BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, August 14, 2025

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

Lincoln Center - East Conference Room/Zoom

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

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: 07/12/25** **d. Program/Provider Updates and Concerns**	a. There were no additions to the agenda. b. No presentations this month. c. The July meeting notes were approved as written. d. **Program/Provider Updates and Concerns:** Bay-Arenac Behavioral Health: - ABA/Wraparound – We are losing a children's Intensive Case Manager/Intensive Care Coordination with Wraparound and are down to one, hoping to replace her soon. - ACT/Adult MI – Adult MI is down one Intensive Case Manager, so referrals are limited. ACT is down two ACT nurses and one master's level position with interviews this week. - Children's Services – No updates to report this month. - CLS/North Bay & Horizon – Assisting with an emergency situation in the ER and hope to have that resolved by the end of the week, if not by next week. - Corporate Compliance – Melissa Prusi has fully transitioned into the role of Director of Healthcare Accountability. - Emergency Access Services (EAS)/Mobile Response Team (MRT) – - ID/DD – Melanie is continuing to work on the MDHHS Case Management training. As of last week, all internal case managers have been trained. The team has two new	

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	case managers this week; Jennifer Stone is working for the IDD Team and Alexus Smith is working for the MI Team. They are scheduled for training the end of August. The trainings will be offered monthly and new case managers will not be able to bill until they go through the training. - IMH/HB – No updates to report this month. - Integrated Care: • Acute – No updates to report this month. • Arenac – Intake Specialist is leaving and at this time there is a hold on replacing that person. • Child & Family – No updates to report this month. • Long-term – No updates to report this month. - Medical Records – No updates to report this month. - Physician/OPT Services – Clinic nurses are helping cover ACT. Dr. Klein is limited. New referrals will probably get pushed out until October. Trying to keep up with hospital discharges. A new secretary and both co-ops are starting on August 19th. Group Therapy is still going so flyers will be sent out. - Quality – We will be doing onsite reviews for the Primary providers in a few weeks. The MSHN MEV was supposed to take place last week, but they are behind. - Recipient Rights/Customer Services – Jackie Kish has fully transitioned into the role of RR/CS Manager. - Self Determination – No updates to report this month. List Psychological: - We are fully open to referrals and have two LLMSW therapists and one LPC intern who will be trained around August 21st and will have more availability at that time. MPA: - CSM – They will be losing a Child and Family Case Manager. Not sure if they are replacing this person. Follow-up with Laura Sandy for more information. - OPT-A – No updates to report this month. - OPT-C – An intern is starting on August 25th and will be able to take on a few children in a couple months.	

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		Saginaw Psychological: - CSM – A new case manager just started, and we are open for Case Management referrals. - OPT – We are closed for Medicare referrals for therapy but open for all others. There are signs up at the Euclid and Johnson locations that both offices will be combined and will move to 6006 Westside Saginaw Road across from the Bay Valley Animal Hospital. We are looking at moving in October/November. More updates to come. Do-All is still not receiving any Vocational referrals.	
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. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports 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. Access to Care & Service Utilization Reports **i. MMBPIS Report (Jan, Apr, Jul, Oct)** ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)	a. **QAPIP Quarterly Report** – Plan of Service Training form monitoring is done every month to make sure the primary worker is starting the process. Melissa Deuel will reach out to staff if there are any questions. Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY25Q2, there were eight types of adverse events reported. Key highlights include: Non-Suicide Deaths: 13 reported, marking an increase from the previous quarter. Suicides: 2 reported during the quarter. Harm to Self (Requiring Emergency Medical Treatment): 4 incidents were recorded, an unusual uptick. Notably, two of these incidents involved the same individual. Reportable Arrests: 2 incidents involving two separate consumers. Reportable Behavior Treatment Events - Emergency Physical Interventions: There were 37 emergency physical interventions during FY25Q3, involving 12 consumers. One individual accounted for 14 of these interventions. This represents a decrease from the previous quarter and continues a downward trend overall. The treatment team holds regularly scheduled meetings to coordinate ongoing support strategies for the individual with the highest number of interventions. 911 Calls for Behavioral Assistance: There were 3 calls made during FY25Q3, which marks a significant decrease from the previous quarter and aligns more closely with typical trends. 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 FY25Q2, BABH averaged 65.9 days: well below the	

