

Meeting Date: February 22, 2018

Attended in Person: BABH, CMHCM, CEI, GIHN, Shiawassee & Tuscola

Attended by Phone: CEI, LifeWays, MCN, Newaygo, Right Door & Saginaw

MSHN Staff: Kim Z. (in person), Joe W. (in person), Todd L. (in person), Dan D. (in person), Jill W. (phone)

Not Present: Huron

KEY DISCUSSION TOPICS

- Review & approve minutes
- Review & approval of agenda for today's meeting
- MDHHS Standard Consent Form
- HCBS Site Visit Review Tool
- Performance Measures Update
- Performance Improvement Project
- NCQA Action Plan Feedback
- MSHN DMC Review Process
- Retained Contracts Functions
- Policy/Procedure Review
- Follow up After Hospitalization Review
- FY18 Balanced Scorecard

✓ **KEY DECISIONS**

- Review & Approve Minutes- The minutes from 01/25/18 were approved as submitted
- Review & approval of agenda with no additions
- MDHHS Standard Consent Form
 - ✓ Reviewed the most recent version (4.1) of the MDHHS standard consent form
 - ✓ Feedback provided by the group
 - ✓ There was discussion on the need to further define "treatment" as this will provide clarification
 - ✓ Discussion around Mental Health Code not including IDDT
 - ✓ The workgroup meets again in early March
 - ✓ Feedback on continued issues (mostly involving 42CFR Part2 Compliance) will be shared
- HCBS Site Visit Review Tool
 - ✓ Residential and Non-Residential Tools
 - ✓ Todd L. reviewed the purpose of the tools
 - ✓ When the implementation process is complete, Todd L. will report back to QIC
- Performance Measures Update
 - ✓ FY18 Q1 Behavior Treatment Review Summary Report will be reviewed during the March meeting
 - ✓ FY17 Q4 PI Summary Report was reviewed by Dan D.
 - Outliers were discussed as well as trends
 - Indicator #3c for this quarter was below the 95% standard
 - All agencies falling below the 95% standard for any indicator for this quarter is required to submit a plan of correction within 30 days from today's date
 - ✓ Reviewed and updated the PI FAQ
 - The updated version will be posted and sent out with the meeting minutes
- Performance Improvement Project
 - ✓ Discussion on FY18 state required PIP
 - ✓ The state has provided a list of several possible PIPs that each PIHP can choose from
 - ✓ From the list, the QIC group choose the following as possible options:
 - Patient(s) with schizophrenia and diabetes who had an HbA1c and LDL-C test during the report period.

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| | <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Patient(s) with cardiovascular disease and schizophrenia who had a LDL-C test during the report period. ✓ There was discussion that the option involving those with schizophrenia and diabetes might be too close to the current PIP we just completed <ul style="list-style-type: none"> ▪ Kim will check with Kathy Haines at the department on this ✓ Kim will review the two possible options that QIC suggested with MSHN leadership as well ✓ A final decision will be made at the March meeting so that we can begin developing the study • NCQA Action Plan Feedback <ul style="list-style-type: none"> ✓ It was explained that MSHN was seeking feedback from each Council/Committee regarding the impact seeking accreditation would have at the local level and how much work/resources it was perceived to create at the local level to carry out the action plan ✓ The action items involving QI and RR were reviewed today with the group ✓ The group would like to have additional time to review ✓ Kim will send out the NCQA standards for QI and RR so the members can have more complete information to review ✓ The members were asked to send any questions they have to Kim by March 16th ✓ Any final feedback will be gathered during the March QIC meeting • MSHN DMC Review Process <ul style="list-style-type: none"> ✓ This was moved to the next meeting's agenda due to lack of time • Retained Contracts Functions <ul style="list-style-type: none"> ✓ This was moved to the next meeting's agenda due to lack of time • Policy/Procedure Review <ul style="list-style-type: none"> ✓ The Quality policies and procedures will be sent out with the meeting minutes for review in March • Follow Up After Hospitalization Review <ul style="list-style-type: none"> ✓ Reviewed current data today ✓ No Plans of correction necessary ✓ MSHN met the FY2017 Performance Bonus associated with this requirement • FY18 Balanced Scorecard <ul style="list-style-type: none"> ✓ Agreed to continue with the FY17 scorecard indicators |
| <ul style="list-style-type: none"> • ACTION/INPUT REQUIRED | <ul style="list-style-type: none"> • HCBS Site Visit Review Tool <ul style="list-style-type: none"> ✓ Todd L. will review again with the group once the process for implementation is finalized • FY17 Q4 PI Summary Report <ul style="list-style-type: none"> ✓ A review and approval date of today will be added to the report and sent out to the group with the minutes ✓ Any agency below the 95% standard will have a plan of correction due within 30 days of today's date • FY18 Q1 Behavior Treatment Review Summary Report <ul style="list-style-type: none"> ✓ Will be reviewed in March • Performance Improvement Projects <ul style="list-style-type: none"> ✓ Kim will check with Kathy Haines at the department regarding one of the possible options ✓ Kim will review the two possible options that QIC suggested with MSHN leadership • NCQA Action Plan Feedback <ul style="list-style-type: none"> ✓ The members were asked to send any questions they have to Kim by March 16th ✓ Any final feedback will be gathered during the March QIC meeting |
| <ul style="list-style-type: none"> ✓ KEY DATA POINTS/DATES | <ul style="list-style-type: none"> • Next Meeting: March 22, 2018 |