

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 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	Х	Joelle Sporman (Recorder), BABH BI Secretary	Х	Amanda Johnson, BABH ABA/FS Team Leader	
Amy Folsom, BABH Madison Clinic Manager	-	Karen Amon, BABH Healthcare Accountability Director	Х	Ellen Lesniak, BABH Finance Manager	
Anne Sous, BABH EAS Supervisor		Kelli Wilkinson, BABH Children's IMH/HB Supervisor	Х	Jacquelyn List, List Psychological COO	
Barb Goss, Saginaw Psychological COO		Laura Sandy, MPA Adult/Child CSM Supervisor		Kathy Jonhson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	Х	Lynn Blohm, BABH North Bay Team CLS Supervisor		Lynn Meads, BABH Medical Records Associate	
Chelsee Baker, Saginaw Psychological Supervisor		Megan Smith, List Psychological Site Supervisor	Х	Nathalie Menendes, Saginaw Psychological COO	
Courtney Clark, Saginaw Psychological OPT Supervisor	Х	Melanie Corrion, BABH Adult ID/DD Manager		Nicole Sweet, BABH Clinical Services Manager	Х
Emily Gerhardt, BABH Children Services Team Leader		Melissa Deuel, BABH Quality & Compliance Coordinator	Х	Sarah Van Paris, BABH Nursing Manager	
Emily Simbeck, MPA Adult OPT Supervisor		Melissa Prusi, BABH RR/Customer Services Manager		Stephanie Gunsell, BABH Contracts Manager	
Heather Beson, BABH Integrated Care Director		Pam VanWormer, BABH Arenac Clinical Supervisor	Х	Taylor Keyes, Adult MI Team Leader	
Heather Friebe, BABH Arenac Program Manager		Sarah Holsinger (Chair), BABH Quality Manager		Tyra Blackmon, BABH Access/ES Clinical Specialist	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor	Х	Stacy Krasinski, BABH EAS Program Manager	Х	GUESTS	Present
James Spegel, BABH EAS Mobile Response Team Supervisor	Х	Stephani Rooker, BABH ID/DD Team Leader		Do-All: Amelia - President/CEO, Julie - VP, Scott - Job Developer	XXX
Joelin Hahn (Chair), BABH Integrated Care Director	Х	Tracy Hagar, MPA Child OPT Supervisor			

		Topic		Key Discussion Points	Action Steps/Responsibility
1.	a.	Review of, and Additions to Agenda	a.	There were additions to the agenda; 4h. Military Cultural Competency	
	b.	Presentations: Do-All, Vocational Services		Training and LOCUS Online Training, and L. Annual Checklists	
	c.	Approval of Meeting Notes: 06/13/24	b.	There is a PowerPoint presentation in the meeting folder. Do-All has been	
	d.	Program/Provider Updates and Concerns		serving people with disabilities for over 50 years. Seven years ago, Do-All	
				shifted their focus to having all individuals in our community placed in	
				community, integrated, and employment opportunities. Employment helps	
				to reduce crisis people go through. When someone has a diagnosed mental	
				illness, and employed, they are less likely to be hospitalized and less likely to	
				use crisis services and report overall better quality of life. Do-All is a zero-	
				exclusion program, there are no readiness models. You can be homeless,	
				actively using, refusing to take medications, there are no conditions where	
				we will not provide services to you. Individualized Placement and Supports	
				(IPS) is an evidence-based model to help people rapidly get employment if	
				they have a mental illness. Consumers will need to be disengaged from their	
				case management/therapy services, and as a result they are looking at	
				closure to those programs but they are still in communication with their	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