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iv. Customer Service Report (Jan, Apr, Jul, Oct) v. Employment Data (Dec, Mar, Jun, Sept) d. Regulatory and Contractual Compliance Reports **i. Internal Performance Improvement Report (Feb, May, , Nov)** 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 e. Ability to Pay Report **f. Program Capacity Status** **i. Review of Referral Status Report**	standard. Abuse and Neglect Complaints Substantiated Have Remedial Action: All substantiated complaints were addressed with adequate remedial action to correct and prevent recurrence. Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: Compliance remained consistent for FY25Q3 for consumers receiving the appropriate labs for this measure. 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 6% increase in consumers receiving the appropriate labs for this measure during FY25Q3 (39%). BABH will continue to action these alerts monthly to improve compliance. Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab: Recent changes to the specifications for this measure mean that only four quarters of data are available at the time of this report. In FY25Q3, there was an 11% decrease; however, it's important to note that only eight consumers met the criteria for this measure during that quarter. Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified: 91% of the records reviewed during FY25Q2 received the level of services that were written in the plan which met the 90% standard set by BABH. Staff 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: 92% of the records reviewed during FY25Q3 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH. Staff received education and training on the standard of providing services as written in the plan of service. Audited Services with Proper Documentation for Encounters Billed: Overall compliance for all primary, secondary, and tertiary services reviewed during FY25Q1 and FY25Q2 exceeded the 95% standard. The reviews included psychosocial rehabilitation services, specialized residential services (for providers located outside of Bay and Arenac counties), dietary/nutrition services, occupational/physical/speech therapies, self-determination, direct services, and community living support providers. A total of 3,418 claims were reviewed, with 78 errors identified, resulting in a compliance rate of 97.6%. The most common findings were incomplete documentation or discrepancies between the number of units billed and the supporting documentation. Increase Medicaid Event Verification	

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	(MEV) Reviews: BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, autism providers, self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, psychosocial rehabilitation, and specialized residential providers where BABH is the county of financial responsibility. b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports 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** – 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% (54/54) compliance of the children who requested a pre-screen and received one within 3 hours. BABH demonstrated 100% (278/278) compliance of the adults who requested a pre-screen and received one within 3 hours. 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.)**:** In FY25Q2, BABH reported higher compliance rates for the MI-Child and IDD-Child populations compared to MSHN. Compliance for the MI-Adult population was consistent with MSHN, while rates for the IDD-Adult population were below MSHN. There were 144 consumers that were out of compliance for Indicator 2 during FY25Q2 compared to 116 for FY25Q1 and 99 consumers out of compliance during FY24Q4. 91 consumer no-shows- compared to 64 last quarter. 27 consumers refused an appointment within 14 days (19 children) - compared to19 last quarter. 14 consumers rescheduled the appointment. 2 no appointment available. 3 consumers unable to be reached. 6 staff cancel/reschedule. 1 'custom' - Staff was not aware of the assessment process for respite only cases. Indicator 3 (The percent of Medicaid beneficiaries	

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	starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): In FY25Q2, BABH reported lower compliance rates than MSHN for the MI-Adult and IDD-Child populations. However, compliance was higher for the MI-Child and IDD-Adult populations. MDHHS data was not available for comparison during this period. The primary contributing factor to lower compliance rates was a high volume of no-show appointments. There were 106 consumers that were out of compliance for Indicator 3 during FY25Q2 compared to 116 for FY25Q1 and 89 during FY24Q4. 49 consumer no shows. 6 due to no available appointments within 14 days. 16 consumers that refused an appointment within 14 days. 8 consumers that rescheduled their appointment. 12 consumers unable to be reached. 1 consumer discharged out of the region or not CMH responsibility. 1 staff that canceled/rescheduled the appointment. 1 consumer chose not to pursue services. 14 'custom' reasons for being out of compliance: 3 were due to the authorization not being processed correctly; staff have been informed. 5 were due to issues with processing the referral or a delay in staff being assigned the case. 2 were due to staff waiting until the end of the 14-day period before attempting to schedule. 4 remaining were due to independent issues. Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): Both the Adult and Child populations met the 95% compliance standard for FY25Q2. This is above or consistent with MSHN. MDHHS data was not available. BABH demonstrated 100% (26/26) compliance for the child population and (86/87) compliance for the adult population. The child fell below the 95% standard; the two out of compliance were due to staff cancelations. 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 FY25Q2 (both populations below 15%). 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.	

