

AGENDA

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

Committee Members: Robert Pawlak, Ex Off, Ch Christopher Girard, V Ch Tim Banaszak Patrick Conley	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
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	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 June 10, 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 June 13, 2024		4.1) No action necessary
5.	Unfinished Business 5.1) None		

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6.	New Business 6.1) Midstate Health Network (MSHN) Quarter 2 Fraud Abuse Report 6.2) Midstate Health Network (MSHN) Quarter 3 Fraud Abuse Report		6.1) No action necessary 6.2) No action necessary
7.	Adjournment		

BAY-ARENAC BEHAVIORAL HEALTH

BABHA CORPORATE COMPLIANCE COMMITTEE MEETING

Monday, June 10, 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	E
Amy Folsom, Clinic Practice Manager	X	Jennifer Lasceski, director of HR	X	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	X	GUESTS	
Heather Beson, Director of Integrated Healthcare	X	Marci Rozek, CFO	X		
Michele Perry, Finance Manager	X				

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) Agenda: Review/Additions</p> <p>b) Meeting Notes: Approval of May 13, 2024, meeting notes.</p> <p>c) Next Meeting: July 8, 2024</p>	<p>a) No additions to the agenda.</p> <p>b) May 13, 2024, meeting approved as written. Good chunk of attestations done.</p> <p>c) The next meeting is scheduled for July 8, 2024.</p>	
2.	<p>State-Federal Laws, MDHHS Notices and Regulations</p> <p>a) Review of Log and Subject Matter Expert Report Outs</p> <p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p> <p>d) Process for Ensuring Implementation of Policy Changes</p>	<p>a) Karen and committee reviewed the log:</p> <p>Log No: 348 Restraint. Still in Committee – Monitoring Reviewers: Melissa, Heather</p> <p>Log No: 349 Insurance Parity. Approved by Governor 5/21/24. Public act 41 of 2024 – In the folder will be 2 entries under this number, the original put in as a Senate bill and the second will be the Public Act. Final version needs review. Per Joelin, after reviewing, will not impact us. Recommend to Chris to have legal look at it. Reviewers: Marci, Ellen, Joelin, Chris</p> <p>Log No: 356 Childrens guardianship and Payment for Guardianship. Approved 7/11/23. Public Act 69 of 2023. Needs Review by Joelin, Heather B.</p> <p>Log No: 357 Development of Drug overdose review Team. Approved 12/13/2023. Public Act 313 of 2023. Needs Review by Joelin, Heather F.</p> <p>Log No: 358 Guardianship of IDD Individuals. Referred to Committee on Judiciary. Continue to monitor. Reviewer: Joelin, Heather B, Heather F. Staff education plan needed.</p> <p>Log No: 359 Professional guardianship requirements. Still in Judiciary Committee. Continue to Monitor. Reviewer: Joelin, Heather B, Heather F.</p> <p>Log No: 360 Children’s protections in community camps/programs. Going through 3rd reading with several substitutions. No movement. Continue to Monitor</p> <p>Log No: 367 Targeted Case Management for persons incarcerated. Proposed effect 07/01/2023. Main feedback on proposed policy is that it skips bachelor’s level clinicians and just seems to talk about master’s level clinicians and the CHW’s which seem to be peers. The policy also reads like they have not considered</p>	

