

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

Thursday, February 8, 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	X	Karen Amon, BABH Healthcare Accountability Director	X	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	X	Jacquelyn List, List Psychological COO	--
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	X	Lynn Blohm, BABH North Bay Team CLS Supervisor	X	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	--
Chelsee Baker, Saginaw Psychological Supervisor	X	Megan Smith, List Psychological Site Supervisor	X	Nathalie Menendes, Saginaw Psychological COO	--
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrión, BABH Adult ID/DD Manager	X	Nicole Sweet, BABH Clinical Services Manager	X
Emily Gerhardt, BABH Children Services Team Leader	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Sarah Van Paris, BABH Nursing Manager	--
Emily Simbeck, MPA Adult OPT Supervisor	X	Melissa Prusi, BABH RR/Customer Services Manager	X	Stephanie Gunsell, BABH Contracts Manager	--
Heather Beson, BABH Integrated Care Director	X	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	X	Tyra Blackmon, BABH Access/ES Clinical Specialist	--
Jaclynn Nolan, Saginaw Psychological OPT Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	<b>GUESTS</b>	
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stephani Rooker, BABH ID/DD Team Leader	--		Present
Joelin Hahn (Chair), BABH Integrated Care Director	x	Tracy Hagar, MPA Child OPT Supervisor	x		

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. Review of, and Additions to Agenda</li> <li>b. Presentations: Recovery Pathways</li> <li>c. Approval of Meeting Notes: 12/14/23</li> <li>d. Program/Provider Updates and Concerns</li> </ul>	<ul style="list-style-type: none"> <li>a. There were no additions to the agenda.</li> <li>b. No representative was present for Recovery Pathways</li> <li>c. The January 11th meeting notes were approved as written.</li> <li>d. <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> – Nothing to report this month.</li> <li>- <u>Arenac Center</u> – Jail group started for Anger Management and they have 8 inmates enrolled.</li> <li>- <u>Children's Services</u> – Down a home-based worker.</li> <li>- <u>CLS/North Bay</u> – No program updates. Looking to expand CLS to another provider and there was another provider that reached out to Nicole to ask about getting some referrals. Two DSPs are scheduled to start next week.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Denise Groh (Medical Records Specialist) is retiring in April.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>- <u>EAS (Emergency Access Services)/Mobile Response</u> – Multiple positions open within the department. A new intake worker is scheduled to start this month. MRT is looking for a second shift LMSW clinician.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>ID/DD</u> – Nothing program updates. Windmere Home and Union Home are closing.</li> <li>- <u>IMH/HB</u> – Nothing to report this month.</li> <li>- <u>Madison Clinic</u> – Amy is now the Clinical Services Program Manager for Outpatient and Psychiatric Services.</li> <li>- <u>Medical Records</u> – Denise Groh will be retiring in April.</li> <li>- <u>Quality</u> – Preparing for the MSHN MEV audit at the end of this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – Nothing to report this month.</li> </ul> <p><b>List Psychological:</b> There is a new therapist starting in March. An intern started in Mid-January and there is another intern starting the end of April.</p> <p><b>MPA:</b> Two therapists will be leaving next week and a new one starting next week. Looking for an ABA worker. Ron Leix appointed Jennifer Ryers as Chief Operating Officer and Laura Sandy as the Chief Clinical Officer.</p> <p><b>Saginaw Psychological:</b> There is an intern that will be staying on full time. In the process of hiring another LLMSW. Working on a process to streamline referrals. Supervisor of CSM is going on maternity leave in March or April.</p>	

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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. The Organizational Trauma Assessment is done every three years. Sarah H. sent out a QR code and a link asking that you pass it along to all your staff including leadership. The survey has 106 questions and is open through the end of February.	
3. <b>Reports</b> <b>a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</b> <b>b. Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</b> <ol 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>iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</li> <li>iv. Consumer Satisfaction Report (MHSIP/YSS)</li> <li>v. Provider Satisfaction Survey (Sept)</li> </ol> <b>c. Access to Care &amp; Service Utilization Reports</b> <ol style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. LOCUS (Mar, Jun, Sep, Dec)</li> <li>iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> <li>v. Discharge Summary Disposition Report (Feb, May, Aug, Nov)</li> <li>vi. Customer Service Report (Jan, Apr, Jul, Oct)</li> </ol>	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. BABH Staff development has created a curriculum in Relias that children’s staff will be assigned to so they can use those trainings toward the 24 hours. <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 ABA services due to kids trying to harm themselves. <u>Diabetes Screening, Diabetes Monitoring, and Cardiovascular Screening</u> – All measures have decreased over FY23Q4. BABH staff will watch this over the next couple of quarters to determine if staff actioning these were making a difference. <u>Audited Services</u> – There was a 98.8% compliance rate from 9,883 claims reviewed. <u>MEV</u> – Quality Staff have increased the MEV reviews significantly. b. <ol style="list-style-type: none"> <li>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> </ol> c. <ol style="list-style-type: none"> <li>i. Nothing to report this month.</li> </ol>	

