



**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		Stacy Krasinski, BABH EAS Program Manager	X	<b>GUESTS</b>	
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stephani Rooker, BABH ID/DD Team Leader			Present
Joelin Hahn (Chair), BABH Integrated Care Director	X	Tracy Hagar, MPA Child OPT Supervisor			

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. Review of, and Additions to Agenda</li> <li>b. Presentations: TBA</li> <li>c. Approval of Meeting Notes: 05/09/24</li> <li>d. Program/Provider Updates and Concerns</li> </ul>	<ul style="list-style-type: none"> <li>a. There were additions to the agenda; 4N. Preplanning Process, 4O. Referral Process, 4P. General Fund for FY25 and 4Q. Conflict Free Case Management.</li> <li>b. There are no presentations this month.</li> <li>c. The May 9<sup>th</sup> meeting notes were approved as written.</li> <li>d. <b>Bay-Arenac Behavioral Health:</b> <ul style="list-style-type: none"> <li>- <u>ABA/FS</u> – Nothing to report this month.</li> <li>- <u>ACT/Adult MI</u> – ACT is down a case manager. The MI team will be fully staffed after July 8<sup>th</sup>. There are 2 ACT nurses.</li> <li>- <u>Arenac Center</u> – We were down an adult case manager, hired one and then someone else left.</li> <li>- <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.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>- <u>CLS/North Bay</u> – North Bay is fully staffed. Horizon Home has some openings. CLS providers has a new contract.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Nothing to report this month.</li> <li>- <u>EAS (Emergency Access Services)/Mobile Response</u> – Lost a third shift person for EAS. The Mobile Response team is still hiring for second shift.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>ID/DD</u> – We are down 4 case managers. There are 3 on FMLA and 1 that took a promotion.</li> <li>- <u>IMH/HB</u> – Nothing to report this month.</li> <li>- <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.</li> <li>- <u>Medical Records</u> – Nothing to report this month.</li> <li>- <u>Quality</u> – Nothing to report this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – Nothing to report this month.</li> <li>- <u>Self Determination</u> –</li> </ul> <p><b>List Psychological:</b> 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><b>MPA:</b> Nothing to report for OPT-Adults. OPT-Children is short staffed and very busy. Fully staffed for CSM-Adult and Children.</p> <p><b>Saginaw Psychological:</b> Nothing to report this month.</p>	
<p><b>Plans &amp; System Assessments/Evaluations</b></p> <ul style="list-style-type: none"> <li>a. QAPIP Annual Plan (Sept)</li> <li>b. Organizational Trauma Assessment Update</li> </ul>	<ul style="list-style-type: none"> <li>a. Nothing to report this month.</li> <li>b. Nothing to report this month.</li> </ul>	
<p>3. <b>Reports</b></p>	<ul style="list-style-type: none"> <li>a. <u>QAPIP</u>: Nothing to report this month.</li> <li>b. i. <u>MSHN Priority Measures Report</u>: Nothing to report this month.</li> </ul>	<ul style="list-style-type: none"> <li>b. iii. <u>RAS</u>: Sarah will look in to the populations as</li> </ul>

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	f. Nothing to report this month. g. Nothing to report this month.	
4. <b>Discussions/Population Committees/ Work Groups</b> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. <u>Regulatory Compliance &amp; Electronic Health Record</u> i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics d. <b>BABH/Policy Procedure Updates</b> e. <b>Clinical Capacity Issues Update</b> i. <b>OPT Group Therapy</b> ii. <b>OPT Individual</b> iii. <b>Referrals for Groups - Discussion</b> f. Medicaid Re-Enrollment - Loss of Benefit Tracker g. IPOS Ranges h. Recommended Training i. <b>ICD-10 SUD In Remission Diagnosis Code Cheat Sheet</b> j. <b>Insurance Checks</b> k. <b>Contract Providers - CSM Authorization Limits</b> l. <b>OPT to CSM Plans</b>	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> : <b>Remind staff to verify insurance when consumers are coming in for appointments.</b> 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. <b>Educate consumers that Plan First is a benefit, it is not health insurance.</b> 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. <b>We encourage you to request more units if they are needed per clinical justification.</b> 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	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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<ul style="list-style-type: none"> <li>m. ABD Effected Service Drop-Down</li> <li>n. Preplanning Process</li> <li>o. CLS/Vocational Referral Process</li> <li>p. General Fund for FY25</li> <li>q. Conflict Free Case Management</li> </ul>	<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? <b>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.</b></p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> <p>m. <u>ABD Effected Service Drop Down</u>: <b>Please remind staff to select the effected service from the drop-down list when completing ABD's.</b> 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>	

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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, <b>please remind staff to select the effected service from the drop-down list when completing ABD's.</b></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. <b>Joelin would like someone to put together a comprehensive list of what is missing in the consumer's account under alerts.</b> 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. <b>Please educate staff to use the "Send To" tab to notify all providers of the PCP (via sending the Pre-Plan), ABD's etc.</b> 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"> <li>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.</li> <li>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 19<sup>th</sup>. 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.</li> <li>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.</li> </ul>	
<p>5. <b>Announcements</b></p> <ul style="list-style-type: none"> <li>a. DHHS Outreach Worker               <ul style="list-style-type: none"> <li>i. MIBridges System</li> </ul> </li> <li>b. Great Lakes Bay FAN – Recovery &amp; Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM</li> </ul>	<ul style="list-style-type: none"> <li>a. FYI</li> <li>b. FYI</li> </ul>	
<p>6. <b>Parking Lot</b></p> <ul style="list-style-type: none"> <li>a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums</li> </ul>	<ul style="list-style-type: none"> <li>a. Nothing to report.</li> </ul>	
<p>7. <b>Adjournment/Next Meeting</b></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>	