

Executive Summary of QAPIP

- **Adverse Events:** There were three suicides which is the highest number for BABH since prior to FY20Q1. BABH completed root cause analyses on these to determine any potential process changes or action steps. Additionally, BABH discussed the trend in suicides in multiple different committees with various leadership including the Medical Examiner of Bay County and Bay County Public Health as well as the Medical Director for BABH. Communication was sent to all BABH staff to make them aware of these trends and to provide information on actions and measures that can be taken to assess risk.
- **Behavior Treatment Events:** The number of emergency physical interventions increased for FY24Q4, however, the overall number of interventions continues on a downward trend. There were 12 consumers that led to the 76 emergency physical interventions with one individual accounting for 49.
- **Diabetes Screening, Diabetes Monitoring, and Cardiovascular Monitoring:** There was a decrease for each of these measures over FY24Q4. BABH will continue to action these alerts monthly to improve compliance.
- **Audited Services with Proper Documentation for Encounters Billed:** The overall total compliance for all 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, and community living support providers. There were a total of 11,210 claims reviewed with only 94 errors resulting in a 99% compliance rate.
- **Evidence of Primary Care Coordination:** BABH and two of the three contract providers had an increase in health care coordination for FY24Q4. One provider had a decrease due to a delay in providing documentation, however, the compliance is expected to increase next quarter.
- **Michigan Mission Based Performance Indicator System (MMBPIS) Indicators:** Across most indicators and populations, BABH is consistent with either MSHN or MDHHS. For Indicator 3, the MI-Adult (mental illness) and IDD-Adult (intellectual developmental disability) populations were lower than MSHN and MDHHS.
- **Provider Survey:** All the statements on the provider survey received over the 85% standard. Eight of the questions scored higher in 2024 compared to 2023 which was a significant improvement from 2023 .

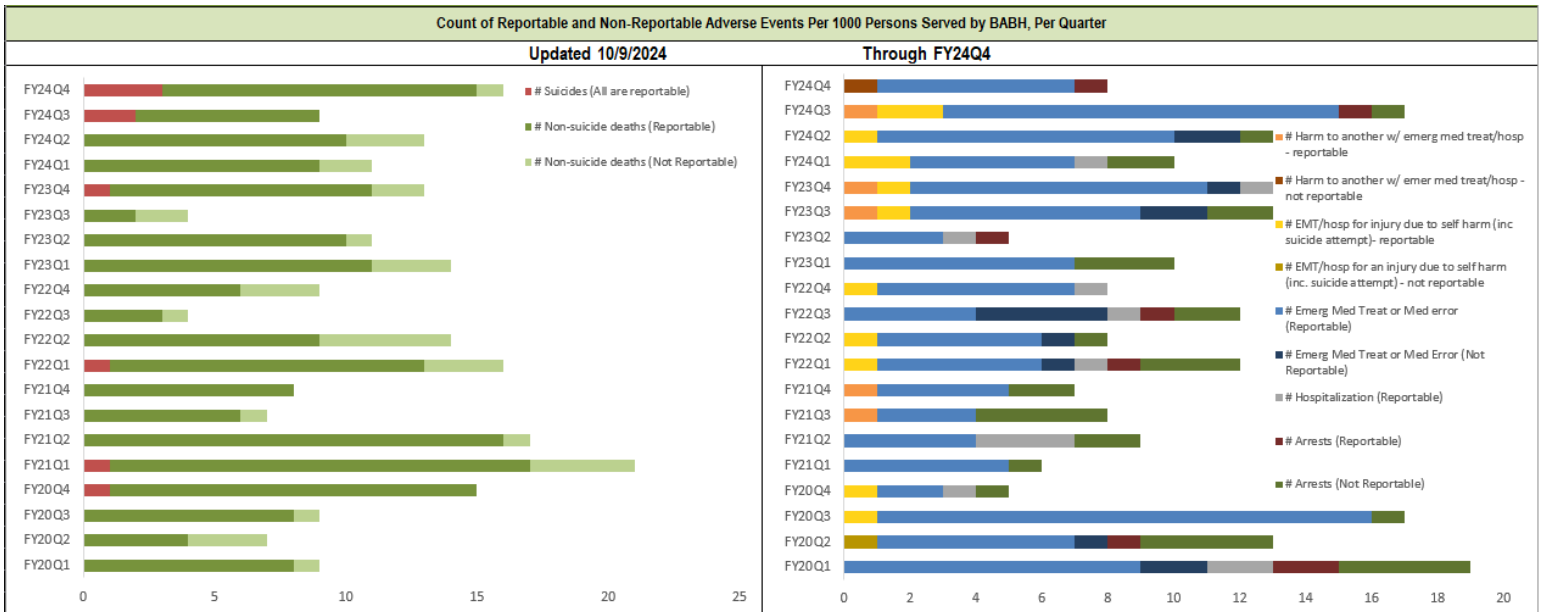
The following report provides a quarterly update to the goals identified in the QAPIP plan as well as an annual review.