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<ul style="list-style-type: none"> <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. Internal MEV Report</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>	<ul style="list-style-type: none"> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>iv. Deferred.</li> <li>v. Nothing to report this month.</li> <li>vi. Nothing to report this month.</li> <li>d. i. We continue to struggle with coordination of care. 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. If the POS happens at a different time than the pre-plan states, staff should just be writing a basic statement in the POS stating that the POS was held at a different date due to consumer cancellation/missed appointments, etc. Please remind staff to use the 'Update Sent Link' in PCE to capture whether the POS was given/mailed within 15 days. This is often being left blank.</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>d. Nothing to report this month.</li> <li>e. Nothing to report this month.</li> <li>f. Nothing to report this month.</li> </ul>	
<p>4. <b>Discussions/Population Committees/ Work Groups</b></p> <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. Consumer Council Recommendations (as warranted)</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> <li>i. Services Provided during a Gap in IPOS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. i. Nothing to report this month.</li> <li>b. i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>c. i. Nothing to report this month.</li> <li>ii. Discussion about the possibility of combining the addendum and periodic review so that authorizations are being added to the POS within one document instead of completing a periodic review as well as an addendum. Barriers were discussed related to needing a signature on addendums, but not periodic reviews.</li> </ul>	

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<ul style="list-style-type: none"> <li>ii. Repeated Use of Interim Plans</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. 1915 iSPA</li> <li>ii. <b>Periodic Reviews - Including Options for Blending with Plan of Services Addendums</b></li> <li>iii. Management of Diagnostics</li> </ul> </li> <li>d. <b>BABH/Policy Procedure Updates</b></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>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>h. <b>RPOSN Referrals</b></li> <li>i. <b>IPOS Ranges</b></li> <li>j. <b>Recommended Training</b></li> <li>k. <b>Inactive Scripts on Assessment</b></li> <li>l. <b>Death Report</b></li> </ul>	<ul style="list-style-type: none"> <li>iii. Nothing to report this month.</li> <li>d. Nothing to report.</li> <li>e. Record reviews are still showing that our system is struggling to show evidence of coordination of care. Please remind staff that if they are working with multiple systems, it is important that we are getting releases and coordinating care with all necessary providers. Discussion about how the new MDHHS Universal Consent does not allow us to document that the consumer doesn't have a primary care physician or declines coordination. Some providers are creating a "No PCP" contact listing to document. There is also an open text box that others are using to write in "declined coordination or No PCP."</li> <li>f. i. Group therapy is ready to start next week, but they are still working on getting referrals. Each group can accommodate 10 adult consumers. There are several different groups focusing on a specific area. They will last about 10-15 weeks. Groups will take place at the Madison Building. Amy Folsom sent around information about how to include group therapy in the POS and how to complete authorizations. Amy will work on coming up with some parameters regarding the Engagement Group. If Customer Service gets involved, you can tell them that you won't take the consumer back until they complete the Engagement Group. A decision was made that this can be done after a consumer has been closed twice. A consumer can participate in group without being open to another program; a Group Only Plan will be available. If the consumer is open to services, an addendum can be done to add the goal/methodology/authorizations.</li> <li>ii. BABH hired an outpatient therapist, but her position hasn't been backfilled so she is only available to work one day per week right now. Her caseload is already full and she is focusing on hospital discharges and EAS referrals.</li> <li>iii. If a provider receives a referral but has already hit their capacity, let EAS know that you are unable to take any new consumers. A new tele-health provider is hoping to be on-boarded at the end of April. The BI Department</li> </ul>	<ul style="list-style-type: none"> <li>e. Karen will look into the options for documenting "No PCP" or "Declined Coordination" on the MDHHS Universal Consent.</li> </ul>

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	<p>will send out quarterly reports of consumers that have not been seen within 90 days so that staff can clean up their caseloads. It was identified that contract providers can only close their own programs and not ancillary providers unless they are being closed completely. The completion of a pre-plan also removes the POS client alert.</p> <p>g.i. You do not need to complete a GF exception if someone comes into the system on Plan First. If a consumer simply loses their Medicaid, you do not need to complete a GF exception; you just need to update the LOC. When completing the GF exception request, the top box needs to include what services the consumer needs and a brief statement as to why such as 'staff is only LLMSW.' A box further down on the form allows for more clinical justification. We need to implement a plan for GF because we are seeing an over-expenditure of GF.</p> <p>ii. Some consumers haven't had a re-enrollment since 2019. MDHHS has a glitch in the system and is putting people in Plan First. MDHHS is aware of the issue and working to fix it. Please check insurance every visit because there have been significant changes and it is impacting our consumers. Joelin is working with Finance to create an Excel document to send to providers and programs to keep track of those consumers. Do not change anything to the system for the finances in PCE; contact BABH Finance.</p> <p>h. RRPOSN referrals go to MPA or internal programs.</p> <p>i. There are no major changes related to the POS ranges. Please ask your teams to tighten up and include reasonable ranges in the POS.</p> <p>j. Joelin is going to share that information with the Staff Development department to explore opportunities for the upcoming year. Joelin shared the idea of the Internship Orientation Training program and there was a lot of support. Joelin is going to talk with the Staff Development department. Exploring the idea of video taping trainings so there are webinars for staff to utilize.</p> <p>k. If scripts are inactive, there was a request to have them not pull forward into the assessment. Karen talked with PCE and they stated there would be more</p>	<p>f.iii. Karen will explore this within the EHR.</p>

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	<p>negative impacts because many documents are linked to each other.</p> <p>i. Death report has been revised, but not the portion staff complete. Please make sure you are signing off on the death report in a timely manner. Staff do not need to 'Send Copy To' Amy. Staff will now be notified via PCE through a 'Send Copy To' function of the cause of death.</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, Thursdays 5:00 - 7:00 PM</p>	<p>a. FYI</p> <p>b. FYI</p>	
<p>6. <b>Parking Lot</b></p>		
<p>7. <b>Adjournment/Next Meeting</b></p>	<p>The meeting adjourned at 2:30 pm. The next meeting will be on March 14, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.</p>	