

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

Thursday, January 11, 2024

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room

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

Topic		Key Discussion Points	Action Steps/Responsibility
1.	<b>a. Review of, and Additions to Agenda</b> <b>b. Approval of Meeting Notes: 12/14/23</b> <b>c. Program/Provider Updates and Concerns</b>	a. There was an addition to the agenda; 4m. Corporate Compliance Trends. b. The December 14 <sup>th</sup> meeting notes were approved as written. c. <b>Bay-Arenac Behavioral Health:</b> <ul style="list-style-type: none"> <li>- <u>ABA/FS</u> – Nothing to report this month.</li> <li>- <u>ACT/Adult MI</u> – ACT is down one nurse. We hired a Peer Support Specialist, and she started yesterday. Sarah Mulvaney from Case Management will be starting towards the master's level position in ACT. We will be down both Intensive Case Managers and 3 case managers for a total of 5 case managers.</li> <li>- <u>Arenac Center</u> – No updates to report this month.</li> <li>- <u>Children's Services</u> – Noreen has retired, and Emily G. took over for her. We are down a home-based worker.</li> <li>- <u>CLS</u> – Struggling to hire DSP's. Lynn is working on the wait list for CLS.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Nothing to report this month.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- <u>EAS (Emergency Access Services)/Mobile Response</u> – We filled all referrals for the contract agencies on Tuesday. We are looking for a team leader for 2<sup>nd</sup> shift and intake assessment staff. We hired a 2<sup>nd</sup> shift person but still need the MRT 2<sup>nd</sup> shift position filled. We are doing a CIT training for the 7 officers for the Bay City Police Department.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>ID/DD</u> – Nothing to report this month.</li> <li>- <u>IMH/HB</u> – Nothing to report this month.</li> <li>- <u>Madison Clinic</u> – Dr. Meyer is working. We replaced Jill Lebourdais with Melissa Wazny at the Arenac Center.</li> <li>- <u>Medical Records</u> – Nothing to report this month.</li> <li>- <u>North Bay</u> – Nothing to report this month.</li> <li>- <u>Quality</u> – Nothing to report this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – There is an increase in options for an interpreter. If you are in need of EAS, there is an option for three-way calling.</li> </ul> <p><b>List Psychological:</b> List is down several therapists. Megan Smith took over for Abbi Burns and will be working with BABH. List plans to open back up in February.</p> <p><b>MPA:</b> Patricia Straney will be retiring in February. We will need to find someone to replace Patricia to do our hospital liaison and hospital discharges. A therapist is leaving and potentially another therapist may be leaving, and she is not taking any new referrals. A new therapist is coming on board, but she is replacing another therapist that left.</p> <p><b>Saginaw Psychological:</b> Courtney Clark is new to the Saginaw Psychological Team as of January. She will be working with BABH and is hoping to open more referrals in the next month.</p>	

