BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, September 14, 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/MI-A/Sr. Outreach Mgr.: Allison Gruehn	X	BABH IMH/HB Supervisor: Kelli Maciag		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 Program Supervisor: Laura Sandy	X	List Psychological Site Supervisor: Kaitlyn Tobin	
BABH Clinic Practice Manager: Amy Folsom	X	BABH North Bay CLS Program 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	
Saginaw Psychological COO: Barb Goss		BABH Adult ID/DD Manager: Melanie Corrion		BABH Clinical Supervisor: Pam VanWormer	
MPA Adult OPT Supervisor: Emily Simbeck	X	BABH Quality & Compliance Coordinator: Melissa Deuel	--	BABH Nursing Manager: Sarah Van Paris	
BABH Children Services Team Leader: Emily Young	X	BABH RR/Customer Services Manager: Melissa Prusi	--	BABH Contracts Administrator: Stephanie Gunsell	
BABH Integrated Care Director: Heather Beson	X	Saginaw Psychological CEO: Nathalie Menendes	X	BABH Clinical Team Leader: Stephani Rooker	
BABH Program 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/Intern: Sarah Mulvaney	X
BABH Access/ES Mobile Response Team Clinical Supervisor: James Spegel	X	BABH Access/ES/Mobile Response Team Program Manager: Stacy Krasinski		Saginaw Psychological Asst. Supervisor: Chelsea Hewitt	X
BABH Integrated Care Director: Joelin Hahn (Chair)	--	MPA Child OPT Supervisor: Tracy Hagar		Saginaw Psychological Supervisor: Chelsee Baker	X
BABH BI Secretary: Joelle Sporman (Recorder)	X			Saginaw Psychological Supervisor: Jaclynn Nolan	X
				BABH Access/ES/MRT Intern: Tyra Blackmon	X

Topic	Key Discussion Points	Action Steps/Responsibility
1. **a. Review of, and Additions to Agenda** **b. Approval of Meeting Notes: 08/10/23** **c. Program/Provider Updates and Concerns**	a. There was an addition to the agenda; 4m. Appeals Process. b. The August 10th meeting notes were approved as written. c. **Bay-Arenac Behavioral Health**: - Access/Emergency Services/Mobile Response Team – ES is hiring for a third shift position. Tyra Blackmon is the MRT Intern; MRT is full for now. Looking to hire a MSW intern full-time for second shift. - ACT/MI-A – ACT is still down a therapist, and they have two nurses. - Arenac Center – A new intake worker will be starting on Monday. When that person starts, the Arenac Center will be fully staffed. - Children's Services – Children's is still down a Homebased worker.	

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		- CLS – Bay Human Services had discontinued their CLS contracts, but they did re-institute them so they will be providing CLS. - 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 – Nothing to report this month. - Madison Clinic – The Madison Clinic has a couple of students. Dr. Chamberlain is retiring in September. Her replacement is not fully credentialed, so he will not start till November 13th. - Medical Records – Nothing to report this month. - North Bay – Another staff retired after 30 years of service. There are a few positions open, cannot get anyone to show for interviews. - Quality – Nothing to report this month. - Recipient Rights/Customer Services – Nothing to report this month. **List Psychological**: There are two therapists leaving and a fully licensed social worker is also leaving, and another therapist had to go contractual. List does not have any fully licensed social workers. **MPA:** MPA is losing two adult therapists; one was fully licensed. **Saginaw Psychological:** Kristen is stepping down as a supervisor and will be a therapist and DBT Team Lead. Jaclynn Nolan is her replacement and has been a supervisor for BABH. Megan is leaving Saginaw Psych on September 29th and Chelsee Baker will be her replacement. Chelsee has been a therapist at the Saginaw location for many years. Chelsea Hewitt is an Assistant Supervisor and has been with the Saginaw location for many years as well.	
2.	**Plans & System Assessments/Evaluations** **a. QAPIP Annual Plan (Sept)**	a. Sarah H. went through the QAPIP Annual Plan. All goals have been put in a table format vs. paragraph format because it is easier to follow. MDHHS set	

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	b. Organizational Trauma Assessment Update	a standard for Indicator 2 and Indicator 3 for FY24. PIHPs that are below the 50th percentile of the benchmark is expected to reach or exceed the 50th percentile. PIHPs that fall in the 50th - 75th percentile of the benchmark will be expected to reach or exceed the 75th percentile. For the MSHN region, the performance rate was 62% so the standard for FY24 is to reach or exceed the 75th percentile. Every 3 years we go through where the region identifies a performance improvement project and for FY2024 is to reduce disparities with the black/African American population. Performance Improvement Project #1: Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment. Performance Improvement Project #2: Penetration rates by race: Reducing or eliminating the racial or ethnic disparities in penetration rates between Medicaid recipients who are black/African American and Medicaid recipients who are white. We have more disparities around Hispanic over the African American population. CAFAS is going away in FY2025, this is the last year we will report on it in the annual plan. The IDD survey was sent out this year and it was implemented back in February. b. Nothing to report this month.	
3.	**Reports** a. QAPIP Quarterly Report (Aug, Nov, 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, <u>Sep</u>, Dec)**	a. Nothing to report this month. b. i. Nothing to report this month. ii. Nothing to report this month. iii. There was a 78% completion rate of the RAS for FY23Q3. There were two statements that scored lower for individuals receiving ongoing services during FY23Q2 compared to one statement for FY23Q3; "I have goals in life that I want to reach." This was also the statement that scored less during FY23Q2 for those receiving ongoing services compared to initial services. In the responses for active consumers, there were five statements that scored lower for FY23Q3 compared to FY23Q2 which	c. ii. Deferred f. Deferred

