

AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING
 Monday, July 1, 2024 at 5:00 pm
 Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

	Committee Members: Robert Pawlak, Ex Off, Ch Tim Banaszak Patrick Conley Christopher Girard	Present _____ _____ _____ _____	Excused _____ _____ _____ _____	Absent _____ _____ _____ _____	Committee Members: Patrick McFarland Pam Schumacher Richard Byrne, Ex Off	Present _____ _____ _____	Excused _____ _____ _____	Absent _____ _____ _____	Others Present: BABH: Karen Amon, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
--	---------------------------------------------------------------------------------------------------------	---------------------------------------------	---------------------------------------------	--------------------------------------------	------------------------------------------------------------------------------------	------------------------------------	------------------------------------	-----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report 3.2) Corporate Compliance Committee Minutes from May 13, 2024		3.1) No action necessary 3.2) No action necessary
4.	Other Reports 4.1) Primary Network Operations and Quality Management Committee Minutes from May 9, 2024		4.1) No action necessary
5.	Unfinished Business 5.1) None		
6.	New Business 6.1) Strategic Initiatives Update		6.1) No action necessary

AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING
Monday, May 6, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Page 2 of 2

	6.2) Corporate Compliance Program Evaluation Update		6.2) No Action necessary
7.	Adjournment		

BAY-ARENAC BEHAVIORAL HEALTH
BABHA CORPORATE COMPLIANCE COMMITTEE MEETING
Monday, May 13, 2024 (1:00 –2:00 pm)

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Karen Amon, Comp.& Privacy Officer, Chair	x	Heather Friebe, Clinical Program Manager	E	Melissa Prusi, Rec. Rights/Cust. Serv. Manager	x
Amy Folsom, Clinic Practice Manager	x	Jennifer Lasceski, director of HR	E	Sarah Holsinger, Quality Manager	x
Lynn Meads, Medical Records, Recorder	x	Jesse Bellinger, Security Officer	x	Stephanie Gunsell, Contract Manager	x
Ellen Lesniak, Finance Manager, Vice Chair	x	Joelin Hahn, Director of Integrated Healthcare	E	GUESTS	
Heather Beson, Director of Integrated Healthcare	x	Marci Rozek, CFO	E		
Michele Perry, Finance Manager	E				

#	Topic	Key Discussion Points	Action Steps
1.	a) Agenda: Review/Additions b) Meeting Notes: Approval of March 11, 2024, meeting notes. c) Next Meeting: June 10, 2024	a) No additions to the agenda. b) March 11, 2024, meeting minutes – approved as written. c) The next meeting is scheduled for June 10, 2024.	
2.	State-Federal Laws and Regulations a) Review of Log and Subject Matter Expert Report Ou b) Review of CMHA Update on Legislative and Policy Changes c) Review of Compliance Updates/Regulatory Education Needed for Staff d) Process for Ensuring Implementation of Policy Changes	a) Deferred b) Deferred. c) None d) Nothing to report.	
3.	Plans, Policies, Procedures, Assessments: a) Status of Employee Attestations/Time for new ones April-May	a) Employee Attestation –Time for new ones April-May. Karen states we need to look at new process for sending out.	

