

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**
Thursday, February 13, 2025
1:30 p.m. - 3:30 p.m.
Teams Conference Call

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/CSM/Sr. Outreach Prog. Mgr.	X	Karen Amon, BABH Healthcare Accountability Director/CCC	X	Amanda Johnson, BABH ABA/Wraparound Team Leader	
Amy Folsom, BABH Psych/OPT Svcs. Program Manager	X	Kelli Wilkinson, BABH Children's IMH/HB Supervisor		Jacquelyn List, List Psychological COO	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Clinical Director & CSM Supervisor	X	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	
Barb Goss, Saginaw Psychological COO		Lynn Blohm, BABH North Bay CLS Team Supervisor	X	Lynn Meads, BABH Medical Records Associate	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	X	Megan Smith, List Psychological Site Supervisor		Michele Perry, BABH Finance Manager	
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrion, BABH Adult ID/DD Manager	X	Nathalie Menendes, Saginaw Psychological COO	
Emily Gerhardt, BABH Children Services Team Leader	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Nicole Sweet, BABH Clinical Services Manager	X
Emily Simbeck, MPA Adult OPT Supervisor	X	Melissa Prusi, BABH RR/Customer Services Manager	X	Sarah Van Paris, BABH Nursing Manager	
xxx, BABH Integrated Care Director		Moregan LaMarr, Saginaw Psychological Clinical Director		Stephanie Gunsell, BABH Contracts Manager	
Heather Friebe, BABH Arenac Program Manager	X	Pam VanWormer, BABH Arenac Clinical Supervisor	X	Taylor Keyes, Adult MI Team Leader	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Sarah Holsinger (Chair), BABH Quality Manager	X	GUESTS	Present
James Spiegel, BABH EAS Mobile Response Team Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	Taylor Forwerck, Saginaw Psychological OPT Supervisor	X
Joelin Hahn (Chair), BABH Integrated Care Director	X	Stephani Rooker, BABH ID/DD Team Leader			
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Child OPT Supervisor	X		

Topic	Key Discussion Points	Action Steps/Responsibility
1. a. Review of, and Additions to Agenda b. Presentation: None this month c. Approval of Meeting Notes: 01/09/25 d. Program/Provider Updates and Concerns	a. There was an addition to the agenda; 4p. ATP's b. No presentations this month. c. The January meeting notes were approved as written with explanation of the action step items. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u> <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI</u> – The ACT Team is down a clinical specialist and an ACT Nurse. The MI Team will be down 2 case managers as of March 5th and the team is in the process of distributing cases and moving around caseloads. Some consumers could be stepped down to Contract Providers; MPA and Saginaw Psychological there may be some referrals coming your way of those that can be stepped down for a lower level of Case Management. - <u>Arenac Center</u> – We are still down one case manager. 	c. 01/09/25 Meeting Notes Action Steps to follow-up on: <ul style="list-style-type: none"> - 1.e. IPOS Training Form P/P – Sarah will address the discussion of the IPOS Training Form at the next provider meeting, but a meeting hasn't been scheduled yet.

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	<ul style="list-style-type: none"> - <u>Children's Services</u> – Stacey Koin is retiring the end of March. Lori LaGalo will be replacing Stacey, so Lori's position will be posted for Family Support. - <u>CLS/North Bay</u> – Bay Human Services has had some turnover in their leadership and reassigning patients overseeing CLS. BHS has capped their referrals, so if requesting CLS services, that may not be possible. Any referrals for MRS, we need a release of information on file. - <u>Contracts</u> – No updates to report this month. - <u>Corporate Compliance</u> – No updates to report this month. - <u>EAS (Emergency Access Services)/Mobile Response</u> – The Mobile Response Team is back down to part time on second shift. Monday thru Friday is 8:50-4:30 but Tuesdays are only till 9:00 not till the night. - <u>Finance</u> – No updates to report this month. - <u>ID/DD</u> – There are two Case Management positions open. - <u>IMH/HB</u> – No updates to report this month. - <u>Integrated Care</u> – BABH is in the process of reorganization and will be adding on another Clinical Director position, splitting Joelin's position in two since Joelin will be retiring in a few years. Joelin will be taking over as the children's clinical director, still the Director Integrated Care - Children's Services. BABH is in the process of hiring someone to be the Director Integrated Care - Acute Care, which is all services for adults including ACT, ES, Provider Network, etc. Changes will be coming over the next few months. - <u>Madison Clinic</u> – No updates to report this month. - <u>Medical Records</u> – No updates to report this month. - <u>Quality</u> – We are getting ready for the MSHN MEV reviews coming up in a week. We will start prepping for the MDHHS Waiver Audit which happens annually vs. every two years. We may be reaching out to staff for help. - <u>Recipient Rights/Customer Services</u> – Working with MDHHS and the PIHP for information regarding citations for ABD's. Citations are pretty broad, 	