PROVIDER QUALIFICATION AND SELECTION

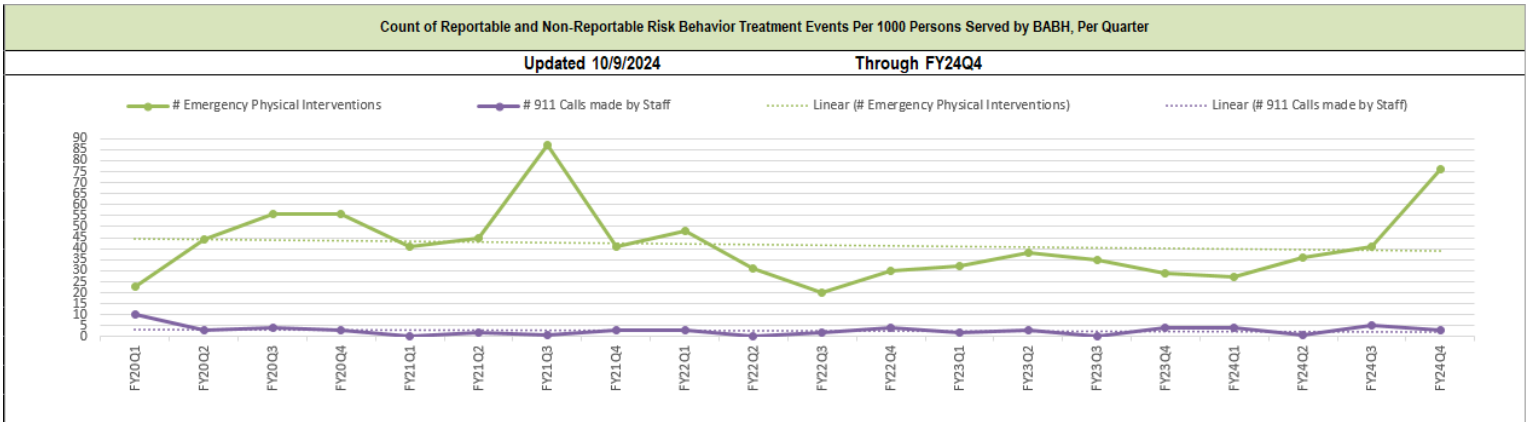
24 Hours of Children’s Specific Training: Supervisors received training on how to access reports within Relias independently to track children’s specific training. Additionally, the Staff Development department created a curriculum at the beginning of the year that children’s staff can complete to ensure 24 hours of children’s specific training is completed.

Plan of Service Training Forms: BABH quality staff are monitoring the use of the plan training form during scheduled site reviews, external audits, as well as monthly. The findings of these reviews are given to supervisors for follow-up with applicable staff.

