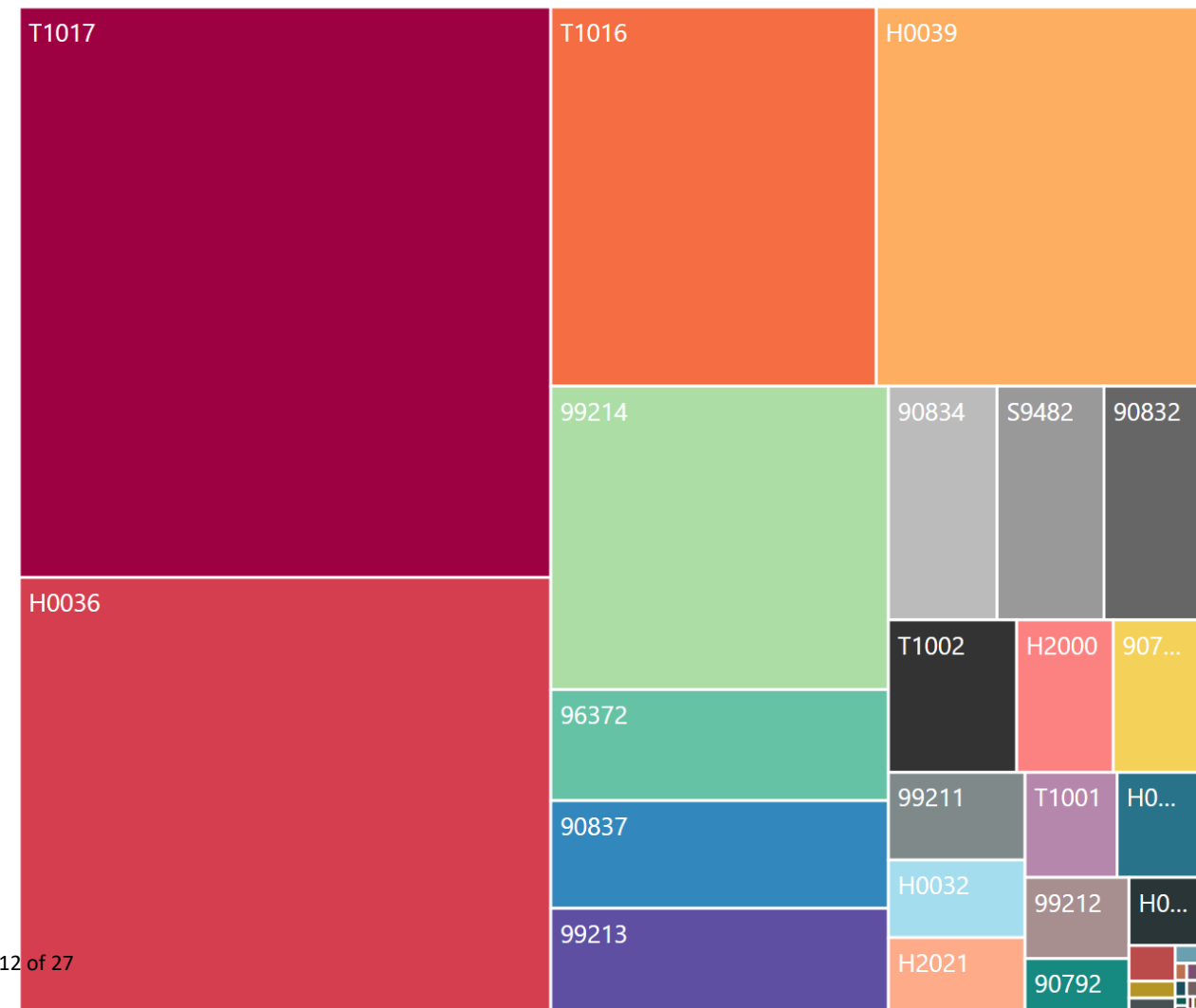
Service Date End

5853

Distinct Consumer Count

Primary Office Site	Provider Group	ProviderName
Arenac	ACT	Arenac - ACT - Cedar Street
Arenac	Adult Case Mgt - Arenac	Arenac - Case Management/Supports Coordination
Arenac	Adult Outpatient	Arenac - Outpatient Services
Arenac	Child Case Mgt	Arenac - Children's Case Management
Arenac	Clinics	Arenac - Physician/Health Services
Arenac	HB-IMH-Wrap-CW	Arenac - Home Based Services
Arenac	HB-IMH-Wrap-CW	Arenac - Infant Mental Health
Bay	ACT	Bay - ACT - N. Madison
Bay	ACT	Bay - Assertive Community Treatment
Bay	Adult Case Mgt - DD	Bay - DD Case Management/Supports Coordination
Bay	Adult Case Mgt - MI	Bay - MI Adult Case Management/Supports Coordination
Bay	Adult Outpatient	Bay - Outpatient
Bay	Adult Outpatient	Madison - Outpatient
Bay	Child Case Mgt	Bay - Children's Case Management
Bay	Clinics	Bay - Mulholland Physician Health Services
Bay	Clinics	Madison - Physician/Health Services
Bay	Family Support	Bay - Family Support
Bay	HB-IMH-Wrap-CW	Bay - Childrens Waiver
Bay	HB-IMH-Wrap-CW	Bay - Infant Mental Health
Bay	HB-IMH-Wrap-CW	Bay - Wraparound
Bay	HB-IMH-Wrap-CW	Madison - Home Based Services
Bay	Nursing	Bay - Residential Services
Bay	Psychology	Bay - Psychological Services

Units by CPTCode



BAY-ARENAC BEHAVIORAL HEALTH

BABHA CORPORATE COMPLIANCE COMMITTEE MEETING

Tuesday, December 19, 2023 (2:00 –3:05 pm)

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Karen Amon, Comp.& Privacy Officer, Chair	X	Heather Friebe, Clinical Program Manager	X	Melissa Prusi, Rec. Rights/Cust. Serv. Manager	-
Amy Folsom, Clinic Practice Manager	X	Jennifer Lasceski, director of HR	X	Sarah Holsinger, Quality Manager	X
Denise Groh, Medical Records, Recorder	X	Jesse Bellinger, Security Officer	X	Stephanie Gunsell, Contract Manager	X
Ellen Lesniak, Finance Manager, Vice Chair	X	Joelin Hahn, Director of Integrated Healthcare	X	Guests:	
Heather Beson, Director of Integrated Healthcare	X	Marci Rozek, CFO	-		