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	<p>We are all struggling with capacity. People seem to leave their job for easier hours and more pay. Emily S. said they come in with a limited license, they get their hours, pass their exam, and start looking for a new job because they are burnt out with Medicaid and Phoenix and want to work for private insurance. Things seem easier, less tedious, and there is not as much paperwork involved with private insurance. Melissa made a suggestion about having support coordination and case management assistants to relieve the administrative burden. Joelin stated that in Macomb County, they found so much success with having the supports coordinator/case management assistants that they have a whole department of just the assistants that do the case management/supports coordination functions under the supervision of a case management supervisor. We can put this on our agenda if there is interest, and we can get someone who uses the assistants to do a presentation for us. We can consider having a meeting for an intern orientation. If this would be beneficial, we can add this to the agenda as well.</p>	<p>c. Add to agenda: Case Management/Supports Coordinator Assistants and Intern Orientation</p>
<p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <p>a. QAPIP Annual Plan (Sept)</p> <p>b. <b>Organizational Trauma Assessment Update</b></p>	<p>a. Nothing to report this month.</p> <p>b. The Organizational Trauma Assessment is done every three years. Sarah H. will be sending out a QR code and a link asking that you pass it along to all your staff including leadership. The survey has 106 questions.</p>	
<p>3. <b>Reports</b></p> <p>a. <b>QAPIP Quarterly Report (Feb, May, Aug, Nov)</b></p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>i. <b>MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</b></p> <p>ii. <b>Recipient Rights (Jan, Apr, Jul, Oct)</b></p> <p>iii. <b>Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</b></p> <p>iv. <b>Consumer Satisfaction Report (MHSIP/YSS)</b></p>	<p>a. <u>24 Hours of Children's Specific Training</u> – Make sure you complete 24 calendar hours of children's specific training. There have been findings during audits and reviews. <u>Plan of Service Training Forms</u> – The Plan of Service Training forms are reviewed during site reviews and Melissa D. reviews them during the quarterly PI reviews. If you have consumers that have secondary services, those staff have to be trained in the plan of service. The last audit accounted for most of the errors due to not having a plan of service training form. We will start doing a monthly review of the forms. <u>Reportable Behavior Treatment Events</u> – Behavior treatment events have decreased in the last few quarters. <u>Risk Events</u> – Risk events (harm to self/other, 911 calls, CPI techniques) are trending upward but mainly from</p>	<p>c. i. Deferred</p> <p>c. ii. Deferred</p> <p>c. v. Remove Discharge Summary Disposition Report from the agenda.</p>

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<ul style="list-style-type: none"> <li>v. Provider Satisfaction Survey (Sept)</li> <li>c. <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)</b></li> <li>iii. <b>Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</b></li> <li>iv. <b>Service Requests Disposition Report (Feb, May, Aug, Nov)</b></li> <li>v. <b>Discharge Summary Disposition Report (Feb, May, Aug, Nov)</b></li> <li>vi. <b>Customer Service Report (Jan, Apr, Jul, Oct)</b></li> </ul> </li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b>Internal Performance Improvement Report (Feb, May, Aug, Nov)</b></li> <li>ii. <b>Internal MEV Report</b></li> <li>iii. MSHN MEV Audit Report (Apr)</li> <li>iv. MSHN DMC Audit Report (Sept)</li> <li>v. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Periodic Review Reports</li> <li>f. Ability to Pay Report</li> <li>g. Review of the Referral Status Report</li> </ul>	<p>ABA services due to kids trying to harm themselves. <u>Quality of Care Record Reviews</u> – We look specifically to see that the services written in the plan are delivered at the consistency identified. We do 30 internal reviews a month and it shows we are at a 97% and doing well, but during the audits we are not doing well. We will be redoing that process to capture what is happening and making sure staff are looking at the information correctly. If you are authorizing therapy, it needs to say individual therapy and if you are authorizing medication reviews, it needs to say medication reviews. What is in the authorizations is in the frequency of the service being provided. You can look through the rest of the report when you have time, and if you have any questions, please get with Sarah.</p> <ul style="list-style-type: none"> <li>b. i. The MSHN Priority Measures Report was emailed so you can look through it when you have time, and if you have any questions, please get with Sarah.</li> <li>ii. In FY23, the ORR received 190 complaints. In FY22, the ORR received 133 complaints. In FY21, the ORR received 118 complaints. This is an increase of 57 complaints over last FY, and 72 complaints over FY21. Residential complaints are the highest number of substantiated complaints, which is to be expected. The allegations coming in shows abuse/neglect are tied, we are talking about abuse I/II and neglect I/II. <u>Trends</u>: There is an increase in complaints regarding Case Management services suited to condition.</li> <li>iii. Nothing to report this month.</li> <li>iv. <u>Analysis</u>: For 2023, there was a 39% response rate (1216/2200) for surveys distributed. A response rate could not be determined for 2022, but this was the highest return rate since 2018. There were 174 (8%) surveys that were mailed (not including those mailed to guardians), and two surveys that were completed by phone, however, these were not approved methods for distribution. Due to low response rates in the past, it was determined that surveys were only supposed to be distributed face to face. There is not a way to determine if the surveys</li> </ul>	