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	d. Regulatory and Contractual Compliance Reports i. **PI Report** – % Audited Services with Proper Doc for Encounters Billed – For the MEV in FY25Q2, Bay Direct achieved a 100% compliance score. MPA maintained a 99% score, consistent with FY24Q4. Saginaw Psychological scored 97%, reflecting a 1% decrease from FY24Q4. List achieved a score of 100%, marking a 2% improvement from the previous quarter. The most common findings included: no goals selected within the Progress Note; missing information on the amount, frequency, scope, or duration of services in the Plan of Service; and blank 'Risk Factors/Barriers and Strategies to Minimize' sections in the Individual Plan of Service (IPOS). Action Steps: It is recommended that staff are double-checking their documents to ensure all sections of the documentation are filled out. It is also recommended that staff list the amount/frequency/scope/duration of all services provided under the "My Objective will be completed through..." sections of the IPOS. Plan of Service - Within 15 Days – For the Individual Plan of Service offered within 15 days, MPA scored 91%, reflecting a 4% increase from FY25Q1. Bay Direct maintained an 89% score, consistent with FY25Q1. Saginaw Psychological scored 94%, a slight 1% decrease from the previous quarter. List achieved a score of 100%. 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. Action Steps: It is recommended that providers indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan. Evidence of Primary Care Coordination - Bay Direct, List, Saginaw Psychological, and MPA all scored below the 95% compliance standard. Bay Direct scored 78%, reflecting a 13% decrease from FY25Q1. Saginaw Psychological experienced a 14% decrease, while List saw a 16% decline compared to the previous quarter. MPA scored 84%, representing a 15% improvement from FY25Q1. The most common findings included: the presence of a Coordination of Care form without an MDHHS Consent, or a lack of evidence that a Coordination of Care form was completed. Action Steps: Continue to use the new Coordination of Care Form that is in PCE. The MDHHS Universal Consent does meet the standard for coordination of care. There needs to be evidence that coordination	

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		occurred including services the consumer is receiving, and any psychotropic medications being prescribed. If the consumer does not have a primary care physician, or refuses the coordination of care, the MDHHS form needs to be completed with the "Withdraw" option. Of the quality issues, these are the trends observed are: 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. Unsigned or expired documents. Back-to-back Interim Plans. It is recommended that staff double-check their documents to ensure that all areas are completed. It is recommended that staff complete the Assessment and Plan of Service prior to the expiration date. 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. **Program Capacity Status** – MPA has a hold on Medicare and Medicaid OPT referrals. No ABA referrals. Hold on Child IDD CSM referrals. Saginaw Psych has a hold on Medicare and Medicaid OPT referrals. Bay Children's has a hold on child SED ICSM referrals.	
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 c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics	a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations – Nothing to report this month. b. Access to Care and Service Utilization – Nothing to report this month. c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Medicaid/Medicare Updates – Nothing to report this month.	i. Re-opening Consumer Cases – Joelin will follow up with EAS and Customer Services. Allison will revise the Outreach letter to be reviewed next month. Amy will provide education to prescribers at the

