BAY ARENAC BEHAVIORAL HEALTH

Quality Assessment and Performance Improvement Program (QAPIP) Quarterly and Annual Report

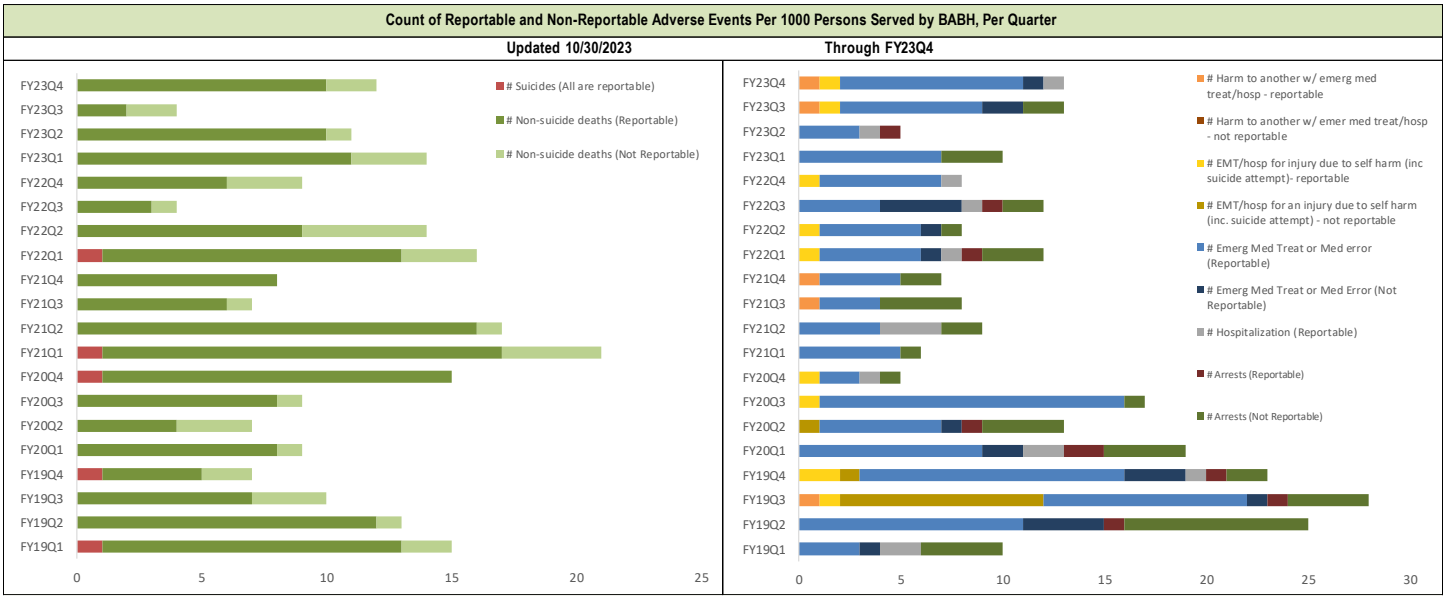
The following report provides a quarterly update to the goals identified in the QAPIP plan as well as an annual review.

PROVIDER QUALIFICATION AND SELECTION

24 Hours of Children's Specific Training: The Staff Development department has been working on utilizing reports within Relias to provide to supervisors on a regular schedule to determine how staff are progressing with this requirement. Supervisors have received training on how to access this information independently within Relias. Additionally, the Staff Development department is going to create a curriculum that each children's staff can complete to ensure 24 hours of children's specific training is completed.

Plan of Service Training Forms: BABH staff are reviewing the use of this form during scheduled site reviews and during the quarterly Performance Improvement review process. After the recent Mid-State Health Network (MSHN) audit in August 2023, BABH staff will soon begin doing monthly reviews of the plan of service training form.

HARM IDENTIFICATION AND REDUCTION



Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: There were seven types of adverse events reported during FY23Q4; deaths (reportable and not reportable), harm to another with emergency medical treatment (reportable), emergency medical treatment due to self harm (reportable) and emergency medical treatment due to injury or med error (reportable and not reportable) and hospitalization (reportable). There were 12 deaths for FY23Q4 which was an increase from the last two quarters. There was an increase in the number of reportable emergency medical treatments- reportable for FY23Q4 (9); compared to last quarter (7). There were two deaths that may be changed to suicide as the cause of death after the death certificate is received. For FY23, the most common type of adverse event continues to be emergency medical treatment due to injury (reportable); this was consistent with previous years. The distribution of types of adverse events for FY23 is comparable previous years as well. There does not appear to be any type of trend among these incidences, therefore, no specific actions are identified at this time.

