

Meeting Date: 1/23/2020

***Attendance by phone**

- MSHN – Sandy Gettel
 - MSHN – Joe Wager
 - MSHN – Sherrie Donnelly*
 - Bay – Sarah Holsinger*
 - CEI – Elise Magen*
 - Central – Kara Laferty*
 - Gratiot –Taylor Hirschman
 - Huron – Levi Zagorski*
 - Lifeways – Gina Costa*
 - Montcalm – Sally Culey*
 - Newaygo – Andrea Fletcher*
 - Saginaw – Julie McCulloch*
 - Shiawassee –Becky Caperton
 - The Right Door – Susan Richards*
 - Tuscola – Jackie Shillinger
- Guests**
- CEI – Bradley Allen*
 - CEI – Lindsey Michalik*
 - CEI –Martha Callow-Rucker *
 - The Right Door-Jill Carter*

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Approve Agenda
 - b. Approve Minutes
 - c. Review QIC Action Plan (Review follow up actions items)
- 3) Performance Improvement Project (s):
 - a. RSA-Recovery Self-Assessment Provider/Administrator -
 - b. Diabetes Monitoring FY19Q3
- 4) Performance Measures Updates:
 - a. Critical Incident (CI)Summary FY19Q4
 - b. MMBPIS Summary FY19Q4
 - c. MMBPIS Exception Report FY19Q4
 - c. Priority Measures (Deferred)
 - e. MSHN Medicaid Event Verification FY19 Annual Methodology Report
 - f. FY19 Compliance Summary Report
- 5) QAPIP
 - a. FY19 QAPIP Report Approval
 - b. FY20 QAPIP Plan Approval
- 6) Project Development/Discussion
 - a. Performance Indicator Changes-Exception documentation discussion
 - b. Recovery Implementation RAS
 - c. Satisfaction Survey FY20
- 7) Site Review Updates
 - a. HSAG Compliance Review-

✓ **KEY DECISIONS**

- 2) **Review & Approvals**-Meeting minutes and agenda approved with no changes.
Review QIC Action Plan -Highlighted the MMBPIS corrective action plans, and BTPRC Data that is due in January.
- 3) **Performance Improvement Project (s):**
 - a. RSA-Recovery Self-Assessment Provider/Administrator -This PIP will end in FY21. Feedback for improvement should be documented on the QIC Action plan RSA tab.
 - b. Diabetes Monitoring FY19Q3-An update was provided for the Diabetes Monitoring PIP. A new baseline of 33.64% was obtained after a correction to the specifications within ICDP. The current performance is 52.60% the final data will be pulled in April. Currently MSHN has met the goal (7% increase) and demonstrated a statistically significant increase from previous measuring period. CMHSPs are to document interventions on the diabetes in the QIC action plan. Causal analysis and discussion will occur in March and April with QIC and Medical Directors. Draft summary will be reviewed in May and finalized in June for a July submission to HSAG.
- 4) **Performance Measures Updates:**

- a. Critical Incident Summary FY19Q4-Data indicates Emergency Medical Treatment and Suicide Deaths have increased since previous reporting period. CMHSPs should review their local data to determine causal factors. Current factors identified are self-harm and falls. There was consensus that based on the definitions in the contract of sentinel events the unexpected deaths would be included as a sentinel event. Definitions were discussed and the Instructions with the FAQs reviewed to ensure accurate reporting. A webinar to address the causal factors and consistency of use of the definitions will occur in April. Draft Sentinel Event Policy will be reviewed in Feb/March.
- b. MMBPIS Summary FY19Q4-Increase in CMHSPs who are requiring CAPs for Indicator 1, Indicator 3, and Indicator 10. Causal factor discussed, current factors identified were capacity issues, parents coming to appointments or screens without the child, lack of appropriate discharge planning, premature discharge from hospital.
- c. MMBPIS Exception Report FY19Q4-Reviewed the exceptions by population type for each indicator. This will continue to be reviewed. Beginning April 1, the exceptions will be considered "out of compliance".
- c. Priority Measures (Deferred)
- e. MSHN Medicaid Event Verification FY19 Annual Methodology Report-Identified the new goal areas that will be included on the QAPIP. If additional discussion is requested the subject matter expert can attend the meeting in Feb or March.
- f. FY19 Compliance Summary Report-High-level overview. CMHSPs should review in more detail. If additional discussion is requested the subject matter expert can attend the meeting in Feb or March.

5) QAPIP

- a. FY19 QAPIP Report Approval- Reviewed the measures from FY19. The following areas did not meet the standard and will be a focus for FY20: Compliance with the Autism requirements, performance measure below the standard (MMBPIS, CI, BTPRC) compliance with the MSHN/MDHHS credentialing policy, and compliance with Adverse Benefit Determinations timelines. The QAPIP Report was reviewed and recommended for approval.
- b. FY20 QAPIP Plan Approval-Plan was approved. Priorities identified for FY20. Priorities include areas where performance was below the standard, and required corrective action; strategic priorities as indicated the MSHN Strategic plan related to the QAPIP; and Performance Measure for FY20. The QAPIP Plan was reviewed and recommended for approval.

6) Project Development/Discussion

- a. Performance Indicator Changes-CMHSPs identified areas that required continued work. It was recommended to continue to work with your Project Manager. A draft MDHHS Codebook is currently being reviewed. All documents related to the new PIs will be finalized after the Codebook is finalized to ensure consistency. The current draft codebook is consistent with all documents and training up to this point. Indicator 2b is using the BH TEDS data collection process in addition to an additional file for expired requests to be submitted by the PIHP.
- b. Recovery Implementation RAS- The current recommendation after feedback from the CMHSPs is to utilize the RAS for consumers beginning FY21 and discontinue the use of the RSA for consumers. The RAS was originally chosen by the consumers, and is shorter, the RAS has been developed in a portion of the CMHSPs current E.H.R. Implementation plan will be developed once approved for regional use.
- c. Satisfaction Survey FY20-Feedback from CMHSPs related to the use of the CAHPS ECHO- questions related to the verbiage, length and ability to analyze by program. CAPHS does allow for some accommodations of the issues identified. A suggestion to continue the use of the MHSIP/YSS was made and discussed, pros and cons provided. Additional discussion will occur next month with additional feedback from CMHSPs and information for feasibility of a vendor administering the surveys.

7) Site Review Updates

- a. HSAG Compliance Review-Due to time a high-level review of areas requiring corrective action were identified. These areas include trending and action for critical incidents; the MMBPIS; Adverse Benefits Determination; and Credentialing.

<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none">• CMHSP complete required corrective action plans (MMBPIS) for each Indicator and quarter that is below the standard. If plan is currently in place, this may be reviewed for appropriateness and carried forward.• CMHSP to add interventions for the Diabetes Monitoring PIP by March 26th and the RSA PIP by February 27 on the QIC Action Plan.• CMHSPs review Critical Incident Data for trends and causal factors. Submit any scenario questions for reporting to be included on a FAQ document.• CMHSP to provide feedback related to the CAHPS or continued use of the MHSIP/YSS. Sandy to obtain more information related to vendor administration of CAHPs.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none">• Next MSHN QIC Meeting: February 27, 2020• Next Regional BTPRC: 2-14-2020• Next Data Analytics: 2-11-2020• Next MDHHS QIC: 2-5-2020