#	Topic	Key Discussion Points	Action Steps
	b) Corporate Compliance Plan 2024	<p>b) Not many changes were made in the body of the Corporate Compliance Plan. Clarification of CCO meaning, Corporate Compliance Officer.</p> <p>Planned Improvements and Actions Taken:</p> <ul style="list-style-type: none"> -The Privacy Notice revisions to address changes in access to Medicaid claims data for coordination of care. <p>Action: The Privacy Policy and Procedure needs to be updated and the Privacy Notice needs to reflect new requirements.</p> <ul style="list-style-type: none"> -Add: Develop a system to track education of Fraud, Abuse, Waste and Compliance to consumers and begin reporting quarterly to MIOHSIG/MSHN. -Continue to expand supervisor skills relative to program integrity and corporate compliance, beyond the traditional audit compliance. <p>Action: Have completed a training for supervisors and have sent out emails and intranet postings on topical items related to Fraud, Abuse, Waste and Compliance.</p> <ul style="list-style-type: none"> -Add: Review, educate staff and revise policies and procedures as needed to comply with the revisions to 42 CFR, part 2. 	
4.	<p>Data/Monitoring/Reports:</p> <ul style="list-style-type: none"> a) Phoenix and Gallery Breach Monitoring b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation for Fraud/Abuse/Convictions during Staff Development Days) c) Monitoring of Group Drives for Unsecured PHI Files d) Security Officer Update e) Ethics/Recipient Rights/Customer Service Update f) Report of spot checks for compliance for Self Determination g) Corporate Compliance Activity Report: Corporate Compliance Plan 2024 	<ul style="list-style-type: none"> a) Monthly monitoring completed; Lynn reported no security breaches in Phoenix or Gallery for March or April. b) Jen reported that there were no exclusion or debarments for employees for April and May. Stephanie reported that the OIG list of Excluded Individuals/Entities and the GSA were reviewed with no reports of disbarment of exclusions for Providers and BABHA Officers. c) No findings of unsecured PHI Files per Jesse. d) No security issues to report. Jesse did speak on a Recent Ransomware breach in Ascension. No MSHN entities have been affected. No root cause yet. This attack is similar to an attack on healthcare systems in February. Jesse recommends not to overlook the basics. Think before you click/look. e) Melissa reported on RR/Customer Services - Karen is aware of all confidentiality issues and allegations. No other updates. f) Chelli reported in March that she reviewed 10 consumer’s progress notes. She reviewed 8 weeks of notes. All but one were really good. Provided education to one. She provided two unannounced calls to verify that the CLS worker was present for the case that is being monitored. Chelli also reported that in April, progress notes for 11 consumers were reviewed. She reviewed from two weeks to two month’s worth of data for each consumer. Provided education for improvement of quality for several cases. There were two consumers added to Self D and education on Fraud and Abuse was provided to those consumers. g) Stephanie reported that Beacon Specialized Living has requested to discontinue the Case Management and Behavioral Treatment Services due to CFA and P. <p>Central Registry forms need to be submitted to MDHHS via US Mail, fax or in person. Encrypted emails are not able to be processed. Melisa Spellerberg sent out the form and the new contact information for MDHHS in BAY and Arenac Co.</p>	

#	Topic	Key Discussion Points	Action Steps
	<p><u>March Reports</u></p> <p>h) Quality Review of Medical Records</p> <p><u>April Reports</u></p> <p>i) Provider Network Site Review Summary</p> <p><u>May Report</u></p> <p>(j) Verification of Medicaid Services</p> <p>(k) Plan w/in 15 days: Health Care Coordination; Crisis Planning; Medical Necessity</p> <p>(l) Ability to Pay Compliance Rate</p> <p>(m) Annual Employee Fraud/Abuse Criminal Conviction Attestation</p> <p>(n) Organizational Credentialing Risk Assessments (2024)</p>	<p>h) Defer until July</p> <p>i) Defer for this quarter</p> <p>j) Nothing to Report</p> <p>k) Per Performance Improvement Report FY24Q1, Bay Direct, List, Sag Psych and MPA all scored below the 95% standard in COC. Bay Direct scored 84%, a 5% decrease from FY23Q4. We will continue to use the new COC form in PCE. Plan of Service within 15 days resulted in Bay Direct scoring 90%, which is the same as FY23Q4. A significant number of plans left the date blank in the "Update Sent Link". Supervisors should address this with staff and monitor. It is recommended that providers indicate the IPOS was sent under the Update Sent Link. BABH QI are reviewing All of crisis plans present for each quarter. The goal is to see the overall number of crises plans increase for each population type which is a change from standard previously reviewed (95% of consumers being offered a crisis plan).</p> <p>Trends noted regarding Quality issues: MDHHS Form completed but no attachment with COC letter; Summary of Assessed Needs on pg. 11 of Assessment is not being completed (left blank or marked N/A); Pre-Plan "Waiver Service Array" check boxes are blank; Back-to-back Interim Plans; Plan of Service Training forms not completed in PCE; No explanation of why Pre-Plan and POS were completed on same day. It is recommended that staff double-check their documents to ensure that all areas are completed.</p> <p>l) Non-compliance went down a percentage point. We will continue to monitor. Currently 93.8% with total missing ATPs at 229.</p> <p>m) Nothing to Report</p> <p>n) Nothing to Report</p>	<p>Amy F. looking into COC process.</p>
5.	<p>Outstanding Items/Other:</p> <p>a) Statewide Credentialing Work Group Updates</p>	<p>a) Stephanie had no up-dates</p>	