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) Agenda: Review/Additions</p> <p>b) Meeting Notes: Approval of November 13, meeting notes.</p> <p>c) Next Meeting: January 9, 2024</p>	<p>a) No additions to the agenda.</p> <p>b) November 13, 2023, meeting minutes – approved as written.</p> <p>c) The next meeting is scheduled for January 9, 2024. Karen would like to move the meeting to the 1st or 2nd Monday of the month at 1:00 pm. Credentialing would follow. Members to let Karen know.</p>	
2.	<p>State-Federal Laws and Regulations</p> <p>a) Review of Log and Subject Matter Expert Report Out</p>	<p>a) Karen has attended the Legislation and Policy Committee through the Community Mental Health Association.</p> <p>MMP 23-76 Electronic Visit Verification Implementation: Effective August 1st. This affects our direct-operated and vocational CLS workers. Need to have NPI and Champs numbers. Stuart Wilson is working on this. May need to meet with them to go over transition. Karen to talk to Dmitriy tomorrow about this at the EHR meeting to see if the EVV system will work with PCE. Jesse will know more after attending MSHN’S IT meeting tomorrow.</p> <p>MMP 23-39 – developing a Psychiatric Residential Treatment Facility – no update.</p> <p>Bulletin 2365 on the SED waver requirement; Sara, Joelin and Children’s team to look review.</p> <p>Bulletin 2374 regarding Community Health Workers – Joelin felt this did not pertain to us and is more for primary care providers. Karen asked Amy, both Heathers and Joelin to look this over more closely.</p> <p>Memo regarding unusual incident reports – This memo says unusual incident reports are not a peer review process. Rights is saying incident reports are subject to disclosure. Would like to take it to our council since we do not normally release incident reports. Sarah said this is more about quality improvement for BABHA per Janis.</p> <p>Memo on Michi CANS – Need to see where this stands with PCE to see if it will be embedded into the system. Will be brought up at tomorrow’s EHR meeting. Must see if it is copyrighted.</p>	<p>Schedule a meeting after the holidays to talk through the EVV process.</p> <p>Sara, Joelin and Childrens team to review Bulletin 2365</p> <p>Amy, both Heathers and Joelin to review Bulletin 2374.</p> <p>Take the issue of incident reports to the council.</p>