Торіс	Key Discussion Points	Action Steps/Responsibility
	vocational services team so they can keep their job or get a job. It is vital to keep in communication and get reengaged to get the services going again. Do-All staff do go through Motivational Interview training. There are a lot of individuals that are not employed but are able to work and are interested in working. There is a huge gap of people with a mental illness who are in services currently but are not being referred to any provider for IPS services and we need to figure out why. There are only 143 consumers among all providers that have active authorizations for IPS. If a consumer is not eligible for BABH services, they may be eligible for Michigan Rehab Services (MRS). It is important to let your clinicians know about the employment programs. There are grants through United Way that provide funding to purchase bikes, vehicle repair, tire repair, etc., to help consumers look for a job. Do-All has had luck with employers removing having a high school diploma as a requirement for those that dropped out, have a certification of completion or a GED. A reference card has been handed out and can be put in the lobbies at all sites.	
	 EAS/Mobile Response Team – There is a lot of guilt and shame where the consumers feel they should be able to get a job on their own as they have done it before, so client hesitation. IMH Program – Childcare and transportation were issues in getting a job. Plan of Service training has been a barrier. Look at expanding the questions in the employment area to figure out why someone is not working or why they are not happy with their job. Having more conversations about employment may help with the referring process. People are worried about losing their benefits if they get a job. Tracy Howard from the state does a monthly training discussing the dispelling benefit to work myths (handout in the meeting folder). She will also come to your office or any location and discuss this as well. We can put 	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

Topic	Key Discussion Points	Action Steps/Responsibility
	this information on the BABH website and have staff take the 2-hour training.	
	 c. The June 13th meeting notes were approved as written. d. Bay-Arenac Behavioral Health: ABA/FS – Nothing to report this month. ACT/Adult MI – A case manager, Princess Hardy, is on maternity leave but other staff are covering for her. If you have mutual cases with her, her cases have all been reassigned. We are down a bachelor's level case manager and soon to be master's level. Sarah Mulvaney will be leaving BABH and going to Saginaw Psych. Arenac Center – We are down a case manager but are fully staffed on the therapy side. Children's Services – Nothing to report this month. CLS/North Bay – North Bay is fully staffed; Tonia, the secretary, is back. We have another CLS provider with the Arnold Center which is taking referrals. There is another provider, Aidaly, which is not taking referrals yet till they get their staff trained but they will be taking children as well. They will be good for behavioral consumers. There are trends in corporate compliance with CLS. Karen asked for primary case holders to be reminded to look at documentation in regard to CLS services to make sure they are being provided like they are in plan, and that the documentation is reflecting what they should be doing for CLS. When the case managers are meeting with individuals to do their renewal of their plan of service, they still need to coordinate services with the CLS provider or both providers. They do not need to attend the meeting, but you still need to coordinate to be trained on the plan of service. Contracts – Nothing to report this month. Corporate Compliance – Nothing to report this month. EAS (Emergency Access Services)/Mobile Response – There was an 	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

Topic	Key Discussion Points	Action Steps/Responsibility
	State will be changing on October 1st to two Bachelor level positions. There are difficulties with the Rite Aids closing. Everyone is being sent to Walgreens for scripts. The Standish Rite Aid is sending everything to the Walgreens in West Branch so if consumers do not want to travel to West Branch, they need to let their Rite Aid know to send their scripts to the Family Fair Pharmacy in Standish. Finance – Nothing to report this month. ID/DD – Nothing to report this month. IMH/HB – We have shifted a position to be a SED Case Manager. This was a home-based position that was vacant for over a year and was not able to be filled. The other home-based workers were covering caseloads, and there was no one to transition, so the SED Case Management position was created. This position freed up the caseload capacity for the master's level home-based positions. It is a new position but is not adding a new position to BABH, just a shift in work. Madison Clinic – Nothing to report this month. Medical Records – Nothing to report this month. Quality – Melissa D. is working on the MSHN MEV and will be scheduling the primary provider on-site reviews. Recipient Rights/Customer Services – Nothing to report this month.	
	<u>List Psychological</u> : There are 3 new hires from June who are being trained in LOCUS next week along with 2 interns. Hoping to take on referrals in August. We are fully staffed.	
	MPA: Nothing to report this month.	
	<u>Saginaw Psychological</u> : There are no updates for CSM. We are fully staffed. A child therapist started the end of May. We will have 2-3 more therapists	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