#	Topic	Key Discussion Points	Action Steps
	b) Additional Discussion	<p>b) Additional information regarding Medicaid Plan 291. This is not a Plan, it is a placeholder and HIPAA requirement. This will show up any time there is a change in consumer's Medicaid.</p> <p>Regarding one-time prescription ordering dietary services. Heather B. states it is in our policy to get a script for dietary services. Heather B. also states Dietitian has requested an additional H0032 auth to cover additional services provided although it was stated that those services should be included in the original auth.</p> <p>Amy F. states some clinical assessments are being billed with the code 90837-90832. She feels this is lost revenue as it should be billed as 90791 if it is meeting criteria. More information is needed.</p>	
6.	Adjourn:	The next meeting is scheduled for Monday, June 10, 1:00 – 3:00 pm via MS Teams.	
7.	Credentialing Committee to follow	A Credentialing Meeting followed the Corporate Compliance Meeting	



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

Thursday, May 9, 2024

1:30 p.m. - 3:15 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	X
Amy Folsom, BABH Madison Clinic Manager	X	Karen Amon, BABH Healthcare Accountability Director	X	Ellen Lesniak, BABH Finance Manager	
Anne Sous, BABH EAS Supervisor		Kelli Maciag, BABH Children's IMH/HB Supervisor		Jacquelyn List, List Psychological COO	
Barb Goss, Saginaw Psychological COO		Laura Sandy, MPA Adult/Child CSM Supervisor	X	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	X	Lynn Blohm, BABH North Bay Team CLS Supervisor	X	Lynn Meads, BABH Medical Records Associate	
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	-	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	GUESTS	
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stephani Rooker, BABH ID/DD Team Leader	X		Present
Joelin Hahn (Chair), BABH Integrated Care Director	X	Tracy Hagar, MPA Child OPT Supervisor	X		

Topic	Key Discussion Points	
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: TBA c. Approval of Meeting Notes: 03/14/24 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There are additions to the agenda; 4m. Medicaid Insurance Checks and 4n. Waitlist Concerns b. No presentations this month. c. The March 14th meeting notes were approved as written. The April meeting was cancelled. Joelin to follow-up on 4e. of the March 14th notes. d. Bay-Arenac Behavioral Health: <ul style="list-style-type: none"> - <u>ABA/FS</u> – - <u>ACT/Adult MI</u> – Nothing to report this month. - <u>Arenac Center</u> – We are still down a case manager for adults. - <u>Children's Services</u> – Changed a therapist position that wasn't filled for a year to a case management position and were able to hire a woman who will be starting soon. - <u>CLS/North Bay</u> – We were fully staffed for CLS providers but no longer. We received some contracts signed with a CLS provider and will discuss further before we open up for referrals. Looking at exploring another contract for children's CLS. More communication to come. 	<ul style="list-style-type: none"> c. Joelin to follow-up with the Finance Department on 4e. of the March 14th notes to see if BABH can work with local taxi companies for transportation to and from appointments for our consumers.