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	<p>but we need to narrow the language down. Working on information for appeals where we provide information from the case file. A workgroup will be set up on that. More information to come.</p> <ul style="list-style-type: none"> - <u>Self Determination</u> – No updates to report this month. <p><u>List Psychological:</u></p> <ul style="list-style-type: none"> - <u>IDD</u> – We are down two case managers for the IDD Program. We are still looking for applicants. <p><u>MPA:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT-A</u> – Two therapists left. Working on distributing Lauren’s caseload. Morgan’s have already been distributed. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT</u> – A new child therapist started last week. Another therapist is starting the middle of March. We are down a case manager. 	
<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. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month. 	
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights Report (Jan, Apr, Jul, Oct) 	<ul style="list-style-type: none"> a. QAPIP Quarterly Report – <u>Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH</u>: There were six types of adverse events reported during FY25Q1. There were 11 non-suicide deaths for FY25Q1 which was less than the previous quarter. There were two emergency medical treatments due to harm from another which is not a typical trend; one was reportable, and one was not reportable. These were for two separate individuals. There was a significant decrease in adverse events for FY25Q1 compared to previous quarters. There does not appear to be any other type of trend among these incidences, therefore, no specific actions are identified at this time. <u>Reportable Behavior Treatment Events:</u> 	<ul style="list-style-type: none"> b. iv. <u>MHSIP/YSS</u> – Address this in a few months to see if staff have done anything to make improvements to the process.

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<ul style="list-style-type: none"> iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, 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, 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) v. Employment Data (Dec, Mar, Jun, Sept) 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. Ability to Pay Report f. Review of Referral Status Report 	<p>The number of emergency physical interventions decreased significantly for FY25Q1, and the overall number of interventions continues on a downward trend. There were 12 consumers that led to the 30 emergency physical interventions with one individual accounting for 13. The treatment team has been working together to explore changes to support improvement for this individual. This was a significant decrease from last quarter when this individual had 49 interventions. There were six 911 calls made for behavioral assistance for FY25Q1 which is an increase from previous quarters, however, the overall trend continues to be flat. <u>Risk Events</u>: 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 decreased during FY25Q1, but the trend continues to steadily increase. <u>Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes</u>: BABH had an increase in consumers receiving the appropriate labs for this measure during FY25Q1. BABH will continue to action these alerts monthly to improve compliance. Staff recently made an adjustment to how these are being actioned, so compliance is expected to improve. <u>Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes</u>: BABH had an increase in consumers receiving the appropriate labs for this measure during FY25Q1. BABH will continue to action these alerts monthly to improve compliance. Staff recently made an adjustment to how these are being actioned, so compliance is expected to improve. <u>Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab</u>: There were recent changes to the specifications for this measure so there are only two quarters of data at the time of this report. BABH has now begun actioning this measure. It takes a few quarters for these efforts to take effect. <u>Evidence of Primary Care Coordination</u>: All providers scored below 90% for primary care coordination. One provider had a significant improvement which was due to providing documentation in a timely manner. Reviews show that the coordination of care letter is either expired</p>	

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	<p>or was not completed. Corrective action plans have been completed to help improve compliance. <u>Audited Services with Proper Documentation for Encounters Billed</u>: The overall total compliance for all primary, secondary, and tertiary services reviewed during FY24Q3 and FY24Q4 was above the 95% standard and increased from the previous two quarters. These reviews included applied behavioral analysis, specialized residential, dietary, primary providers, BABH direct services, and community living support providers. There was a total of 11,621 claims reviewed with only 99 errors resulting in a 99% compliance rate. The most common finding was that the documentation was not completed, or the number of units billed did not match the documentation. <u>Copy of Plan of Service Offered Within 15 Days of Planning Meeting</u>: Overall, the percentage of compliance for offering the plan of service within 15 days was consistent for FY24Q3 compared to FY24Q4. 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 which resulted in a 100% compliance rate due to having only one record reviewed. Corrective action plans have been implemented. <u>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.):</u> BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY24Q4. This was a higher rate of compliance than MDHHS and MSHN. <u>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.):</u> BABH has higher compliance rates for all populations compared to Michigan Department of Health and Human Services (MDHHS). MSHN data has not been received. BABH saw an increase in all populations except IDD-Children. <u>MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of</u></p>	

