

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

Thursday, February 9, 2023

1:30 p.m. - 3:00 p.m.

Zoom Meeting

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
List Psychological Assistant Site Supervisor: Abbi Burns		BABH Healthcare Accountability Director: Karen Amon	X	BABH Quality Manager: Sarah Holsinger (Chair)	X
BABH Quality & Compliance Coordinator: Amber Wade	X	BABH ACT/Adult MI Manager: Kathy Palmer		BABH ES/Access Program Manager: Stacy Krasinski	X
BABH Clinic Manager: Amy Folsom	X	BABH IMH/HB Supervisor: Kelli Maciag		MPA Child OPT Supervisor: Tracy Hagar	X
BABH EAS Supervisor: Anne Nephew		Saginaw Psychological Supervisor: Kristen Kolberg	X	<b>AD-HOC MEMBERS</b>	Present
Saginaw Psychological COO: Barb Goss		MPA Adult/CSM Supervisor: Laura Sandy	X	BABH Medical Records Associate: Denise Groh	X
MPA Adult OPT Supervisor: Emily Simbeck	X	BABH North Bay Team Supervisor: Lynn Blohm	X	BABH Finance Department: Ellen Lesniak	
BABH Children Services Team Leader: Emily Young	X	Saginaw Psychological CSM Supervisor: Megan Hecht	X	BABH Healthcare Accountability Consultant: Janis Pinter	X
BABH Integrated Care Director: Heather Beson	X	BABH Adult ID/DD Manager: Melanie Corrion	X	List Psychological Site Supervisor: Kaitlyn Tobin	
BABH Clinical Services Manager: Heather Friebe	X	BABH Quality & Compliance Coordinator: Melissa Deuel	X	Consumer Council Rep (Jan/Apr/Jul/Oct): Kathy Johnson	---
List Psychological COO: Jacquelyn List	X	BABH RR/Customer Services Manager: Melissa Prusi	---	BABH Clinical Services Manager: Nicole Sweet	X
BABH Integrated Care Director: Joelin Hahn (Chair)	---	Saginaw Psychological CEO: Nathalie Menendes		BABH Nursing Manager: Sarah Van Paris	
BABH BI Secretary: Joelle Sporman (Recorder)	X	BABH Children Services Manager: Noreen Kulhanek		BABH Contracts Administrator: Stephanie Gunsell	X
<b>GUESTS</b>					

Topic		Key Discussion Points	Action Steps/Responsibility
1.	<b>a. Review of, and Additions to Agenda</b> <b>b. Approval of Meeting Notes: 01/12/23</b> <b>c. Program/Provider Updates and Concerns</b>	<p>a. There was an addition to the agenda; 4.g. Referrals</p> <p>b. The January 12<sup>th</sup> meeting notes were approved as written.</p> <p>c. <u>BABH - Access/Emergency Services</u> – A new staff is starting next week and there is another interview for next week.</p> <p><u>BABH - Arenac Center</u> – Nothing to report this month.</p> <p><u>BABH - Business Intelligence/Quality</u> – Nothing to report for Quality or BI this month.</p> <p><u>BABH - Children's Services</u> – Nothing to report this month.</p> <p><u>BABH - Contracts</u> – Nothing to report this month.</p> <p><u>BABH - Integrated Care</u> – Nothing to report this month.</p>	

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	<p><u>BABH - Madison Clinic</u> – Dr. Lee, Child Psychiatrist, her last day is February 16<sup>th</sup>. Letters to her case load went out last week and there will be a gap because the new prescriber will not be starting till March 27<sup>th</sup>. Please have staff turn authorizations in during reminder calls. For all routine authorizations, please refer to the CPT code sheet to make sure we are getting all the services that we need. All interim plans need to include all services in the plan. For those with new staff, please send a current listing of staff and contact information.</p> <p><u>BABH - Medical Records</u> – Reminder to providers that the PCE User Form needs to be filled out when new staff come into the agency and need access to Phoenix. The form also needs to be filled out when staff is leaving the agency. Jackie asked if agencies could get a list of staff who have access to Phoenix. Janis stated we are in the process of testing and getting ready to deploy a new Provider Management module. When it's deployed, there will be a provider service portal, and it includes a list of who has access to Phoenix.</p> <p><u>BABH - North Bay</u> – Nothing to report this month.</p> <p><u>BABH - Recipient Rights/Customer Services</u> – Nothing to report this month.</p> <p><u>LPS</u> – Nothing to report this month.</p> <p><u>MPA</u> – Nothing to report for Adult-OPT, Adult-CSM or Child-OPT. Emily will be taking maternity leave in March.</p> <p><u>Saginaw Psychological</u> – Jasmine, who has been on maternity leave, will be coming back to work next week. We were able to utilize a therapist from the Midland office and he will come on board part-time for BABH so he will be here on Mondays and Tuesday. Trying to hire another full-time therapist.</p>	