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<ul style="list-style-type: none"> - <u>Contracts</u> – Nothing to report this month. - <u>Corporate Compliance</u> – Nothing to report this month. - <u>EAS (Emergency Access Services)/Mobile Response</u> – Still hiring for second shift for the Mobile Response Team. We have two intake workers ready at the end of the month. - <u>Finance</u> – Nothing to report this month. - <u>ID/DD</u> – We have one individual on FMLA for CSM, one going on maternity leave, and one that transferred to another department for Self-Determination. Looking for coverage for anyone with LBSW and looking for a replacement for Ben Tenney. - <u>IMH/HB</u> – Nothing to report this month. - <u>Madison Clinic</u> – We are working on getting Dr. Bridget Smith, Child Psychologist, re-credentialed to come back to the Madison Clinic for at least 3 days a month since children’s psych evals are being booked out further than we would like. We would like her to work through the summer and fall. The new telehealth therapist is ready for referrals. He has been on for two weeks and can take Medicare. The internal BABH therapist has transitioned out of her case management role and will have a full case load of outpatient, so we are taking referrals. We are also hiring another therapist. Whether you refer to BABH or Madison Outpatient, whoever they get assigned to, Amy will go in and fix the problem, change the auths and voiding/early terminating some. - <u>Medical Records</u> – Denise Groh retired, and Lynn Meads is the new Record’s Specialist. Brenda Beck is still working part-time. - <u>Quality</u> – Nothing to report this month. - <u>Recipient Rights/Customer Services</u> – Nothing to report this month. - <u>Self Determination</u> – Ben Tenny will be coming over to Self-Determination as the Self-Determination Coordinator as Chelli Harless will be retiring in August. 	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>List Psychological: List has an intern that is still an intern but has also been hired part-time and she needs to get LOCUS trained. Another intern that started a few weeks ago will need to be trained in LOCUS as well. We will have another intern coming on board as well.</p> <p>MPA: We have one person graduating so she will be on the OPT-Adult team. Referrals have been opened up. CSM-Adult is losing the one person who is going to the OPT-Adult team. A man has been hired for Child and Family CSM to replace the one leaving. Hired an ABA. OPT-Child and Family lost a therapist who had a large case load; staff took on 15 consumers each from that case load.</p> <p>Saginaw Psychological: We offboarded a therapist, two unboarding, 1 intern to start in July. Chelsee Baker is back from maternity leave today and will be working from home for two weeks and then will be back in the office. We are considering hiring another case manager.</p>	
<p>2. Plans & System Assessments/Evaluations</p> <ul style="list-style-type: none"> a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update 	<ul style="list-style-type: none"> a. Nothing to report this month. b. Nothing to report this month. 	
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Quarterly Report (Feb, <u>May</u>, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. MSHN Priority Measures Report (Jan, <u>Apr</u>, Jul, Oct) ii. Recipient Rights (Jan, <u>Apr</u>, Jul, Oct) iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iv. Consumer Satisfaction Report (MHSIP/YSS) 	<ul style="list-style-type: none"> a. Sarah went through the QAPIP quarterly report. For the Plan of Service training forms, the reviews are given to supervisors for follow-up with staff. There was an increase in adverse events for FY24Q2 compared to FY24Q1, but it does not appear to be any type of trend, so no action is required. The number of emergency physical interventions increased for FY24Q2; however, the overall number of interventions continues on a downward trend. There was a consistent number of crisis plans completed for FY24Q1 compared to previous quarters for the MI-SMI and MI-SED populations. 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 number of risk events increased during FY24Q2. The Office of Recipient Rights has 90 days to complete an investigation. For 	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
<ul style="list-style-type: none"> v. Provider Satisfaction Survey (Sept) c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iv. Customer Service Report (Jan, Apr, Jul, Oct) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports f. Ability to Pay Report g. Review of the Referral Status Report 	<p>FY24Q1, BABH averaged 47.1 days; well below the standard. Remedial action for FY24Q1 included written counseling, employee termination, training, and verbal counseling. BABH had a slight increase in consumers receiving the appropriate labs for this measure during FY24Q1. BABH determined that actioning these alerts monthly was improving the compliance rate, so monthly actioning was reimplemented in March 2024. BABH had a slight increase in consumers receiving the appropriate labs for this measure during FY24Q1. BABH determined that actioning these alerts monthly was improving the compliance rate, so monthly actioning was reimplemented in March 2024. Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease - This measure was changed recently so BABH is working to identify a new indicator for measurement. Evidence of Primary Care Coordination - BABH and the contract providers did not meet the 95% standard for having evidence of health care coordination during FY24Q1. Two contract providers did see an increase in compliance. There have been some barriers to using the Coordination of Care form in PCE, but these were addressed during FY24Q1, so we expect to see compliance increase. 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 FY24Q1, 44% of children showed meaningful improvement in their CAFAS/PECFAS scores, above the goal BABH set. This was the highest percentage since FY21Q1. There are issues with the data, but we need this for CARF as a requirement to monitor outcomes so will look at this till MichiCans is implemented in October. Quality of Care Record Reviews - Services Are Written In The Plan of Service Are Delivered At The Consistency Identified – 87% of the records reviewed during FY24Q2 received the level of services that were written in the plan which is below the 90% standard set by BABH. Staff of the records found to be out of compliance received education and training on the standard of providing services as written in the plan of service. Quality of</p>	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>Care Record Reviews - All Services Authorized In The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service – 100% of the records reviewed during FY24Q2 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH. Audited Services with Proper Documentation for Encounters Billed – The overall total compliance for all ancillary services reviewed during FY24Q1 and FY24Q2 was above the 95% standard. These reviews included applied behavioral analysis, psychosocial rehabilitation, dietary, occupational therapy, speech and language, physical therapy, self-determination, and community living support providers. There were a total of 2,131 claims reviewed with only 69 errors resulting in a 96.8% compliance rate. The most common finding was that the documentation was not completed. Increase Medicaid Event Verification (MEV) Reviews – BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, and autism providers. BABH also added self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, and specialized residential providers where we are the county of financial responsibility reviews during FY24Q2. 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). Copy of Plan of Service Offered Within 15 Days of Planning Meeting – Overall, the percentage of compliance for offering the plan of service within 15 days was consistent for FY24Q1 compared to FY23Q4. It was determined that staff are not always using the electronic health record completely so there is missing data and blanks. Quality Staff are working with providers to remind staff to complete all data elements related to the plan of service. One provider has not been using the data field correctly that resulted in a 100% compliance rate due to having only one record reviewed. Extra training and education has been provided. Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient</p>	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>care for whom the disposition was completed within 3 hours.) – BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY24Q1. This was a higher rate of compliance than MSHN and MDHHS. MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.) – BABH has consistent or higher compliance rates for DD-Child and DD-Adult when compared to the MSHN region and the Michigan Department of Health and Human Services (MDHHS). BABH was lower than MSHN for the MI-Child and MI-Adult population. BABH continues to make concerted efforts to improve engaging consumers in services such as working toward starting a consumer engagement group, expanding Clinical Assessment Specialist positions internally, and implementing Same Day Access. Behavior Treatment Survey – This survey report is completed annually at the end of each calendar year. The results from 2023 showed a 100% satisfaction rate for the seven surveys returned.</p> <p>b. i. <u>Follow-Up After Hospitalization Adult</u> – This measure has incentives tied to the region. The percentage of discharges for members with 18 years or older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. This measure does not include Case Management as a follow-up. Diabetes Screening – Bay has the lowest percentage of patients 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. We will start actioning on this measure to try and get the percentage back up to the standard.</p> <p>ii. Defer</p> <p>iii. Nothing to report this month.</p> <p>iv. We have done a hybrid way of handling this survey, where last year it was supposed to be done all in person. This year we need to be able to</p>	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>distinguish who is/is not on the 1915 waiver. We would like to mail out all the surveys vs. staff trying to distinguish which survey needs to be sent out. More information to come as the distribution of the survey may take place in July.</p> <ul style="list-style-type: none"> v. The provider survey will be sent out in June, and this is for leadership staff only. c. i. <u>Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request</u> – BABH performed above the 95% standard. BABH demonstrated 100% (44/44) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (231/231) compliance of the adults who requested a pre-screen and received one within 3 hours. <u>Indicator 2: Initial Assessment within 14 Days-Children/Adults</u> – There were 155 consumers that were out of compliance for Indicator 2 during FY24Q1. There were 212 consumers out of compliance during FY23Q4. Reasons identified are; 81 consumer no-shows, 3 consumers chose not to pursue services, 1 consumer chose provider outside of the network, 35 consumers refused an appointment within 14 days (increase from last quarter with 22), 14 consumers rescheduled the appointment, 12 consumers were unable to be reached (increase from 5 last quarter), 1 no appointment was available, 3 were eligible for services, but were placed on a waitlist, 1 was a non-Medicaid consumer, 1 staff cancelled/rescheduled, 2 were ‘custom’ - staff calculated number of days incorrectly. <u>Indicator 3: Start of Service within 14 Days Adult/Children</u> – There were 265 consumers that were out of compliance for Indicator 3. Reasons identified are; Consumer no shows continue to be highest reason for out of compliance (141). There were 6 consumers scheduled outside the 14 days because there were no available appointments. There were 57 consumers that refused an appointment within 14 days. There were 18 consumers that rescheduled their appointment; 8 the previous quarter. There were 22 consumers that could not be reached; 5 the previous quarter. There were 	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>3 consumers that were eligible for services, but placed on a waitlist. One consumer was a Non-Medicaid consumer. There were 3 consumers that chose not to pursue services. One consumer chose a provider outside of the network. There were 3 staff that canceled/rescheduled the appointment. 10 'custom' reasons for being out of compliance: 2 were due to staff miscounting days, 2 were canceled due to staff emergency, 1 was due to client assigned to staff while staff was on vacation, 1 was due to staff leaving agency and taking longer to assign a staff, 1 was due to staff not given enough time to schedule an appointment, 2 were due to client being re-hospitalized or sent to partial hospitalization, 1 was due to staff meeting with consumer less than 15 minutes. <u>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</u> – BABH demonstrated 100% (22/23) compliance for the child population and 100% (58/61) compliance for the adult population. <u>Indicator 10: Re-admission to Psychiatric Union with 30 Days</u> – BABH met the standard of less than 15% readmission rate for the children population. BABH did not meet the standard for the adult population.</p> <ul style="list-style-type: none"> ii. Nothing to report this month. iii. Defer iv. Defer <p>d. i. There is no explanation of why the Pre-Plan and Plan of Service were completed on the same day or if the Plan of Service was completed on a different date than what was requested. Coordination of Care forms.</p> <ul style="list-style-type: none"> ii. Nothing to report this month. iii. Bay Arenac Behavioral Health Authority received a 58.89% for the MSHN MEV review that took place in February 2024. There were a total of 270 claims reviewed. Findings: The incorrect modifier was used on 52 claims, but it did not result in an overpayment or underpayment. There were 4 claims that were overpaid. The claims were for a BCaBA, which is a rate of \$21.25, but they had submitted them for a rate of \$30. There were 45 claims that did not have IPOS Training documentation. There 	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>were 10 claims where the IPOS Training did not have the date of training for staff, and the signatures were not on the same form as the training information (consumer name, trainer names, date, plan, etc.). There were 13 claims where the Respite documentation was missing a narrative. (This was a finding in our MSHN MEV Review in August and it has been corrected, but the corrections would not show up yet on this review, therefore, they were marked as findings.) One claim had documentation where the service overlapped with another service. One claim had the incorrect units billed. One claim had documentation that stated the service took place out in the community, but the narrative stated that the service took place in the office. It was billed with the incorrect rate. There were 4 claims that did not have documentation to support the claim. Stuart Wilson will reimburse.</p> <p>iv. Nothing to report this month. v. Nothing to report this month. e. Nothing to report this month. f. Nothing to report this month. g. Nothing to report this month.</p>	
<p>4. Discussions/Population Committees/ Work Groups</p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u></p> <p> i. Consumer Council Recommendations (as warranted)</p> <p>b. <u>Access to Care and Service Utilization</u></p> <p> i. Services Provided during a Gap in IPOS</p> <p> ii. Repeated Use of Interim Plans</p> <p>c. <u>Regulatory Compliance & Electronic Health Record</u></p> <p> i. 1915 iSPA Benefit Enrollment Form</p>	<p>a. i. Nothing to report this month. b. i. Nothing to report this month. ii. Nothing to report this month. c. i. Nothing to report this month. ii. Nothing to report this month. d. Nothing to report this month. e. i. Amy sent out information on group therapy. We lost a group but have the DBT Skills Group. We are processing referrals, enrolling group, etc. ii. Individual OPT are available. Virtual can take Medicare. Shalinda will take Medicaid or no insurance. iii. Nothing to report this month. 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</p>	<p>n. Stacy to follow-up with her team on this.</p>