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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 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	was a slight improvement from FY23Q2 (7 statements) and significant improvement from FY23Q1 (17 statements). iv. Nothing to report this month. v. Eight statements scored over the 85% standard. The statement, "BABH communicates ongoing changes related to providing services" scored 83% and also had the biggest decrease (13%) from 2022. Overall, scores have been decreasing since 2020. Eight of the questions scored lower in 2023 compared to 2022. It should be noted that there were two statements that had a high number of NA responses (4.35% and 8.51%) which would impact the percentage of agree/disagree responses. Eight of the nine survey statements were above 85% standard, but we have had a steady decrease over the past three years. The survey results will be taken to provider meetings, leadership meetings, and Consumer Councils to discuss the results and any potential interventions and strategies for improvement. BABHA will share the comments received related to the timeliness of response time from BABHA staff at the Leadership Meeting so leadership can follow-up directly with individual teams. The new remote work policy requires timeframes for returning calls. BABHA sends out a staff directory to contract providers with who to contact and this information will be added to the provider tab. BABHA added an agenda item to review policies at PNOQMC. Co-chairs of committee meetings will lead discussions about their preferences with how to communicate changes effectively. Comments made about specific staff have been sent to the appropriate supervisor. The information from the survey results will be incorporated into the annual BABH Strategic Plan and Annual Submission Needs Assessment. c. i Nothing to report this month. ii. Defer iii. Nothing to report this month. iv. Nothing to report this month.	

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		v. Nothing to report this month. vi. Nothing to report this month. d. i. Nothing to report this month. ii. Nothing to report this month. iii. BABH received all the final results for the corrective action plan, and the scores were in the 90% for all policies and procedures and delegated managed care functions. Everything overall looked good. We are looking at the trauma screening process and how that is being handled. There will be a meeting next week to discuss how we will address the finding from the standpoint that we feel the finding is not trauma sensitive. For the plan of service training form missing, there were 288 claims reviewed during the MEV process, and 90 ended up with findings. The percentage was around 67%. 80 of the 90 claims were because the plan of training service form was not in place. iv. Nothing to report this month. e. Nothing to report this month. f. There are declines in the completion of the ability to pay. Please make sure ATP's are being done. Defer. g. Nothing to report this month.	
4.	**Discussions/Population Committees/ Work Groups** a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> 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> i. MMBPIS Work Group	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.	k. This needs to be addressed further. Karen will look in BH Teds to see what is done there. l. Deferred m. Sarah will send an email about adding the Appeals Process to the Leadership agenda in October.

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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 e. BABH/Policy Procedure Updates **f. Conflict Free Case Management** **g. OPT Group Therapy** **h. Youth Protocol** **i. Coordination of Care - PCE** **j. RCA Follow-up Items** **k. Gaps between Assessment and IPOS** **l. ABD** **m. Appeals Process**	vi. Nothing more to follow-up on. d. Nothing to report this month. e. Nothing to report this month. f. Moving forward with the different models that were presented for Conflict Free Case Management. The majority of the people on the workgroup are opposed to all the different models which include some type of separation between access planning, service provision, and quality and compliance. The next meeting is scheduled for September 18th. g. The OPT Group Therapy meets next week. Looked at curriculum, talked about a rotating group so wouldn't have to wait 6 weeks. Would have to attend two of the six meetings and then they can get back into services. The biggest hurdle is staffing. h. We are trying to be more proactive getting people into treatment. Three day is the rescreen period time, so we are trying to do placement searches, come up with a treatment team, trying to figure out discharge plans. We came up with a protocol that has three different scenarios so we can get treatment sooner for youth. 1) There is an open case with BABH (internal or external provider) and there is no DHHS involvement. Youth will be screened for inpatient hospitalization. BABH EAS seeks placement at all potential psychiatric hospitals if appropriate for hospitalization. EAS will provide regular updates through EHR and in person when applicable. EAS will continue to rescreen every 48-72 hours to assess needs. 2) There is an open case to BABH and open case with DHHS (ward of state). Youth will be screened. EAS seeks placement. 3) There is a closed case to BABH and open to DDHS, or the case is closed to BABH and closed to DHHS. Youth will be screened. EAS seeks placement. i. We had discussion about the Coordination of Care letter in PCE and the send to copy function and what happens with it. We will change processes where if you are internal for BABH and you use the send to copy and put someone to an external provider, it goes to a queue. Brenda Beck and Denise Groh will	

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		send out records for internal providers, not external providers. For external providers, we just need to see a letter, not a fax confirmation since it is not asked for in an audit. The letter needs to be uploaded vs. a fax confirmation for external providers. j. When we do the root cause process, we take to different committees if need be. We had a consumer that overdosed, and during the root cause, it determined there was clearly dual diagnosis with substance abuse. We did not see that there was consistent discussion with the primary case holder and they were not engaging the consumer in conversations about their situation. Please remind your staff to engage in conversations with your consumers and document the conversations. k. If the plan needs to be updated, but the assessment does not need to be updated, what is being done about it? There used to be a page where you type up a quick update of what has been going on in the last 90 days or year. BH Teds needs to be looked at to see what's done there. Heather F. is asking her staff to shorten the plan so instead of having the plan go out a year from when they come back in, it would end when the assessment ends and then there is no gap to have to worry about. This needs to be discussed further. l. Defer m. We want to see in the contact notes what was being told to the individual. Do they know about engagement? They then need to call about re-engagement and reach out for help. Sarah will send an email to have this agenda item added to the October Leadership agenda.	
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. Future discussion	

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	a. Addendums (Primary Case Holder vs. Add-On Services)		
7.	**Adjournment/Next Meeting**	The meeting adjourned at 3:30 pm. The next meeting will be on October 12, 2023, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	