BAY ARENAC BEHAVIORAL HEALTH

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

Executive Summary of QAPIP

Plan of Service Training Forms: While progress continues, BABH achieved 87% compliance, below the 95% target during the monthly checks.

Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY25Q3, there were six types of adverse events reported. Key highlights include:

- **Non-Suicide Deaths (reportable):** 14 reported, marking an increase from the previous quarter, but consistent with other quarters.
- **Non-Suicide Deaths (non-reportable):** 3 reported, marking an increase from the previous quarter.
- **Emergency Medical Treatment for Injury due to Self-Harm:** 5 incidents were recorded, an unusual uptick for the past two quarters.
- **Emergency Medical Treatment for Injury:** 1 incident was recorded.
- **Reportable Arrests:** 1 incident
- **Non-Reportable Arrests:** 3 incidents involving two separate consumers.

Trends for FY25 (to date): For the first three quarters of FY25 compared to previous years, there was an increase in Emergency Medical Treatment for Injury due to Self-Harm. Two of the five incidents were the result of one consumer. This consumer has a high acuity level, lives in specialized residential arrangements in other counties, and has behavior treatment plans. During FY25Q2, a new critical incident report was added; EMT and Hospitalization due to fall with injury. There were nine incidents during this quarter, but all the falls were the result of different individual concerns with the exception of one consumer having two falls within two months. A RN completed a fall risk assessment for this individual with added interventions.

Reportable Behavior Treatment Events:

- **Emergency Physical Interventions:**
  - BABH met the goal to decrease the number of emergency physical interventions for FY25 (142) compared to FY24 (180).

Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified: Three of the four quarters met the 90% goal that BABH set for FY25.

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: All four quarters during FY25 met the goal that BABH set for 90% compliance.

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.): For all quarters of FY25 with available data, both adult and child scores reached 100%, achieving the goal established by BABH.

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.): For FY25, BABH scored below the 75% goal for the

three quarters of available data; however, compliance was higher than the MSHN regional average for 8 of the 12 population/quarter data points.

MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): For FY25, BABH scored below the 75% goal for the three quarters of available data; however, compliance was higher than the MSHN regional average for 5 of the 12 population/quarter data points. The two primary reasons for non-compliance with this indicator are due to consumer no-shows and requesting appointments outside of the 14 days.

MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): For FY25, BABH scored above the 95% goal for two of the three quarters of available data; however, compliance was higher than or consistent with the MSHN regional average for all of the population/quarter data points.

Reduction of Community Inpatient Days for FY25: BABH reported a total of 9,009 community inpatient hospitalization days during FY25 compared to 8,584 in FY24, reflecting an increase of 425 days. This outcome did not meet the goal of reducing inpatient days. Further analysis indicated that consumers have been remaining hospitalized longer than the typical 5–7 day average, primarily due to delays in state hospital admissions resulting from a lack of available beds. The Emergency Access Services department is reviewing individual cases to identify additional contributing trends and factors.

Adults and Children Indicating Satisfaction on Survey: During the FY25 satisfaction survey period, 94% of adults (an increase of 4% compared to FY24) and 90% (an increase of 1% compared to FY24) of children expressed a general satisfaction with services.

Provider Survey: All statements on the provider survey exceeded the 85% standard; however, seven of the nine statements showed a decrease in favorable responses in 2025 compared to 2024. BABH leadership has identified corrective actions to address these declines.

BAY ARENAC BEHAVIORAL HEALTH

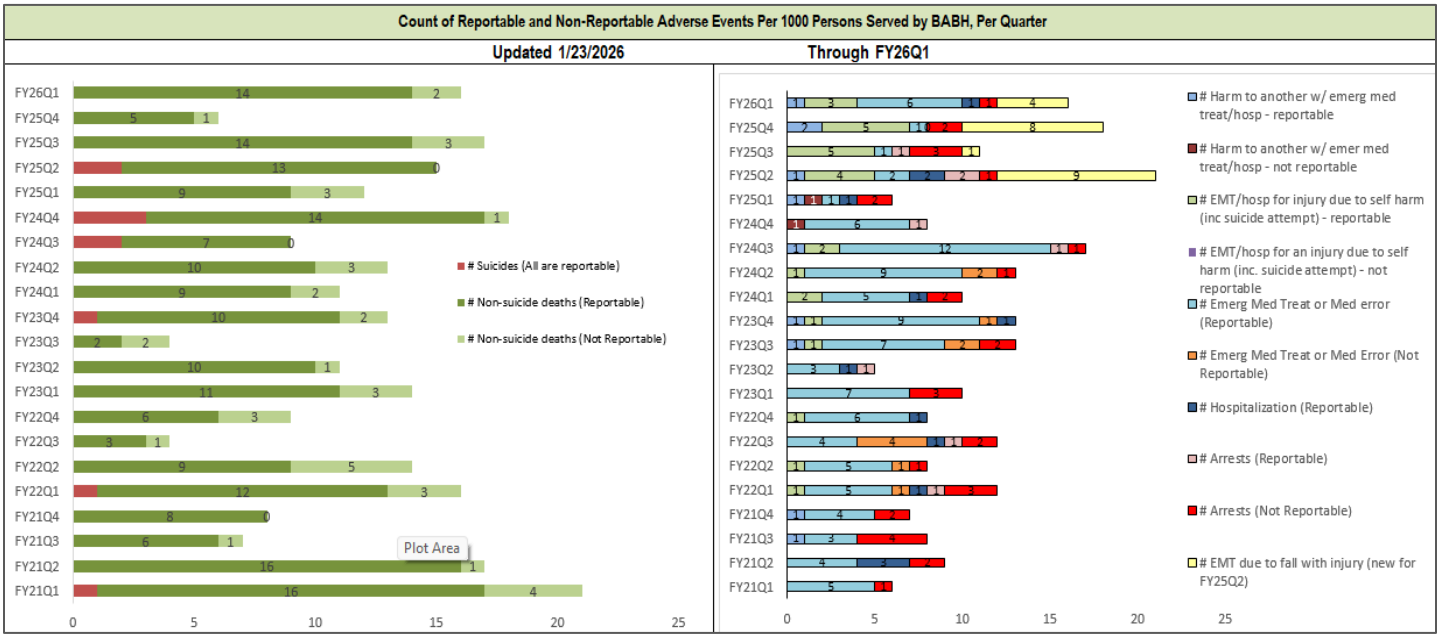
Quality Assessment and Performance Improvement Program (QAPIP) Quarterly and Annual Report