#	Topic	Key Discussion Points	Action Steps
3.	<p>Plans, Policies, Procedures, Assessments:</p> <p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p> <p>d) Process for Ensuring Implementation of Policy Changes</p> <p>a) Status of Employee Attestations/Time for new ones April-May</p>	<p>Issues from the Legislative and Policy Committee Meeting on November 15. House Bill 4841 – Requiring 24-hour nursing and social workers in each home. Most providers are opposed to this because they will not be able to implement this due to staffing issues. Senate Bills 334 - 336 were reviewed and House Bills 4550 to 4552 regarding the number of nurses per patient ratio in hospitals. Not enough nurses to care for people making it dangerous for patients and nurses. Supportive decision making and to consider it an option rather than assigning a guardian. BABHA supports this. Should be in the POS. Some training has been done on this. House Bill 479 - 480 Telehealth be paid at the same rate as face-to-face contacts which has been approved. Legislation decisions have been adjourned until January.</p> <p>b) Included above with (a).</p> <p>c) None</p> <p>d) Nothing to report.</p> <p>a) Employee Attestation – No update</p>	
4.	<p>Data/Monitoring/Reports:</p> <p>a) Phoenix and Gallery Breach Monitoring</p> <p>b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud/Abuse/Convictions during Staff Development Days)</p>	<p>a) Monthly monitoring completed; no findings to report regarding Security Breaches in Phoenix and Gallery for November.</p> <p>b) Exclusion - No findings to report.</p>	

#	Topic	Key Discussion Points	Action Steps
	<p>c) Monitoring of Group Drives for Unsecured PHI Files</p> <p>d) Security Officer Update</p> <p>e) Ethics/Recipient Rights/Customer Service Update</p> <p>f) Corporate Compliance Activity Report</p> <p>g) Review Updated Fraud Abuse Risk Assessment and Confirm Action Plan</p> <p><u>December Reports</u></p> <p>h) Quality Review of Medical Records Report</p>	<p>c) No findings of unsecured PHI Files</p> <p>d) No security issues to report. Jesse talked to Brenda and Theresa regarding Medworxx but mostly about the issues we are having with Chrome. Telnet phone issues were due to a cyber-attack on Telnet’s system. The phones are working again but please report any continued issues. Faxing issue is still being worked on. Sarah suggested letting staff know what has happened to make them aware of the risk of cyber-attacks.</p> <p>e) Deferred – Melissa not in attendance.</p> <p>f) Deferred</p> <p>g) Updated Fraud Abuse Risk Assessment for 2023. These assessments are completed every three years, the last one was done in 2021. It addresses risk levels. The risk can be low, medium, or high. Also shows what type of risk it is; financial, criminal, civil or regulatory liability risk. Ours were in the low and moderate range. Within the last 3 years, IPOS training has been added and is at moderate risk. Childrens requirements for training regarding provider qualifications may be a concern. Concerns regarding medical necessity for providers who use our system are at low risk due to master level clinician doing the initial assessment. However, the annual update assessment was at moderate level since the update is not done by a master’s level clinician. The following are higher risks and action plans are needed in contracted organizations using Phoenix and contracted organizations other than those that use our EHR for CSM; OTP; Prescribers/RN; ABA Autism; and CLS- Self D for claims. Direct-Operated and LIP; Contracted Organizations using Phoenix and contracted organizations other than those that use our EHR for all CLS; Children’s CSM; and OTP regarding provider qualifications. Medical necessity for contracted providers - OTP, OT/PT/SP.</p> <p>h) Sarah went over the FY23Q4 Quality of Care Record Review report, highlights as follows: 81% of records required for review were completed, and 84% of training was completed. Forms for completion; The Acknowledgment of Receipt form completion is at 94%, evidence of coordination is at 81%, all sections of the Assessment completed 93%, preplanning completed 90%, preplanning occurred before the plan at 93%, preference for POS choice of services given 90%, POS supports individual preferences at 93%, POS based on recommendations of all professional assessments at 94%, goals and objectives are SMART 89%. The Review of Progress numbers are all low, ranging from 64% to 86%. Progress notes appropriate to POS at 93%, all areas of the discharge completed 90%, Summary of Care 93% and satisfaction with services accessed and documented 92%. The above-mentioned are below the required 95%. Training was provided. Results may reflect issues which happened prior to that training.</p>	

