



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

Thursday, March 14, 2024

1:30 p.m. - 3:00 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	X	Amanda Johnson, BABH ABA/FS Team Leader	
Amy Folsom, BABH Madison Clinic Manager	X	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	X	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		Megan Smith, List Psychological Site Supervisor	X	Nathalie Menendes, Saginaw Psychological COO	
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrion, BABH Adult ID/DD Manager		Nicole Sweet, BABH Clinical Services Manager	X
Emily Gerhardt, BABH Children Services Team Leader		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		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		Stephani Rooker, BABH ID/DD Team Leader	X		
Joelin Hahn (Chair), BABH Integrated Care Director	X	Tracy Hagar, MPA Child OPT Supervisor	X		Present

Topic	Key Discussion Points
1. <ul style="list-style-type: none"> <li>a. Review of, and Additions to Agenda</li> <li>b. Presentations: TBA</li> <li>c. Approval of Meeting Notes: 02/08/23</li> <li>d. Program/Provider Updates and Concerns</li> </ul>	<ul style="list-style-type: none"> <li>a. There was an addition made to the agenda later in the meeting. 4L. Advance Notice, requested by Kelli Maciag.</li> <li>b. No presentations this month.</li> <li>c. The February 8<sup>th</sup> meeting notes were approved as written. Sarah followed up regarding the PCE alerts that were brought up. The alerts drop off 3 months after the alert. Starting the pre-plan prior to the plan expiring will clear out the alert. Brenda will take this to the EHR Committee. With the periodic reviews only, you will get a periodic review overdue date. If you do it before, then it's not clearing the alert out and should recognize anything that is done before the due date. Dmitriy said it has to do with being part of the plan so Brenda will readdress this to the EHR Committee.</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> – The Arenac Center will be down a case manager next week. Referrals from Northern Bay will be locked down.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- <u>Children’s Services</u> – There are a lot of referrals but are still down a Homebased worker. There is a new position open for a Community Infant MH Consultant.</li> <li>- <u>CLS/North Bay</u> – North Bay will be fully staffed as of March 25<sup>th</sup>. North Bay created a Transition Employment (TE) program with the Opportunity Center. Individuals from the OC, who are employed by BABH, are a janitorial group that come in and clean the buildings part-time. The OC nominated North Bay, at the state level, to receive an award for the TE position that was created at North Bay. The reward will be accepted on April 11<sup>th</sup> in Lansing. It is difficult to find CLS workers to meet the needs, so if you have consumers on the wait list, they are still there.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Nothing to report this month.</li> <li>- <u>EAS (Emergency Access Services)/Mobile Response</u> – Still trying to hire 2<sup>nd</sup> shift Team Lead, 2<sup>nd</sup> shift MRT, and 3<sup>rd</sup> shift regular EAS staff. Both intake specialist positions were filled.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>ID/DD</u> – No updates to report this month.</li> <li>- <u>IMH/HB</u> – Nothing to report this month.</li> <li>- <u>Madison Clinic</u> – There has been an increase in lack of authorizations. The intake annual checklist has been revised. The CPT code cheat sheet in Phoenix has been revised and is under the Resources Help Tab. Narcan is available in the lobby. Amy can get with Barb Goss at Saginaw Psychological to have Narcan put in their lobby. If you do not have the latest version of the GF request that was updated to include some reasons why we cannot use it for external provider GF requests, please get with Amy and she can send it to you. Joelin asked Amy to also send the intake annual checklist with the GF request.</li> <li>- <u>Medical Records</u> – Denise Groh will be retiring in April, and Lynn Meads, Arenac Center Secretary, has accepted the Record’s Specialist job.</li> <li>- <u>Quality</u> – Nothing to report this month.</li> </ul>	

