

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

Thursday, March 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.		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	X	Jacquelyn List, List Psychological COO	
Anne Sous, BABH EAS Supervisor		Laura Sandy, MPA Clinical Director & CSM Supervisor	X	x, Consumer Council Rep (I/A/J/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		Megan Smith, List Psychological Site Supervisor		Michele Perry, BABH Finance Manager	X
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		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		Taylor Keyes, Adult MI Team Leader	X
Jaclynn Nolan, Saginaw Psychological OPT Supervisor		Sarah Holsinger (Chair), BABH Quality Manager	X	GUESTS	Present
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stacy Krasinski, BABH EAS Program Manager		Nicole Konwinski, BABH Senior Reimbursement Admin.	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: 02/13/25 d. Program/Provider Updates and Concerns	a. There were additions made to the agenda for next meeting's discussion. Under 4, n. Transition of Care and Coordination Technical Requirement, o. Assessments, p. Authorizations, q. Outpatient Only Services, r. Opportunity Center, s. PNOQMC Note Review with Department Staff. b. No presentations this month. c. The February meeting notes were approved as written. 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> – Adult MI 2 case managers short and case loads are high. - <u>Arenac Center</u> – No updates to report this month. - <u>Children's Services</u> – No updates to report this month. - <u>CLS/North Bay</u> – CLS providers have been doing really well. There was a leadership change at one of the providers and things are going great. - <u>Corporate Compliance</u> – We are seeing trends across the board with expired assessments/plans of service and copy and forward and copy 	d. Corporate Compliance Program Updates - Staff to send examples of authorization issues to Karen so she can look into it.

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	<p>and pasting notes mainly with progress notes. The assessment has to be done and through the assessment it determines medical necessity. The plan of service identifies the service needs and authorizes the service so Medicaid should not be charged for any services if they are expired. Interim Plans are being billed and should not be with expired assessments and the plans of service. Kelli raised a question where her Homebased staff are not able to enter an auth, they have to go to her for approval. This is also happening with other departments. Karen asked staff to send her examples so she can look into it. The copy and pasting has the same signatures pasted over, same misspellings, and this is not acceptable.</p> <ul style="list-style-type: none"> - <u>EAS (Emergency Access Services)/Mobile Response</u> – Mobile Response is Monday thru Friday 8:30-4:30 and Tuesdays and Wednesdays till 9:00. - <u>ID/DD</u> – A case manager accepted a position this week. We hope to have that position filled by next meeting. - <u>IMH/HB</u> – We are down a Family Support Case Manager. - <u>Integrated Care</u> – BABH is adding another Clinical Director position and Nicole Sweet will be the new Clinical Director. We are close to filling Nicole's job and then she will have to train her replacement before taking over as the Acute Care Clinical Director for Adult Services. Joelin will be the Clinical Director for Childrens Services and Autism, and Karen will be the Clinical Director of Long-Term Care for IDD. - <u>Madison Clinic</u> – No updates to report this month. - <u>Medical Records</u> – No updates to report this month. - <u>Quality</u> – Wrapping up the MSHN MEV so corrective action will be coming out soon. CARF will be here April 14-16. - <u>Recipient Rights/Customer Services</u> – The site review process is under way. During the HSAG reviews for the PHP, there are changes for Customer Services. The customer handbook will have changes so there is a delay in getting these out as the handbooks have not gone to the printer yet. There will be changes in PCE for the ABD's. We are working 	

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		<p>on the citations because instead of doing the broad 42CFR language, we need to be specific where we are pulling the citations from.</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> – No updates to report this month. <p><u>MPA:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT-A</u> – No updates to report this month. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – A new therapist is starting next week. We may possibly have another therapist starting in April. We are down a case manager, and one is a LMSW intern so when she graduates in May, we will be down two case managers. We are closed to CSM Medicare referrals. - <u>OPT</u> – No updates to report this month. 	
2.	Plans & System Assessments/Evaluations a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month.	
3.	Reports a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights Report (Jan, Apr, Jul, Oct)	a. QAPIP Quarterly Report – Nothing to report this month. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> i. MSHN Priority Measures Report – Nothing to report this month. ii. Recipient Rights – Nothing to report this month. iii. RAS – Defer iv. MHSIP/YSS – Nothing to report this month. v. Provider Satisfaction Report – Nothing to report this month. c. <u>Access to Care & Service Utilization Reports</u> i. MMBPIS Report – Nothing to report this month.	b. iii. RAS - Deferred

