BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, August 10, 2023
1:30 p.m. - 3:30 p.m.
Lincoln Center - East Conference Room

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

	Topic	Key Discussion Points	Action Steps/Responsibility
1.	**a. Review of, and Additions to Agenda** **b. Approval of Meeting Notes: 07/13/23** **c. Program/Provider Updates and Concerns**	a. There were additions to the agenda; 4g. Contact Notes specific to re-entry into services and 4h. BABH Policy/Procedure Updates b. The July 13th meeting notes were approved as written. c. **Bay-Arenac Behavioral Health**: - Access/Emergency Services/Mobile Response Team – Still hiring. May have a person hired for 2nd shift. - ACT/MI-A – The MI-Adult Team Leader will be starting August 21st. Filled a case management position and she will start on August 28th but most likely will lose a case manager soon. ACT is still looking for nurses and a master's level clinician, which is still pending. - Arenac Center – Still looking for another intake worker. - Children's Services – Nothing to report this month.	

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		- CLS – BHS has discontinued their CLS contract effective 10/01/23 along with Union and Meadows homes. Continuing to work on alternatives. - Contracts – Nothing to report this month. - Corporate Compliance – Nothing to report this month. - Family Support/ABA – Nothing to report this month. - Finance – Nothing to report this month. - IDD Adult – There is a new case manager. - Madison Clinic – Found someone to replace Dr. Chamberlain. Dr. Bridget Smith and Dr. Exum will be helping out when Dr. Smith is out of the office. Amy will have students starting next week. - Medical Records – Nothing to report this month. - North Bay – Nothing to report this month. - Quality – Finishing up on the MSHN MEV review. will be doing on-site provider reviews at the end of August. - Recipient Rights/Customer Services – There is a new hire. We are doing some restructuring so Customer Services can cover Recipient Right's staff, and Recipient Rights can cover Customer Services. Just a reminder that when someone requests a service, whether they don't meet medical necessity, whatever the case, you have to do an ABD. If there is a delay beyond 14 days, an ABD has to be done. We are not allowed to have wait lists, so an ABD needs to be done. If it's written in the plan that they start services 14 days after staff is hired, an ABD does not need to be done, but if it's not in the plan, an ABD needs to be done. **List Psychological**: Actively hiring. One of the clinicians agreed to stay till the end of the month. Have 1 client that needs to be transferred out. Office Manager, Valerie Strawn, put her two weeks in. **MPA:** Referrals are limited for OPT.	

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		Saginaw Psychological: Nothing to report this month.	
2.	**Plans & System Assessments/Evaluations** a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. Nothing to report this month. b. Nothing to report this month.	
3.	**Reports** **a. QAPIP Quarterly Report (Aug, Nov, Feb, May)** b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports 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. Access to Care & Service Utilization Reports **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)** **vi. Customer Service Report (Jan, Apr, Jul, Oct)** d. Regulatory and Contractual Compliance Reports	a. Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: There were seven types of adverse events reported during FY23Q3; deaths (reportable and not reportable), arrests (not reportable), harm to another with emergency medical treatment (reportable), emergency medical treatment due to self-harm (reportable) and emergency medical treatment due to injury or med error (reportable and not reportable). There were 5 deaths for FY23Q3, which was a significant decrease from the last three quarters. Quarter 3 typically lower than other quarters during the fiscal year. There was an increase in the number of reportable emergency medical treatments- reportable for FY23Q3 (7); compared to last quarter (3). There were also two emergency medical treatments - not reportable, one harm to another with emergency medical treatment- reportable, and one emergency medical treatment due to self-harm-reportable for FY23Q3. There does not appear to be any type of trend among these incidences, therefore, no specific actions are identified at this time. Reportable Behavior Treatment Events: The number of emergency physical interventions decreased slightly for FY23Q3, and the overall number of interventions continues on a downward trend. There were 11 consumers that accounted for the 35 emergency physical interventions. There were no 911 calls made for behavioral assistance for FY23Q3; the overall trend continues downward. Completion of Crisis Plan: BABH started a new measurement for the completion of crisis plans for FY23Q2. Instead of looking at individual providers offering a crisis plan, it was determined that the new goal was to increase the completion of crisis plans overall broken out by specific populations. The MI-SMI and MI-SED populations have seen an increase since FY22Q1. The number of crisis plans have remained steady since	