	Topic	Key Discussion Points	Action Steps/Responsibility
		starting in August, at least one is for children's therapy, and they will be a mixed caseload. We have a MSW intern that started in July and as of July 1 st , the intake department took over with BABH referrals. - Nicole Sweet addressed an issue she is having with medical records. When she sends referrals from Saginaw Psych, the records request is not sending any contact information to MRS, the demographics is missing. The intakes are being sent, but there are no demographics on the consumer. Nicole can go through Morgan for medical records. Chelsea Hewitt will check in to this.	
		a. Nothing to report this month.	
	2. 2	b. Nothing to report this month.	
3.	b. Organizational Trauma Assessment Update	a. QAPIP: Nothing to report this month.	h i MSHN Driority
٥.		 a. QAPIP: Nothing to report this month. b. i. MSHN Priority Measures Report: Defer 	b.i. MSHN Priority Measures Report:
	a. QAPIP Quarterly Report (Feb, May, Aug, Nov)	ii. Recipient Rights: Defer	Deferred
	b. Harm Reduction, Clinical Outcomes &	iii. RAS: Nothing to report this month.	b.ii. RR Report: Deferred
	Stakeholder Perception Reports	iv. MHSIP/YSS: Please ask your consumers to return the MHSIP/YSS surveys	
	i. MSHN Priority Measures Report	that were mailed to them as we have a very low return rate as of today.	
	(Jan, Apr, <u>Jul</u> , Oct)	Look into a QR code being used to take the surveys for future mailings.	
	ii. Recipient Rights Report (Jan, Apr,	v. <u>Provider Satisfaction Report</u> : Nothing to report this month.	c.i. <u>MMBPIS</u> : Deferred
	<u>Jul</u> , Oct)	c. i. <u>MMBPIS Report</u> : Defer	c.iii. <u>Dashboard</u> : Deferred
	iii. Recovery Assessment Scale (RAS)	ii. LOCUS: Nothing to report this month.	c.iv. <u>Customer Service</u>
	Report (Mar, Jun, Sep, Dec)	iii. <u>Leadership Dashboard</u> : We are working to update the dashboard	<u>Report</u> : Deferred
	iv. Consumer Satisfaction Report	indicators looking at whether the data is relevant to what we want to	
	(MHSIP/YSS)	look at as a committee.	
	v. Provider Satisfaction Survey (Sept)	iv. Customer Service Report: Defer	
	5. <u>1.00000 to Gaile of Service of Installation (1.0000</u>	d. i. <u>PI Report</u>: Nothing to report this month.ii. <u>Internal MEV Report</u>: Nothing to report this month.	
	i. MMBPIS Report (Jan, Apr, <u>Jul</u> , Oct) ii. LOCUS (Mar, Jun, Sep, Dec)	iii. MSHN MEV Audit Report: Nothing to report this month.	
	ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM	iv. MSHN DMC Audit Report: Nothing to report this month.	
	Indicators (Jan, Apr, Jul, Oct)	v. MDHHS Waiver Audit Report: Nothing to report this month.	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

	Торіс	Key Discussion Points	Action Steps/Responsibility
	iv. Customer Service Report (Jan, Apr, Jul, Oct) d. Regulatory and Contractual Compliance Reports 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 Report f. Ability to Pay Report	 e. Periodic Review Reports: Nothing to report this month. f. Ability to Pay Report: Nothing to report this month. g. Review of Referral Status Report: Stacy sends out the Referral Status report monthly based on the input everyone gives her. Please send an update to Stacy on a weekly basis, then BABH staff will know where the referrals need to go. BABH does have a tele-therapist, but we would rather get capacity from the providers than use another tele-therapist. 	
	g. Review of Referral Status Report		
4.	Discussions/Population Committees/ Work Groups a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. Regulatory Compliance & Electronic Health Record i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics d. BABH/Policy Procedure Updates - iSPA Policy Update e. Clinical Capacity Issues Update	 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. iSPA Policy Update: BABH's policies and procedures are on the BABH website under the provider tab. When new policies are ready to be reviewed, you will be informed and will need to review them there. The 1915 iSPA policy is new and is ready for review. You need an assessment in place. If the assessment was not done in the 365 days, you need to put in an explanation in the narrative section of the referral form, as to why it was not done. e. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. f. Medicaid Re-Enrollment - Loss of Benefit Tracker: Joelin received reports and sent out to the providers on those that had Medicaid and now they do not. Make sure the case managers are aware of those individuals that do not 	f. Medicaid Re-Enrollment - Loss of Benefit Tracker: Joelin will put in a request with IT to run a report on Medicaid consumers to make sure they are flagged for the correct county.