#	Topic	Key Discussion Points	Action Steps
	<p data-bbox="247 261 485 383"><u>Enhanced Monitoring</u> i) Intermittent Checks of Self Determination Service</p> <p data-bbox="247 423 527 708">j) List Psychological – IPOS expired with services provided, several months of no documented progress notes, unsigned documents by staff/supervisor, stand-alone AUTH's, back dating of Interim Plans</p>	<p data-bbox="642 164 1751 224">The biggest issues are Coordination of Care and Review of Progress. Some of these issues are occurring due to program transfers from other providers.</p> <p data-bbox="590 269 1730 329">i) Chelli reviewed progress notes of eight different individuals, one to two months of notes. Most were very good. A few suggestions were made.</p> <p data-bbox="590 407 1730 467">j) Karen offered support to List due to the supervisor leaving the agency. Neither Karen nor Joelyn have heard anything from them.</p>	
5.	<p data-bbox="149 732 443 756">Outstanding Items/Other:</p> <p data-bbox="149 764 527 824">a) Statewide Credentialing Work Group Updates</p> <p data-bbox="149 833 527 919">b) Ability to Pay Changes (PA 92 of 2022; eff. 6-6-22) We will have until 10/2023</p>	<p data-bbox="543 764 1241 789">a) Working through the credentialing process with CBO RWHC.</p> <p data-bbox="543 837 1751 930">b) Ellen stated that the new methodology has been implemented. She is finding that the ability to pay is much less than they were when done the previous way. New forms will be uploaded to Phoenix and available on the intranet for clinicians to review.</p>	Add forms to Phoenix and intranet
6.	Adjourn/Credentialing Committee Next Meeting	<p data-bbox="548 1027 898 1052">No credentialing meeting today.</p> <p data-bbox="548 1060 1745 1117">The next meeting tentatively scheduled for Tuesday, January 9, 2024, 2:00 – 4:00 pm via MS Teams. Meeting schedule may be changed.</p>	

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

Thursday, December 14, 2023

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

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Abbi Burns, List Psychological Assistant Site Supervisor	X	Joelle Sporman (Recorder), BABH BI Secretary	X	Amanda Johnson, BABH ABA/FS Team Leader	X
Allison Gruehn, BABH ACT/Adult MI Program Manager		Karen Amon, BABH Healthcare Accountability Director		Denise Groh, BABH Medical Records Associate	
Amy Folsom, BABH Madison Clinic Manager	X	Kelli Maciag, BABH Children's IMH/HB Supervisor		Ellen Lesniak, BABH Finance Manager	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Adult/Child CSM Supervisor	X	Jacquelyn List, List Psychological COO	
Barb Goss, Saginaw Psychological COO		Lynn Blohm, BABH North Bay Team Supervisor	X	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor		Melanie Corrion, BABH Adult ID/DD Manager		Nathalie Menendes, Saginaw Psychological COO	
Chelsee Baker, Saginaw Psychological Supervisor	X	Melissa Deuel, BABH Quality & Compliance Coordinator		Nicole Sweet, BABH Clinical Services Manager	
Emily Gerhardt, BABH Children Services Team Leader		Melissa Prusi, BABH RR/Customer Services Manager		Sarah Van Paris, BABH Nursing Manager	
Emily Simbeck, MPA Adult OPT Supervisor		Noreen Kulhanek, BABH Children's Program Manager		Stephanie Gunsell, BABH Contracts Manager	
Heather Beson, BABH Integrated Care Director		Pam VanWormer, BABH Arenac Clinical Supervisor	X	Taylor Keyes, Adult MI Team Leader	
Heather Friebe, BABH Arenac Program Manager	X	Sarah Holsinger (Chair), BABH Quality Manager		Tyra Blackmon, BABH Access/ES Clinical Specialist	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Stacy Krasinski, BABH EAS Program Manager	X	Amanda Johnson, BABH ABA/FS Team Leader	
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stephani Rooker, BABH ID/DD Team Leader	X	GUESTS	
Joelin Hahn (Chair), BABH Integrated Care Director		Tracy Hagar, MPA Child OPT Supervisor		Saginaw Psychological: Kristen Kolberg	X
				BABH: Sarah Mulvaney	X