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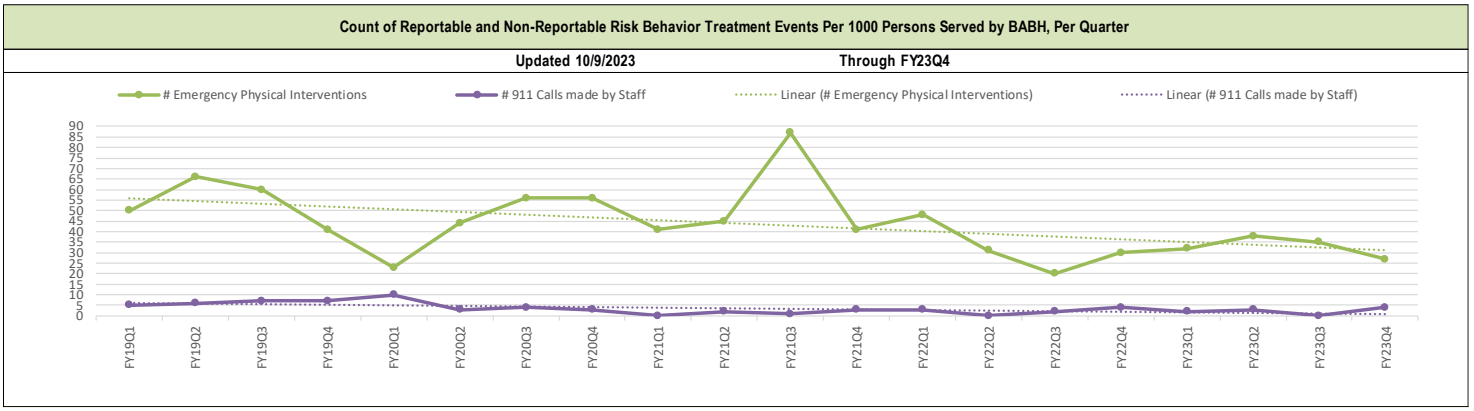
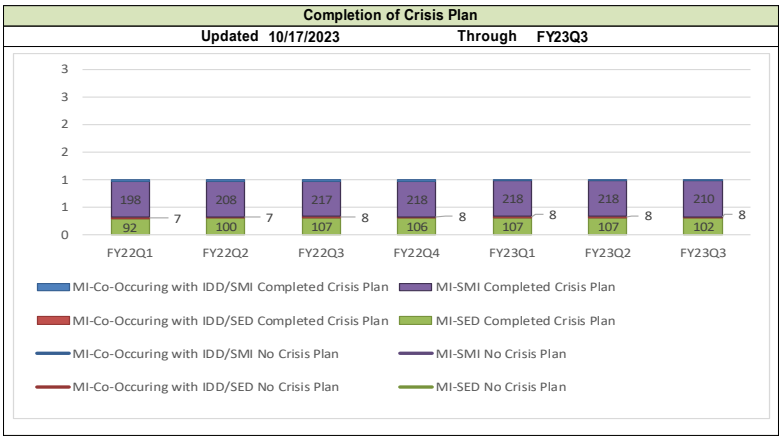
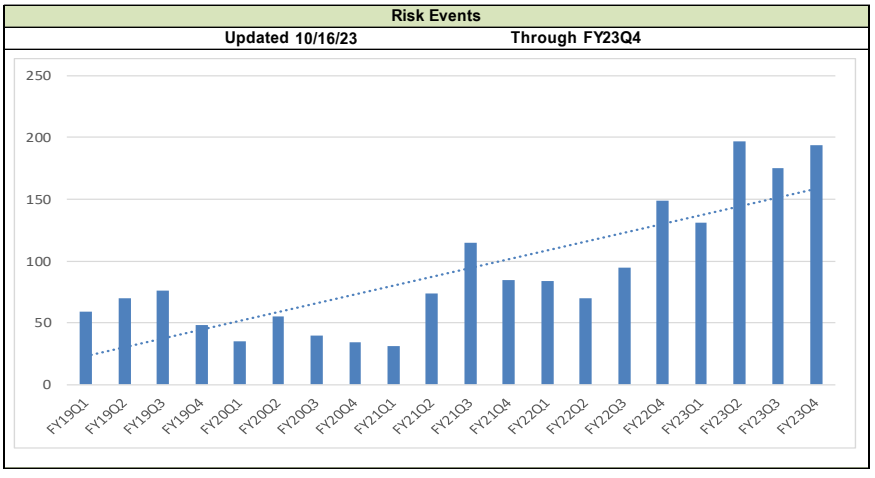


Reportable Behavior Treatment Events: The number of emergency physical interventions decreased for FY23Q4 and the overall number of interventions continues on a downward trend. There were 15 consumers that accounted for the 27 emergency physical interventions. Overall, there was consistency with the number of emergency physical interventions for FY22 (129) compared to FY23 (132). There were four 911 calls made for behavioral assistance for FY23Q4; the overall trend continues downward.



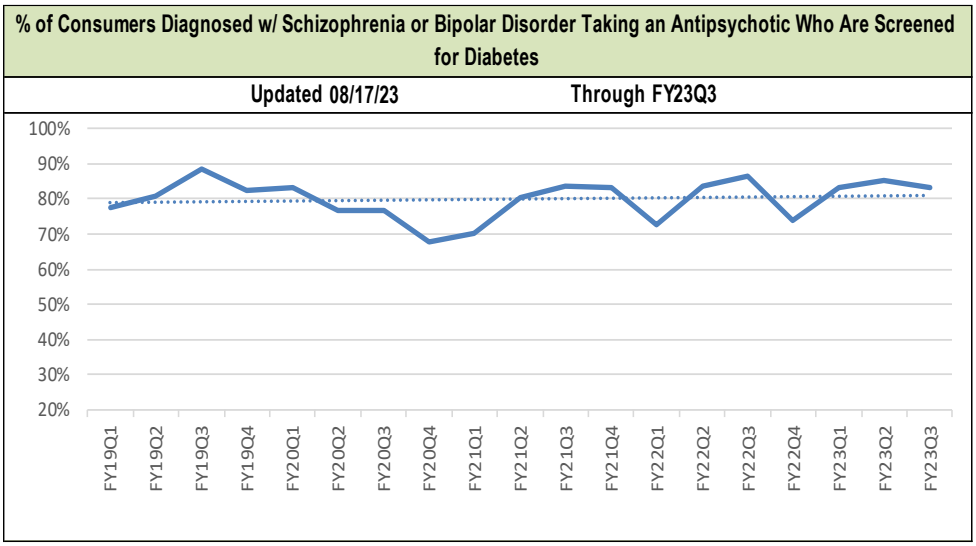
Completion of Crisis Plan: BABH started a new measurement for the completion of crisis plans for FY23Q2. Instead of looking at individual providers offering a crisis plan, it was determined that the new goal was to increase the completion of crisis plans overall broken out by specific populations. There was a decrease for FY23Q3 compared to previous quarters for the MI-SMI and MI-SED populations.