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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 	<ul style="list-style-type: none"> 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 – The Employment Steering Committee meets quarterly. We encourage every agency to send someone, it doesn't have to be a manager, to share resources. Contract Providers have the bulk of referral sources so we would like to help out to get referrals sent over. With IPS services, it is zero exclusion. d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. PI Report – Nothing to report this month. 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. 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	<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 – Nothing to report this month. 	<ul style="list-style-type: none"> l. ATP Notification Process – Karen will put in a request with Dmitriy for

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<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. <u>Clinical Capacity Issues Status</u> <ul style="list-style-type: none"> i. Review of Referral Status Report ii. OPT Group Therapy iii. Capacity Issue Discussion f. Medicaid/Medicare Updates <ul style="list-style-type: none"> i. Medicare Open Enrollment: Verify Insurance ii. Medicaid Reenrollment: Encourage /assist as needed with process g. General Fund for FY2025 <ul style="list-style-type: none"> - General Fund/Loss of Insurance Reports 	<ul style="list-style-type: none"> b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> i. 1915 iSPA Benefit Enrollment Form – Nothing to report this month. ii. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – There were 3 policies that were pushed through in February: Reasonable Safeguards, Site Reviews and Reporting and Investigation of Adverse Events. You can find all the policies on the BABH Website under the Provider tab. e. <u>Clinical Capacity Issues Status</u> <ul style="list-style-type: none"> i. Referral Status Report – Nothing to report this month. ii. OPT Group Therapy – OPT Group Therapy is still taking place. We are getting to the end of one series, but patients can join in from 3:00-4:30. iii. Capacity Issue Discussion – Capacity is starting to stabilize. Some providers state they think referrals have decreased. f. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. Medicare Open Enrollment – Nothing to report this month. ii. Medicaid Reenrollment – Nothing to report this month. g. General Fund for FY2025 – Joelin occasionally sends out the GF/Loss of Insurance Report. We are working on the report to be more useful, so when changes have been made, it will be sent out to the committee. h. <u>Conflict Free Case Management</u> – Nothing to report this month. 	<ul style="list-style-type: none"> a client alert. Joelin will get with the Primary Providers for an updated staff/supervisor list. m. <u>AOT 30-Day IPOS Addendum</u> – James to get with Stacy on the discussion from today's meeting. r. <u>Opportunity Center</u> – Joelin will email the committee the referral process instructions.

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<ul style="list-style-type: none"> h. Conflict Free Case Management i. LOCUS Competency Monitoring j. Periodic Review Updates k. Date on Discharge Summary l. ATP Notification Process m. AOT 30-Day IPOS Addendum n. Transition of Care and Coordination TR o. Assessments p. Authorizations q. Outpatient Only Services r. Opportunity Center s. PNOQMC Note Review with Department Staff 	<ul style="list-style-type: none"> i. <u>LOCUS Competency Monitoring</u> – Nothing to report this month. j. Periodic Review Updates – We had confirmation from MSHN that they are not allowing us to do ranges anymore. If we continue to use ranges, we will be sanctioned. There is an internal workgroup next week to start talking about ranges. Will we have authorizations that are monthly, quarterly, etc. Do we want to take it out of the authorization so it doesn't give the option of ranges. To eliminate the range, other CMHs authorize 3 to 3 CM visits vs 3 to 5. PCE said we can get rid of the 'from' box so there will only be one box to choose. We need to address this with PCE and figure out what education we need to provide to staff so we know what our expectations are for the authorizations. We submitted corrective action to the state regarding this and are waiting to hear from them. Revisions to the Periodic Review are on hold. Proposed to add a section at the bottom under the authorizations that they could address over/under utilization. When they were reviewed, there are numerous auths for some departments, so we are concerned an open text box may not be enough. k. Date on Discharge Summary – The last visit date needs to be the last date the person received services. It's not necessarily the last service provided by the case manager, as they could have had a med review or therapy appointment. Click on the Service Activity Logs (SALS) to identify the last date of service for the discharge summary. Reminder that staff need to use the "Send Copy To" to notify all providers on the ABD. <p>Suggestion for BABH to work with the Help Desk to create a "Discharge Instructions" for Help tab in Phoenix. Amy made revisions to the meds only instructions, so this was added to the Phoenix Help tab.</p>	