The following report provides a quarterly and annual update to the goals identified in the QAPIP plan based on available and current data.

PROVIDER QUALIFICATION AND SELECTION

Plan of Service Training Forms: BABH quality staff consistently monitor the use of the plan training form through site reviews, external audits, and monthly checks. Review findings are communicated to supervisors for appropriate staff follow-up. While progress continues, BABH achieved 87% compliance, below the 95% target during the monthly checks.

HARM IDENTIFICATION AND REDUCTION



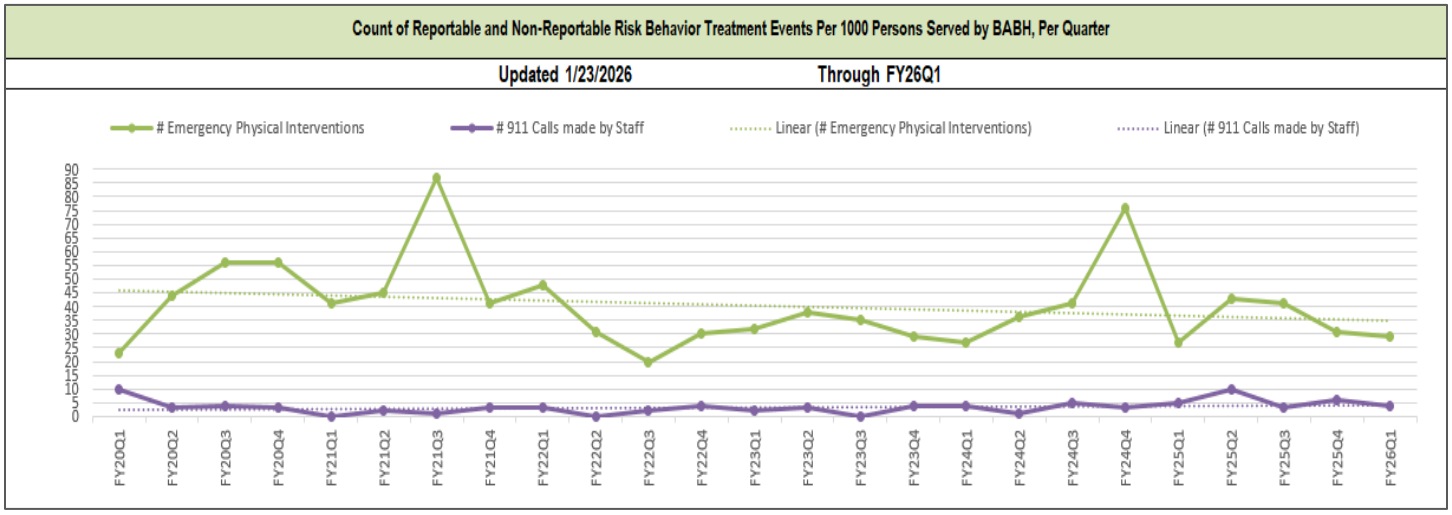
Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY25Q3, there were six types of adverse events reported. Key highlights include:

- **Non-Suicide Deaths (reportable):** 14 reported, marking an increase from the previous quarter, but consistent with other quarters.
- **Non-Suicide Deaths (non-reportable):** 3 reported, marking an increase from the previous quarter.
- **Emergency Medical Treatment/Hospitalizations for Injury due to Self-Harm:** 5 incidents were recorded, an unusual uptick for the past two quarters.
- **Emergency Medical Treatment for Injury:** 1 incident was recorded.
- **Reportable Arrests:** 1 incident
- **Non-Reportable Arrests:** 3 incidents involving two separate consumers.

Trends for FY25 (to date): For the first three quarters of FY25 compared to previous years, there was an increase in Emergency Medical Treatment for Injury due to Self-Harm. Two of the five incidents were the result of one consumer.

This consumer has a high acuity level, lives in a specialized residential arrangement in another county, and has a behavior treatment plan. During FY25Q2, a new critical incident report was added; EMT and Hospitalization due to fall with injury. There were nine incidents during this quarter, but all the falls were the result of different individual concerns with the exception of one consumer having two falls within two months. A RN completed a fall risk assessment for this individual with added interventions.

