



Council, Committee or Workgroup Meeting Snapshot
Meeting: Quality Improvement (QI) Council

Meeting Date: 8/25/2022

***Zoom Attendance**

- MSHN – Sandy Gettel*
- Bay Arenac –Sarah Holsinger*
- CEI – Elise Magen*
- Central –Kara Lafferty*
- Gratiot – Taylor Hirschman*
- Huron – Levi Zagorski*
- Lifeways –Phillip Hoffman *
- Montcalm – Sally Culey*
- Newaygo – Andrea Fletcher*
- Saginaw-Holli McGeshick*
- Shiawassee –Becky Caperton*
- Tuscola – Jackie Shillinger*
- The Right Door- Susan Richards*
- Tuscola -Tracey Smith*

Guests

- CEI – Shaina Mckinnon*
- The Right Door –Jill Carter*
- MSHN Joe Wager *
- MSHN Tammy Foster
- GIHN Pam Fachting
- MCN Joe Cappon*
- Lifeways –Joshua Williams
- SCCMH-Bo Zwingman-Dole
- CEI – Bradley Allen*
- MSHN Kim Zimmerman*
- CEI – Tonya Seely*
- BABH-Lisa Nagel*
- SHW April Riley
- MSHN Bria Perkins

KEY DISCUSSION TOPICS

Meeting Materials

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| <ol style="list-style-type: none"> 1. Review & Approvals 9:00 <ol style="list-style-type: none"> a. Meeting minutes b. Review of follow up action items/QIC action plan 2. Medicaid Event Verification Policy Review 3. Performance Monitoring <ol style="list-style-type: none"> a. Priority Report-FY22Q3 b. FUH Summary-FY22Q3 c. Behavior Treatment Summary-FY22Q3 4. Performance Improvement Projects 9:30 <ol style="list-style-type: none"> a. PIP 1 Disparity-Assessment to 1st Service – Review final changes to PIP for resubmission to HSAG b. PIP 2 Disparity Penetration Rate- Review Baseline and project action steps | <ol style="list-style-type: none"> 5. Performance Development/Improvements <ol style="list-style-type: none"> a. MMBPIS-FAQ b. Critical Incident CRM Development-Implementation Plan c. EMR Category Cleanup d. Mortality Review Standardized Elements e. Social Determinants of Health 6. Annual Planning- <ol style="list-style-type: none"> a. DMC Tools-Review b. Polices/Procedures 7. MDHHS/MSHN Updates <ol style="list-style-type: none"> a. MDHHS QIC b. External Quality Reviews c. MDHHS Waiver Reviews (11:15) |
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KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes/Agenda-Meeting minutes accepted. Addition of BH-TEDS Update
 All follow up action items/QIC Action Plan as indicated below have been completed.
 - MSHN create folder to share documents for dashboard development
 - MSHN create folder to share documents for Mortality Reviews
 - CMHSP to prepare a list of drop-down responses in the EMR for MMBPIS documentation
 - MSHN to send out draft PIP
- 2) Medicaid Event Verification Policy Review – Kim Zimmerman and Bria Perkins reviewed changes in the MEV procedure related to the sampling process. The maximum number of individuals and claims in the sample has been reduced to 20. The credentials of each clinician will not be reviewed each time during the MEV review, unless there is a noted issue. Credentials are reviewed during the credentialing review by Amy D.
- 3) Performance Monitoring
 - a. Priority Report FY22Q3. The report is available for your review.
 - b. FUH Summary-The increase in the numbers and decreased rates were discussed. 3 CMHSPs were below the current standard. The following actions will occur prior to formalized corrective action being implemented by the CMHSPs. MSHN will discuss potential Health Plan interventions, review the changes in the value sets as it relates to the codes and providers, review issues identified with the ICDP data. Discussion will occur next month related to required action plans.