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
<ul style="list-style-type: none"> ii. Management of Diagnostics d. BABH/Policy Procedure Updates e. Clinical Capacity Issues Update <ul style="list-style-type: none"> i. OPT Group Therapy ii. OPT Individual iii. Referrals for Groups - Discussion f. Medicaid Re-Enrollment - Loss of Benefit Tracker g. IPOS Ranges h. Recommended Training i. ICD-10 SUD In Remission Diagnosis Code Cheat Sheet j. RRO Interpretation of Incident Reports k. Vocational Services l. Trauma Screening m. Medicaid Insurance Checks n. Waitlist concerns 	<p>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.</p> <ul style="list-style-type: none"> g. Nothing to report this month. h. Nothing to report this month. i. Every diagnosis was going with the encounters to the state and that is not best practice according to the biller/coder. How we do diagnosis, if someone is in remission, we would change the status to remission, but the biller/coder said this doesn't work. She recommends that if someone is in remission, you take the dependents diagnosis, make that inactive and replace it with an active in remission diagnosis. Amy created a cheat sheet of all diagnosis in remission. j. The Office of Recipient Rights sent out an Interpretative Memorandum which is related to unusual incident reports. They looked at the MH code and the confidentiality definitions and their interpretation is that incident reports are not considered a peer review process. Peer review documents are not considered open for disclosure by subpoenas or a request for disclosure. Many CMH's over the years have considered unusual incident reports as part of the peer review process and are not open for disclosure. Recipient Rights disagrees with this. CMH-A recommends we accept the interpretation or consult with our attorneys. BABH consulted with the attorneys, and they believe our previous interpretation was not accurate and did not fit under the peer review process. We are changing our policy to indicate that if staff write an incident report and someone is requesting for it to be disclosed, we 	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>will release the information. If you decide to continue to have it be part of the peer review process, get in touch with Melissa Prusi for further action.</p> <p>k. There might be misinformation amongst the case managers, so Nicole wanted to clear this up. Providers are being told someone should be engaged with MRS services in order to have a better chance of obtaining benefits. There are more MRS referrals instead of going directly to the providers and having people switch from providers to MRS and that is not entirely accurate. MRS services contracts out with Do-All, New Dimensions, etc., just like BABH, so there is no difference except they have a different pool of funding. If someone is engaged with Do-All or New Dimensions, they can stay there, they do not have to go through MRS to get better benefits. This may be coming from a DHS case worker, so Nicole has reached out to DHS on this matter. Some providers are losing consumers and referrals because of this. You do not have to go through MRS for better services, you will get services much quicker going through BABH vs. MRS. Graphs to be looked at during the next meeting.</p> <p>l. We had a finding during a recent audit on trauma screening. Amy said the name in the clinical assessment isn't matching the name on the intake packet. Is anyone doing UNCOPE? It is in Phoenix in the Help tab section. It is not in the intake packets. Changes were made to the trauma section in the new assessment. Example, if you have a child in TF-CBT because they have trauma, so why are we completing another trauma annually, when they are in trauma treatment. We are trying to change the assessment to identify some of those situations. Everyone needs to get the short trauma screening which are in the intake packets and in the Help tab under resources.</p> <p>m. The current level of care is generated by what the staff put in the system. The red flag that says 'No Medicaid' is generated by the eligibility/insurance tab that comes from the Champs system. Even if the level of care is Medicaid, the No Medicaid is what it probably is in our system. Staff can then go to the eligibility/insurance, and you can see the adult/child had Medicaid but no longer has it. You can then check the Medicaid Eligibility inquiry and it</p>	

