

**Meeting Date: 4/22/2021**

- MSHN – Sandy Gettel\*
- MSHN – Sherrie Donnelly\*(quarterly)
- Bay Arenac –Sarah Holsinger\*
- CEI – Elise Magen\*
- Central – Kara Laferty
- Gratiot – Taylor H
- Huron – Levi Zagorski\*
- Lifeways –Phillip Hoffman\*
- Montcalm – Sally Culey\*
- Newaygo – Andrea Fletcher\*

**\*Attendance by phone**

- \_Saginaw-Holli McGeshick\*
- Shiawassee –Becky Caperton\*
- Tuscola – Jackie Shillinger\*
- The Right Door- Susan Richards\*
- Guests**
- CEI – Bradley Allen\*
- CEI – Shaina Mckinnon\*
- CEI – Tonya Seely
- The Right Door –Jill Carter\*
- Tuscola – Denny Henige\*
- Saginaw Ashley Wilcox\*
- Central – Cindy Bay-Barron\*
- Huron – Jill Rowland\*
- MSHN – Michael Scott\*
- MSHN – Kim Zimmerman\*

**KEY DISCUSSION TOPICS**

- 1) Welcome and introductions-
- 2) Review & Approvals
  - a. Meeting Minutes/Agenda
  - b. Review follow up action items
- 3) Performance Measure Updates
  - a. MMBPIS FY21Q1
  - b. Diabetes Monitoring PIP CY2020
- 4) Project Development
  - a. Recovery Assessment Scale (RAS) FY22 RAS  
RSA-R FY21 Distribution -FY21-RSA
  - b. Performance Bonus Measures
    - Veterans Service Navigator-Identify trends in accuracy that need to be addressed.
  - c. Supports Intensity Scale Survey -June/July
- 5) MDHHS/MSHN Updates
  - a. HSAG PMV-ISCAT Review
  - b. HSAG Compliance Review
  - c. MDHHS Follow Up Review Waiver Review-Next Steps
  - d. MDHHS QIC Updates – PIP, Performance Bonus Measures, IPOS Survey
  - e. Outcomes Performance Measurement Pilot NACBHDD
  - e. Corona Virus MSHN Website Review Mid State Health Network Website

✓ **KEY DECISIONS**

- 2) Review & Approvals
  - a. Meeting Minutes/Agenda – Meeting minutes form 3/25/2021 were approved. Discussion of death certificates was added as an agenda item(6-other).
  - b. Review follow up action items-BTPRC Data due April 30<sup>th</sup>. MMBPIS CAP due April 30<sup>th</sup>. HSAG Source Code and PI Logic Description due April 27<sup>th</sup>. Folder with worksheet will be added for CMHSP to report sentinel events a minimum of quarterly.
- 3) Performance Measure Updates
  - a. MMBPIS FY21Q1 – MSHN met or exceeded the standard for each indicator. Causal factors identified were the following: increase in severity of mental health issues in addition to substance use; families not engaging in treatment with their children; requests for Autism services only; lack of adequate therapist qualified to accept dual insurance Medicaid/Medicare. A discussion was related to the inclusion of those records that request services then decide not to pursue services/withdraw prior to the assessment. It was communicated that these should be included consistent with MDHHS instructions. All documentation and causal factors will be reviewed to identify what action can be taken or if no action can be taken to impact engagement. MSHN will inquire with MDHHS what next steps are in identifying the standard following 1 year of baseline data.
  - b. Diabetes Monitoring PIP CY2020-Reviewed preliminary results indicating that 36.5% received both required laboratory test for diabetes monitoring. MSHN shared feedback received from the Regional Medical Directors after a review of the unofficial data and documentation process. An evaluation of the interventions was completed. CMHSPs will document barriers and progress in the QIC work plan. CMHSP will have additional time to ensure documentation of Medicare/Medicaid has been addressed. MSHN has provided a list of those beneficiaries that have not received both required lab tests. Final review of summary for submission to HSAG will be in June.
- 4) Project Development

	<p>a. Recovery Assessment Scale (RAS) FY22 RAS-The proposed project description and RAS 24 was reviewed. QIC was split in implementing the RAS consistent with research to assess the recovery of individuals. The following suggestions were made: Inquire with other PIHPs to identify what is being used to support the Recovery Policy included in the MDHHS contract; identify topic areas consistent with the recovery principle; review currently resources that support topic areas to avoid duplication.</p> <p>RSA-R FY21 Distribution -FY21-RSA-The administration of the RSA Provider and Administrator assessments is May1 through June 30. This is the last year of the optional PIP. An email with the links to the Assessment in Survey Monkey will be distributed this week.</p> <p>b. Performance Bonus Measures</p> <ul style="list-style-type: none"> <li>• Veterans Service Navigator-Identify trends in accuracy that need to be addressed- No areas were identified for action at this time. This will be reviewed again in May with FY21Q1 and Q2 data.</li> </ul> <p>5) MDHHS/MSHN Updates</p> <p>a. HSAG PMV-ISCAT Review-Discussion/review of CMHSP data collection, validation, analysis, improvement efforts, and monitoring of performance indicators within their organization and with contracted providers. Timeline reviewed.</p> <p>b. HSAG Compliance Review-Timeline reviewed.</p> <p>c. MDHHS Follow Up Review Waiver Review-Next Steps</p> <p>c. MDHHS QIC Updates – PIP-Sandy to bring data to June, July QIC for recommendations for the next PIP data including disparities. To prepare for the MDHHS QIC August meeting where a final determination of the PIP project will take place. See notes for additional information related to Performance Bonus Measures, IPOS Survey.</p> <p>6) Other-Death Certificates</p> <p>Obtaining death certificates are part of the process for accurately reporting critical incidents. The Right Door reports the Medical Examiner's office is requiring a payment of \$26. for each death certificate. Other CMHSPs have indicated paying a lesser amount, and/or obtaining death certificates at no cost. CMHSPs are encouraged to work together in sharing information and potential solutions.</p>
<p>✓ <b>ACTION STEPS</b></p>	<ul style="list-style-type: none"> <li>• (March) MSHN/Kim to review the sample size for potential decrease in claims and beneficiaries reviewed.</li> <li>• (March) MSHN/Sandy to schedule CIRS Webinar for CMHSPs.</li> <li>• (March) MSHN/Michael and Sandy to develop referral process for VSN.</li> <li>• MSHN-Sandy to request additional information related to the assessment of recovery from other PIHPs.</li> <li>• MSHN-Sandy inquire of next steps for new Performance Indicators standard development.</li> <li>• CMHSPs-Diabetes Monitoring-Document causal factors/barriers (QIC Work Plan) and complete process for addressing individuals with Medicare and Medicaid by May 28<sup>th</sup>.</li> <li>• CMHSPs-MMBPIS-Document causal factors and interventions (QIC Work Plan) by April 30<sup>th</sup>.</li> <li>• CMHSPs Submit required reports as indicated on the QIC Work Plan. (BTPRC, PI Source Code, PI Description and Logic).</li> </ul>
<p>✓ <b>KEY DATA POINTS/DATES</b></p>	<ul style="list-style-type: none"> <li>• April 27 Source Code/Logic Documents Due</li> <li>• May 11 Data Analytics</li> <li>• May 27 MSHN QIC</li> <li>• June 1-4 Improving Outcomes Conference</li> <li>• June 22 HSAG PMV Virtual Review</li> </ul>