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	<p>that were returned were those that were distributed in person or by mail. There was a 17% decline rate and 28% of consumers that were not seen for face-to-face contact during the four-week period. The MHSIP survey had a 41% response rate which met the 95% confidence level. The YSS survey had a 34% response rate which did not meet the 95% confidence level; it was an 81% confidence level. A drawing for a \$50 gift card was also offered to consumers if they completed the survey and provided their name/phone number.</p> <p><u>Action:</u> Over the past several years, surveys have been distributed in a variety of different ways with varying degrees of success. Ninety-two percent of the surveys were distributed in person during 2023 and it appears that this produced a successful response rate. It is recommended that surveys continue to be hand delivered during face-to-face contacts. The results of the MHSIP can be actioned due to meeting the 95% confidence level, but the YSS results should not be actioned due to only producing an 81% confidence level. It is also recommended that there continues to be the option of being entered for a gift card.</p> <p><u>MHSIP Survey Findings:</u> There was a total of 360 MHSIP surveys returned during 2023 out of 883 surveys distributed, which resulted in a 98% confidence level. It should be noted that Assertive Community Treatment (ACT), Bay Case Management (CSM), Bay Outpatient (OPT), Michigan Psychiatric Associates (MPA) CSM, and Saginaw Psychological Services (SPS) CSM had a significant decrease in the number of surveys completed for 2023 compared to 2022. List Psychological Services (LPS) OPT had a significant increase in the number of surveys completed for 2023 compared to 2022. These differences have the potential to impact the appearance of major increases or decreases in compliance.</p>	

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	<p><u>Analysis:</u> There were six questions that had a 3% increase in agreement for 2023 compared to 2022, which was the biggest increase in agreement. These were found throughout four different domains. Question 17, "I, not staff, decided my treatment goals," Question 32, "I am better able to do things that I want to do," and Question 35, "I feel I belong in my community," were the three questions that had the biggest decrease in agreement for 2023 with 3%. All of the questions in the Outcomes, Functioning, and Social Connectedness domains were below 80% which is typical of previous years.</p> <p><u>Action:</u> Over the past several years, surveys have been distributed through a variety of methods. This year the surveys were distributed primarily face to face and consumers/guardians had the chance to win a \$50 gift card. There was a total of 360 MHSIP surveys returned resulting in a 98% confidence level.</p> <ul style="list-style-type: none"> <li>• We can present survey information to staff</li> <li>• We can go over the PCP policy</li> <li>• Remind staff of Independent Facilitation</li> </ul> <p><u>YSS Survey Findings:</u> There were a total of 114 YSS surveys returned out of 333 surveys distributed for 2023 which resulted in an 81% confidence level. Four programs had an increase in surveys and four programs had a decrease in surveys. LPS had zero surveys returned in 2022 and 10 surveys returned in 2023. MPA CSM had 31 surveys returned in 2022 and 3 surveys returned in 2023.</p> <p><u>Analysis:</u> Question 16, "My child is better at handling daily life" saw the biggest increase in agreement (9%) for 2023 compared to 2022 followed by Question 20, "My child is better able to cope when things go wrong" with a 7% increase in agreement. There were twelve questions that saw a decrease in agreement in 2023 compared to 2022. The two questions</p>	