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i. **Internal MEV/Performance Improvement Report (Feb, May, Aug, Nov)** ii. MSHN MEV Audit Report (Apr) iii. MSHN DMC Audit Report (Oct) iv. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports f. Ability to Pay Report g. Review of the Referral Status Report	FY22Q3. Risk Events: Risk events are identified as 'harm to self, harm to others, police calls for behavioral assistance, emergency physical interventions, and two or more hospitalizations.' The trend of risk events have increased over the past couple of years. This is due to more accurate reporting with extra monitoring that started during FY22Q4. Some incidences may have multiple risk events and would also increase this number. Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had an increase in consumers receiving the appropriate labs for this measure during FY23Q2. There is a very slight upward trend for this measure from FY19Q1 through FY23Q2. BABH staff continue to send out monthly reports to help improve/sustain this measure. Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH saw an increase in consumers receiving the appropriate labs for this measure during FY23Q2 and there continues to be an upward trend. BABH staff continue to send out monthly reports to help improve/sustain this measure. Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease: BABH saw a significant increase in this measure for FY23Q2. BABH continues to action these alerts on a monthly basis. 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 FY23Q3, 40% of children showed meaningful improvement in their CAFAS/PECFAS scores meeting the goal BABH set. Data elements are being worked on per Joelin. Quality of Care Record Reviews - Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 91% of the records reviewed during FY23Q3 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:	

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	92% of the records reviewed during FY23Q3 had the services identified appropriately to match the services authorized which meets the 75% standard set by BABH. Increase Medicaid Event Verification (MEV) Reviews: BABH increased the services audited during FY23Q3 by completing reviews of all specialized residential 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). b. i. Nothing to report this month. ii. There were 17 complaints in June and 19 complaints in July. There are still pending complaints due to the number coming in. April and May are closed out but there are a few pending for June and July. In FY2020 (October thru June), there were 89 complaints. In FY2022 (October thru June), there were 93 complaints. For FY2023 (October thru June), there were 149 complaints just on the Recipient Right's side. The nature of the complaints are more serious. In FY23Q2, the number of complaints were 24, 13 of which were substantiated. The quality of direct care workers is not good. iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. c. i. Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request – BABH performed above the 95% standard. BABH demonstrated 100% (93/93) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (279/279) compliance of the adults who requested a pre-screen and received one within 3 hours. Indicator 2: Initial Assessment within 14 Days-Children/Adults – There were 162 consumers that were out of compliance for Indicator 2. Consumer no shows continue to be highest reason for out of compliance (83). There were 7 consumers scheduled outside the 14 days because there were no	

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	available appointments. There were 32 consumers that refused an appointment within 14 days (50% increase from FY23Q1). There were 20 consumers that rescheduled their appointment. There were 9 consumers that could not be reached. There were 3 consumers that chose not to pursue services. There were 4 consumer that chose an out of network provider. There were 2 staff that canceled/rescheduled the appointment. Two 'custom' reasons for being out of compliance. Indicator 3: Start of Service within 14 Days Adult/Children – There were 98 consumers that were out of compliance for Indicator 3. Consumer no shows continue to be highest reason for out of compliance (48). There were 5 consumers scheduled outside the 14 days because there were no available appointments. There were 16 consumers that refused an appointment within 14 days. There were 7 consumers that rescheduled their appointment. There were 7 consumers that could not be reached. There was 1 consumer that chose not to pursue services. There were 5 staff that canceled/rescheduled the appointment. Nine 'custom' reasons for being out of compliance: 4 were due to staff not making contact within the timeframe, 2 were due to the child not being present at the appointment, 1 was due to consumer moving out of county 1 was due to a delay as a result of a staff change, 1 was due to a consumer looking for services out of county. Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit – BABH demonstrated 100% (34/34) compliance for the child population and 96.51% (83/86) compliance for the adult population. The one child consumer out of compliance was due to staff miscalculating the dates during scheduling. Indicator 10: Re-admission to Psychiatric Unit within 30 Days – BABH did meet the standard of less than 15% readmission rate for children, but not for the adult population. There were 23 readmissions (18 adults) that accounted for the 17.42% and five children that accounted for the 11.63%. The follow trends were identified by EAS: 3 consumers accounted	