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	<p>- <u>Recipient Rights/Customer Services</u> – Nothing to report this month.</p> <p><b>List Psychological:</b> Nothing to report this month.</p> <p><b>MPA:</b> There are 2 CSM positions open for Child and Family; 1 for ABA and 1 for CSM-C. Referrals are on hold. The job program had a person start and one is an intern.</p> <p><b>Saginaw Psychological:</b> No updates for CSM. We are fully staffed. OPT had one new therapist start, but we will be losing a therapist the end of April.</p>	
<p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <p>a. QAPIP Annual Plan (Sept)</p> <p>b. Organizational Trauma Assessment Update</p>	<p>a. Nothing to report this month.</p> <p>b. Nothing to report this month.</p>	
<p>3. <b>Reports</b></p> <p>a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</p> <p>ii. Recipient Rights (Jan, Apr, Jul, Oct)</p> <p>iii. <b>Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</b></p> <p>iv. Consumer Satisfaction Report (MHSIP/YSS)</p> <p>v. Provider Satisfaction Survey (Sept)</p> <p>c. <u>Access to Care &amp; Service Utilization Reports</u></p> <p>i. MMBPIS Report (Jan, Apr, Jul, Oct)</p> <p>ii. LOCUS (Mar, Jun, Sep, Dec)</p> <p>iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</p>	<p>a. Nothing to report this month.</p> <p>b. i. Nothing to report this month. ii. Nothing to report this month. iii. There was a 71% completion rate of the RAS for FY24Q1. There were two statements that scored lower for individuals receiving ongoing services during FY24Q1 which was consistent with FY23Q4. The two statements were, “I have goals in life that I want to reach” and “I have a desire to succeed” were the same statements that scored lower for FY23Q4. This appears to be a trend over the past year. There were seven statements that scored lower for FY24Q1 compared to FY23Q4 which was a decrease from last quarter (15 statements). iv. Nothing to report this month. v. Nothing to report this month.</p> <p>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.</p>	

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<ul style="list-style-type: none"> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> <li>v. Customer Service Report (Jan, Apr, Jul, Oct)</li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. Internal Performance Improvement Report (Feb, May, Aug, Nov)</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>d.               <ul 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> </ul> </li> <li>e. Nothing to report this month.</li> <li>f. Nothing to report this month.</li> <li>g. 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> <li>ii. 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. <b>1915 iSPA Benefit Enrollment Form</b></li> <li>ii. Management of Diagnostics</li> </ul> </li> <li>d. BABH/Policy Procedure Updates</li> </ul>	<ul style="list-style-type: none"> <li>a.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> </ul> </li> <li>b.               <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> </ul> </li> <li>c.               <ul style="list-style-type: none"> <li>i. Any individual on Medicaid that is getting CLS or Respite as part of their treatment plan, the 1915 form needs to be filled out. Joelin asked the IT Department to format the 1915 form, and when it has been formatted, she will send it out to everyone. The form needs to be filled out annually.</li> <li>ii. Nothing to report this month.</li> </ul> </li> <li>d. Nothing to report this month.</li> <li>e. Joelin will get with the Finance Department to see if we can work with local taxi companies. Joelin will follow-up with DHS worker for a Medicaid reimbursement list for transportation. We can have group therapy brochures made up so people are aware that group therapy is an option.               <ul style="list-style-type: none"> <li>i. There have been stop gaps with OPT Group therapy.</li> <li>ii. There have been stop gaps with OPT Individual therapy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>e. Joelin to get with Finance and the DHS worker.</li> <li>h.               <ul style="list-style-type: none"> <li>i. Sarah H. will ask about this at a QIC meeting to see if we can get movement on this.</li> </ul> </li> <li>j. Deferred</li> <li>k. Deferred</li> </ul>