Areas needing improvement: For FY25 (to date), five root cause analyses were completed for the accidental and suicide deaths to determine if there were any areas needing improvement. During the root cause analyses, BABH determined there were no concerns related to equipment or staff training and there weren't any trends related to specific programs, locations, or consumers. There were no trends or areas of improvement identified through these analyses.
Action items: No action items determined for this quarter.
Implementation of action items: No actions to implement.
Results of action items: Not Applicable

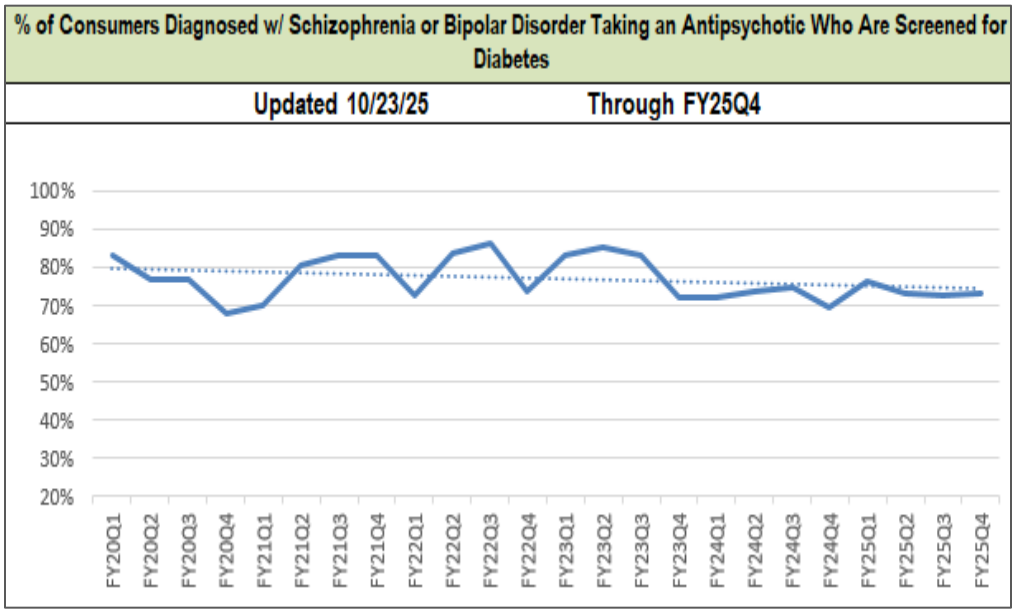


Reportable Behavior Treatment Events:

- **Emergency Physical Interventions:**
  - There were 31 emergency physical interventions during FY25Q4, involving 10 consumers. One individual accounted for 8 of these interventions.
  - This represents a decrease from the previous two quarters 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.
  - BABH met the goal to decrease the number of emergency physical interventions for FY25 (142) compared to FY24 (180).
- **911 Calls for Behavioral Assistance:**
  - There were 6 calls made during FY25Q4, which marks an increase from the previous quarter. One individual recently changed living arrangements and accounted for 3 of the 6 calls.

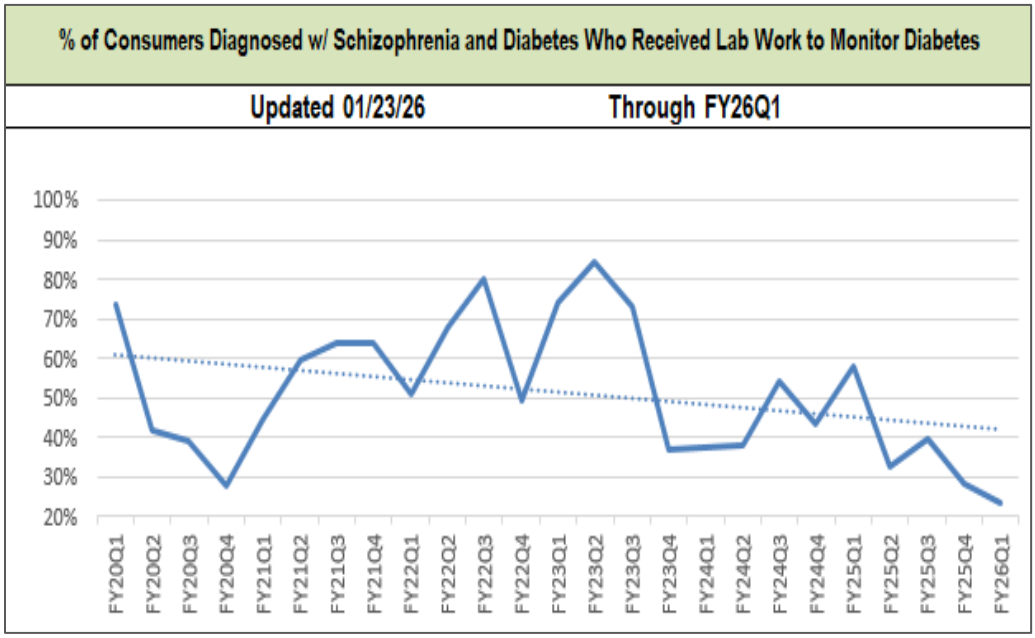
The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days: The Office of Recipient Rights has 90 days to complete an investigation. For FY25Q4, BABH averaged 69.5 days: well below the standard.