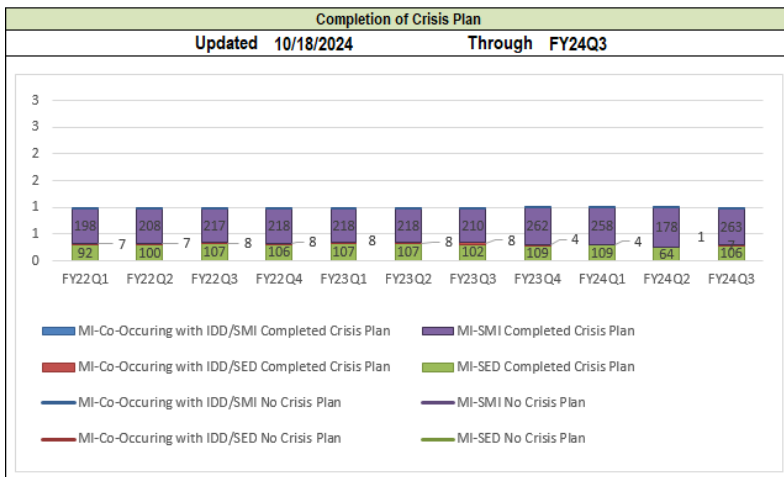
HARM IDENTIFICATION AND REDUCTION



Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: There were six types of adverse events reported during FY24Q4. There were sixteen deaths for FY24Q4 which was higher than BABH has had since FY22Q1. There were three suicides which is the highest number for BABH since prior to FY20Q1. BABH completed root cause analyses on these to determine any potential process changes or action steps. Additionally, BABH discussed the trend in suicides in multiple different committees with various leadership including the Medical Examiner of Bay County and Bay County Public Health as well as the Medical Director for BABH. Communication was sent to all BABH staff to make them aware of these trends and to provide information on actions and measures that can be taken to assess risk. There was one emergency medical treatment due to harm from another which is not a typical trend. There was a significant decrease in adverse events for FY24Q4 compared to FY24Q3. There does not appear to be any other type of trend among these incidences, therefore, no specific actions are identified at this time. For FY24 overall, the highest reportable adverse event was Emergency Medical Treatment or Med Error. This is consistent with previous years.

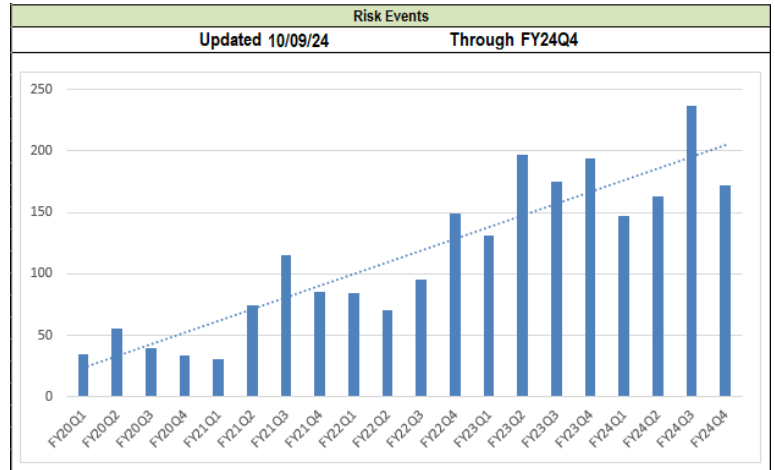


Reportable Behavior Treatment Events: The number of emergency physical interventions increased for FY24Q4, however, the overall number of interventions continues on a downward trend. There were 12 consumers that led to the 76 emergency physical interventions with one individual accounting for 49. The treatment team has been working together to explore changes to support improvement. There were three 911 calls made for behavioral assistance for FY24Q4 which is a decrease from previous quarters, however, the overall trend continues to be flat.



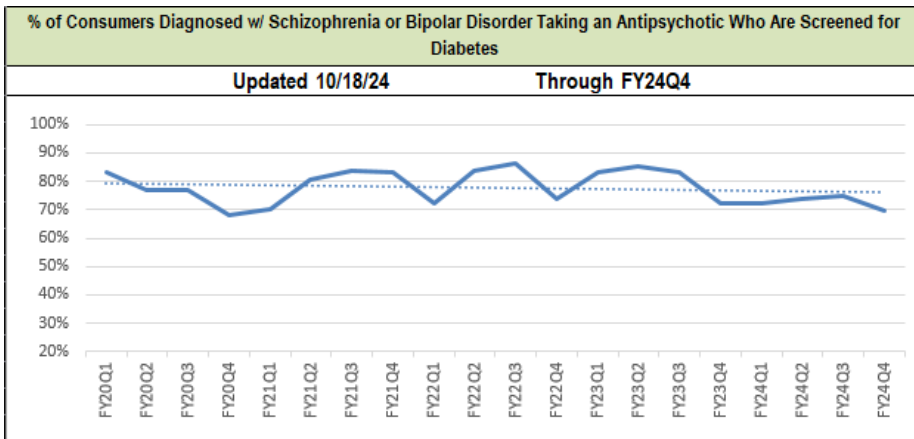
Completion of Crisis Plan: There were a significant number of crisis plans completed for FY24Q3 compared to previous quarters for the MI-SMI and MI-SED populations.