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		<p>the role of jail liaisons. Joelin asked if this would allow us to use Medicaid funds to pay for this. Ellen responded that it would not. Karen is thinking it is more when individual gets released. Sarah H, Joelin, Heather B will review. Continue to Monitor.</p> <p>Log No: 376 Duplicate - Same as #348</p> <p>Log No: 379 Telemedicine extension for Controlled substances. Waiting for public comments regarding in person requirements for prescribing of Controlled Substances. Amy states Gabapentin no longer a controlled substance. Reviewers: Amy, Joelin, Heather B and Heather F.</p> <p>Log No: 382 EVV Provider enrollment. Enrollment begins 08/01/2024. FI and Providers will need NPI and CHAMPS. Procedure codes for BH are H2015 and T1005. Reviewers: Heather B., Nicole, Heather F, Joelin, Sarah H, Ellen.</p> <p>Log No: 387 Psychiatric Residential Treatment Facility. Nothing new. Reviewer: Joelin</p> <p>Log No: 390 Provider enrollment changes. Includes theft as an exclusion. Needs Review. Reviewers: Jennifer, Joelin, Heather, Sarah, Ellen and Marci.</p> <p>Log No: 392 AFC Licensing Changes. Referred to committee on Families, Children and Seniors. No movement. Monitoring. We must have had the wrong HB number, it is 4841. No movement forward on the AFC licensing requirements.</p> <p>Log No: 393 Closed.</p> <p>Log No: 394 UIR Memo from RRO. Karen is working on it, needs to update policies regarding whether we consider an unusual incident protected information.</p> <p>Log No: 395 Telehealth Bills. Approved by Governor 6/6/2024. Public Act 53 and 54 of 2024. Needs reviewed by Amy and Karen.</p> <p>Log No: 396 SW Licensure Requirements. No Change. Monitoring</p> <p>Log No: 397 Child Care Institutions to be able to use Physical Management. Approved by Governor 6/11/2024. Public act 50 of 2024. Will allow for physical intervention.</p> <p>Log No: 398 Death with Dignity. No change. Monitoring</p> <p>Log No: 399 Mental Health Insurance Parity. No change. Monitoring</p> <p>Log No: 400 CCBHC. No change. Monitoring</p> <p>Log No: 401 Psychologists requirements for MA providing ABA services. No change. Monitoring</p> <p>Log No: 402 Extreme Risk order. Monitoring – Needs education to staff. Need to change policy and procedures? Petitioning process in the ES files. Reviewers: Joelin, Melissa, Stacy K, Heather F.</p> <p>Log No: 403 EVV. Updates bulletin MMP 24-21 on May 31, 2024. Still related to the implementation regarding personal care services. Update identifies the EVV system that they are going to use and identifies the 6 elements that need to be in it. Per Heather B, this bulletin did review which programs would be impacted. Internally we needed to make some decisions regarding Horizon Home being prepared for EVV. Some next steps were that we needed to identify our providers that needed to be put on EVV. Heather states it was agreed to meet in month to touch base. No feedback from providers. Targeting 9/3 go live date, soft launch possible. PCE involved at state level with implementation. Needs Review by Heather B, Nicole, Jesse.</p> <p>Log No: 407 Access Standards. To be reviewed by Joelin and Stacy. Send Karen an email after reviewing.</p> <p>Log No: 409 CMS Fee Schedule changes. Karen, Michelle, Ellen and Atisha will review.</p>	

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		<p>Log No: 410 Karen reviewed. There are not a lot of changes. They are trying to align with HIPAA and the public health code. One Major difference is Part 2 agencies will not have to get a release every time they are releasing information to the same organization or person. Karen presented update to board. Karen will send summary out to this group. Consider staff education. Reviewers: Melissa, Karen, Joelin</p> <p>Log No: 411 Provider Manual Updates for January 2024. Revision to Wraparound policy. Closed. Revisions have been made.</p> <p>Log No: 412 Home/community based rules and how to handle restrictions in the IPOS and BTRC. Per Heather B. not necessarily any changes in Plan of Service but they are requesting that it go in Health and safety part of plan. There are 8 elements that need to go into the IPOS. Staff have been educated on this. Possibly carryover so we look at revising and getting documents from psychologist into EHR, maybe we can look at having an element pulled from the psychologist's plan and somehow imbedded into the IPOS. CM will need to modify plan to fit psychologist's plan. Next step would be policy change and staff education around addendums to the plan per HB. Heather will be reaching out to other CMHs regarding their process regarding psychology staff. Should we be attaching docs to amendments? Sarah H thought the memo stated that restrictive and intrusive interventions had to be reviewed on a quarterly basis and recorded as an amendment in the IPOS. Needs more discussion. BTRC workgroup meeting on Friday to discuss. Karen states there are things to work on regarding implementation. IT request has been put in regarding prioritizing IPOS and Behavioral Assessment in the EHR, getting it imbedded in the EHR, there were questions. The format needed to be based on PCE. Memos are in MDHHS Lara manuals folder. Two new memos out as of 05/17/2024. Reviewers: Heather B, Heather F, Joelin, Sarah, Karen</p> <p>Log No: 413 Medicaid Provider Manual updates. Please review for next month's meeting and make recommendations. Amy, Karen, Ellen and Michelle need to look at the changes to Telemedicine.</p> <p>Log No: 414 Children's and Adolescents Durable equipment revisions. Childrens Team please review for next meeting and make recommendations.</p> <p>Log No: 415 CPT-HCPCS Code Update. New. Please review Ellen, Michelle, Amy</p> <p>Log No: 416 Telemedicine Authorized Provider Policy Update. Effective 4/1/2024. Review by Amy, Heather F, Karen, Ellen, Michelle.</p> <p>Log No: 417 BHH Expansion and addition of Codes. Heather B to review</p> <p>Log No: 418 MichiCANS. New. Three memos from MDHHS have gone out. Joelin's team reviewing.</p> <p>Log No: 419 WHODAS Announcement. Screening and assessment tool replacing sis for people with IDD. Full implementation fall 2026. Needs Review</p> <p>b) Discussed above.</p> <p>c) Discussed above.</p> <p>d) Discussed above.</p>	