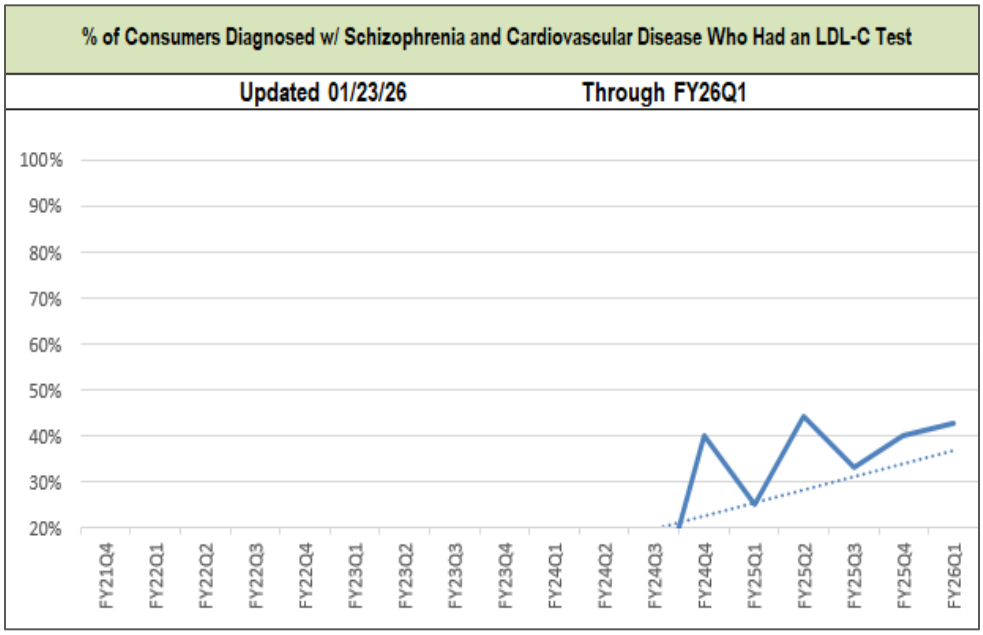
Abuse and Neglect Complaints Substantiated Have Remedial Action: All substantiated complaints were addressed with adequate remedial action to correct and prevent recurrence.



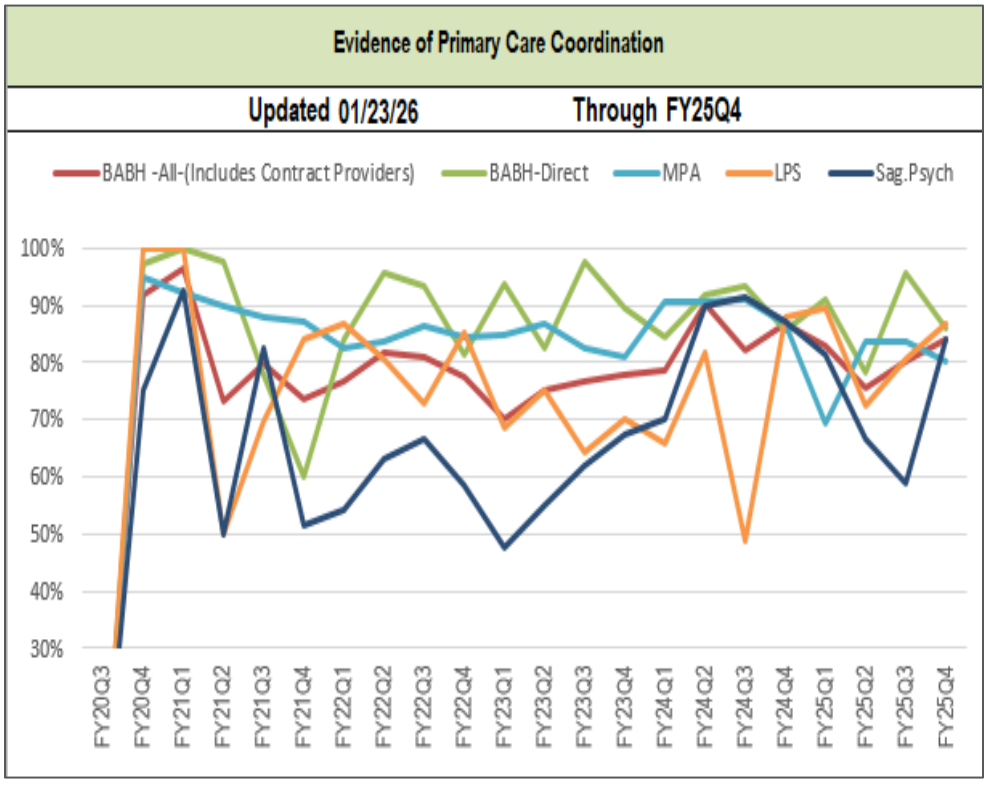
Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: Compliance remained consistent for FY25Q4 for consumers receiving the appropriate labs for this measure. BABH will continue to action these alerts monthly to improve compliance. BABH increased compliance by 1% for FY25 compared to FY24.

Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a 9% decrease in consumers receiving the appropriate labs for this measure during FY25Q4 (28%). BABH will continue to action these alerts monthly to improve compliance. BABH decreased compliance by 4% for FY25 compared to FY24.





Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab: Recent changes to the specifications for this measure resulted in only four quarters of data being available at the time of this report. In FY25Q4, there was a 7% increase, and the measure continues to trend upward. A full year of data for FY24 was not available for comparison to FY25.