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of, and Additions to Agenda b. Approval of Meeting Notes: 10/12/23 c. Program/Provider Updates and Concerns	a. There were no additions to the agenda. b. The October 12 th meeting notes were approved as written. c. Bay-Arenac Behavioral Health: <ul style="list-style-type: none"> - <u>ABA/FS</u> – Nothing to report this month. - <u>ACT/Adult MI</u> – Nothing to report this month. - <u>Arenac Center</u> – Nothing to report this month. - <u>Children's Services</u> – Noreen Kulhanek's last day is the end of December, and Emily Gerhardt is her replacement. There is an opening for a HB therapist. ABA evaluations require a doctor's slip (primary doctor) so referrals cannot be processed without one. - <u>CLS</u> – There are still huge wait lists for CLS services. Providers are having difficulty hiring staff. Horizon Home is working lots of OT to cover shifts. Amy at BHS is retiring. There are workgroups at the state level for CLS workers to become certified. - <u>Contracts</u> – Nothing to report this month. 	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> - <u>Corporate Compliance</u> – Nothing to report this month. - <u>EAS (Emergency Access Services)/Mobile Response</u> – The team leader position is open for second shift as well as third shift. There are two openings for intake specialists. - <u>Finance</u> – Nothing to report this month. - <u>ID/DD</u> – There are no updates to report this month. - <u>IMH/HB</u> – Nothing to report this month. - <u>Madison Clinic</u> – Dr. Meyer started November 13th and replaced Dr. Chamberlain. Jill Lebourdais needs to do more administrative work with Dr. Ibrahim so Melissa Wazny will start December 19th to replace Jill at Arenac on Tuesdays in person. - <u>Medical Records</u> – Nothing to report this month. - <u>North Bay</u> – Nothing to report this month. - <u>Quality</u> – Nothing to report this month. - <u>Recipient Rights/Customer Services</u> – If you have a program that does not have reminder call texts, reach out to Karen Amon to have those turned on for your program. <p>List Psychological: Abbie Burns last day at List is tomorrow. They will not be replacing her; they will be splitting the duties up with Megan Smith (Site Supervisor) and Melanie Blank (Office Manager). There is another full-time therapist leaving soon. The receptionist quit on Monday. Not sure how long we are closed to referrals. There are four therapists and one part time therapist. Amy would like List to send a message to the Help Desk that anyone who is leaving or has left, to put an out of office message and have those messages checked and have them forwarded to someone who can take care of them.</p> <p>MPA: We are still limited to therapy to two per week for intakes and both case management programs combined, five intakes per week. OPT Adult team is not open to any transfers.</p>	

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>Saginaw Psychological: There are two new case managers, so they are open to referrals again. There is one therapy referral per week till January and then open to referrals for therapy. We are open to transfer requests to one per week. Does BABH have a preference between Doxy or Zoom for the case management team to use? Either program is fine.</p>	
<p>2. Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update</p>	<p>a. Nothing to report this month. b. Nothing to report this month.</p>	
<p>3. Reports a. QAPIP Quarterly Report (Aug, <u>Nov</u>, Feb, May) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> 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) v. Provider Satisfaction Survey c. <u>Access to Care & Service Utilization Reports</u> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) 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)</p>	<p>a. Defer b. i. Defer ii. Nothing to report this month. iii. Please review the RAS report individually as this was emailed to you before the meeting. There will not be a formal report. Please note that when comparing FY23Q4 to FY23Q3, there were fifteen statements during FY23Q4 that scored lower than FY23Q3. This is compared to 5 statements that scored lower in FY23Q3 compared to FY23Q2. iv. Nothing to report this month. v. Nothing to report this month. c. i. Nothing to report this month. ii. Defer iii. Defer iv. Defer v. Defer vi. Nothing to report this month. d. i. Defer ii. Defer iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. e. Nothing to report this month.</p>	<p>b.i. Deferred c.ii. Deferred c.iii. Deferred c.iv. Deferred c.v. Deferred d.i. Deferred d.ii. Deferred f. Deferred</p>