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	for 8 of the 23 readmissions and 17 of the 23 consumers had SUD diagnosis. ii. Nothing to report this month. iii. The Dashboard UM Indicators were addressed in the QAPIP Report in 3a. above. iv. The Service Request Disposition Reports was sent through email for your viewing. v. The Discharge Summary Disposition Report was sent through email for your viewing. vi. For FY23Q1, there were 38 appeals, 50 inquiries, and 4 grievances. For FY23Q2, there were 49 appeals, 44 inquiries, and 5 grievances. They were all completed in the required times. We have our first Medicaid Fair Hearing coming up shortly. Went through our first mediation so now we know what it's about and how to handle it. d. i. <u>% of Audited Services with Proper Documentation for Encounters Billed</u> – For FY23Q2, Bay Direct, List, Saginaw Psychological and MPA all scored above the 95% standard. Bay Direct, List, and Saginaw Psychological scored 100%. MPA had 97%, which is also the same score from FY23Q1. The most common finding was Start/Stop times not matching between the claim and the note. Another common finding was the WX modifier missing from the claim when the LOCUS was completed with the Assessment. It is recommended that staff double-check dates/times. It is also recommended to double-check modifiers. <u>Evidence of Primary Care Coordination</u> – Bay Direct, List, Saginaw Psychological and MPA all scored below the 95% standard. Bay Direct scored 83%, which is an 11% decrease from FY23Q1. Saginaw Psychological had a 17% increase from FY23Q1. List increased 7% from FY23Q1. MPA increased 2% from FY23Q1. There is now a new Coordination of Care Form in PCE. It is still recommended that evidence of coordination be uploaded to the chart under Other Scanned Documents. <u>Plan of Service within 15 Days</u> – For	

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	FY23Q2, the process for reporting the IPOS within 15 days changed slightly. Previously, BABH QI staff were manually reviewing a sample of consumer records to determine whether the 95% standard was met. The BABH QI staff were able to make this process automated which means that all consumers that had a plan of service during the reporting quarter were reviewed to determine if the IPOS was completed within 15 days using the 'Update Sent Date' link on the PCP header. If staff are not using this consistently, it will impact the overall compliance rate. It should be noted that List received a 100% score due to only 1 case being reported. List has just started using the Update Sent Link in PCE. MPA and Saginaw Psychological scored above the 95% standard. Bay Direct scored 90%. It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan. Completion of Crisis Plan – BABH QI staff are reviewing all of the crisis plans present for each quarter. The goal is to see the overall number of crisis plans increase for each population type which is a change from the standard previously reviewed (95% of consumers being offered a crisis plan). Of the quality issues, these are the trends that I saw: The "My objective will be completed through." does not include the scope/frequency/duration. Blank sections within the Assessment. The Summary of Assessed Needs on pg. 11 of the Assessment is not being completed. It is either left blank or marked, "N/A." Plan of Service Training Forms not being completed in PCE. No explanation of why the Pre-Plan and Plan of Service were completed on the same day. It is recommended that staff double-check their documents to ensure that all areas are completed. We will be looking at plans of services more closely since they are expiring and should not be. ii. Nothing to report this month. iii. Nothing to report this month. iv. Nothing to report this month.	

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		e. Nothing to report this month. f. Nothing to report this month. g. Nothing to report this month.	
4.	**Discussions/Population Committees/ Work Groups** a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. CAFAS Reports for Performance Improvement/LOC Utilization Mgmt. ii. PCP Treatment Team Input iii. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization i. MMBPIS Work Group ii. Services Provided during a Gap in IPOS iii. Repeated Use of Interim Plans c. Regulatory Compliance & Electronic Health Record i. 1915 iSPA 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. Juvenile Competency Hearing/Referral to MH treatment	a. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. b. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. c. 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 more to follow-up on. d. Nothing to report this month. e. The state had their listening sessions for direct consumers or care givers of consumers. BABH was going to have a listening session on September 9th, but decided not to because it was a focus group. BABH will try in the next month to schedule focus groups. We need to look at individuals engaged and invested in their treatment to be part of these focus groups. More to follow. f. This will be discussed after the meeting. g. There is a technical requirement that we have to follow within the state, Access to Services, and that states if someone enters services and leave services for whatever reason, we are technically not to rescreen or reassess if they ask to reenter services within 12 months. BABH is willing to take a hit on not following the TR, and we will give it 6 months if they leave to get them hooked back up for services. When someone has been closed and call to get back in, that goes through the Emergency Access Services. That responsibility will be put on them, the case will be open to the program and	

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	e. Conflict Free Case Management **f. OPT Group Therapy** **g. Contact Notes specific to re-entry into services** **h. BABH Policy/Procedure Updates**	probably to the supervisor. The contact note should include someone from Customer Service (Tammy M.). Stacy will work with her Leadership Team for documentation. A timeframe needs to be set up and they will need to call to set up an appointment in 2 weeks. h. This will be a standing agenda item so providers are informed of changes to BABH policies and procedures. A therapist did creative art therapy training, and there is a creative art group for trauma. It is limited to 8 consumers and is 4 weeks long and is offered to DBT graduates as well. Tonight, at Western High School from 6:00-8:00, a national speaker will be there to talk about bullying. They are running an anti-bullying campaign. Just a reminder that if something happens out in the community that is related to someone with a mental illness, the media may call around to talk to someone. Do not say anything and leave it up to your supervisor.	
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 3:30 pm. The next meeting will be on September 14, 2023, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	