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	<p>that saw the biggest decrease in agreement (4%) was Question 8, "The location of services was convenient for us" and Question 19, "My child is doing better in school and/or work."</p> <p><u>Action:</u> For 2023, there were 114 YSS surveys returned from 333 distributed. This resulted in an 81% confidence level. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. Therefore, there is nothing specific to action with the results of the YSS for 2023. The response rate was 34% in 2023 compared to 14% in 2021. Staff will continue to provide education and encouragement on the value of completing these surveys and BABH, when possible, will continue to offer the chance to win a gift card.</p> <ul style="list-style-type: none"> <li>v. Nothing to report this month.</li> <li>c. i. The MMBPIS Report is for all the indicators. There are no shows primarily. There are gaps where a program was not accepting referrals, but we were not aware of that and there was a time issue getting them back. There is a standard for Indicators 2 and 3.</li> <li>ii. Deferred</li> <li>iii. Deferred</li> <li>iv. This is an older report, but it states EAS had a ton of referrals this year. It shows how no shows plays a big part in numbers.</li> <li>v. This is an older report, but people are dropping out of treatment which is why people are being discharged. Sarah is asking that we no longer report on the Discharge Summary Disposition Report at this meeting.</li> <li>vi. The BABH RR/CS Department processed 373 total CS cases (in addition to the 190 RR complaints) for FY23. The total number of grievances for Q4 was 5, inquiries were 53 and appeals was 58. We have some individuals who call frequently, so we start a case to make it easier for staff, otherwise, there would be more inquiries noted. <u>Trends:</u> There is an increase in grievances regarding quality of services for CSM and</li> </ul>	

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		<p>Outpatient Therapy. There is an increase in appeals where recipients are reporting they are not getting outreach and their case is being closed. We are not saying this is happening, but it is being voiced by consumers.</p> <p>d. i. We continue to struggle with coordination of care. Looking at ways to include an attachment link to the coordination of care letter so things can be uploaded showing evidence of that. Frequency Scope Duration was another major issue. Make sure the summary section at the bottom of assessments are filled out; there are lots of blanks. Make sure you check the boxes of what criteria is met for the disability designation.</p> <p>ii. Nothing to report this month.</p> <p>iii. Nothing to report this month.</p> <p>iv. Nothing to report this month.</p> <p>v. Nothing to report this month.</p> <p>e. Nothing to report this month.</p> <p>f. Finance is supposed to be going around to meet with providers regarding the ATP Report.</p> <p>g. Nothing to report this month.</p>	
4.	<p><b>Discussions/Population Committees/ Work Groups</b></p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <p>i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt.</p> <p>ii. PCP Treatment Team Input</p> <p>iii. Consumer Council Recommendations (as warranted)</p> <p>b. <u>Access to Care and Service Utilization</u></p> <p>i. MMBPIS Work Group</p> <p>ii. Services Provided during a Gap in IPOS</p> <p>iii. Repeated Use of Interim Plans</p>	<p>a. i. Nothing to report this month.</p> <p>ii. Nothing to report this month.</p> <p>iii. Nothing to report this month.</p> <p>b. i. Nothing to report this month.</p> <p>ii. Nothing to report this month.</p> <p>iii. Nothing to report this month.</p> <p>c. i. Nothing to report this month.</p> <p>ii. Nothing to report this month.</p> <p>iii. Nothing to report this month.</p> <p>iv. Nothing to report this month.</p> <p>v. Nothing to report this month.</p> <p>vi. Nothing to report this month.</p> <p>d. We are in the process of revising the title of C04-S05-T10 to include the Advanced Crisis Planning. We did not realize we did not have a policy and</p>	<p>e. Deferred</p> <p>f. Defer Referrals till next meeting.</p> <p>g. Deferred</p> <p>h. Deferred</p> <p>j. Deferred</p> <p>k. Continue discussion next meeting.</p> <p>l. Deferred</p> <p>m. Providers need to email Karen Amon the name of their Corporate Compliance Officer.</p>