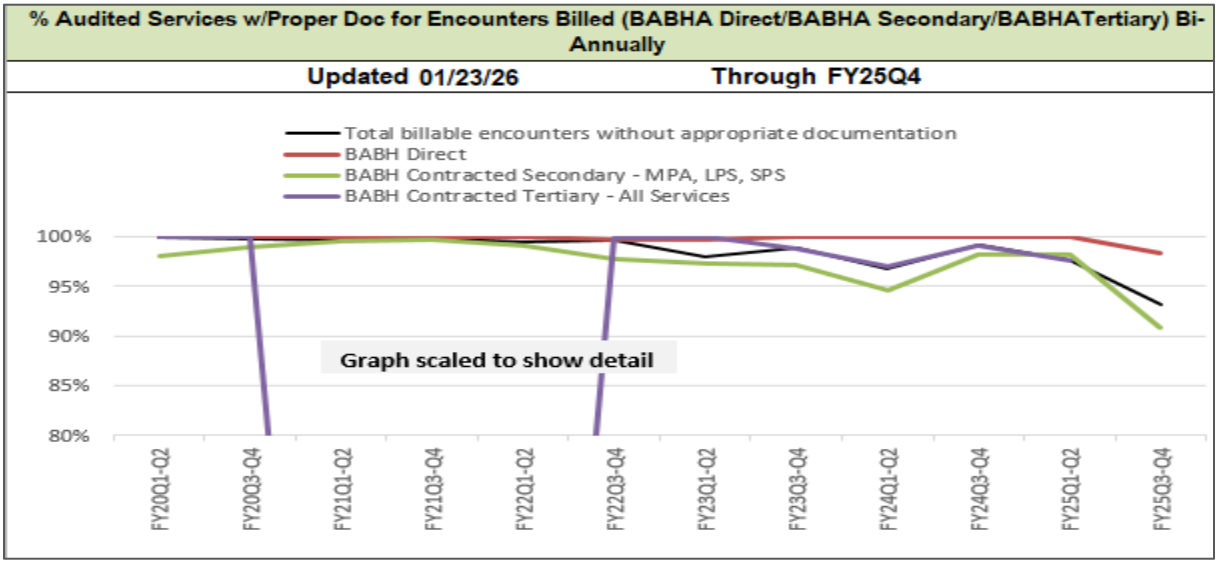
Evidence of Primary Care Coordination: BABH scored above the 95% standard while the three external providers scored below the 95% compliance standard. Providers continue to face challenges in completing both the Universal Consent and the Coordination of Care form. Corrective action plans have been implemented to support improvement efforts. BABH staff continue to offer guidance on accurately documenting coordination with primary care providers. BABH did not meet the goal to consistently score 95% compliance in coordination with primary care providers.

Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified: 85% of the records reviewed during FY25Q4 received the level of services that were written in the plan which fell below the 90% standard set by BABH. Staff received education and training on the standard of providing services as written in the plan of service. Three of the four quarters met the 90% goal that BABH set for FY25.

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: 96% of the records reviewed during FY25Q4 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH. All four quarters during FY25 met the goal that BABH set for 90% compliance.

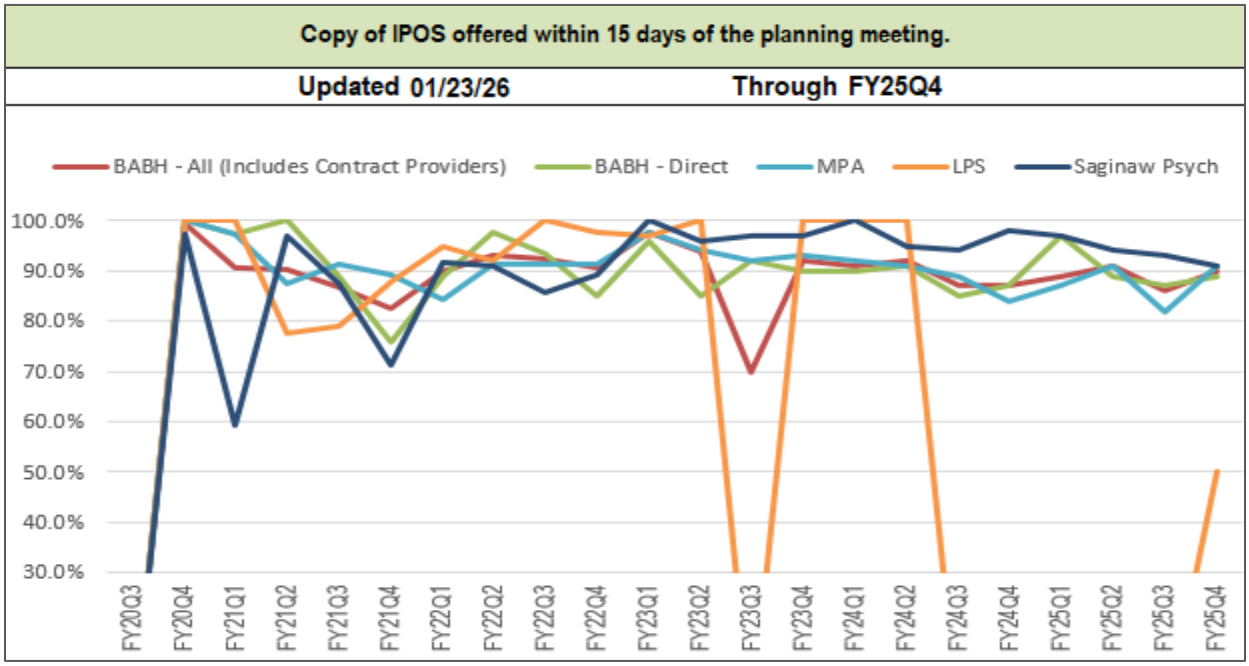
Develop Quarterly Reports to Increase the Quality Report and Outcomes Related to The Level of Care Utilization System (LOCUS): No update.

