

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

Thursday, May 8, 2025

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room

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

Topic	Key Discussion Points	Action Steps/ Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentation: None this month c. Approval of Meeting Notes: 04/10/25 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were no additions to the agenda. b. No presentations this month. c. The April 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> – A case manager is starting on Monday. ACT is down one nurse and a clinical specialist. - <u>Arenac Center</u> – No updates to report this month. - <u>Children's Services</u> – Brad Parker is leaving and going to Adult IDD Team. - <u>CLS/North Bay & Horizon</u> – No updates to report this month. - <u>Corporate Compliance</u> – Melissa Prusi will be the Director of Health Care Accountability permanently the end of June. She will be training the new Recipient Right's Officer, the name of which hasn't been announced yet. Nicole Sweet will be moving over to the Director of Integrated Services for Acute Care, and this will take place the beginning of July. - <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – EAS hired a 2nd shift Team Leader. MRT hired a full-time 2nd shift for Tuesday, Thursday, and Friday. 	

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	<ul style="list-style-type: none"> - <u>ID/DD</u> – No updates to report this month. - <u>IMH/HB</u> – No updates to report this month. - <u>Integrated Care</u> <ul style="list-style-type: none"> • <u>Acute</u>: No updates to report this month. • <u>Arenac</u>: No updates to report this month. • <u>Child & Family</u>: No updates to report this month. • <u>Long-term</u>: Karen Amon is going back to being the Director of Integrated Care around the first part of June. - <u>Medical Records</u> – No updates to report this month. - <u>Physician/OPT Services</u> – No updates to report this month. - <u>Quality</u> – The CARF audit has been completed. We are now getting ready for the Waiver audit and a HSAG audit. Sarah will reach out to those that need consumer records pulled. - <u>Recipient Rights/Customer Services</u> – Melissa will be transitioning to the new job of Director of Health Care Accountability the end of June. The new RR/CS Manager has accepted but has not been announced. - <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. - <u>OPT-C</u> – No updates to report this month. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – Case Manager starts May 27th, and we are open to one more. - <u>OPT</u> – We have a therapist that started last week and one that just left. The interns are waiting for their licenses to arrive. A LLMSW just passed her exam. Renate Galloway will be doing an Anger Management Group May 29th for adult men and women, in person or by zoom. 	

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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) 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> i. MMBPIS 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 – Nothing to report this month. iv. MHSIP/YSS – Nothing to report this month. v. Provider Satisfaction Report – Nothing to report this month. c. Access to Care & Service Utilization Reports i. MMBPIS Report – <i>Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of Request</i> – BABH performed above the 95% standard. BABH demonstrated 100% (44/44) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (246/246) compliance of the adults who requested a pre-screen and received one within 3 hours. <i>Indicator 2: Initial Assessment within 14 Days-Children/Adults</i> – There were 116 consumers that were out of compliance for Indicator 2 during FY25Q1 compared to 99 consumers out of compliance during FY24Q4. There are specific reasons identified: 64 consumer no-shows, 1 consumer chose a provider outside of the network, 1 consumer chose not to pursue services, 19 consumers refused an appointment within 14 days (15 children)- compared to 8 last quarter, 19 consumers rescheduled the appointment, 1 no appointment available, 4 consumers unable to be reached, 4 staff cancel/reschedule, 3 ‘custom’: 1 was due	