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		One DBT therapist is leaving at the end of February. As of February 13 <sup>th</sup> , we will be open to all CSM referrals. A new case manager will be starting on the 20 <sup>th</sup> .	
2.	<b>Plans &amp; System Assessments/Evaluations</b> a. QAPIP Annual Plan (Sept) <b>b. Organizational Trauma Assessment Update</b>	a. Nothing to report this month. b. There are two action items that were addressed from the last organizational trauma assessment. One action item was to add the language of physical safety in the assessment part, of which was done. The second action item is that Melissa was going to be on a schedule to take policies and procedures on a rotating schedule to the Consumer Advisory Council.	
3.	<b>Reports</b> <b>a. QAPIP Quarterly Report (Aug, Nov, Feb, May)</b> <b>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></b> <ul style="list-style-type: none"> <li>i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</li> <li>ii. Recipient Rights (Jan, Apr, Jul, Oct)</li> <li><b>iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</b></li> <li>iv. Consumer Satisfaction Report (MHSIP/YSS) (Nov)</li> <li>v. Provider Satisfaction Survey</li> </ul> <b>c. <u>Access to Care &amp; Service Utilization Reports</u></b> <ul style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. LOCUS (Mar, Jun, Sep, Dec) - Deferred from Sept</li> <li>iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> </ul>	a. The QAPIP report was sent to the committee via email. The committee had the chance to review the report, but no feedback was provided. b. <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 was an 80% completion rate of the RAS for FY22Q4. There were five statements that were lower for individuals that are actively receiving services compared to individuals that newly entered services. The statement, "I have goals in life that I want to reach," saw the greatest difference (.15) for active consumers compared to new consumers. All of the statements saw a decrease for FY22Q4 compared to FY22Q3. This is not typical of past quarters. The statement, "Even when I don't believe in myself, other people do," saw the biggest decrease for FY22Q4 (.17) compared to FY22Q3. There was an 80% completion rate of the RAS for FY23Q1. There were six statements that were lower for individuals that are actively receiving services compared to individuals that newly entered services. The statement, "I have goals in life that I want to reach," saw the greatest decrease (.17) for FY23Q1 compared to FY22Q4. All of the statements except three were slightly lower for FY23Q1 compared to FY22Q4. Most of the statements had a .01 or .02 difference. The scores have continued to decrease for the past two quarters but saw less of a decrease this quarter. BABH will continue to monitor this trend to determine if specific action is needed.</li> </ul>	d. <ul style="list-style-type: none"> <li>i. Janis will follow-up with Melissa D. and Sarah on what documentation is needed for coordination of care.</li> </ul>

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	<p>scored 100%. It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan: You can also upload the signed document under the attachment link of the IPOS.</p> <p><u>Completion of Crisis Plan</u> – Bay Direct and all contracted providers scored above the 95% standard. Saginaw Psychological and MPA scored 100%. List scored 98% which is a 2% increase since FY22Q3. Bay Direct scored a 96% which is a 4% decrease from last quarter. It is recommended that all radio buttons be double checked. If a consumer identifies that they would like a safety/crisis plan, staff should verify/complete one in the record.</p> <p><u>Evidence of Primary Care Coordination</u> – Bay Direct, List, Saginaw Psychological and MPA all scored below the 95% standard. Bay Direct scored 81%, which is a 12% decrease from FY22Q3. Saginaw Psychological had an 8% decrease from FY22Q3. List increased 12% from FY22Q3. MPA decreased 2% from FY22Q3. It is recommended that if a consumer declines HCC, the form is marked as declined and it is present in the chart. It is also recommended that evidence of coordination be uploaded to the chart.</p> <p>Janis stated we will be more actively using the state required behavior health consent, but it will impact the coordination of care process as well because there will not be as much room for people to decline. More follow-up to be done on this.</p> <ul style="list-style-type: none"> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>e. Nothing to report this month.</li> </ul>	
4. <b>Discussions/Population Committees/Work Groups</b>	<ul style="list-style-type: none"> <li>a. i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> </ul>	<ul style="list-style-type: none"> <li>b. Janis will send out the side-by-side comparison</li> </ul>