ACCESS TO CARE AND UTILIZATION MANAGEMENT



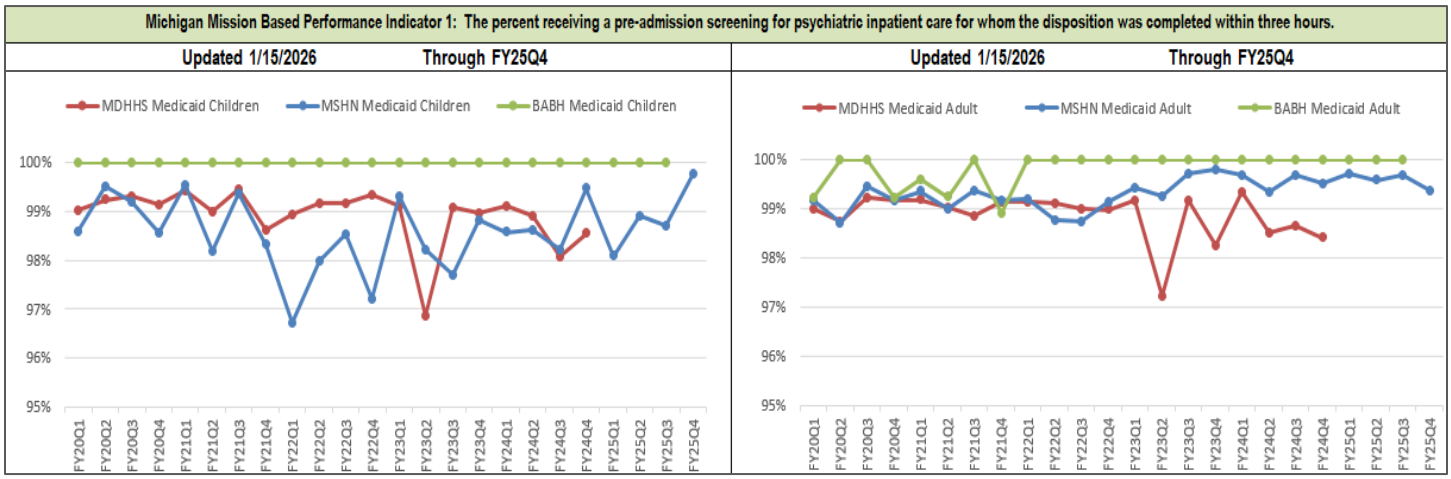
Audited Services with Proper Documentation for Encounters Billed: Overall compliance for all primary, secondary, and tertiary services reviewed during FY25Q1 and FY25Q2 exceeded the 95% standard. The reviews included psychosocial rehabilitation services, specialized residential services (for providers 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 (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.

