

Meeting Date: April 25, 2019

***Attendance by phone**

- MSHN – Sandy Gettel
- MSHN – Joe Wager
- MSHN – Sherry Donnelly
- Bay – Sarah Holsinger
- CEI – Elise Magen
- Central – Kara Laferty
- Gratiot – Lynn Charping
- Huron – Levi Zagorski
- Lifeways – Gina Costa*
- Montcalm – Sally Culey
- Newaygo – Jeff Labun*
- Saginaw – Julie McCulloch*
- Shiawassee –Becky Dohring
- The Right Door – Susan Richards*
- Tuscola – Susan Baranski

Guests

- CEI – Bradley Allen*
- CEI – Lindsey Michalik*

KEY DISCUSSION TOPICS

- Welcome/Introductions/Attendance
- Review & Approve Meeting Minutes and Agenda
- QIC Action Plan
- Performance Measure Update: Priority measures Report
 - Performance Indicator Review FY19Q1 FAQ, Corrective Action
- Site Review Updates:
 - DMC Q2 QAPI Report
 - HSW Waiver Follow up Review
 - Autism Review
 - HSAG PMV
- Performance Improvement Project:
 - RSA-R Summary identify interventions
 - PIP RSA-R Implementation Plan FY2019
 - HEDIS Measure FY18 PIP Diabetes Monitoring Fishbone Diagram
- RSA Persons in Recovery Implementation Plan
- Quality Policies and Procedures

✓ **KEY DECISIONS**

- Welcome/Introductions/Attendance: HBH not present
- Review & Approve Meeting Minutes and Agenda: Meeting Minutes and Agenda was approved
- QIC Action Plan: Corrective actions form past PI have been received. BTPRC Data FY19Q2 due by the 30th of this month.
- Performance Measure Update:
 - Priority Measure report was reviewed last month. Defer this month.
 - Performance Indicator Summary Review FY19Q1. MSHN Performed above the standard for all Indicators except Indicator 3c- Start of Service within 14 Days. 90.79% New Staff education and training continues to be a reason. 4a2-Follow up within 7 day of discharge. 94.52% Hospital discharging without notification. CMHSP who have a Hospital Liaison demonstrating desired performance. Lifeways is implementing a hospital liaison. The following require new corrective action plans: Lifeways, MCN, Newaygo, SHW, TRD, TBHS.
- Site Review Updates:
 - DMC Q2 QAPI Quarterly Report-Area of difficulty were ABA, HCBS, Critical Incidents, Financial Reviews, Coordination
 - Autism Review: Go To Meeting to identify areas needing continued work to prepare for the review included members form each CMHSP. Areas of struggle are obtaining the credentialing documents for staff for an entire year, which can be hundreds of documents. CMHSPs identified a struggle with uploading as one PDF. Sandy will follow up to confirm this direction.

	<ul style="list-style-type: none"> ○ HSW Waiver Follow up Review: All documents received and submitted to MDHHS. Discussion related to the individual training of the IPOS and what the expectations are. Sandy requested a reference for the requirement of Supports Coordination completing the training. The requirements were reiterated indicating all must be trained by someone competent in the plan. Evidence includes a document indicating what the training was, date, who was trained, credentials, and who the trainer was. If the trainer was the Home Manager etc and not the SC or TCM then who trained the trainer should be included. ○ HSAG PMV: Site Review is July 24th. The list of samples for primary source verification of Performance Indicator will be received by April 26th. We will then have two weeks to submit all required documentation for the review. Two weeks prior to the review HSAG will identify 3 CMHSPs that will be required to complete primary sources verification utilizing their E H R. ○ Community Living Supports Documentation-Next month Kim will participate in a discussion related to the requirements related to documentation of CLS with an objective to identify core standard requirements that all must have. The Development of a standard note may be completed for those who wish to utilize. All notes should have the minimum core requirements. It was suggested to send what is currently being used to Sandy via email before May 16th. ● Performance Improvement Project: <ul style="list-style-type: none"> ○ RSA-R Administrators Version Summary FY2018: Lowest domain was Involvement: Group requested gathering information of consumer participation for each CMHSP for future discussion. Not all has had opportunity to review with internal councils/committees. ○ PIP RSA-R Implementation Plan FY2019: Distributed for an implementation from May1 to May 31, 2019. Made modifications to the Survey Monkey to include the CMHSP/MSHN SUD, and language indicating why it was necessary to include contact information. This is to know where to focus improvement efforts during the data analysis. CMHSPs would also like to obtain a checkpoint number about one-week prior the close of the survey to send out reminders. And access to the information. The expectation is that providers will complete one and this can be shared with CMHSPs upon request. ○ Diabetes Monitoring: Baseline data was reviewed. CMHSPs are to identify barriers, causal factors and interventions. These should be submitted to Sandy by May 16th. A fishbone will be developed and reviewed at the May Meeting. ● RSA Persons in Recovery: SUD beginning this is May. CMHSPs will finalize plan next month and determine implementation date. ● Quality Policies and Procedures-The following policies and procedures were reviewed and approved. <ul style="list-style-type: none"> ○ Quality-Medicaid Event Verification Policy& Procedure Modifications approved. ○ Quality- Quality- Critical Incidents Policy Approved
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> ● CMHSPs to submit BTPRC Data for FY19Q2 to Sandy Via email by April 30. ● Performance Improvement Corrective Action Plans to be completed within 30 days and uploaded to Box. ● CMHSPs to send CLS Notes by May 16th to Sandy via email. ● HEDIS Diabetes Monitoring PIP CMHSPs to send barriers/causal factors/interventions to Sandy Via email by May 16th to prepare for Fishbone Diagram ● RSA-R Modify Survey in Survey Monkey and send implementation plan with link to CMHSPs ● RSA-R FY18 Summary-CMHSPs to review internally and identify action steps. Sandy to obtain information of consumer participation in councils/committees for each CMHSP for future discussion to assist in improvement consumer Involvement. Sandy to send out SAMSHA RSA PowerPoint Presentation.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> ● Next Meeting: May 23rd at Gratiot