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<ul style="list-style-type: none"> ii. LOCUS (Mar, Jun, Sep, Dec) - Defer iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) 	<p>to staff not making contact, 1 was due to the billing being under the sibling in home-based services, and 1 was due to the consumer being inpatient. <u>Indicator 3: Start of Service within 14 Days Adult/Children</u> – There were 116 consumers that were out of compliance for Indicator 3 compared to 89 last quarter. There are specific reasons identified: 45 consumer no shows, 4 due to no available appointments within 14 days, 26 consumers that refused an appointment within 14 days, 7 consumers that rescheduled their appointment, 15 consumers unable to be reached, 1 consumer discharged out of the region or not CMH responsibility, 3 staff that canceled/rescheduled the appointment, 1 consumer chose not to pursue services, 13 ‘custom’ reasons for being out of compliance: 7 were due to staff getting assigned the case after the 14 days or staff was on ETO, 2 were due to staff not making contact within 14 days, 1 was due to a clerical error, 1 was unknown why it was outside of the timeframe, 1 was due to the consumer being inpatient, and 1 was due to the consumer not being sure of availability and wanted to call back later. <i>Indicator 4a: Follow-Up within 7 Days of Discharge from Inpatient Psychiatric Unit or Detox Unit</i> – BABH demonstrated 93% (27/29) compliance for the child population and (90/91) compliance for the adult population. The child fell below the 95% standard; the two out of compliance were due to staff cancelations. <i>Indicator 10: Re-admission to Psychiatric Unit within 30 Days</i> – BABH met the standard of less than 15% readmission rate for the children and adult populations.</p> <ul style="list-style-type: none"> ii. LOCUS – Defer iii. Leadership Dashboard – Karen went through the Leadership Dashboard. Inpatient Admission has decreased a little bit since the first quarter and Mental Health Diversions have increased which is good. DNMM gave notice so BABH found a provider for those 17 people. We are down a provider but added another provider, APS Employment Services. It’s costing BABH \$1.77M for Community Inpatient Days, and it is down this quarter from last quarter. We are exceeding our allowed revenue; ABA and Inpatient is where we have a deficit. There has been a decrease in our Medicaid funding. There are funds that have been appropriated and have not been pushed out by MDHHS. Reach out to your local legislators to 	

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<ul style="list-style-type: none"> ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) - MSHN MEV Final Results iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) <ul style="list-style-type: none"> e. Ability to Pay Report f. Program Capacity Status <ul style="list-style-type: none"> i. Review of Referral Status Report 	<p>documents. It is recommended that staff double-check their documents to ensure that all areas are completed.</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. <ul style="list-style-type: none"> e. Ability to Pay Report – Nothing to report this month. f. Program Capacity Status <ul style="list-style-type: none"> i. Review of Referral Status Report – The Referral Status Report is in the meeting folder and will be sent out by Joelle for your review. 	
<p>4. Discussions/Population Committees/ Work Groups</p> <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> c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics d. BABH - Policy/Procedure Updates e. Medicaid/Medicare Updates <ul style="list-style-type: none"> i. Medicaid Monthly Algorithm - Effect on Medicaid Status 	<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. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – There is an update on the Cultural Competency and LEP P/P that was in April. e. Medicaid/Medicare Updates 	

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<p>f. General Fund</p> <p> i. Spenddown: Priority to Assist with Application for Redetermination</p> <p> ii. Inpatient Data Review/Analysis – Ad-hoc Work Group</p> <p>g. Conflict Free Case Management</p> <p>h. LOCUS</p> <p> i. New LOCUS Training Code – Email Sent 04/24/25</p> <p>i. Coordination of Care Letter for No PHCP</p>	<p>i. Medicaid Monthly Algorithm – The State’s system has an algorithm that randomly selecting people, and if it doesn’t meet the parameters, they could lose their Medicaid coverage. Insurance MUST be verified at each in-office visit. When someone comes in, make sure to click the Medicaid button in Phoenix to verify that they have Medicaid. When a consumer is due for Medicaid reenrollment, staff should assist however they can. Per DHHS staff, the paper-based version is the best way to reenroll because the electronic version has issues with the Medicaid application.</p> <p>f. General Fund</p> <p> i. Spenddown: Priority to Assist with Application for Redetermination –As the state has increased the asset and income limits for Medicaid, individuals on a spenddown may now qualify for full Medicaid coverage and they should be encouraged to resubmit the Medicaid application.</p> <p> ii. Inpatient Data Review/Analysis – Ad-hoc Work Group – Joelin will be scheduling an ad-hoc workgroup focusing on adults. We will look at the data and see if we can identify trends, and if we identify trends, what ideas can we come up with and how to address this. BI Staff will be there to help out.</p> <p>g. Conflict Free Case Management – Nothing to report this month.</p> <p>h. LOCUS</p> <p> i. New LOCUS Training Code – Joelin sent out an email on 04/24/25 about the new LOCUS training code. Reminder provider to conduct a LOCUS training at staff meetings for fidelity checks.</p> <p>i. Coordination of Care Letter for No PHCP –When there’s no primary healthcare physician, the internal supervisor dashboard shows if there’s a Coordination of Care form. Allison was wondering if they could go in and do the form for no primary care physician, so we are looking into removing that from the supervisor dashboard. The case worker enters the Coordination of Care letters for the consumers and then admin staff finish the process.</p>	