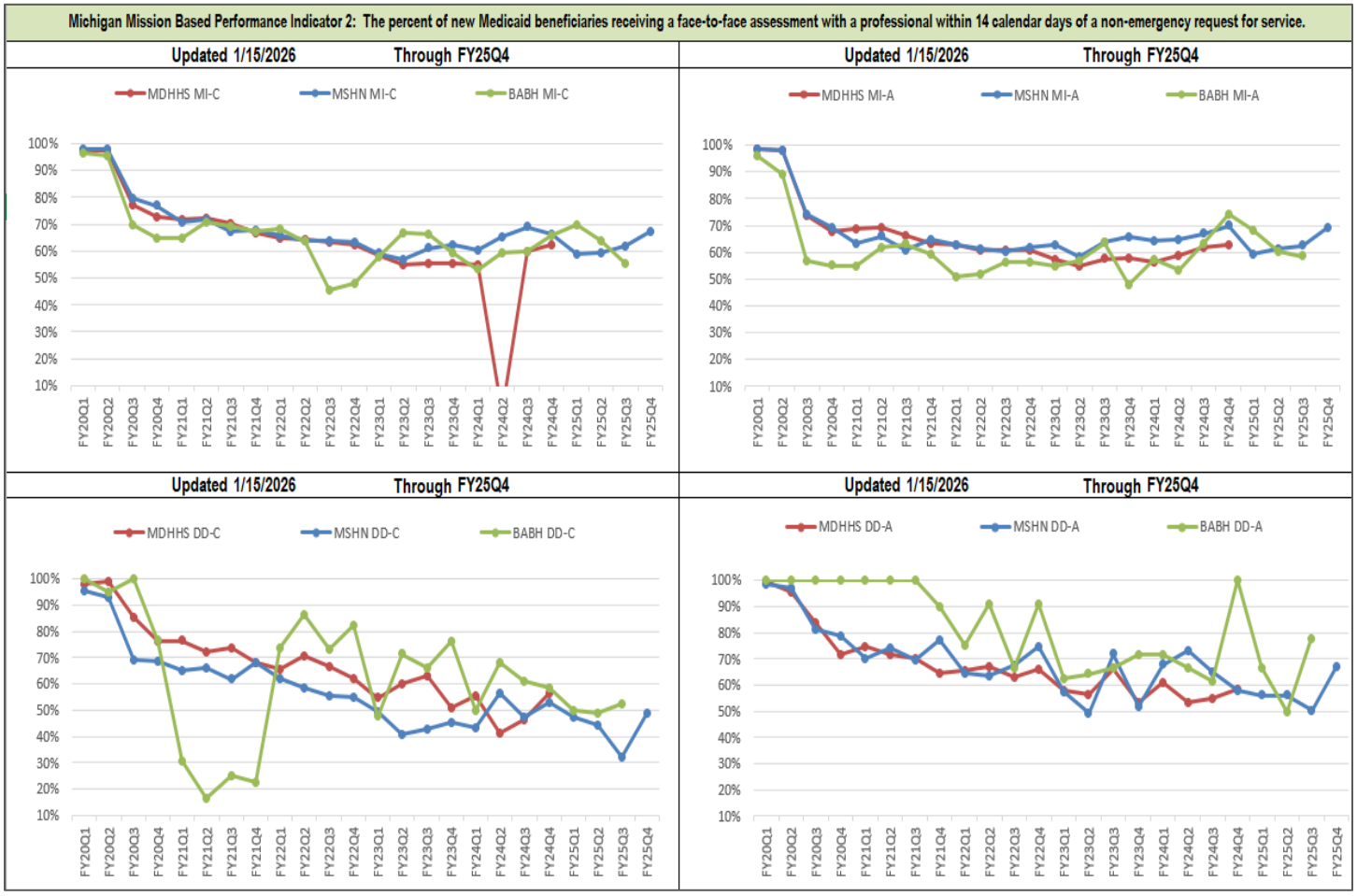


Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, compliance with offering the plan of service within 15 days decreased in FY25Q3 compared to FY25Q2. It has been identified that staff are not consistently utilizing the electronic health record (EHR) system fully, resulting in missing data and incomplete fields. Quality staff are actively working with providers to remind teams to complete all required data elements related to the plan of service. Corrective action plans have been implemented to address these issues.

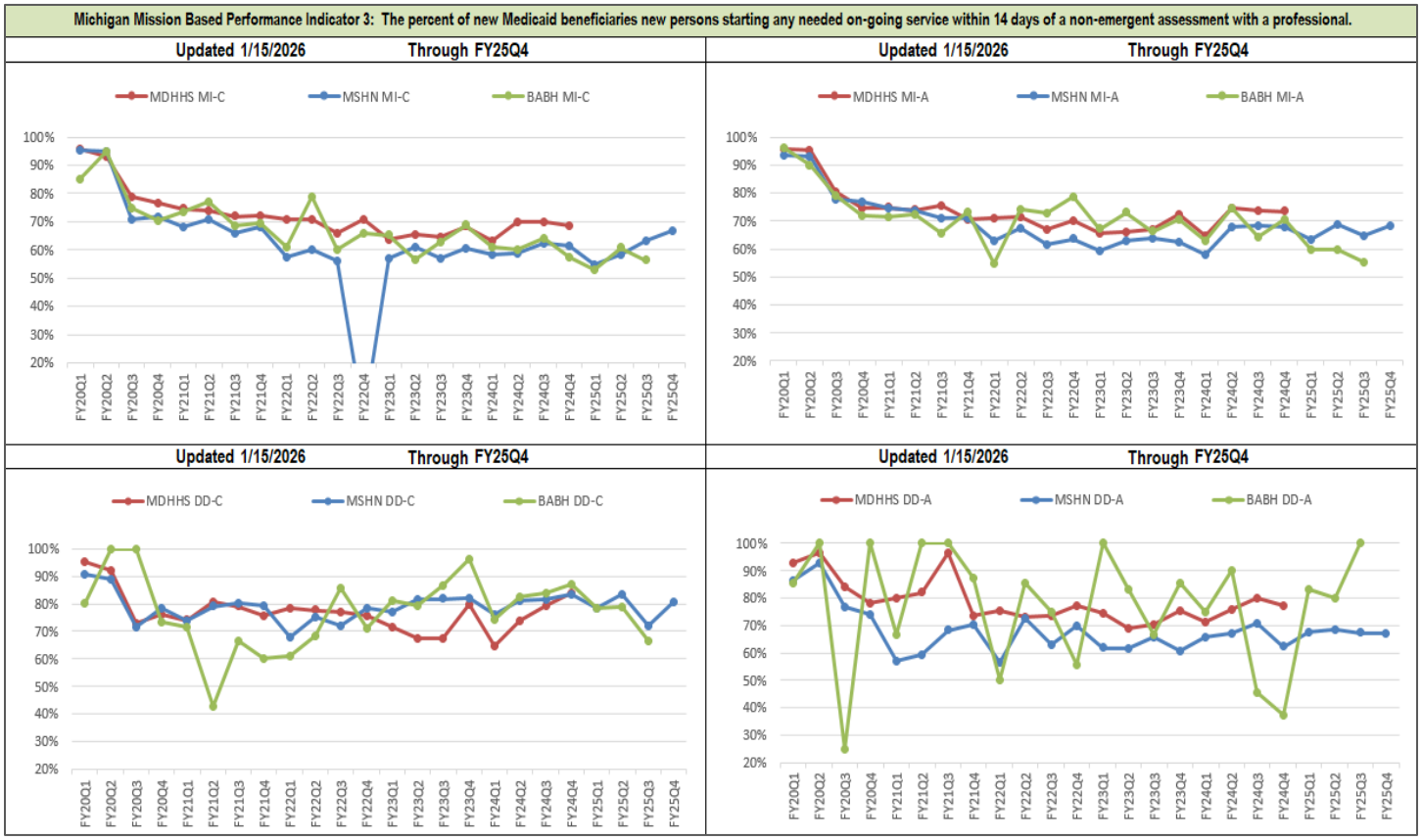
Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY25Q3. This was a higher rate of compliance than Mid-State Health Network (MSHN).