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<ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <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> <li>iv. MHSIP/YSS Survey (Deferred)</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> <li>i. <b>MMBPIS Work Group</b></li> <li>ii. Services Provided during a Gap in IPOS</li> <li>iii. Repeated Use of Interim Plans</li> </ul> </li> <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. Appointments in the PCE Calendar</li> <li>vi. <b>MDHHS Standard Consent Module in Phoenix</b></li> </ul> </li> <li>d. Juvenile Competency Hearing/Referral to MH treatment</li> <li>e. Periodic Reviews Completion Due Date - deferred</li> <li>f. <b>Employee Separation - PCE Process</b></li> <li>g. <b>Referrals</b></li> </ul>	<ul style="list-style-type: none"> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>b. i. Janis went through the Side-By-Side Comparison of Access Screening-Clinical Assessment and Pre Plan Data Fields document. Janis would encourage us to get rid of the DD Proxy Measures due to redundancy with things being added for the 1915i. Staff agreed to get rid of the redundancy so Janis will go through those areas and merge them and will send out to the group for consideration. Stacey will send out the Risk Assessment to the committee. There was a suggestion to have a face-to-face meeting to go over an assessment so we know what to expect. Sarah can send out a Doodle Poll to see what everyone's availability is and we can meet at the Wirt Building. Some updates were made during the meeting but then held up making changes so we can meet in person. Janis can have the changes put through to Phoenix.</li> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>c. i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</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> <li>vi. The state put into the Mental Health code that we must use their standard behavioral health consent. It has been available through the EHR, but there were concerns about it, so it has not been made the primary use of information in Phoenix. We need to become fully compliant in using the consent. Janis went through the sections of the consent and section 2 can be confusing. With the revisions made to the mental health code, we no longer need consent to exchange information with other health care providers. This consent is built with the assumption that you will be communicating with parties, and it does not require a consent to exchange. We will be able to do fewer consents</li> </ul>	<ul style="list-style-type: none"> <li>to the committee for review. Stacey will send out the Risk Assessment to the committee. Sarah will send out a Doodle Poll for an in-person meeting to go over an assessment.</li> <li>c. vi. Janis will get with the providers on the consent module in Phoenix.</li> <li>f. Sarah H. will send out the PCE User Form and Case Management Training documentation to the committee.</li> <li>g. Karen and Joelin to address the referral issues at SLT.</li> </ul>

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	<p>than in the past, but there is less room for a consumer to say ‘no.’ We need to educate our staff during staff meetings and trainings will be set up as well. Janis would like to go through this with List, MPA and Saginaw Psychological.</p> <p>d. Nothing to report this month.</p> <p>e. Nothing to report this month.</p> <p>f. When new staff come on board, or when they leave the agency, they need to fill out the PCE User Form for access to Phoenix. The PCE User Form and the Case Management Training documentation will be sent out to the committee.</p> <p>g. MPA is getting slammed with referrals. They are trying to get schedules and appointments done in the 14 days, but they are overwhelmed. We do not want to refuse referrals but not sure what else can be done. Wait lists are not allowed unless someone has Medicaid. We try to spread the referrals around but not much we can do because everyone is limited on how many referrals can be taken. When we are not able to meet the 14-day window, we need to make notes and capture that, so we are not covering up the problem(s). Janis thinks it would be worthwhile to have a formal letter sent to MSHN and to the contract manager at MDHHS indicating status and not being able to meet deadlines. Karen and Joelin can take this as a recommendation to SLT.</p>	
<p>5. <b>Announcements</b></p> <p>a. DHHS Outreach Worker</p> <p>    i. MIBridges System</p> <p>b. Great Lakes Bay FAN – Recovery &amp; Resource Fair, Delta College, Thursday, September 8, 2022, 5-7:00 PM</p> <p>c. Change in BABH Privacy Officer - update trainings/posters</p>	<p>a. FYI</p> <p>b. FYI</p> <p>c. The Corporate Compliance Hotline poster has been updated to reflect Karen Amon as the new BABH Privacy Officer. Please update all trainings and posters with the changes made to the hotline poster.</p>	
<p>6. <b>Parking Lot</b></p>	<p>a. Future discussion</p>	

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	a. Addendums (Primary Case Holder vs. Add-On Services)		
7.	<b>Adjournment/Next Meeting</b>	The meeting adjourned at 3:30 pm. The next meeting will be via Zoom on March 1, 2023, 1:30 - 3:30.	