Risk Events: 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 trend of risk events have increased over the past couple of years. This is due to more accurate reporting with extra monitoring that started during FY22Q4. Some incidences may have multiple risk events and would also increase this number. The number of risk events for FY23Q4 is consistent with the previous two quarters.



The Number of Days to Resolve a Grievance is Lower Than the MDHHS Standard of 90 Days: For FY23Q3, BABH completed grievances in 44.3 days which is lower than the standard.

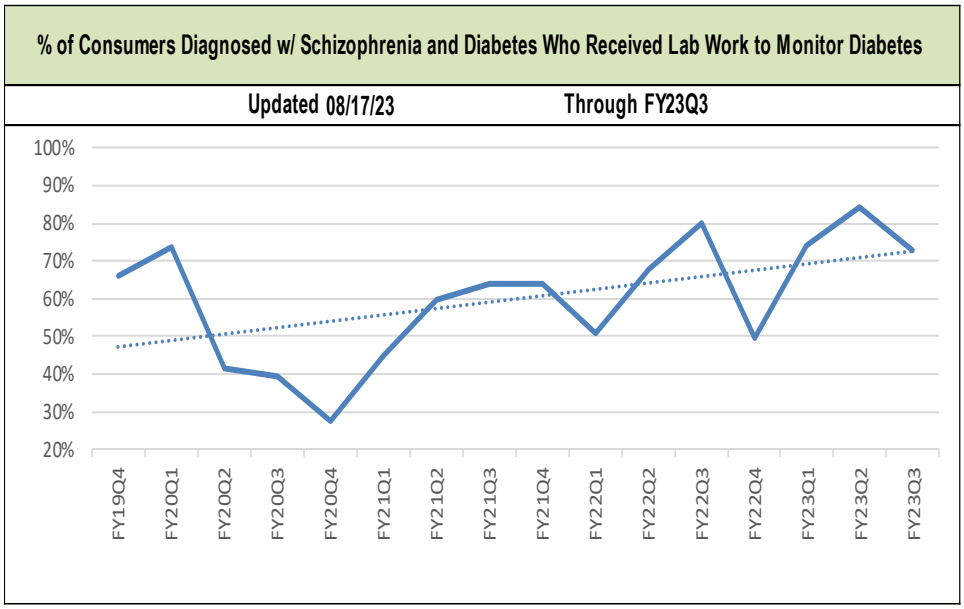
The Number of Days to Resolve a Local Appeal is Lower Than the MDHHS Standard of 30 Days: For FY23Q3, BABH completed appeals in 26.9 days which is significantly lower than the standard.

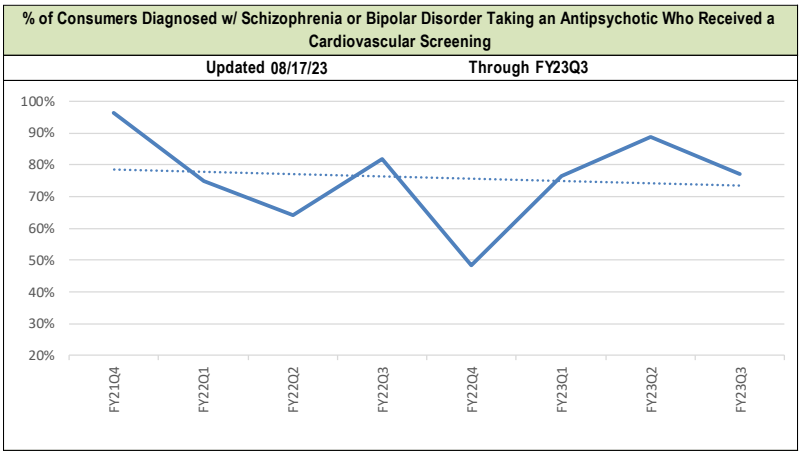


OUTCOMES

Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had a slight decrease in consumers receiving the appropriate labs for this measure during FY23Q3 (2%). There is a very slight upward trend for this measure from FY19Q1 through FY23Q3. BABH staff continue to send out monthly reports to help improve/sustain this measure.

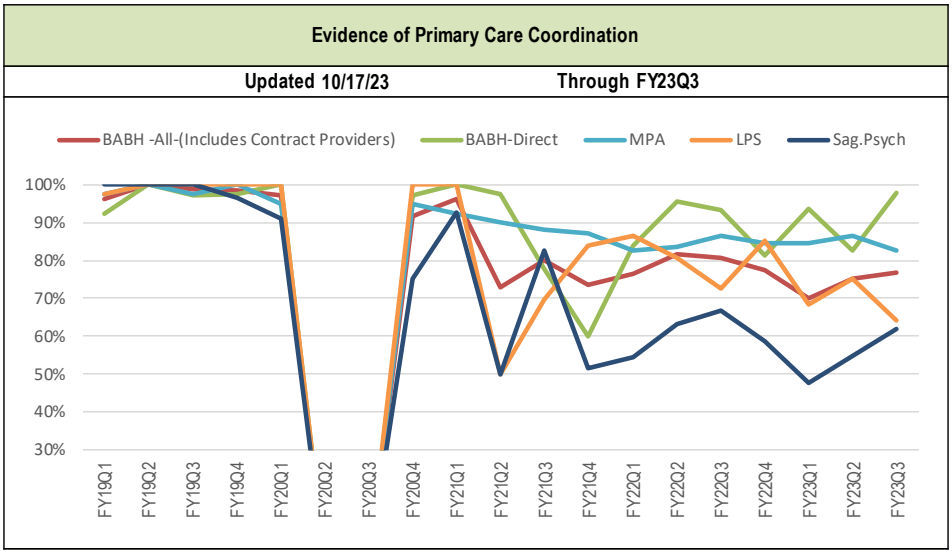
Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH saw a decrease in consumers receiving the appropriate labs for this measure doing FY23Q3 and there continues to be an upward trend. BABH determined that the lag in billing on the medical side is impacting the appearance of compliance.





Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease: BABH saw a significant increase in this measure for FY23Q3. BABH determined that the lag in billing on the medical side is impacting the appearance of compliance.

Evidence of Primary Care Coordination: The contract providers did not meet the 95% standard for having evidence of health care coordination during FY23Q3. BABH-Direct had an increase for FY23Q3 and met the 95% standard. Corrective action plans have been put into place and discussions have taken place about using the electronic health record to document coordination efforts. There have been some barriers to using this form which is being addressed through the Electronic Health Record Committee.



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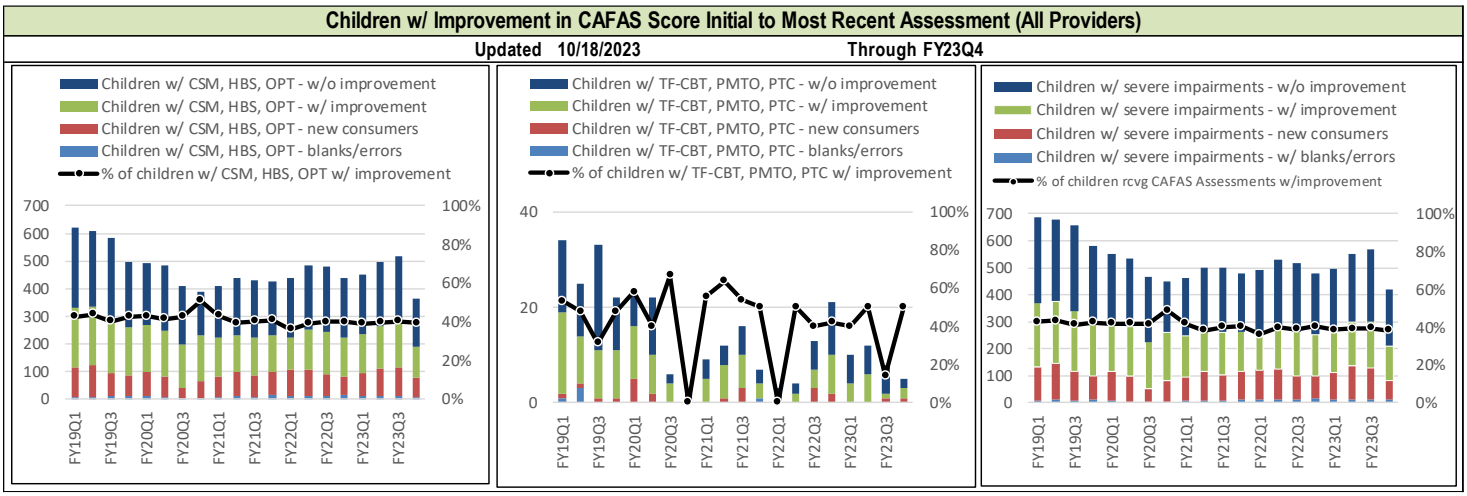


More Than 40% of Children Served Will Have Meaningful Improvement In Their Child and Adolescent Functional Assessment Scale (CAFAS)/Preschool and Early Childhood Functional Assessment Scale (PECFAS) Score: During FY23Q4, 39% of children showed meaningful improvement in their CAFAS/PECFAS scores, slightly below the goal BABH set. There are still some issues with the data that the clinical team is addressing.

Autism Outcomes: Applied Behavior Analysis (ABA) monthly summary reports and six month assessments have been added to the Phoenix System. BABH staff are exploring ways to utilize these electronic forms to gather data elements to determine outcomes.

Quality of Care Record Reviews- Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 97% of the records reviewed during FY23Q4 received the level of services that were written in the plan which meets the 75% standard set by BABH. However, there were findings from the MSHN Delegated Managed Care audit that did not demonstrate this high of compliance. Quality Staff are planning to provide more guidance and detail about this question to staff about this question in the Quality of Care Record Review process to get a more accurate compliance rate.

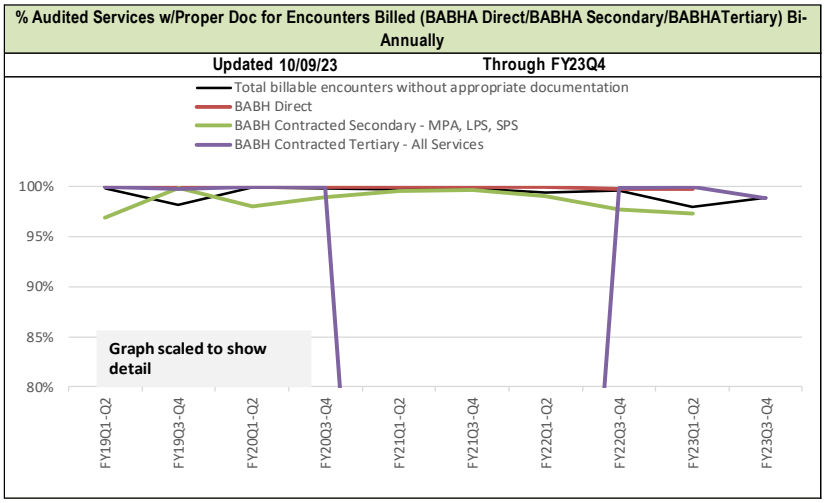
Quality of Care Record Reviews- All Services Authorized In The Plan of Service Are Identified Within the Goals/Objectives of the Plan of Service: 99% of the records reviewed during FY23Q4 had the services identified appropriately to match the services authorized which meets the 75% standard set by BABH.