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<ul style="list-style-type: none"> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. 1915 iSPA</li> <li>ii. Ability to Pay Assessments</li> <li>iii. Periodic Reviews - Including Options for Blending with Plan of Services Addendums</li> <li>iv. Management of Diagnostics</li> <li>v. MDHHS Standard Consent Module in Phoenix</li> <li>vi. PHE Ending Update and PCE Changes</li> </ul> </li> <li>d. <b>BABH/Policy Procedure Updates</b> <ul style="list-style-type: none"> <li>i. <b>C04-S05-T10 Advanced Crisis Planning, Advanced Directives, and Personal-Patient Advocate</b></li> </ul> </li> <li>e. <b>Coordination of Care - PCE</b></li> <li>f. <b>Clinical Capacity Issues Update</b> <ul style="list-style-type: none"> <li>i. <b>OPT Group Therapy</b></li> <li>ii. <b>OPT Individual</b></li> <li>iii. <b>Referrals - Not having enough staff to accommodate number of referrals (Emily S.)</b></li> </ul> </li> <li>g. <b>Education on Medicaid Renewal</b></li> <li>h. <b>General Fund Budget Issues FY24</b> <ul style="list-style-type: none"> <li>i. <b>Review of GE Exceptions P&amp;P</b></li> <li>ii. <b>Reimplementation of GF Plan - Update</b></li> </ul> </li> <li>i. <b>DBT Provider Network Team Expansion Opportunity</b></li> <li>j. <b>RPOSN Referrals</b></li> <li>k. <b>IPOS Ranges</b></li> </ul>	<p>procedure on crisis planning. Crisis planning is not a requirement, but there are times there should be one. Advance Crisis Plan was added in the definition's section. Under the procedure's section, #5 and #6 were added: A crisis plan will be established with an individual in the following circumstances: The individual receives treatment services and supports with the Assertive Community Treatment (ACT) or Home-Based Services programs; As a part of discharge planning or upon discharge from an involuntary mental health inpatient admission; Participation with Mobile Response Team crisis intervention services. The crisis plan will be reviewed and revised as needed at the following intervals: ACT or Home-Based Services –at least every 6 months; As a part of discharge planning or upon discharge from an involuntary mental health inpatient admission; As requested by the individual served (and/or guardian).</p> <ul style="list-style-type: none"> <li>e. Deferred</li> <li>f. We identified a group of BABH staff that are willing to start the group process. We are hoping to start the end of January, beginning of February. We have one new outpatient therapist hired but we cannot let her start therapy until we get a case manager to replace her. We have interviews coming up for another therapist as well as a tele-therapist. Referrals is deferred till next meeting.</li> <li>g. Deferred</li> <li>h. Deferred</li> <li>i. BABH, MPA and Saginaw Psychological used to have a DBT Team. Throughout the years, there were fewer referrals, so BABH and MPA dismantled their teams, but Saginaw Psych still has their team. With the OPT capacity issues, Saginaw Psych has clinicians that resigned and now the DBT Team needs help. Saginaw Psych needs at least 2 clinicians to help out from other sites. Group takes place on Thursdays from 9:00-11:00 and then the team meets from 11:15-1:00. If staff do not have training but are interested, they need to fill out an application to be part of the team and then there would be an interviewing process and then training. They would have to do</li> </ul>	

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	<b>I. Recommended Training</b> <b>m. Corporate Compliance Trends</b>	<p>the 5-day training. Staff training would be covered by BABH. If anyone is interested in helping out, please get with Jaclynn Nolan.</p> <p>j. Deferred</p> <p>k. We had an issue with this on a site review. The state is not allowing us to use ranges. We are asking staff to use reasonable ranges at this time.</p> <p>l. Deferred</p> <p>m. There is a rise in complaints for potential fraud. The complaints are coming in from community-based services where people are reporting services they are not providing, and some are being substantiated. Please be aware of reporting services. Karen would like to meet with the Corporate Compliance Officers among the providers. Please send the name of the CCO to Karen and she will schedule a meeting to talk through issues and discuss how to prevent fraud from happening. There has also been an increase in privacy situations. This is not fraud, but it could fall under abuse with regard to Medicaid funding, where we are seeing trends with regards to plans of services expiring and then there being a gap and services are being provided without having a plan in place. BABH would review and take back money for services provided during that gap. Just a reminder for those billing for Case Management services, you cannot bill a unit until you have 15 minutes.</p>	
5.	<b>Announcements</b> a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM	a. FYI 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 2:30 pm. The next meeting will be on February 8, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	



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