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3.	Plans, Policies, Procedures, Assessments: a) Status of Employee Attestations/Time for new ones April-May b) Corporate Compliance Plan 2024	a) A good majority of Employee Attestations are completed. There were some staff on medical and some struggled with typing or electronic signatures. b) Will go to full board. Will be implemented	
4.	Data/Monitoring/Reports: 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 <u>April Reports</u> h) Provider Network Site Review Summary	a) Monthly monitoring completed; Lynn reported no security breaches in Phoenix or Gallery for the month of May. b) Stephanie Gunsell reported no exclusions or debarred Officers, physician’s, contracted providers, etc. for May. Jennifer Lasceski reported no exclusions for employees and Board members for June. c) Monitoring of Group Drives for Unsecured PHI files. d) Security Officer Update: Ran fishing test regarding new laptop. Over 40 people clicked on it and clicked on the attachment. Possible further education e) Ethics/Recipient Rights/Customers Service Update – Defer f) Report of spot checks for compliance for Self Determination. Ben Tiney reviewed notes for 21 cases for May. Chelli Harless reviewed notes for 5 consumers. Nothing significant that needs addressed. Karen has to start counting how many new people are entered into Self D because they are trained in Fraud and Abuse and has to start tracking how many consumers are trained in Fraud and Abuse. Karen is in the middle of 2 complaints regarding fraud, abuse and waste. g) Corporate Compliance Activity Report h) Deferred – Covered last month	

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	<p><u>June Reports</u></p> <p>i) Quality Review of Medical Records</p> <p><u>OTHER</u></p> <p>j) Office of Recipient Rights Background checks</p>	<p>i) Defer until July</p> <p>j) ORR Background checks. It is in our contract that we will do a background check prior to hire. When we stopped doing our site review the way we had been doing traditionally and then restarted them, we talked at the leadership group about what we would be reviewing at site reviews and that was not added to that list. We also have regional site review processes happening and there was an issue brought up by a parent through Melissa’s team that got us looking at where that was actually being reviewed and we found out that it was not being reviewed at the regional audit so we started seeking out why this was not being reviewed and found out that it actually is not a requirement. It didn’t make it onto any type of regional review tool. Primarily it is the ABA Providers. The issue came up when a parent was looking to move their child to a new ABA provider and saw a name on the new provider staff list that had had a substantiated claim from the last place they worked. There is no Requirement for providers to have to check with ORR substantiations. Melissa contacted MDHHS ORR and consulted, they confirmed that it is not a requirement. This is a potential risk area. There is no statewide database for RR infractions. Revisit next month. Table until Melissa is available.</p>	
5.	<p>Outstanding Items/Other:</p> <p>a) Statewide Credentialing Work Group Updates</p> <p>b) LPC Credentialing form.</p> <p>c) DHHS \$30,000 for recruiting social worker.</p>	<p>a) No updates.</p> <p>b) Amy F. sent a message to finance saying that for LPCs to get credentialled with Blue Cross, the form that they had out there, the signature document was inaccurate since the first of the year and the new one had been uploaded.</p> <p>c) Amy F. states last Tuesday DHHS announced they were giving \$30,000 to 12 different universities for recruiting more social workers. Saginaw Valley is one of the schools. That could mean that those universities get an influx of social work students and in the future will need internships. The LPC program is lobbying to say why is this only for social workers and not LPCs. CMU has a big LPC program. Again, down the road internship sites may be needed. Jen L. says with that \$30,000 there is a commitment to work in Behavioral health field for 2 years post-graduation to be able to take that money. Prior to all of that being put out there had been some communication from MDHHS to BABH asking if we would be a site willing to take those students and we said absolutely.</p>	
6.	Adjourn:	The next meeting is scheduled for Monday, July 8, 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, June 13, 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	X	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		Ellen Lesniak, BABH Finance Manager	
Anne Sous, BABH EAS Supervisor		Kelli Wilkinson, 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		Lynn Meads, BABH Medical Records Associate	
Chelsee Baker, Saginaw Psychological Supervisor	X	Megan Smith, List Psychological Site Supervisor	X	Nathalie Menendes, Saginaw Psychological COO	
Courtney Clark, Saginaw Psychological OPT Supervisor		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		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			Present
Joelin Hahn (Chair), BABH Integrated Care Director	X	Tracy Hagar, MPA Child OPT Supervisor			