Develop Quarterly Reports to Increase the Quality Report and Outcomes Related To The Level of Care Utilization System (LOCUS): BABH has chosen to focus on other quality and outcome activities such as the performance indicators due to the external reporting requirements that are connected to the performance indicators.

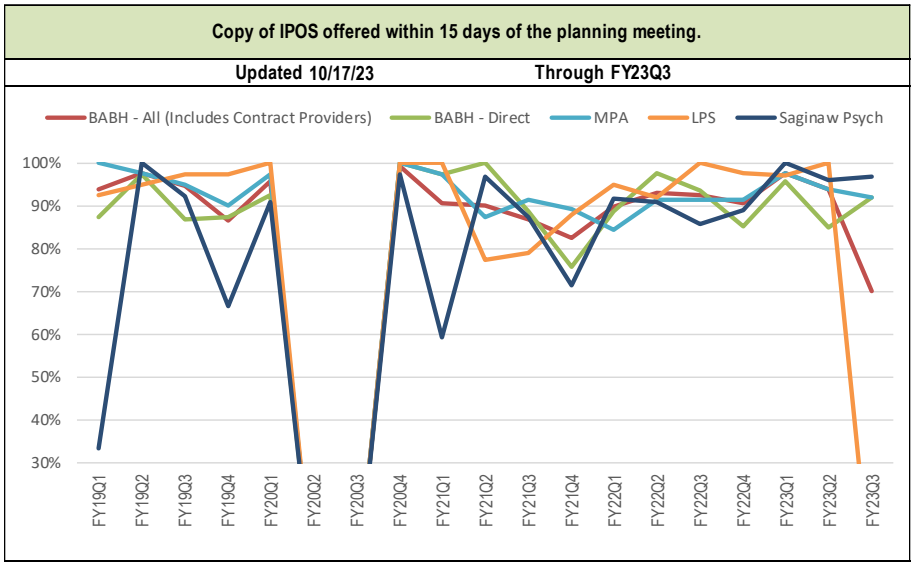
Quality Assessment and Performance Improvement Program (QAPIP)
Quarterly and Annual Report

ACCESS TO CARE AND UTILIZATION MANAGEMENT

Audited Services with Proper Documentation for Encounters Billed: All ancillary services reviewed during FY23Q3 and FY23Q4 scored above the 95% standard. These reviews included specialized residential, vocational, and community living support providers. There was a total of 9,883 claims reviewed with only 114 errors resulting in a 98.8% compliance rate. The most common finding was that the documentation did not contain enough detail to meet the Medicaid standard for the service billed.

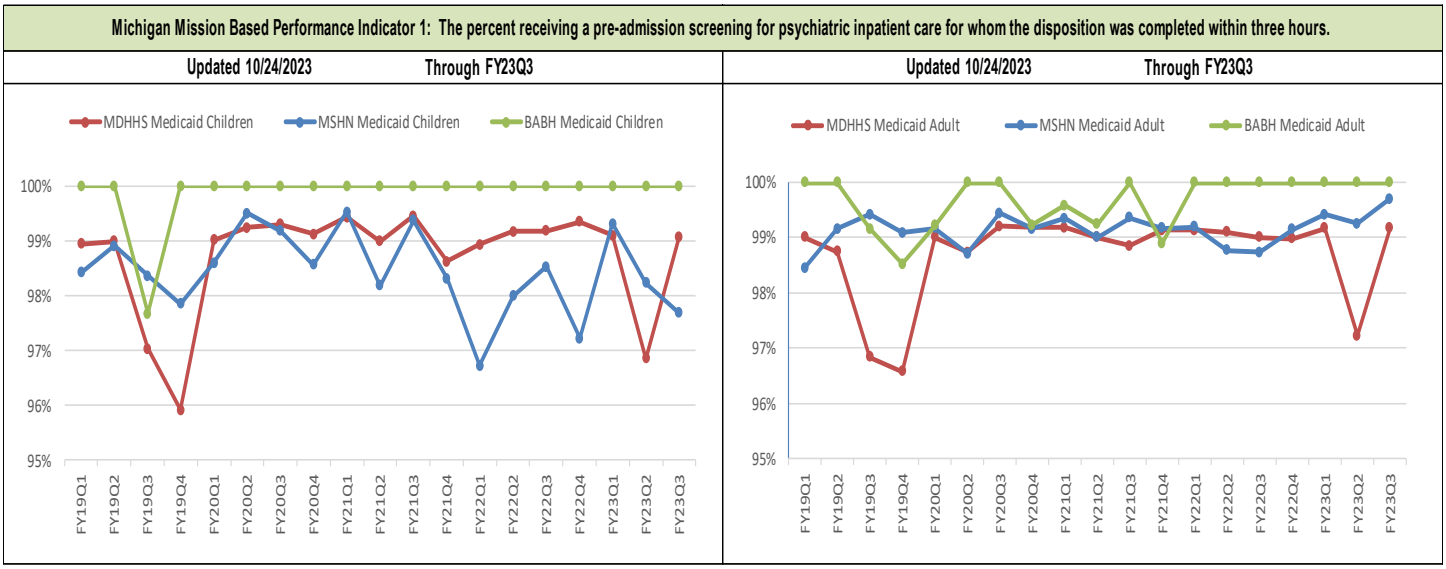


Increase Medicaid Event Verification (MEV) Reviews: BABH increased the services audited during FY23 by completing reviews of all specialized residential, community living support, and vocational providers. BABH also updated the MEV policy and procedure to include more frequent reviews of services determined to be higher risk such as community living supports (CLS).