Risk Events: 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 FY24Q4, but the trend continues to steadily increase.



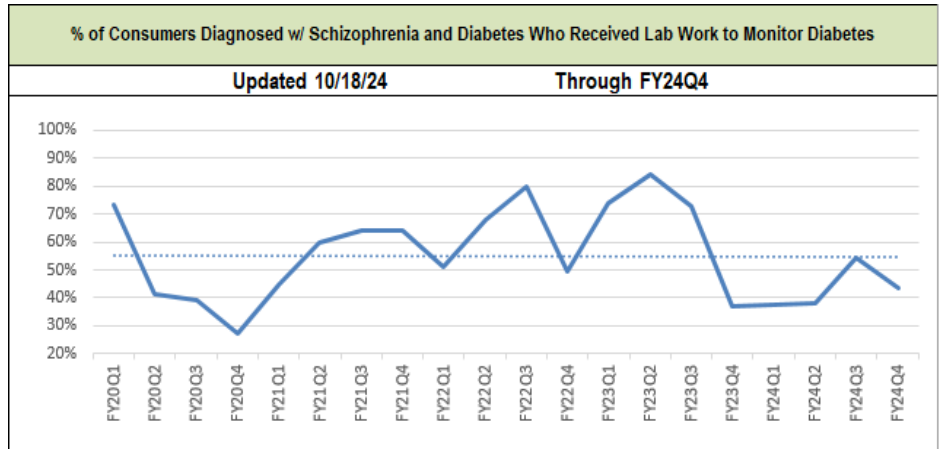
The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days: The Office of Recipient Rights has 90 days to complete an investigation. For FY24Q3, BABH averaged 47.1 days; well below the standard.

Abuse and Neglect Complaints Substantiated Have Remedial Action: Remedial action included written counseling, employee termination, training, suspension, contract action, and verbal counseling.



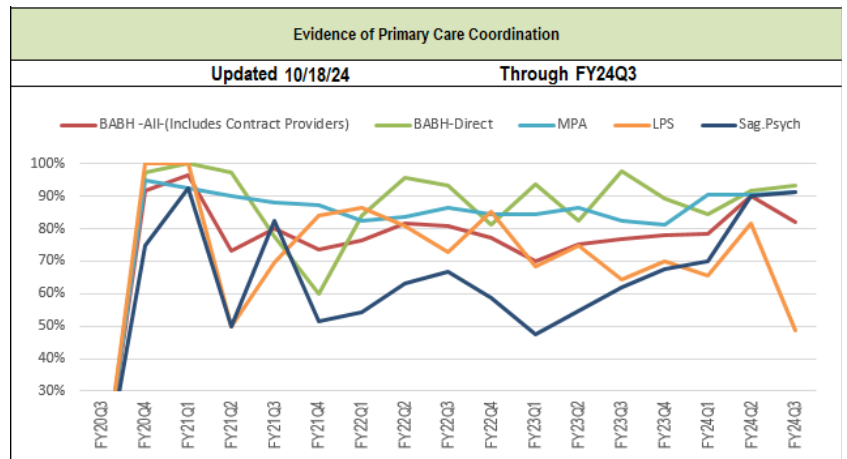
Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had a decrease in consumers receiving the appropriate labs for this measure during FY24Q4. BABH will continue to action these alerts monthly to improve compliance.