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: TBA c. Approval of Meeting Notes: 05/09/24 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were additions to the agenda; 4N. Preplanning Process, 4O. Referral Process, 4P. General Fund for FY25 and 4Q. Conflict Free Case Management. b. There are no presentations this month. c. The May 9th meeting notes were approved as written. d. Bay-Arenac Behavioral Health: <ul style="list-style-type: none"> - <u>ABA/FS</u> – Nothing to report this month. - <u>ACT/Adult MI</u> – ACT is down a case manager. The MI team will be fully staffed after July 8th. There are 2 ACT nurses. - <u>Arenac Center</u> – We were down an adult case manager, hired one and then someone else left. - <u>Children's Services</u> – Hired a SUD case manager and transitioned from a home-based opening that was available. There was a home-based services master's level position that was vacant for a year. That position was removed since it was not able to be filled so BABH added in a case manager to the SUD case management team. 	

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Topic	Key Discussion Points	Action Steps/Responsibility
	<ul style="list-style-type: none"> - <u>CLS/North Bay</u> – North Bay is fully staffed. Horizon Home has some openings. CLS providers has a new contract. - <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> – Lost a third shift person for EAS. The Mobile Response team is still hiring for second shift. - <u>Finance</u> – Nothing to report this month. - <u>ID/DD</u> – We are down 4 case managers. There are 3 on FMLA and 1 that took a promotion. - <u>IMH/HB</u> – Nothing to report this month. - <u>Madison Clinic</u> – Dr. Bridget Smith is coming back because Dr. Exum will be on maternity leave in October. Hoping to have Dr. Smith on Mondays starting in August. - <u>Medical Records</u> – Nothing to report this month. - <u>Quality</u> – Nothing to report this month. - <u>Recipient Rights/Customer Services</u> – Nothing to report this month. - <u>Self Determination</u> – <p>List Psychological: Hired two new therapists in Bay City and they will be LOCUS trained soon. The hired intern and practicum student will take the LOCUS training as well.</p> <p>MPA: Nothing to report for OPT-Adults. OPT-Children is short staffed and very busy. Fully staffed for CSM-Adult and Children.</p> <p>Saginaw Psychological: Nothing to report this month.</p>	
<p>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. <u>QAPIP</u>: Nothing to report this month. b. i. <u>MSHN Priority Measures Report</u>: Nothing to report this month. 	<ul style="list-style-type: none"> b. iii. <u>RAS</u>: Sarah will look in to the populations as