Copy of Plan of Service Offered Within 15 Days of Planning Meeting: During FY23Q2, Quality Staff started tracking all plans of service that occurred during the reporting period. This allowed for a more accurate depiction of the compliance around this measure. 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 the low compliance rate. Extra training and education has been provided.

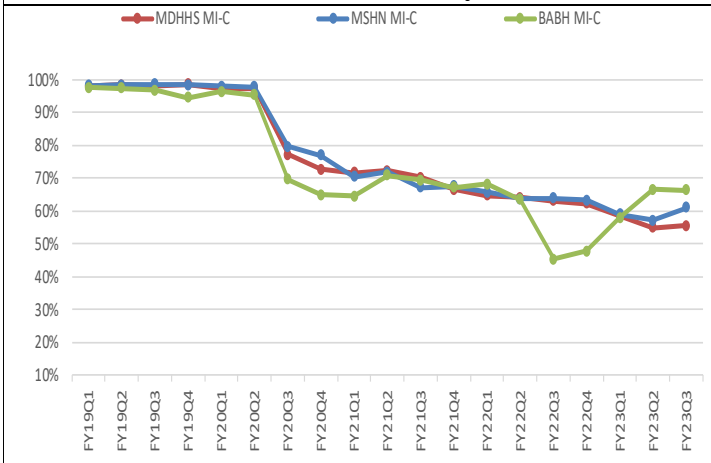
Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY23Q3. This was a higher rate of compliance than MSHN and MDHHS.



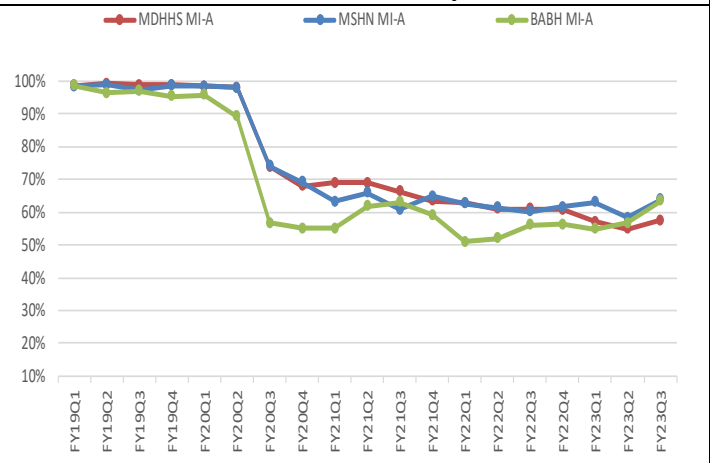
MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): BABH has higher or consistent compliance rates for all four populations when compared to the MSHN region and the Michigan Department of Health and Human Services (MDHHS). BABH continues to make concerted efforts to improve engaging consumers in services.

Michigan Mission Based Performance Indicator 2: The percent of new Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.