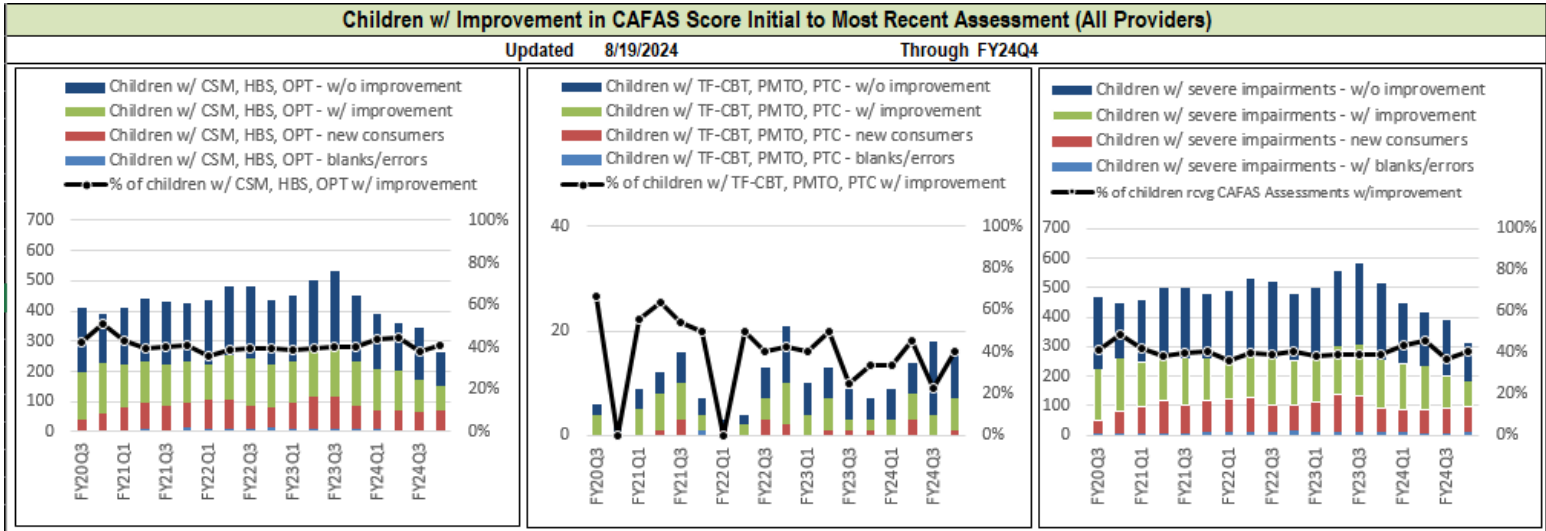
Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a decrease in consumers receiving the appropriate labs for this measure during FY24Q4. BABH will continue to action these alerts monthly to improve compliance.



Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab: There were recently changes to the specifications for this measure so there is only one quarter of data at the time of this report.

Evidence of Primary Care Coordination: BABH and two of the three contract providers had an increase in health care coordination for FY24Q4. One provider had a decrease due to a delay in providing documentation, however, the compliance is expected to increase next quarter.





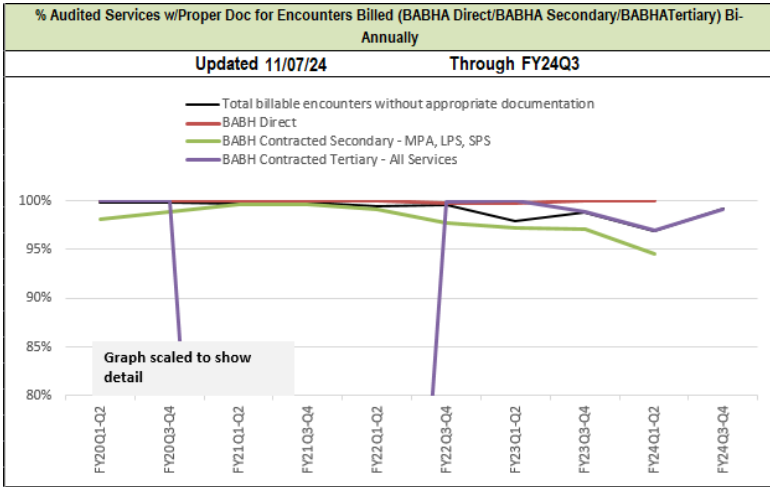
More Than 40% of Children Served Will Have Meaningful Improvement In Their Child and Adolescent Functional Assessment Scale (CAFAS)/Preschool and Early Childhood Functional Assessment Scale (PECFAS) Score: During FY24Q4, 41% of children showed meaningful improvement in their CAFAS/PECFAS scores, meeting the goal BABH set.