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<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, <u>Jun</u>, Sep, Dec) iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, <u>Apr</u>, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM Indicators (Jan, <u>Apr</u>, Jul, Oct) iv. Customer Service Report (Jan, <u>Apr</u>, Jul, Oct) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, <u>May</u>, 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 	<ul style="list-style-type: none"> ii. <u>Recipient Rights</u>: Nothing to report this month. iii. <u>RAS</u>: There was a 71% completion rate of the RAS for FY24Q2. There was one statement that scored lower for individuals receiving ongoing services during FY24Q2 when compared to those initially entering services which was consistent. The statement was "I have goals in life that I want to reach." This statement continues to score less for those in ongoing treatment compared to those initially entering treatment. This trend has been consistent for over a year. There were two statements (#19 - Even when I don't believe in myself, other people do and #20 - It is important to have a variety of friends.) that scored lower for FY24Q2 compared to FY24Q1 which was a decrease from last quarter (7 statements). There is an Arenac - Physician/Health Services listed but not a Madison Physician/Health Services so Sarah will look into this. Please encourage consumers to personalize their goals during the person-centered planning process to focus on their own unique and individual preferences. iv. <u>MHSIP/YSS</u>: Joelle started the process of mailing the MHSIP/YSS surveys for the CSM, OPT and IDD populations. Please encourage the consumers to complete the survey. They can be entered into a drawing for a gift card if they put their name and number at the bottom of the survey. v. Nothing to report this month. c. <ul style="list-style-type: none"> i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. iv. Nothing to report this month. d. <ul style="list-style-type: none"> 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. e. Nothing to report this month. 	<p>to why no data is pulling up for Madison - Physician/Health Services on the RAS.</p>

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	<ul style="list-style-type: none"> f. Nothing to report this month. g. Nothing to report this month. 	
<p>4. Discussions/Population Committees/ Work Groups</p> <ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. 1915 iSPA Benefit Enrollment Form 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. Insurance Checks k. Contract Providers - CSM Authorization Limits l. OPT to CSM Plans 	<ul style="list-style-type: none"> 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. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. f. Nothing to report this month. g. Nothing to report this month. h. Nothing to report this month. i. <u>SUD in Remission</u>: When a consumer with an SUD issue is meets “remission” status, the diagnosis should be updated to “In Remission”. SUD diagnosis should not appear as “In Active”. Cheat sheets were handed out at the last meeting. j. <u>Insurance Checks</u>: Remind staff to verify insurance when consumers are coming in for appointments. There are consumers that have PHP Mid-Michigan and Priority Health insurance. The DHS liaison and Finance were emailed since it is not in the care plan and are showing up under Third Party Liability. Educate consumers that Plan First is a benefit, it is not health insurance. k. <u>CSM Auth Limits</u>: For case management providers, there are limits on the amount of case management authorizations in the BABH contract, with stating additional units will be authorized with clinical justification. We encourage you to request more units if they are needed per clinical justification. l. <u>Non-Primary Casehold OPT Addendums</u>: If you have a person in CSM with OPT as secondary, how is that working with the plan? The therapist is not 	<ul style="list-style-type: none"> m. <u>ABD Effected Service Drop-Down</u>: Sarah H. will follow-up with Brenda about the services not pulling into the drop-down menu for the Advanced Notice and Joelin will follow-up with Finance/Karen about an override process. Joelin to get with the EHR Committee about a list of consumer account alerts. n. <u>Pre-Planning Process</u>: Nicole will follow-up with the CLS providers about notices to close. o. <u>CLS/Vocational Referral Process</u>: Nicole will email the referral process cheat sheet to the committee.

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Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
<ul style="list-style-type: none"> m. ABD Effected Service Drop-Down n. Preplanning Process o. CLS/Vocational Referral Process p. General Fund for FY25 q. Conflict Free Case Management 	<p>writing a new plan because that would clear out the CSM plan, so what are you doing when you have an add-on therapy? Make sure when new case managers/therapists are hired, add in the orientation for training, that they understand what the process is when adding an addendum with the goals and objectives.</p> <ul style="list-style-type: none"> - MPA puts in a place holder goal for the therapist so an addendum can be made after the plan is complete to change their goal to personalize it. The therapist is completing the addendum, but case management is doing the plan. - List Psychological does the same but the therapist requests all therapy goals except for one, that way they are separate. The case manager writes the plan and then the therapist will do an addendum to the case manager's plan. <p>m. <u>ABD Effected Service Drop Down</u>: Please remind staff to select the effected service from the drop-down list when completing ABD's. As MSHN is preparing for their External Quality Managed Care review with Health Services Advisory Group, we pulled reports on ABDs and have noted that there are ABDs from the BABH Provider Network that do not indicate the effected service in the report. It has been determined that some providers/programs are listing the service in the narrative, but not from the drop-down list (which is used as an element for the regional reports). As an FYI, MSHN has external quality reviews completed by the MDHHS and the HSAG. To comply with CMS requirements, MDHHS contracts with HSAG to measure and report on performance to assess the quality and appropriateness of care and services provided to members. HSAG completes three separate reviews: Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring review. The MSHN review includes data and reports of a lot of the work we do here at BABH and the other CMHSPs within the MSHN. The results of the HSAG review a) require Corrective Action Plan (just like our MDHHS/MSHN site reviews), and b) are used at the State level to compare MSHN with the</p>	