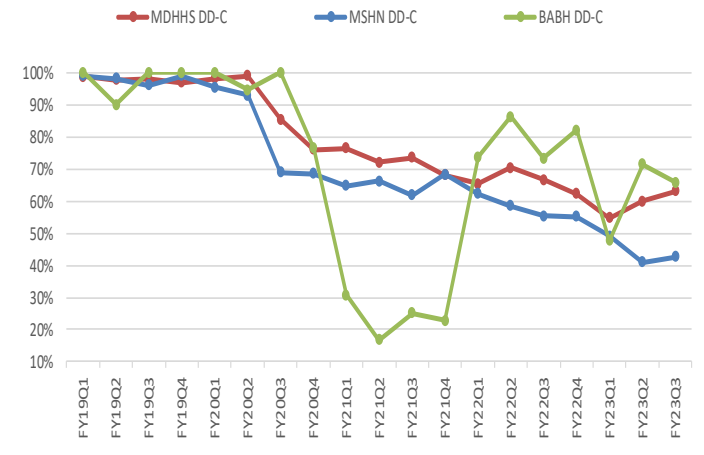
Updated 10/24/2023 Through FY23Q3



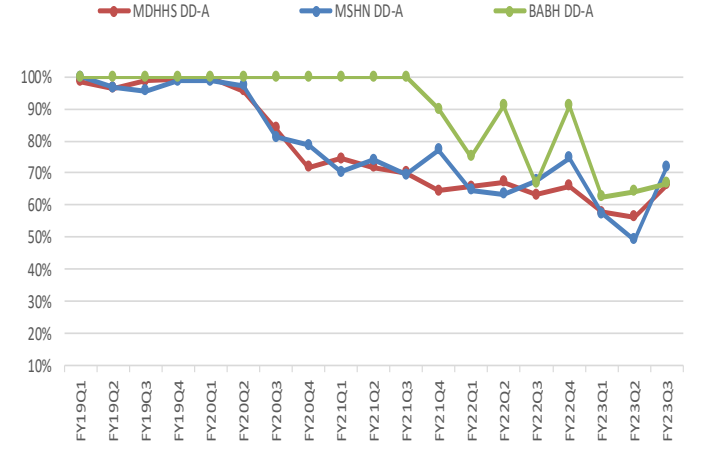
Updated 10/24/2023 Through FY23Q3



Updated 10/24/2023 Through FY23Q3

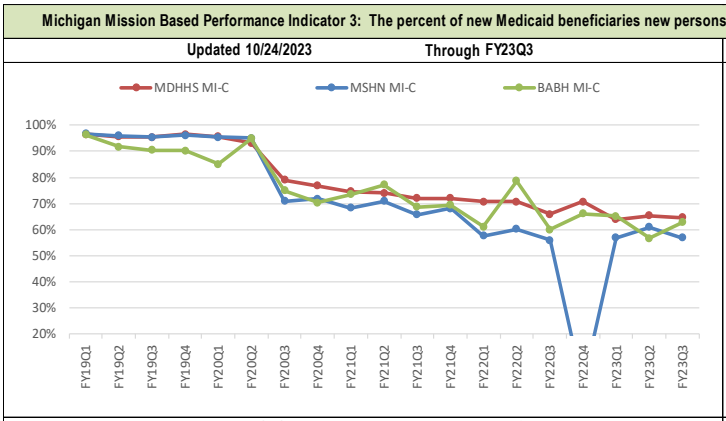


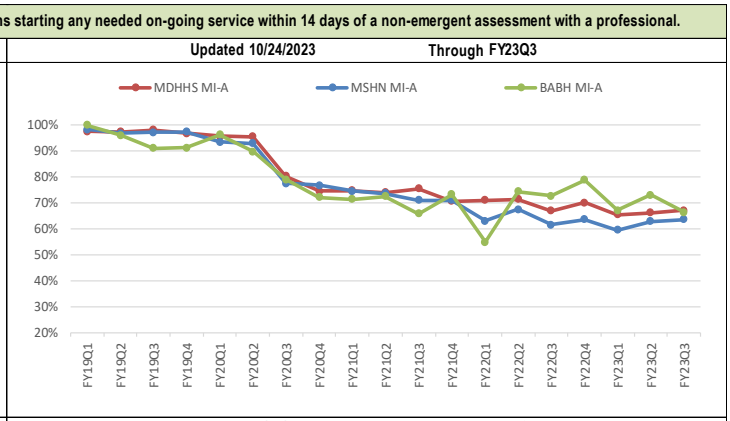
Updated 10/24/2023 Through FY23Q3

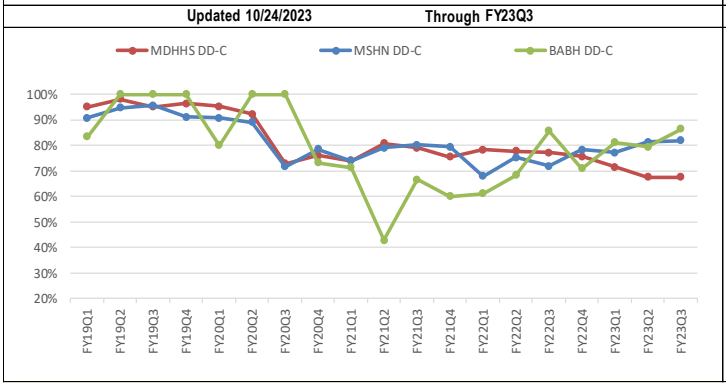


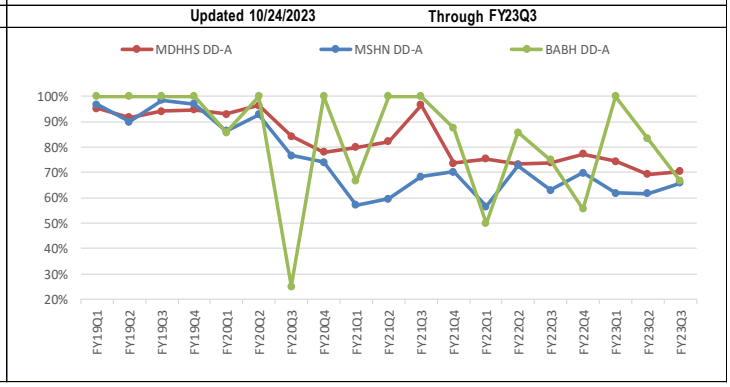
MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): BABH had a decrease in compliance for FY23Q3 for the MI-Adult population, but remains consistent with compliance levels compared to MSHN and MDHHS. Most of those out of compliance were the result of consumer action. The decrease for the IDD-Adult population was the result of two consumers not showing up for an appointment. The MI-Child and DD-Child populations had an increase in compliance for FY23Q3.

Michigan Mission Based Performance Indicator 3: The percent of new Medicaid beneficiaries new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.