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	<p>I. <u>ATP Notification Process</u> – Michele Perry and Nicole Konwinski with the BABH Finance Department gave an update on the ATP notification process since issues were addressed. ATPs need to be on file as a requirement from the state. Joelle S. has been assigned to work with the Finance department on the Medicaid and ATP issues. When consumers do not have an ATP on file and/or their Medicaid isn't current, Joelle will be emailing staff/supervisors and copying Finance staff since they all work on the same process. Finance would like a list of staff and supervisors from each provider. MPA would like to have a spreadsheet of all consumers that need an ATP and/or Medicaid sent to the supervisor not to the staff and supervisor. After discussion as to how the process runs and why it's being done, Finance will continue with the same process unless we hear otherwise.</p> <p><u>Medicaid Application</u> – The asset limit increases starting 04/01/25 so please encourage your consumers who have lost or were denied Medicaid to reapply. BABH recommends the use of a paper-based Medicaid application. Finance had a meeting with Jodi Surbrook of MDHHS and she prefers people to fill out the paper-based form because MIBridges doesn't always work the way it should. Applications can be faxed to MDHHS, dropped off at the local DHS Office, or emailed.</p> <p>A 'Medicaid Redetermination Dates Report' was created in Phoenix. Dmitriy can create a 'client alert' and there was consensus among the committee members. This would alert that the redetermination date is coming up. Karen to follow-up on this.</p> <p>m. <u>AOT 30-Day IPOS Addendum</u> – The Michigan Health code updated the requirements for hospitalization for adults under court order. Whether it's a deferment or court order, an objective or intervention should be added to the IPOS. This will likely be accomplished by creating an addendum to the plan that it signed by the consumer. The AOT coordinator needs to submit</p>	

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	<p>the plan to the judge within 30 days. As this is a new process and primary care staff internal and external need to be educated, the AOT coordinator will contact program/provider leadership to schedule time at their staff meetings. In the interim, if the addendum is needed by the AOT coordinator, she should contact the program/provider leadership to make this request. Once all programs/providers have been trained, the communication process may be streamlined directly to staff.</p> <p>n. <u>Transition of Care and Coordination TR</u> – MDHHS added language to a technical requirement for Transition of Care and Coordination. These changes may impact how the process for case closures. We will discuss further at the next meeting.</p> <p>o. <u>Assessments</u> – The details in the assessments are used to substantiate the medical necessity criteria for Specialty Mental Health services, especially for Medicaid. The “Service Eligibility Criteria” section of the assessment contains the States criteria for each population (SMI, IDD, SED). There is a check box for each element of the medical necessity criteria. By checking a box, the clinician is attesting that there is adequate evidence in the details of the assessment to support that the individual meets the specific element of medical necessity criteria. Program/provider leadership reviewing the assessment should be able identify the evidence of that as they go through the sections. Joelin offered to provide staff education on medical necessities and training on how the assessment is used as evidence to support the need for Specialty Mental Health services.</p> <p>p. <u>Authorizations</u> – Authorization request need to be timely. There should not be a lapse in authorized units. In general, BABH will not support a request for retro dated units.</p>	

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	<p>q. Outpatient Only Services – It is very rare for an individual who meets medical necessity criteria for Specialty Mental Health services, to only be receiving OPT services (it can happen, but it is very rare). BABH will be revising the authorization procedure to include that authorization requests for OPT only services will require reviewed for approval by a clinical director.</p> <p>r. Opportunity Center – BABH has been approved for a grant through MSHN which will pay for someone on a spenddown to go to the OC. Joelin will email the committee as a reminder of what the referral process is.</p> <p>s. PNOQMC Notes: Review with Department Staff – Please make sure to go through the PNOQMC meeting notes with your staff so they are aware of what is going on with BABH and the providers.</p> <p>FYI – there is a Recovery House in the process of being created in Bay City. It is not Medicaid approved as of yet. It will start off with male beds and possibly expand to female beds.</p>	
5. Adjournment/Next Meeting	The meeting adjourned at 3:30 pm. The next meeting is scheduled for April 10, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	