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	<p>a <u>non-emergency assessment with a professional.</u>): For FY4Q4, BABH had lower compliance rates when compared with MDHHS for all populations except IDD-Children, which has had a steady increase for the past several quarters. MSHN data was not available. The highest contributing factor to lower compliance rates are no-show appointments. <u>MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.)</u>: The BABH child and adult populations met the 95% compliance standard for FY24Q4. This is above or consistent with MDHHS. MSHN data was not available. <u>MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.)</u>: BABH met the compliance rate for the child and adult populations for FY24Q4 (both populations below 15%). <u>Reduction of Inpatient Hospitalization Days (community inpatient and state facilities) for FY24</u>: BABH had 10,0031 inpatient hospitalization days during FY23 and 9,652 days in FY24. This was a decrease of 379 inpatient hospitalization days during FY24 which met 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.</p> <p>b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u></p> <ul style="list-style-type: none"> i. MSHN Priority Measures Report: Nothing to report this month. ii. Recipient Rights: Nothing to report this month. iii. RAS: Nothing to report this month. iv. MHSIP/YSS: This was brought to the meeting last month and was taken to the Consumer Council. There was a lot of feedback from the Consumer Council. BABH gives away a \$50 gift card to one individual, but the council changed that to giving out 5 - \$10 gift cards. They talked about hand delivering the surveys instead of mailing them. They suggested including an option for consumers to complete the 	

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	<p>survey with staff if they need assistance. Reduce the number of questions on the survey. Email or send text reminders to complete the survey to those that have opted in. Have a contest for consumers to share their success stories. Determine how it could be shared, via the intranet, website, Facebook. Update the graphs on the report to be easier to read. Change the timeframe of when surveys are distributed to avoid summer vacations. BABH is bound to a certain timeframe because of the region but Sarah will address it with the region. Update the Recovery Training video link for staff so that the training is more meaningful. This year the survey involved IDD consumers as well. When the MI/DD populations are combined, the percentages are still less in agreeance than there was previously, so adding in the IDD population didn't make a change. Melissa Prusi is wondering if we can look into changes around some questions that scored lower. We will address this in a few months if changes have been made related to staff meeting changes, etc., to see if we are making intentional efforts to fix this.</p> <p>v. Provider Satisfaction Report: Nothing to report this month.</p> <p>c. <u>Access to Care & Service Utilization Reports</u></p> <ul style="list-style-type: none"> i. MMBPIS Report: Nothing to report this month. ii. LOCUS: Nothing to report this month. iii. Leadership Dashboard: Nothing to report this month. iv. Customer Service Report: Nothing to report this month. v. Employment Data: Nothing to report this month. <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. PI Report: <u>Plan of Service within 15 Days</u> – MPA scored an 84% which is a 5% decrease from FY24Q3. Bay Direct scored an 87%, which is a 3% increase from FY24Q3. Saginaw Psychological scored 98% which is a 1% increase from FY24Q3. List scored 100%, but this was a result of 	

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	<p>one consumer record. Bay Direct and MPA had a significant number of plans of service that left the date blank in the 'Update Sent Link.' These blanks are not included in the overall percentage of compliance, but supervisors should be addressing this with staff and monitoring. <u>Completion of Crisis Plan</u> – BABH QI staff are reviewing all the crisis plans present for each quarter. The goal is to see the overall number of crisis plans increase for each population type which is a change from the standard previously reviewed (95% of consumers being offered a crisis plan). Completed Crisis Plans have increased since FY24Q2 for the MI-SMI and the number of completed Crisis Plans have also increased since FY24Q2 for the MI-SED populations. <u>Evidence of Primary Care Coordination</u> – Bay Direct, List, Saginaw Psychological and MPA all scored below the 95% standard. Bay Direct scored 86%, which is a 7% decrease from FY24Q3. Saginaw Psychological had a 4% decrease from FY24Q3. List increased 39% from FY24Q3 (List had a notable decrease in FY24Q3 due to sending over documentation after the review was finalized; it is likely the compliance level is higher than indicated in this graph). MPA scored 87% which is a 4% decrease from FY24Q3. 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. The "My objective will be completed through.." does not include the scope/frequency/duration. Plan of Service- Risk Factors/Barriers section is blank. Pre-Plan Waiver Service Array checkboxes are blank. Back-to-back Interim Plans. Unsigned or expired documents.</p> <ul style="list-style-type: none"> ii. Internal MEV Report: Nothing to report this month. iii. MSHN MEV Audit Report: Nothing to report this month. iv. MSHN DMC Audit Report: Nothing to report this month. v. MDHHS Waiver Audit Report: Nothing to report. 	