Quality of Care Record Reviews- Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 90% of the records reviewed during FY24Q4 received the level of services that were written in the plan which met the 90% standard set by BABH. Staff of the records found to be out of compliance received education and training on the standard of providing services as written in the plan of service.

Quality of Care Record Reviews- All Services Authorized In The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service: 98% of the records reviewed during FY24Q3 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH. Staff of the records found to be out of compliance received education and training on the standard of providing services as written in the plan of service.

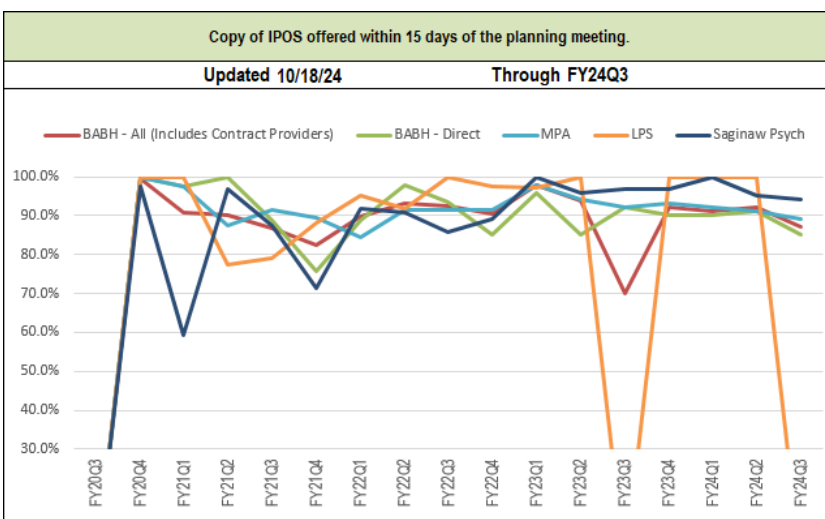
Develop Quarterly Reports to Increase the Quality Report and Outcomes Related To The Level of Care Utilization System (LOCUS): No update.

ACCESS TO CARE AND UTILIZATION MANAGEMENT



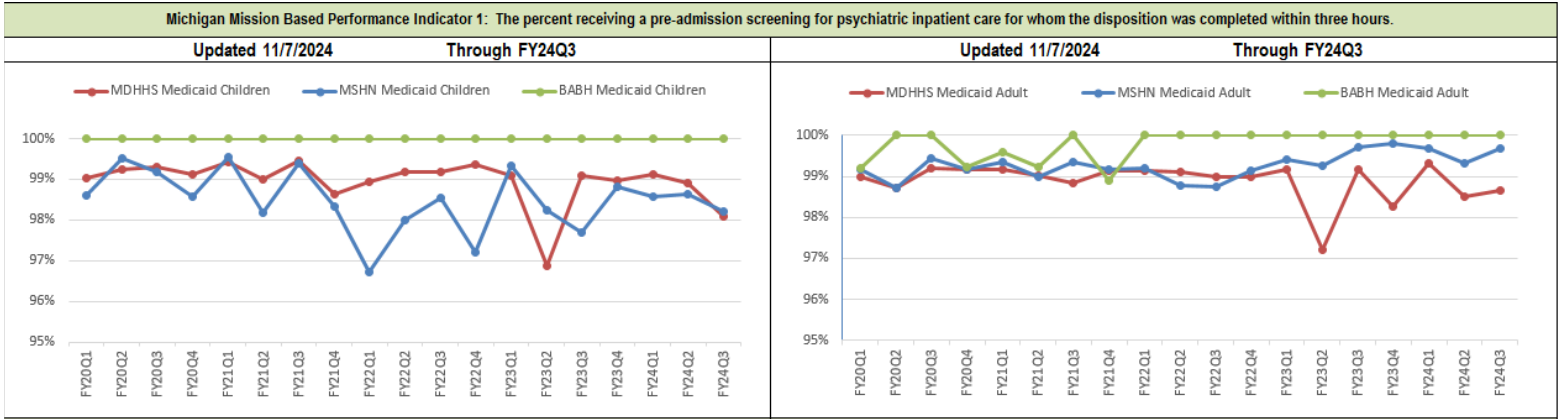
Audited Services with Proper Documentation for Encounters Billed: The overall total compliance for all tertiary services reviewed during FY24Q3 and FY24Q4 was above the 95% standard and increased from the previous two quarters. These reviews included applied behavioral analysis, specialized residential, dietary, and community living support providers. There were a total of 11,210 claims reviewed with only 94 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.