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Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> vi. Customer Service Report (Jan, Apr, Jul, Oct) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports f. Ability to Pay Report g. Review of the Referral Status Report 	<ul style="list-style-type: none"> f. Defer g. Nothing to report this month. 	
<p>4. Discussions/Population Committees/ Work Groups</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. MMBPIS Work Group ii. Services Provided during a Gap in IPOS iii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. 1915 iSPA 	<ul style="list-style-type: none"> a. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. b. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Nothing to report this month. iii. 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. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. vi. Nothing to report this month. d. Nothing to report this month. e. Nothing to report this month. f. Nothing to report this month. g. Defer 	<ul style="list-style-type: none"> g. Deferred l. Deferred

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> ii. Ability to Pay Assessments iii. Periodic Reviews - Including Options for Blending with Plan of Services Addendums iv. Management of Diagnostics v. MDHHS Standard Consent Module in Phoenix vi. PHE Ending Update and PCE Changes d. BABH/Policy Procedure Updates e. Conflict Free Case Management f. OPT Group Therapy g. Coordination of Care – PCE h. Clinical Capacity Issues Update i. Trauma Screening – Clinical Assessment-document in folder j. Referrals – Not having enough staff to accommodate number of referrals coming in k. Education on Medicaid Renewal l. Review of GE Exceptions P&P m. Medicare Plans n. Injection Samples Updates and Expectations regarding Co-Pays o. DBT 	<ul style="list-style-type: none"> h. BABH hired an internal staff to a therapist position. Hoping to have people helping with groups after the first of the year. There will be an engagement group. Trying to hire virtual therapists through Iris Telehealth. Staff will be helping with intake assessments. i. There was a proposal for trauma screening questions. Under the reasons for no screening completed, there was a new radio button added ‘trauma experienced in the past year but declines further evaluation.’ j. We are not allowed to have wait lists, which is why the Case Management programs are feeling the extra strain. Tightening up on severity and making sure everyone that comes in really needs our services. There are more denials. Keeping track of reopens, sending an ABD and calling them when able to. k. Medicaid has been terminated, so individuals need ATP’s. If they can meet criteria for specialty mental health services, appointments cannot be cancelled. If they have private insurance, it needs to be put in the chart to bill the private insurance and continue to see the person. l. Defer m. Medicare co-pays are more so when picking Medicare Plans, individuals need to pick a plan the drug is on the formulary so they can get the lowest co-pay cost. They cannot be on a sample when they did not pick a plan. n. There is a shortage of injection samples available. They are meant for the pharmacy companies to give as a trial for new individuals so they don’t have to pay for medication that may not work for them. BABH will not pay the co-pays, so it needs to be worked out with the pharmacy. o. Saginaw Psychological Services provides DBT services for the BABH provider network. SPS have recently lost several therapists, are down to five therapists, and are swamped with lots of clients needing DBT. Many of their therapists doing DBT are showing signs of burnout. SPS has been brainstorming options to keep DBT going. SPS is suggesting to have therapists from different agencies working with Saginaw Psych to continue DBT in the BABH provider network. A week-long training is coming up in 	

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

Thursday, December 14, 2023

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

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	February. Group is two hours a week and session with clients is one hour a week. DBT PE trauma piece is an hour twice a week. Looking for LMSW therapists.	
5. Announcements a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Monthly meeting reminder: Delta College, Thursdays 7:00-8:00PM	a. FYI b. FYI	
6. Parking Lot a. Addendums (Primary Case Holder vs. Add-On Services)	a. Future discussion	
7. Adjournment/Next Meeting	The meeting adjourned at 2:30 pm. The next meeting will be on January 11, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	