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

Thursday, May 9, 2024

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	
	<p>pulls up the Medicaid eligibility information. We have been told that this 291 is a code that just indicates that there was some change in the plan. It is not a 'plan.' In this case, the DHHS worker or the BABHA liaison would need to gather more information about why this child lost Medicaid. If the county says something other than Bay, we need to switch the county.</p> <p>n. MPA has never had a waitlist before and are unsure how to do it. They are receiving calls from parents saying they want their kids in services and MPA is unaware the kids had a screening. Since there isn't a waitlist, Joelin will follow-up with Stacy and Stacy will follow-up with her team to see what's going on. MPA was told Audra has been keeping track of the people that are given late adverse.</p>	
<p>5. Announcements</p> <p>a. DHHS Outreach Worker</p> <p> i. MIBridges System</p> <p>b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM</p>	<p>a. FYI</p> <p>b. FYI</p>	
<p>6. Parking Lot</p> <p>a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums</p>	<p>a. Nothing to report.</p>	
<p>7. Adjournment/Next Meeting</p>	<p>The meeting adjourned at 3:00 pm. The next meeting will be on June 13, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.</p>	

Scale for Status Rating: Good-Improved-Fair-Poor

COMPLIANCE MONITORING

Monitoring	Status at Last Report	Status as of this Report	Comments
Electronic health record security breach monitoring (for violations of role-based security)	Good	Good	No findings.
Sanctioned provider (exclusion/ debarment) checks for employees and officers, contracted clinical service providers and selected vendors	Good	Good	No findings.

Auditing	Status at Last Report	Status at this Report	Comments
Contracted Service Provider Site Reviews	Good	Good	Site Reviews have been completed for the ABA providers. Specialized Residential are being currently being completed and CLS providers will be the next group of providers to be reviewed.
Record Reviews	Improved	Fair	FY24Q1 there were 41 records reviewed which was 77% of the assigned were completed. There were 14 trainings completed because of the reviews which is 88% completed. There was 3% increase in All areas of the assessment were completed and 12% increase in reviewing the effectiveness of the IPOS. However, there was a 5% decrease in sending out the Coordination of Care, 9% decrease in informing consumers of waiver services at pre-planning and a 24% decrease of not having evidence of outreach when a consumer misses an appointment.
Verification of Medicaid services provided for direct operated programs & contracted service providers	Good	Good	MEV audits completed over the last two quarters for ancillary services which included the Vocational providers, CLS providers, Out of County specialized providers, ABA providers and four specialized residential providers. In addition to those providers, Stuart Wilson and Dietary providers and the Clubhouse were reviewed. Some CLS providers and all of the Vocational providers have been reviewed two times in this reporting period. There were 39 MEV audits completed and 7 required take backs. Self Determination Coordinator has been completing monthly spot checks for MEV and quality in documentation and reporting to the CCC.