Increase Medicaid Event Verification (MEV) Reviews: BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, and autism providers. BABH also added self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, and specialized residential providers where we are the county of financial responsibility reviews during FY24Q2. BABH also updated the MEV policy and procedure to include more frequent reviews of services determined to be higher risk such as community living supports (CLS).



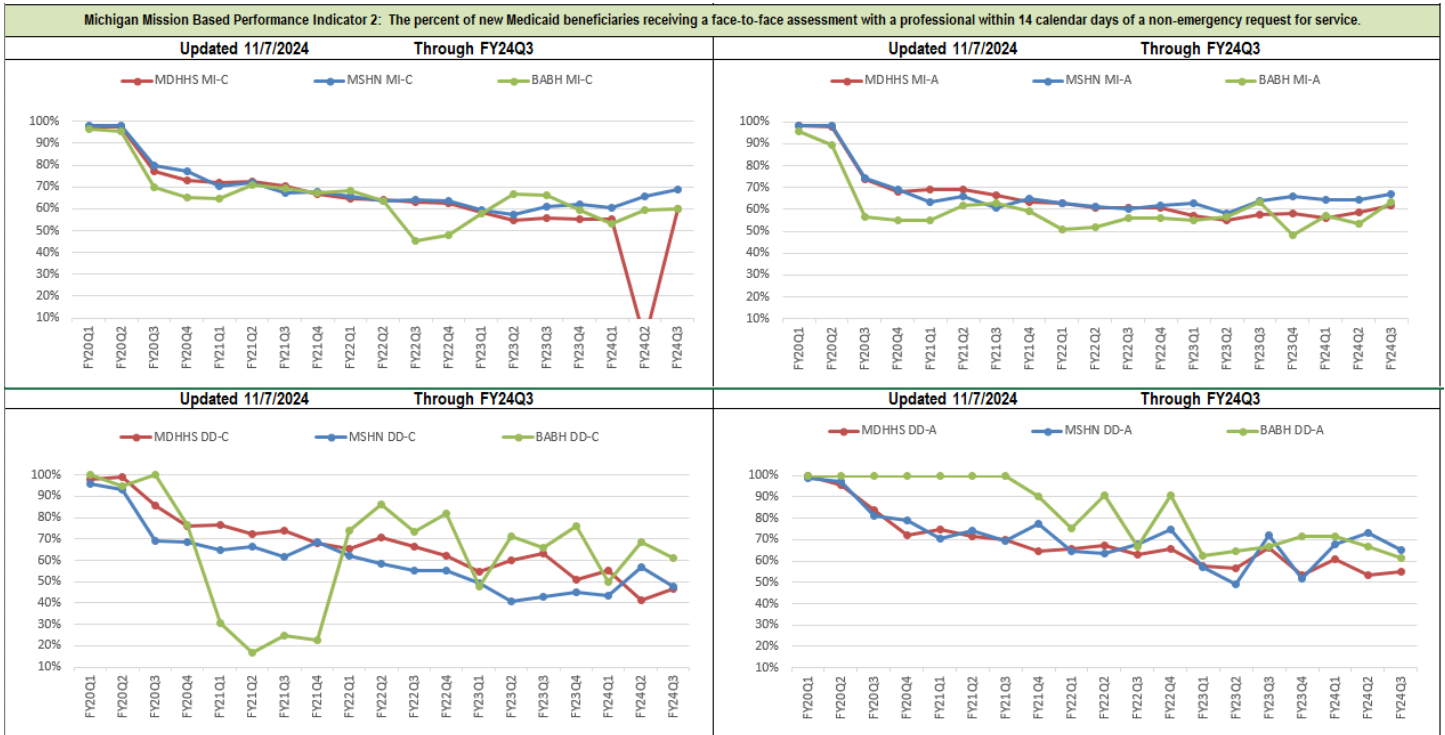
Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, the percentage of compliance for offering the plan of service within 15 days was lower for FY24Q3 compared to FY24Q2. It was determined that staff are not always using the electronic health record completely so there is missing 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. Extra training and education have been provided.