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<ul style="list-style-type: none"> <li><b>e. Clinical Capacity Issues Update</b> <ul style="list-style-type: none"> <li><b>i. OPT Group Therapy</b></li> <li><b>ii. OPT Individual</b></li> <li><b>iii. Referrals for Groups - Discussion</b></li> </ul> </li> <li><b>f. Medicaid Re-Enrollment - Loss of Benefit Tracker</b></li> <li><b>g. RPOSN Referrals</b></li> <li><b>h. IPOS Ranges</b> <ul style="list-style-type: none"> <li><b>i. IPOS Training Forms</b></li> </ul> </li> <li><b>i. Recommended Training</b></li> <li><b>j. Inactive Scripts on Assessment</b></li> <li><b>k. Death Report</b></li> <li><b>l. Advance Notice</b></li> </ul>	<ul style="list-style-type: none"> <li>iii. We cannot have group during regular business hours because staff that lead the group have a full-time job and we do not have a therapy department.</li> <li>f. Joelin sent the forms out to the provider network last week. It does not matter who tracks the information, but we need to keep track of everyone that has a change in their Medicaid benefit. There was a new change discovered as a 291-plan. Joelin sent this to the DHS worker, and no one is sure what it means so the best conclusion is these are people who temporarily lost their Medicaid, it's in the application process and they have not turned in everything that needed to be turned in. If the 291-plan comes up, the secretary needs to inform the primary case holder to verify their Medicaid. Anyone dealing with the IDD population, if you see DAB (used to be DAC), make sure it does not drop off. If a referral comes from the BABH Access Center, it does not mean it meets 100% criteria to be paid for by BABH.</li> <li>g. Nothing to report this month.</li> <li>h. Nothing to report this month.               <ul style="list-style-type: none"> <li>i. Not everyone is providing the same IPOS training, so what are the expectations of how the provider should be trained before they send out the IPOS training form? Some case managers read the whole plan of service with the consumer, some will not do anything and will send the form without the plan, and some will read the goals related to the service being provided. From a Recipient Right's standpoint, you need to make sure whoever you are training, they know exactly what is going on with the individual. You cannot use the IPOS meeting as the training date. The person receiving the training from the author of the plan has to wait until the plan is written and signed by the author. If the plan of service meeting happened on the 14<sup>th</sup> but doesn't go into effect until the 20<sup>th</sup>, the author of the plan can still write the plan, sign it, and train on the plan before the effective date. Sarah will check on this so hold off on any changes.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>i. Joelin is hoping to bring in military/veteran’s cultural competency and would like to open that up to the entire network. We are seeing more veterans and if you have not come from a military family, you really should learn about that culture. We are hoping to have this available to the veterans in the next few months. Saginaw Psych – Joelin just received information for the next co-hort for DBT’s and will send it to Nathalie. Joelin just received information for the children’s program for the MichiCans training. As BABH receives more information in detail, she will send it out to the group. SED and IDD children through their 21<sup>st</sup> birthday. Through their 6<sup>th</sup> birthday and younger, they will receive DECA.</li> <li>j. Defer</li> </ul> <p>CMH’s were asked about allowing a 1-2-minute overlap, but we should not be doing that. When you get to the SAL, you would add an additional SAL. Make a note as to why there is a gap in the SAL.</p> <ul style="list-style-type: none"> <li>k. Defer</li> <li>l. If the consumer does not want medicine, BABH will open one family-based program and will close the other HB one. When sending an ABD, there is not a good selection. It is noted that the consumer agrees to have their services closed, but what should we pick since none of the options go with the closed case? Give a good explanation as to what is going on and if the wrong drop down is picked, it can be adjusted, it will not necessarily be an issue as long as there is a detailed reason as to what took place.</li> </ul>	
<p>5. <b>Announcements</b></p> <ul style="list-style-type: none"> <li>a. DHHS Outreach Worker <ul style="list-style-type: none"> <li>i. MIBridges System</li> </ul> </li> <li>b. Great Lakes Bay FAN – Recovery &amp; Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM</li> </ul>	<ul style="list-style-type: none"> <li>a. FYI</li> <li>b. FYI</li> </ul>	

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6.	<b>Parking Lot</b> i. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	i. This agenda item was moved from Section 4. Come back to at another time.	
7.	<b>Adjournment/Next Meeting</b>	The meeting adjourned at 3:00 pm. The next meeting will be on April 11, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	