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

Thursday, June 13, 2024

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

Lincoln Center - East Conference Room

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	<p>other PIHPs in Michigan. As this will likely be a repeat citation associated with the BABH primary care provider network, please remind staff to select the effected service from the drop-down list when completing ABD's.</p> <p>Services that determine eligibility, but BABH does not authorize, are Family Support Subsidy, SED Waiver, CWP, Hab-Support Waiver. You need to use the look up and add-in in Phoenix and those services need to be required in that drop down. Sarah will follow-up with Brenda to see why the services are no longer able to be pulled from the drop-down since they were removed back in December or January, and Joelin will follow-up with Finance/Karen about having an override process for the services that are no longer listed.</p> <p>There was a lot of discussion around information not being readily available in Phoenix. Joelin would like someone to put together a comprehensive list of what is missing in the consumer's account under alerts. It may have been in Phoenix and is no longer there, or it may have never been there, but we would like it there. Joelin can address this with the EHR Committee.</p> <p>n. <u>Pre-Planning and Provider Notification</u>: Melissa has been doing trainings with the Consumer Advisory Council, OC, etc., and they touch base on the pre-planning process. When the consumers were asked who they want at their meetings, they give a blank look as if they didn't know that was an option. Even if someone says they don't want someone from their provider, nurse etc., they just want themselves and the worker at their meeting, we still have a requirement to work with all providers, so they are involved in the planning process. Please educate staff to use the "Send To" tab to notify all providers of the PCP (via sending the Pre-Plan), ABD's etc. Vocational and CLS Services: "Send To" Nicole Sweet and she will follow-up with the providers. IPOS Training Process: The training processes are taking a bit of time, but one main person is supposed to be trained on the plan and that person is then to train everyone else on the plan. Sarah will work on something and will bring it back to the committee for review.</p>	

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	<ul style="list-style-type: none"> o. <u>CLS/Vocational Referral Process</u>: Nicole handed out cheat sheets for CLS/Vocational referrals on how and when to refer. There is an authorization request form that the providers will need to start using. Nicole can email the cheat sheets to the committee. p. <u>GF Plan FY25</u>: BABH is projected to have a significant deficit in the General Fund this year (FY24) and this is not anticipated to improve for next year. The group reviewed past GF plan benefits and discussed benefit package parameters for the FY25 GF plan. Referrals will go to the contract provider network and referral to higher levels of care will utilize the GF Exceptions Request process. The committee agrees to reimplement group therapy as the main modality of OPT treatment. Amy is ready to roll out a group therapy plan on June 19th. There are 6 referrals now. No one is opposed to revising the changes to the engagement groups. 3 ABD's is too high of a threshold. q. <u>Conflict Free Case Management</u>: The CMH Association of Michigan is doing everything they can to advocate for this. BABH is doing everything they can to oppose the conflict free case management. 	
<p>5. Announcements</p> <ul style="list-style-type: none"> a. DHHS Outreach Worker <ul style="list-style-type: none"> i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM 	<ul style="list-style-type: none"> a. FYI b. FYI 	
<p>6. Parking Lot</p> <ul style="list-style-type: none"> a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums 	<ul style="list-style-type: none"> a. Nothing to report. 	
<p>7. Adjournment/Next Meeting</p>	<p>The meeting adjourned at 3:30 pm. The next meeting will be on July 11, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.</p>	