RISK ASSESSMENT **Status of Action Plans**

Dep't of Justice Compliance Program Eval	Triennial	Next eval due in 2025	The 2022 self-evaluation was completed during the reporting period as scheduled. BABHA scored 99-100% on 34 out of 43 standards (80%). Of the 9 standards warranting improvement, action steps include more training for supervisors on compliance, strengthening training on policies and procedures, and post implementation evaluation of process changes to ensure regulatory compliance is fully actualized. Training for Supervisors has been developed and individual new supervisors have had one on one training. To address education on policies and procedures this has been incorporated in the Relias System.
Fraud/Abuse Risk Assessment	Triennial	Completed 12/2023	Completed and presented to CCC 12/2023. Presented and Approved by HCICC 1/2024. The MEV reviews have been completed as scheduled and the

RISK ASSESSMENT			Status of Action Plans
			increased amount of MEV's being conducted has been implemented. The external providers have been restricted from being able to do stand alone authorizations. The Self Determination Coordinator has provided monthly MEV and provider education and reported this to the CCC. A training schedule has been developed and staff development has assigned children's training to staff who need the hours.
Security Risk Assessment	Annual	Due July 2024	Two factor authentication to access PHI has been implemented. Employees are not to use their personal equipment to access PHI. There has been some discussion related to installing outside cameras to identify visitors to some of the buildings that do not currently have them.

EDUCATION		
Persons Served	Frequency	Status
Consumer Council-Bay Consumer Council-Arenac	Annual/PRN	Website contains Fraud Abuse and Privacy education. Consumer Council will be educated in September. Self Determination education for new consumers has begun to be tracked and reported to MSHN as well as the 5% EOB's that are sent out annually. There was an individual training due to a substantiated potential fraud to a consumer and the staff on 4/12/24.
Board of Directors	Frequency	Status
Full Board Corporate Compliance training	Annual	Completed June 27, 2024.
Additional compliance information provided for Board of Directors:		
<u>Date</u>	<u>Audience</u>	<u>Topic</u>
1/3/24	Health Care Improvement & Compliance Committee	Monitoring activities conducted to reduce the risk of Health Care Fraud and Abuse and the OIG Work Plan for 2024.
2/5/24	Health Care Improvement & Compliance Committee	Telehealth and utilization data to evaluate the post COVID usage and compliance with the telehealth standards.
3/4/24	Health Care Improvement & Compliance Committee	Modification of 42 CFR Part 2 regulations.
5/6/24	Health Care Improvement & Compliance Committee	Reporting requirements of the OIG
6/3/24	Health Care Improvement & Compliance Committee	EVV implementation and Conflict Free Access and Planning

Supervisors	Frequency	Status
Standing compliance agenda item on Bi-Weekly Leadership meetings	Monthly	Completed
Supervisor-specific corporate compliance training	Annual	Developed initial training and provided training via email to Supervisors. Provided individual training to two new Program Managers

Additional Educational Activities for Supervisors:

<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
None			

Employees	Frequency	Status
New employee orientation to corporate compliance, privacy and confidentiality	Monthly	Completed every month except May.
Corporate compliance training	Annual	KA completed "OIG General Compliance Program Guidance for 2024" on 5/14/24.
Privacy/security/confidentiality training	Annual	Phishing emails and Opening malicious mail; Phishing Reporting button on 4/9/24. Monthly email on the Security Newsletters.
Corporate Compliance Plan in-service	Annual	HCICC approval 6/3/24, Board approval 6/20/24 and staff training will be completed in July.
Email security drills (by Security Officer)	Quarterly	Phishing tests were conducted in January, March and May. January there were 20 people who clicked on the email and no one reported. In March, 24 people clicked and 5 people reported. In May, there was a dramatic increase both in people who clicked on the email and those that reported. 45 people clicked on the either the email contents or the attachment. 51 people reported the phishing email. The increase may have been a result of installing a Phishing Reporting button that staff just have to hit and it send the email to the Help Desk.

Additional Educational Activities for Personnel:

<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
None			

Contracted Service Providers	Frequency	Status
Corporate Compliance Training for Residential/ Community Living Support Providers	Annual	Completed 1/11/24
Corporate Compliance Training for Vocational Providers	Annual	Completed 2/29/24
Corporate Compliance Training for Primary Providers	Annual	Scheduled in August
Corporate Compliance Training for Autism Providers	Annual	Completed 4/16/24

Additional Educational Activities for Contracted Service Providers:

<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
4/12/24	Self D staff	Fraud and Abuse	In person

Corporate Compliance Staff & Leadership	Frequency	Status	
Review of Regulatory Changes	Monthly	Completed	
Review of Medicaid and General Fund Contract Boilerplate and Attachments	Yearly	Need to be completed	
Review of CMS Office of Inspector General [Regulatory Compliance] Work Plan	Yearly	1/3/24	
Educational activities for compliance leadership:			
<u>Date</u>	<u>Audience</u>	<u>Topics</u>	<u>Type</u>
5/14/24	Karen Amon	OIG General Compliance Program Guidance for 2024	Webinar

Report Prepared by:
Karen Amon, LMSW
Director of Healthcare Accountability

Date: July 1, 2024