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<p>j. 10 Elements for HCBS</p>	<p>j. 10 Elements for HCBS – Melanie emailed the committee - Here is the latest and greatest from MDHHS CAP as relevant to required elements for restrictions. Looks like it is now “10 elements” although all MDHHS references do still say “8”. These are required to be in the IPOS however, when a need is relevant to another professional treatment plan, such as restriction of telephone use in a behavior plan, that behavior plan needs to include the elements that the case holder should be able to copy to the IPOS.</p> <p>The 10 Elements are:</p> <ul style="list-style-type: none"> - Identify the specific assessed need(s) - Document the positive interventions and supports used previously. - Document less intrusive methods that were tried and did not work; including how and why they did not work. - Include a clear description of the condition that is directly proportionate to the assessed need. - Develop a titration or fade plan that outlines the changes in behaviors and associated timeless to reduce and/or remove the need for the modification. - Identify services or supports that will be provided to support the development of skills to reduce the need for modification of the HCBS Final Rule. - Include regular collection and review of data to measure the effectiveness of the modification. - Include established time limits for periodic review of the modification. - Include informed consent of the individual regardless of guardianship status. - Include assurances that the modifications will cause no harm to the individual. At our HCBS Leads meeting in April, there was a brief discussion about interventions that are solely for physical health needs. The group consensus, agreed on by MSHN Waiver Manager, is that when a person presents with Medical/physical health needs that cannot be remediated through teaching skills, the 8 elements are required to be part of the IPOS, supported by the involved/most relevant medical professionals, RN, PCHP, Dietician, OT, etc. and must include case manager monitoring. BTRC APPROVAL IS NOT NEEDED. MSHN has not yet received written guidance for health issues that cannot be remediated through teaching skills. MSHN is expecting to get dinged in audit as it is expected some of these “restrictions” will be unintentionally missed. 	

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<p>k. Consumer Satisfaction Survey (MHSIP/YSS) for 2025</p> <p>i. Authorization in IPOS - Contract Providers</p>	<p>k. Consumer Satisfaction Survey (MHSIP/YSS) for 2025 – The Consumer Council recommendation is to go back to hand delivering the surveys. We will have 5 - \$10 gift cards vs. having 1 - \$50 gift card. BABH will be meeting internally about how to code the surveys and the process for this year. We have to pick a 4-week period between 06/01/25 - 07/31/25 to mail out the surveys. More information to come.</p> <p>i. Authorization in IPOS – Contract Providers – There was discussion about the states mandate to stop the use of ranges for authorizations. Our goal is to create authorizations that get as close to possible to the anticipated service needs. If you think someone would be seen twice a month for therapy, you will put in 24 units of service. If you request 24 units and there was a crisis and used up 18 units so the unit ran out quicker than anticipated, you can request additional units. The request should not require UM review by BABH EAS staff, Audra, unless it goes over 30 units total.</p> <p>Under/Over Utilization: We need to avoid underutilization and will need to justify why units were not used on the periodic review. If the person’s needs changes, this would be why you are under or over utilizing services, you will then do an addendum and justify why you are increasing or decreasing the units. You would have to early terminate the auth and then do another auth based on the addendum. If the person is not showing, you need to be specific about that in the notes, and state they need the services but are choosing to miss appointments. Be very specific in the notes as to why things are happening to be able to justify the increase or decrease in units. The states focus is if consumers are being underutilized and are not getting the services that they need. The period review is a formal review process whereas the progress notes are an informal process. We can point out to MDHHS that we are doing a formal review and informally as necessary.</p>	
<p>5. Adjournment/Next Meeting</p>	<p>The meeting adjourned at 3:00 pm. The next meeting is scheduled for June 12, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.</p>	