Status	Date Initiated	Source of Activity	Service/Program	Provider Name	Brief description of issue/allegation	Codes Involved	# of Paid Claims	# of invalid claims	# of Staff	# of Cons	Total Paid Amount Related to Complaint/Activity	Overpay Identified?	Potential Fraud?	Date Referred to MIOHSIG	Total Over-payment	Disposition	Date Resolved
Closed	12/27/23	Provider Employee	CLS	DNMM	Complaint that the worker was not providing services during particular times and days. Investigation occurred. An Electronic Event Verification was used by the provider and this was reviewed for the dates and times in question.	H2015			1	1	\$306.96	No	No	No	\$0.00	closed-no findings	01/10/24
Closed	01/09/24	Tip/Grievance	CLS	Self D	Complaint that the Self Determination CLS worker was not providing services that were reported on claims. In	H2015	4	4	1	1	\$665.54	Yes	Yes	No under \$5000	\$665.54	Closed-Recovered	03/15/24
Closed	10/04/23	Audit-Scheduled	CLS	PAO	Provider MEV Audit	H2015	20	5			\$1,959.36	yes	no	no	\$533.80	Closed-Recovered	01/19/24
Closed	01/10/24	Audit-Scheduled	CLS	Samaritas	Provider MEV Audit	H2015	4	1			\$326.56	Yes	No	N	\$50.24	Closed-Recovered	02/09/24
Closed	01/12/24	Audit-Scheduled	CLS	BHS	Provider MEV Audit	H2015	35	2			\$3,337.50	Yes	No	N	\$251.20	Closed-Recovered	01/19/24
Closed	01/18/24	Audit-Scheduled	CLS	MCSI	Provider MEV Audit	H2015	32	3			\$906.83	Yes	No	N	\$10.70	Closed-Recovered	02/02/24
Closed	01/19/24	Audit-Scheduled	CLS	PAO	Provider MEV Audit	H2015	20	4			\$2,311.04	Yes	No	N	\$533.80	Closed-Recovered	01/19/24
Closed	10/18/23	Audit-Scheduled	Fl	Stuart Wilson	Provider MEV Audit		147	1			\$12,138.55	Yes	No	N	\$78.56	Closed-Recovered	11/09/24
Closed	02/16/24	Audit-Scheduled	Clubhouse	Touchstone Services, Inc	Provider MEV Audit	H2030	28	1			\$1,269.03	Yes	No	N	\$60.45	Closed-Recovered	03/15/24
Closed	02/15/24	Audit-Scheduled	Spec. Res	Flatrock	Provider MEV Audit		54	2			\$14,559.48	Yes	No	N	\$539.24	Closed-Recovered	03/22/24
Closed	12/10/23	Audit-Scheduled	Primary	MPA	Provider MEV Audit	T1017 and Therapy	140	3			\$13,955.57	Yes	No	N	\$327.85	Closed-Recovered	01/26/24
Closed	12/10/23	Audit-Scheduled	Primary	List	Provider MEV Audit	Therapy	48	2			\$2,336.98	Yes	No	N	\$89.88	Closed-Recovered	01/26/24
Closed	12/10/23	Audit-Scheduled	Primary	Sag. Psych	Provider MEV Audit	Therapy	91	3			\$9,381.97	Yes	No	N	\$234.35	Closed-Recovered	01/26/24
											\$63,455.37				\$3,375.61		



BEHAVIORAL HEALTH

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Pending Completion of Internal Review	05/16/24	Tip/Grievance	Case Management	BABHA	Staff backdated an Assessment for November 2023 which was completed in May 2024. Supervisor instructed them to do this and to make it non-billable so there isn't a claim.	T1017	0	0	2	1	\$0.00	N	N	N	\$0.00	Investigation complete. Awaiting the Plan of Correction to be completed.	
Pending Completion of Internal Review	05/16/24	Tip/Grievance	CLS	PAO	A CLS staff was copy and pasting notes. Appears to be two separate versions. Beginning in 10/2022.	H2015	Unknown	Unknown	1	1		y	y	TBD		Employee had been terminated in Feb. 2024. Need to determine the number of claims and the amount to recoup.	
Closed	04/18/24	Audit	Primary	MPA	Scheduled MEV Audit	CSM and Therapy	143	4			\$14,118.12	y	N	N	\$16.03		06/21/24
Closed	04/18/24	Audit	Primary	Sag. Psych	Scheduled MEV Audit	CSM and Therapy	89	5			\$8,101.27	y	N	N	\$515.57		06/21/24
Closed	03/26/24	Audit	FI	Stuart Wilson	Scheduled MEV Audit	Fiscal Intermediary	156	2			\$18,159.48	y	N	N	\$46.64		05/03/24
Closed	03/14/24	Audit	ABA Provider	Game Changer	Scheduled MEV Audit	ABA services	131	17			\$14,308.00	y	N	N	\$252.00		05/24/24
											\$54,686.87				\$830.24		