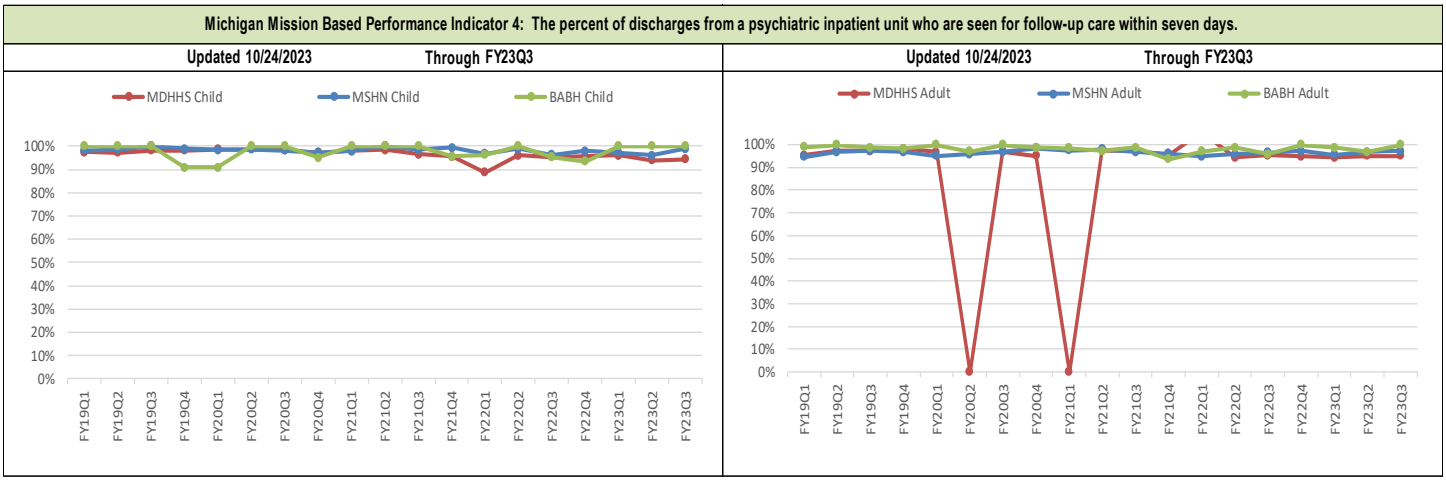




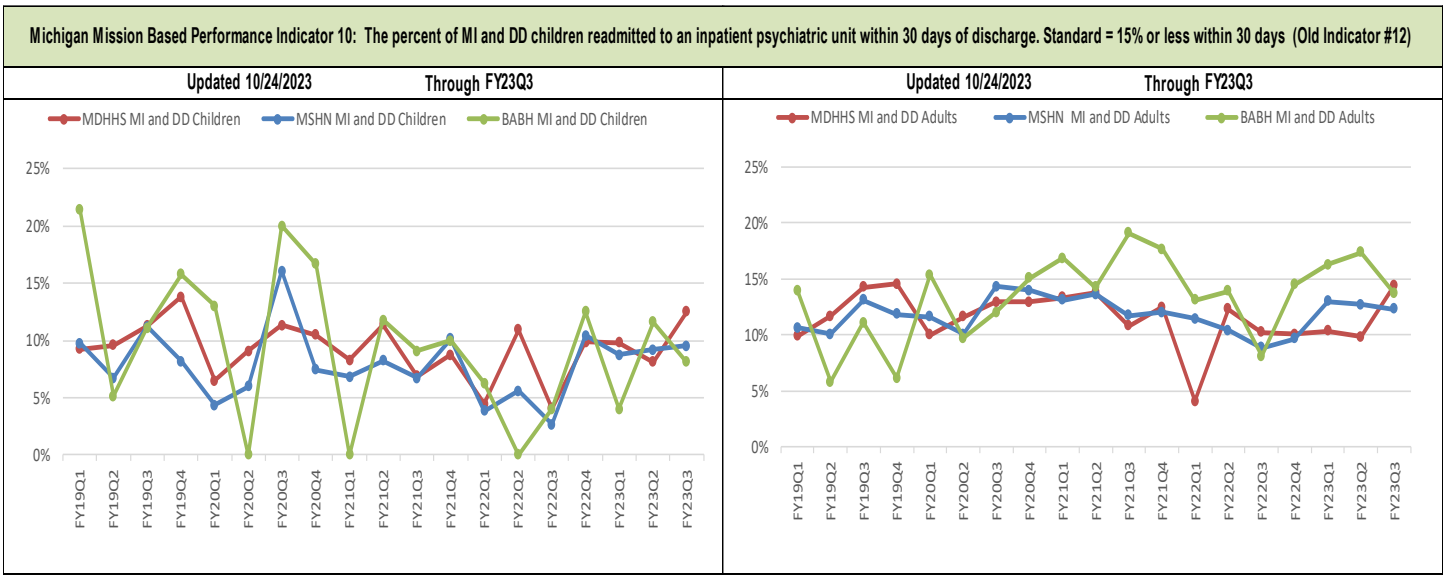




MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): The BABH Child population had 100% compliance for FY23Q3 and 100% for the BABH Adult population. Both populations were above the 95% standard as well as the regional and state compliance rates for FY23Q3. This is above the MSHN region and MDHHS.



MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for the adult and child population for FY23Q3. It was determined that the level of care for the adults has been increasing as well as other external factors such as homelessness, substance use, involuntary petitions, and consumers new to BABH.



Reduction of Inpatient Hospitalization Days for FY23: BABH had 6,115 inpatient hospitalization days during FY22 and 8,385 FY23. This was an increase of 2,270 inpatient hospitalization days during FY23 which did not meet the goal of an overall reduction. Further analysis determined that over the past couple of months consumers have been staying

significantly longer than the 5-7 day average. The Emergency Access Service department is looking into specific individuals to determine other trends and factors.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY22 satisfaction survey period, 91% of adults and 93% of children expressed a general satisfaction with services. BABH had a goal of 80% satisfaction so this greatly surpassed the FY22 goal.

Provider Survey: All the statements except one on the provider survey received over the 85% standard. Overall, scores have been decreasing since 2020. Eight of the questions scored lower in 2023 compared to 2022. BABH leadership identified correction action steps to implement.

Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2022 showed a 100% satisfaction rate for the seven surveys returned. There was a process issue identified which resulted in surveys not being sent out consistently. The Quality Manager will be sending out reminders and monitoring this during 2023.

Prepared by: Sarah Holsinger, LMSW, CAADC – Quality Manager Date: November 2, 2023