Status	Date Initiated	Source of Activity	Service/ Program	Provider Name	Brief description of issue/allegation	Codes Involved	# of Paid Claims	# of Staff	# of Cons	Total Paid Amount Related to Complaint/ Activity	Overpay Identified?	Potential Fraud?	Date Referred to MIOHSIG	Total Over-payment	Disposition	Date Resolved
Closed	08/21/23	Tip	Case Management	Individual Provider	Anonymous Complaint- Did not give any detailed information-unable to identify consumers or claims involved. RRO did complete an Investigation and did not substantiate any violation.	T1017-Case Management	0	1	0	\$0.00	No	No	No	\$0.00	Closed-No findings	11/01/23
Closed	08/21/23	Tip/Grievance	Case Management	Individual Provider	Complaint from an provider employee that services were not provided that were documented and billed.	T1017-Case Management	10	1	1	\$1,820.00	Yes	Yes	Under 5,000	\$1,262.35	Fraud-Recovered funds. Individual Disenrolled.	11/06/23
Closed	10/10/23	Tip/Grievance	Case Management	Individual Provider	Mother of consumer reported to an employee that the CSM did not provide the services that were billed.	T1017-Case Management	3	1	1	\$546.00	Yes	Yes	Under 5,000	\$546.00	Fraud-Recovered funds. Individual Disenrolled.	11/09/23
Open	12/27/23	Tip/Grievance	Community Living Services	Individual Provider	Complaint that the CLS worker wasn't providing services during particular times and days.	H2015		1	1	\$306.96					Pending Internal Review	
Closed	10/01/23	Audit	ABA	Provider	Scheduled Audit	ABA services	30	various	various	\$9,103.11	Yes	No	No	\$48.89	Closed-Funds Recovered	11/09/23
closed	10/01/23	Audit	ABA	Provider	Scheduled Audit	ABA services	24	various	various	\$5,859.46	Yes	No	No	\$14.35	Closed-Funds Recovered	11/03/23
Closed	10/01/23	Audit	ABA	Provider	Scheduled Audit	ABA services	175	various	various	\$28,711.14	Yes	No	No	\$3,243.59	Closed-Funds Recovered	11/17/23
Closed	09/20/23	Audit	vocational	Provider	Scheduled Audit	Vocational	95	various	various	\$519.41	Yes	No	No	\$12.59	Closed-Funds Recovered	11/22/23
Closed	09/20/23	Audit	vocational	Provider	Scheduled Audit	Vocational	181	various	various	\$6,328.90	Yes	No	No	\$59.45	Closed-Funds Recovered	11/03/23
Closed	09/22/23	Audit	vocational	Provider	Scheduled Audit	Vocational	45	various	various	\$724.69	Yes	No	No	\$41.25	Closed-Funds Recovered	11/09/23

Scale for Status Rating: Good-Improved-Fair-Poor

COMPLIANCE MONITORING

Monitoring	Status at Last Report	Status as of this Report	Comments
Electronic health record security breach monitoring (for violations of role-based security)	Good	Good	No findings.
Sanctioned provider (exclusion/ debarment) checks for employees and officers, contracted clinical service providers and selected vendors	Good	Good	No findings.

Auditing	Status at Last Report	Status at this Report	Comments
Contracted Service Provider Site Reviews	Good	Good	On site Provider Site Reviews have been reinstated. The Primary, CLS, ABA and Vocational providers have completed site Reviews.
Record Reviews	Fair	Improved	<p>Quality of Care Record Reviews- Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 97% of the records reviewed during FY23Q4 received the level of services that were written in the plan which meets the 75% standard set by BABH. However, there were findings from the MSHN Delegated Managed Care audit that did not demonstrate this high of compliance. Quality Staff are planning to provide more guidance and detail about this question to staff about this question in the Quality of Care Record Review process to get a more accurate compliance rate.</p> <p>Quality of Care Record Reviews- All Services Authorized In The Plan of Service Are Identified Within the Goals/Objectives of the Plan of Service: 99% of the records reviewed during FY23Q4 had the services identified appropriately to match the services authorized which meets the 75% standard set by BABH.</p>
Verification of Medicaid services provided for direct operated programs & contracted service providers	Good	Good	<p>Primary Providers, CLS, Vocational and ABA providers have all had MEV Audits completed.</p> <p>BABH increased the services audited during FY23 by completing reviews of all specialized residential, community living support, and vocational providers. BABH also updated the MEV policy and procedure to include more frequent reviews of services determined to be higher risk such as community living supports (CLS).</p> <p>Self Determination Coordinator has been completing monthly spot checks for MEV and quality in documentation and reporting to the CCC.</p>

RISK ASSESSMENT			Status of Action Plans
Dep't of Justice Compliance Program Eval	Triennial	Next eval due in 2025	The 2022 self-evaluation was completed during the reporting period as scheduled. BABHA scored 99-100% on 34 out of 43 standards (80%). Of the 9 standards warranting improvement, action steps include more training for supervisors on compliance, strengthening training on policies and procedures, and post implementation evaluation of process changes to ensure regulatory compliance is fully actualized.
Fraud/Abuse Risk Assessment	Triennial	Completed 12/2023	Completed and presented to CCC 12/2023. Presented and Approved by HCICC 1/2024.
Security Risk Assessment	Annual	Completed July 2023	Presented to CCC in August and HICC in September 2023.