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		e. Ability to Pay Report – Nothing to report this month. f. Review of the Referral Status Report – Nothing to report this month.	
4.	Discussions/Population Committees/ Work Groups 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 & Electronic Health Record</u> i. 1915 iSPA Benefit Enrollment Form ii. Management of Diagnostics d. BABH - Policy/Procedure Updates e. <u>Clinical Capacity Issues Status</u> i. Review of Referral Status Report ii. OPT Group Therapy iii. Capacity Issue Discussion f. Medicaid/Medicare Updates i. Medicare Open Enrollment: Verify Insurance	a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations: Nothing to report this month. b. <u>Access to Care and Service Utilization</u> i. Services Provided during a Gap in IPOS: Nothing to report this month. ii. Repeated Use of Interim Plans: Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> i. 1915 iSPA Benefit Enrollment Form: Nothing to report this month. ii. Management of Diagnostics: Nothing to report this month. d. <u>BABH - Policy/Procedure Updates</u> : There are quite a few p/p's that went out in January and have been updated. They are on the BABHA website under the Provider tab, Policies/Procedures, and you can click on them and review them. e. <u>Clinical Capacity Issues Status</u> i. <u>Referral Status Report</u> : Things are looking better with the status report. ii. <u>OPT Group Therapy</u> : We will take more referrals. Group will continue for another 9-week session. iii. <u>Capacity Issue Discussion</u> : Things are stabilizing throughout the network. Referrals have been extremely slow. Staff continue to request securing therapy services specific to the Adult IDD population. f. <u>Medicaid/Medicare Updates</u> i. <u>Medicare Open Enrollment</u> : Due to Medicare Open Enrollment, remind staff to verify Medicare Insurance at appointments. If a consumer has changed their Medicare plan, staff need to verify that the doctor is credentialed with the new Medicare plan.	g. <u>General Fund</u> – Bring GF and Loss of Insurance Reports to next month's meeting so staff are aware of what action steps to take. o. <u>Periodic Review Updates</u> - Sarah will work with Karen and the EHR Committee to mockup the radio/text button.

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	<p>box to indicate “N/A” would collapse the section. Get feedback from staff. Karen will bring the recommendations to the committee and then take to the EHR Committee.</p> <p>k. GF Exceptions: Nothing to report this month.</p> <p>l. HCBS New Expectations: MDHHS has mandated that all case managers be trained if anyone on their caseload is living in a provider owned controlled setting or receiving adult waiver services. The next step is that all case managers will be trained in time. You might want to send as many case managers as possible to the trainings now. The target date for MDHHS is April 11th. BABH is looking at March 12th in the afternoon for a 4-hour training, and March 18th in the morning for a 4-hour training. The training is focused on RR, Person Centered Planning, review of Home and Community Based Services. MSHN is doing the training. We would like both trainings to be virtual. If staff doesn’t participate, they will have to be part of another county training at a later date.</p> <p>MSHN has their waivers approved by CMS. MDHHS are working on enhancing their policy language in their PCP policy. Their target date is in April. The changes are to better guide individuals having choices in their living arrangements. In the Plan of Service, we have to be clear that the person was engaged in deciding where to live with staff. There will be further discussion coming on this topic.</p> <p>m. OPT Referral Criteria: Discussion about individuals receiving specialty MH services who choose to receive psychiatric medication services outside of the CMH system. If a consumer is getting psychotropic medications through a provider that is not a part of the specialty mental health system, and getting specialty mental health services through BABH, it could be considered a duplication of services. If someone is going to be receiving specialty mental health services, they must meet clinical criteria and all the documentation as to why they need specialty MH services. If someone does not meet criteria for specialty service level of care, they should be referred and warm</p>	

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5.	Announcements	No announcements to report this month.	
6.	Parking Lot a. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	a. NA	
7.	Adjournment/Next Meeting	The meeting adjourned at 3:30 pm. The next meeting is scheduled for March 13, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	

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