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d. BABH Policy/Procedure Updates e. Medicaid/Medicare Updates i. Medicaid Monthly Algorithm - Effect on Medicaid Status **f. General Fund** i. Spenddown: Priority to Assist with Application for Redetermination ii. Inpatient Data Review/Analysis – Ad-hoc Work Group g. Conflict Free Case Management **h. OPT Referrals Authorizations/Addendums** **i. Re-opening Consumer Cases** **j. Referrals for Psychological Testing and Behavior Treatment** **k. CARF Results** **l. General Fund OPT Referrals** **m. OPT Addendum Protocol**	f. **General Fund** – We are suspending the Inpatient Data Review/Analysis Work Group for a couple of months to focus on the General Fund plan and Healthy Michigan Plan. g. Conflict Free Case Management – Nothing to report this month. h. **OPT Referrals Authorizations/Addendums** – This will follow-up with the OPT Addendum Protocol, agenda item 4.m. i. **Re-opening Consumer Cases** – When services are getting reopened, consumers are being opened up to every program vs. just the primary program. Point of discussion: Can we create a process to only open them up to the primary program until they engage and then open up to the other programs. Stated issue(s)/barriers: Some individuals come back because they want their medication. Staff work to get them in, but consumers do not reengage with their primary treatment services, which creates an issues with authorizations for non-primary services. They need to engage with their primary care service before coming back to all services. It could reduce back-to-back interim plans if we have them open up to the primary service only. When they are reopened, the case appears to have an active assessment and IPOS, but the BH TEDS was closed (which impacts the billing). Their first service appointment needs to be an admission reopen from BH TEDS and must be coming from the primary Case Management Team, not from a med review. When taking the initial call, the staff need to explain to the consumer that they have to participate with the primary case holder before other services are authorized. There are weekly re-opens from across the board. There should be standard language in the outreach letter that states they will be reopened to the primary program. The outreach letter in Phoenix needs to be revised and will be reviewed with the committee next month. Joelin will follow-up with Stacy and Audra in Access to talk it over with them and Customer Services. At the Medical Staff meeting in September, Amy will run the changes by the prescribers. We will follow-up next month, and if everyone is good with it, we will implement the outreach letter on 10/01/25.	next medical staff meeting. j. Joelin will contact MSHN for a resource list for the neuropsychological evaluations. Amy will provide education to the prescribers at the next medical staff meeting.

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	j. **Referrals for Psychological Testing and Behavior Treatment** – Discussion: There have been requests from prescribers to get psychological evaluations for some children to get anxiety testing to engage where they are at. The resources are not available, and if they are, how do we go about getting these types of services for children. Source: Bulletin MMP 25-09: Psychological and Neuropsychological Evaluation Coverage Responsibility Clarification. -The bulletin states, "The Prepaid Inpatient Health Plan (PIHP) is responsible for further evaluation when severe concerns are suspected and treatment if the beneficiary is determined eligible for PIHP services or becomes engaged with PIHP services due to identified needs". Thus, psychological service referrals should be coming from the PIHP when someone is involved in specialty mental health services. We will need to secure resources for the neuropsychological evaluation. Joelin will check with MSHN on this. Amy will update the prescribers at the medical staff meeting that we are seeking resources for these referrals. Children may be referred to the school psychologist, but only if they are going through the ISD. If there is a restrictive or intrusive intervention in their plan of service or specific behavior treatment plan. k. **CARF Results** – Sarah went through the findings that took place during the CARF review that pertain to this committee. Assessment and safety plan need to include language about public safety. Assessment needs to include language about whether a consumer has been witness to any trauma/violence. The biggest finding is that there must be a written transition plan to identify the person's current progress in recovery or move toward well-being and gains achieved during program participation including strengths, needs, abilities, and preferences. Discharge summary needs language about the presenting condition. All documentation needs to be completed in its entirety. l. **General Fund OPT Referrals** – As soon as Amy has direction from provider management, she will do the updates all at once. If a consumer has Medicaid, they should be going to the contract providers. m. **OPT Addendum Protocol** – Amy wrote a standard OPT protocol for doing addendums. It was written for OPT specifically but can be used for any services. When a current plan of service needs to be amended to accommodate a recommended service, a POS addendum	

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		is required to authorize the service while initiating a referral to the requested service. The authorization effective date should be the current date. This should be 45 days from the current date. The referring agent wants to allow time for the individual to engage with the new program. The therapist will be expected to establish therapeutic treatment goal(s)/objective(s) to replace the Standard referral goal/objective within the 45 days with another addendum that will carry through the end of the Plan year.	
5.	**Adjournment/Next Meeting**	The meeting adjourned at 3:30 pm. The next meeting is scheduled for September 11, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	