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

Торіс		Key Discussion Points	Action Steps/Responsibility
i. OPT Group Therapy		have Medicaid so they can assist them with reapplying for Medicaid or	
ii. OPT Individual		appealing the denial. For outpatient therapy, encourage consumers to go to	
iii. Referrals for Groups - Discussion		MiBridges and reapply. Stacy said to make sure people have Medicaid in Bay	
f. Medicaid Re-Enrollment - Loss of Benefit		and Arenac counties. Joelin will put in a request for a report to be run so the	
Tracker		insurance can be cleaned up.	
g. IPOS Ranges: Site Review Follow-Up	g.	IPOS Ranges - Site Review Follow-Up: BABH had a site review specific to the	
h. Recommended Training		waiver programs. BABH is still advocating with the state that we believe a	
 Military Cultural Competency 		certain amount of using ranges is necessary for the work we do. It is not	
08/20/24		person centered planned to not allow for a range because we do not know	
 LOCUS Online Training 		what a consumer needs throughout the year. We need to use as much	
i. ABD Effected Service Drop-Down –		clinical justification and common sense when determining authorizations and	
Follow-Up from June Meeting		ranges.	
j. Preplanning Process – Site Review Follow-	h.	Military Cultural Competency Training: There is a Military Cultural	
Up: Invite Guardians		Competency training on August 20 th . The suicide rate for veterans is very	
k. Periodic Reviews – Site Review Follow-Up:		high. BABH feels we need to be competent in military and is recommending	
Input from Guardians		the training so everyone is aware of the basic understanding of military	
I. Annual Checklists		culture. MSHN is offering a training as well.	
m. General Fund for FY25		LOCUS Online Training: There has been an issue with accessing the online	
n. Conflict Free Case Management		LOCUS training. A new company took over and they thought it was set up to	
		move to the new site, but the link was broken and has now been fixed.	
	i.	ABD: Clinicians are doing the ABDs, and they are putting the reason for	
		closure in the narrative, but it needs to be selected from the drop-down list.	
		Follow-up next month.	
	j.	<u>Preplanning Process – Site Review Follow-Up - Invite Guardians</u> : We need to	
		make sure we are extending the invitation to the guardians when there is an	
		IPOS. We also need the public guardians' input as well as we are doing the	
		planning. Continue to document the efforts of including the guardians.	
	k.	<u>Periodic Reviews – Site Review Follow-Up - Input from Guardians</u> : When	
		clinicians are doing the periodic review, there is no evidence that the	
		clinician is talking to the guardian or getting any input from the guardian on	
		how they think the consumer is doing. This is happening more with public	



PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 11, 2024 1:30 p.m. - 3:15 p.m.

	Topic	Key Discussion Points	Action Steps/Responsibility
		guardians. You need to include the guardians in the process, and if you have not talked to them, it needs to be addressed in a contact note that you tried calling them. I. Annual Checklists: BABH has an annual intake checklist form which we do not mandate everyone to use but it is strongly suggested and recommended that it is used. m. General Fund for FY25: BABH will be making a change to the exceptions form. Amy is getting it embedded into the Phoenix system. In the contact note, there is a lightning bolt with quick phrases. Amy is working at getting the GF exceptions request in that contact note. Working on a transition who those exception requests go to. More details to follow. n. Conflict Free Case Management: Nothing to report this month.	
5.	Announcements	No announcements to report.	
6.	Parking Lot a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. Nothing to report.	
7.	Adjournment/Next Meeting	The meeting adjourned at 3:20 pm. The next meeting will be on August 8, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	