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.): BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY24Q3. This was a higher rate of compliance than MDHHS and MSHN.

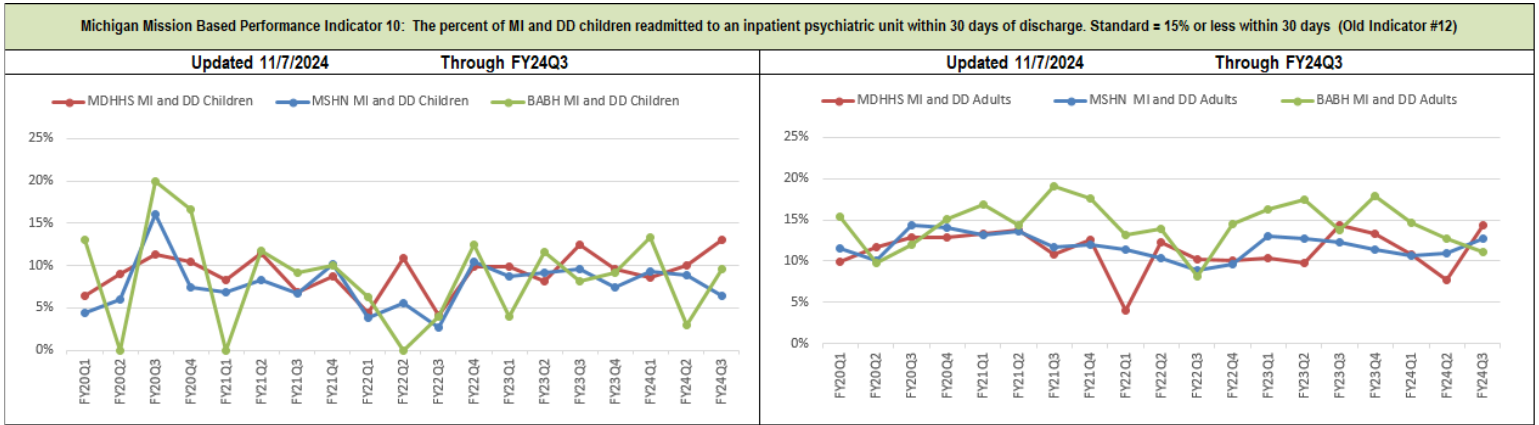


Quality Assessment and Performance Improvement Program (QAPIP) Quarterly and Annual Report

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.): BABH has higher compliance rates for all populations compared to Michigan Department of Health and Human Services (MDHHS), however, BABH had lower compliance rates for all populations except DD-Child compared to MSHN.



MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for the child and adult populations for FY24Q3 (both populations below 15%).



Reduction of Inpatient Hospitalization Days for FY23: BABH had 6,115 inpatient hospitalization days during FY22 and 8,385 FY23. This was an increase of 2,270 inpatient hospitalization days during FY23 which did not meet 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.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY23 satisfaction survey period, 94% of adults and 95% of children expressed a general satisfaction with services. BABH had a goal of 80% satisfaction so this greatly surpassed the FY23 goal. Additionally, both the adult and child population increased in satisfaction for FY23 compared to FY22.

Provider Survey: All the statements on the provider survey received over the 85% standard. Eight of the questions scored higher in 2024 compared to 2023 which was a significant improvement from 2023. BABH leadership identified corrective action steps to implement.

Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2023 showed a 100% satisfaction rate for the seven surveys returned.