- c. Behavior Treatment Summary- The FY22Q3 report is in the folder for CMHSP review. No issues or questions related to the data collection and/or submission. Clinical Leadership will review for any action steps needed related to the clinical content of the summary.
- 4) Performance Improvement Projects (PIP)-
- a. PIP #1 (HSAG Submission)- Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment-The edits made to the resubmission of the PIP were reviewed. No recommendation for changes were received. The PIP will be resubmitted with changes presented.
- b. PIP #2 (Internal Regional)- Reducing or eliminating the racial or ethnic disparities between the black/African American Medicaid recipients and the white Medicaid recipient's penetration rate-The project was reviewed and will be scheduled with the MMBPIS quarterly review.
- 5) Performance Improvement/Development
- a. [MMBPIS-FAQ](#) – No additions or changes to the FAQ.
- b. Critical Incident-CRM Development-Implementation Plan – The 3 processes that are being integrated into the CRM were reviewed. PCE users are in the process of implementing the updated Incident Reporting Module and/or the free-standing data entry fields that will collect the information required for submission to MDHHS through MSHN. CEI is waiting for additional information related to the technical specifications to begin/continue development in their EMR for submission to MDHHS through MSHN. The process for submission will not change for the CMHSPs. Information related to the definitions for certain fields was requested by the CMHSPs. MSHN has requested additional information from MDHHS related to the technical specifications, definitions, timeframes and reporting and is awaiting a response.
- c. EMR Category Cleanup [EMR Category Cleanup](#) – CMHSPs have submitted response choices specific to their EMR. Each list of response choices available in the CMHSP EMR and the PIHP REMI system will be compared for similarities and differences. A decision will be made by QIC for recommendations to remove or add response choices as required for quality improvement purposes. A request was made for a volunteer to work on this project. CEI volunteered their new intern.
- d. Mortality Review Standardized Elements [Mortality Review Document Sharing](#)-CMHSPs are in process of submitting documents that include current analysis for their mortality review. These documents will be compared for similarities and difference. MSHN will utilize other resources for identification of data elements used for mortality reviews to identify any quality improvement processes to reduce the mortality rates within our organizations.
- e. Social Determinant of Health-Approximately 30 percent of the CMHSPs are currently using social determinants of health for data analysis. Lifeways has been using a state affiliated process through My Bridges for SDOH screening and assessment since 2018, as part of a community collaborative network. There was interest in Joshua William providing a presentation for the region on what is being done as part of the community collaborative related to identifying and addressing the impact of the social determinants of health. Sandy will work with Josh to schedule a time outside of QIC. An invitation will be extended to staff outside of QIC.
- 6) Annual Planning-
- a. DMC Tools- Changes in the tools were reviewed. There were no recommendations for changes at this time. Members requested additional time to review internally. A deadline of September 2nd was given.
- b. Quality Policies and Procedures-Quality Policies/procedures will be distributed for review during September and October.
- 7) MDHHS/MSHN Updates
- a. MDHHS QIC – Reviewed the changes in the specification for the FUA and the IET measure. The specifications will be consistent with the HEDIS measure. Any additional codes that were added for Michigan have been removed. A workgroup will be formed to review indicator 4 and 5 for revisions, and review 2 years of indicator data to identify a standard for Indicator 2 and 3. An email will be sent out to request volunteers.
- b. BH-TEDs Updates-Defer to next meeting
- c. External Quality Review-Currently waiting for the PMV Final Draft Report to be received by August 29 and the Compliance Report review to be received September 22nd.

	<p>d. MDHHS Waiver Review (11:15)- CAPs should be completed by 9/7/2022. Barriers for compliance with citations were staff turnover, documentation, and guardian inclusion. QIC members recommended that standard language will be provided by MSHN to address the use of ranges in the CMHSP corrective action plans. MSHN wrote a letter to MDHHS requesting consideration of the use of reasonable ranges. The CAP will include the letter that was sent to MDHHS. Any citations received that were indicated as resolved through the teleconferences should be reported to MSHN QM for follow up with MDHHS. Current issues are trainings that were identified as resolved had received citations. The amount (ranges) was discussed and identified that if ranges were used it was cited under 3 different standards.</p>
ACTION STEPS	<ul style="list-style-type: none"> • MSHN QM to coordinate with Josh Williams for a demonstration of the Lifeways has incorporated the SDOH in their system. • MSHN QM will follow up with MDHHS on issues related to the MDHHS Site Review Report. • MSHN QM will distribute policies and procedures for review in September/October. • CMHSP should provide any additional feedback related to the DMC tools by 9/2/2022. • MDHHS Waiver Review CAPS should be submitted by 9/7/2022.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MSHN QIC September 22 • Data Analytics September 13