EDUCATION		
Persons Served	Frequency	Status
Consumer Council-Bay	11/28/23	Completed-Corp. Comp. Update and Consents-Releases
Consumer Council-Arenac	11/29/23	Completed-Corp. Comp. Update and Consents-Releases
Board of Directors	Frequency	Status
Full Board Corporate Compliance training	Annual	Completed June 22, 2023.
Additional compliance information provided for Board of Directors:		
<u>Date</u>	<u>Audience</u>	<u>Topic</u>
8/1/23	Health Care Improvement & Compliance Committee	Supervisor's Compliance Training, Education on Reports for Telehealth, medications, etc.
09/05/23	Health Care Improvement & Compliance Committee	Privacy Education and Investigations
10/02/23	Health Care Improvement & Compliance Committee	Waiver Support Application (WSA) and 1915i Services, Conflict Free Access and Planning
11/06/23	Health Care Improvement & Compliance Committee	Corporate Compliance Reporting on Fraud/Abuse and Privacy Issues.
12/04/23	Health Care Improvement & Compliance Committee	Medicaid Eligibility post COVID, State wide Spend down cases.

Supervisors	Frequency	Status
Standing compliance agenda item on Bi-Weekly Leadership meetings	Monthly	Completed
Supervisor-specific corporate compliance training	Annual	Developed initial training and provided training via email to Supervisors.

Additional Educational Activities for Supervisors:			
Date	Audience	Topic	Type
8/3/23	All Supervisors	Role of Supervisors with Corp. Comp. General Resources	Email
8/11/23	All Supervisors	Role of Supervisors, Eligibility, Med. Necessity and Medicaid Requirements	Email

Employees	Frequency	Status
New employee orientation to corporate compliance, privacy and confidentiality	Monthly	Completed every month but December, which was cancelled.
Corporate compliance training	Annual	KA completed "New Tools for Medicare Policy Changes" on 7/26/23.
Privacy/security/confidentiality training	Annual	KA completed Cybersecurity for Leadership on 6/21/23. Staff Development Days completed 5/17/23. Privacy and Protections Reminders sent to All BABHA Staff and all External Primary Providers on 7/31/23.
Corporate Compliance Plan in-service	Annual	SLT completed 2/14/23. Board approval 2/16/23. All staff on 7/7/23.
Email security drills (by Security Officer)	Quarterly	Phishing tests were conducted in July. In July, there were 248 Test Recipients with a 94% of staff who did not click on the Phishing email and 6% who did click. This was a slight decrease from June.

Additional Educational Activities for Personnel:

Date	Audience	Topic	Type
8/17/23	BABHA Supervisors and External Primary Providers	FY24 BHTEDS Updates	Email

Contracted Service Providers	Frequency	Status
Corporate Compliance Training for Residential/ Community Living Support Providers	Annual	5/8/23
Corporate Compliance Training for Vocational Providers	Annual	Due 2/2024
Corporate Compliance Training for Primary Providers	Annual	Scheduling to meet with the Corp Comp Officers at each Program.
Corporate Compliance Training for Autism Providers	Annual	4/5/23

Additional Educational Activities for Contracted Service Providers:

Date	Audience	Topic	Type
10/11/23	M.P.A.	Privacy, PHI, HIPAA and Whistleblowers Protection Act	In person Meeting
9/28/23	All CLS and Specialized Residential	Proper Documentation with emphasis on how to provide corrections to documentation that are compliant. Review of Proposed HB regarding AFC rules.	In Person Meeting

Corporate Compliance Staff & Leadership	Frequency	Status
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Review of Regulatory Changes	Monthly	Completed
Review of Medicaid and General Fund Contract Boilerplate and Attachments	Yearly	In process
Review of CMS Office of Inspector General [Regulatory Compliance] Work Plan	Yearly	Completed CCC and HCICC January 2024
Educational activities for compliance leadership:		
<u>Date</u>	<u>Audience</u>	<u>Topics</u>
7/26/23	Karen Amon	New Tools for Medicare Policy Changes Impacting BH Services
		<u>Type</u>
		Webinar

Report Prepared by:
 Karen Amon, LMSW
 Director of Healthcare Accountability

Date: Feb. 2, 2024