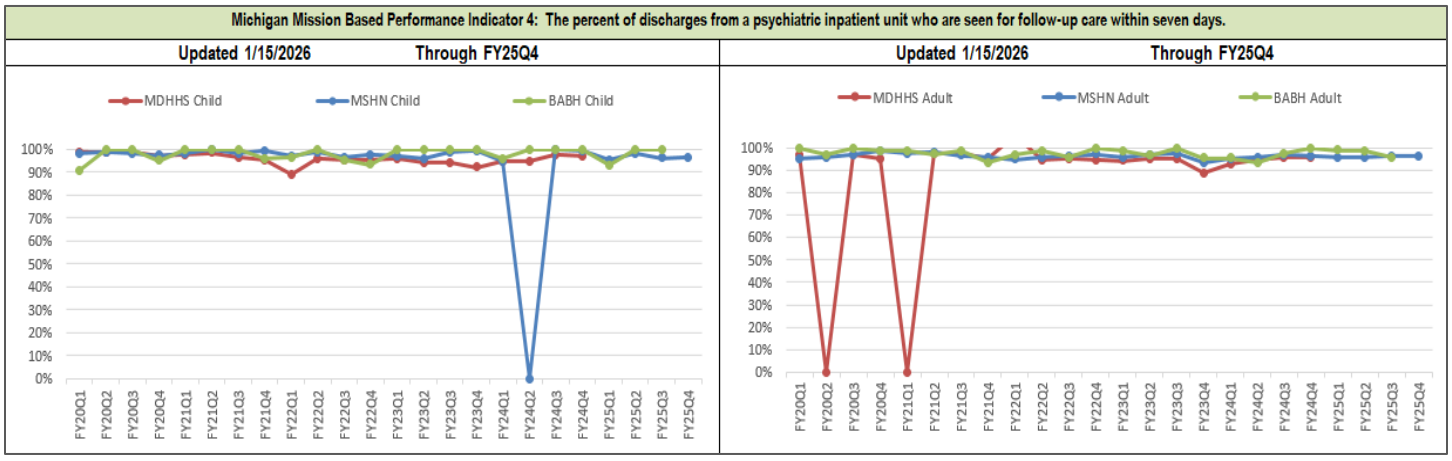
MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): In FY25Q3, BABH reported higher compliance rates for the IDD-Child and IDD-Adults populations compared to MSHN. Compliance for the MI-Adult and MI-Child populations were below MSHN.



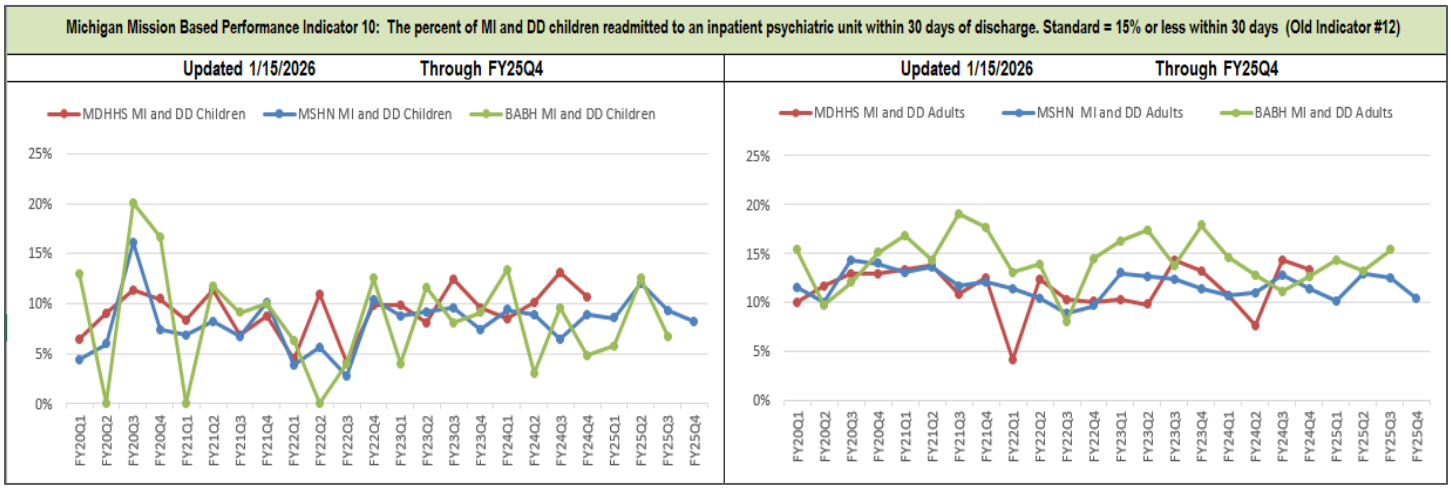
MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): In FY25Q3, BABH reported lower compliance rates than MSHN for the MI-Adult, MI-Child, and IDD-Child populations. Compliance was higher for the IDD-Adult population. The primary contributing factor to lower compliance rates was a high volume of no-show appointments.



MMBPIS: 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 FY25Q3. This is above or consistent with 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 adult population for FY25Q3 but was out of compliance by less than 1% for the adult population and higher than MSHN.



R**eduction of Community Inpatient Days for FY25:** BABH reported a total of 9,009 community inpatient hospitalization days during FY25 compared to 8,584 in FY24, reflecting an increase of 425 days. This outcome did not meet the goal of reducing inpatient days. Further analysis indicated that consumers have been remaining hospitalized longer than the typical 5–7 day average, primarily due to delays in state hospital admissions resulting from a lack of available beds. The Emergency Access Services department is reviewing individual cases to identify additional contributing trends and factors.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY25 satisfaction survey period, 94% of adults (an increase of 4% compared to FY24) and 90% (an increase of 1% compared to FY24) of children expressed a general satisfaction with services.

Provider Survey: All statements on the provider survey exceeded the 85% standard; however, seven of the nine statements showed a decrease in favorable responses in 2025 compared to 2024. BABH leadership has identified corrective actions to address these declines.

Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2024 showed a 100% satisfaction rate for the seven surveys returned.

Prepared by: Sarah Holsinger, LMSW, CAADC – Quality Manager Date: November 6, 2025