

Meeting Date: August 22, 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 – Andrea Fletcher\*
  - Saginaw – Julie McCulloch\*
  - Shiawassee –Becky Dohring\*
  - The Right Door – Susan Richards\*
  - Tuscola – Jackie Shillinger\*
- Guests**
- CEI – Bradley Allen\*
  - CEI – Lindsey Michalik\*
  - Bay – Lisa Nagel\*
- MSHN

KEY DISCUSSION TOPICS

- Welcome/Introductions/Attendance
  - Review & Approve Meeting Minutes and Agenda
  - QIC Action Plan
  - Performance Improvement Project:
    - Patients with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test PIP Validation Report
    - RSA-Recovery Self-Assessment Draft Administrator deferred
    - RSA-Recovery Self-Assessment Draft Provider deferred
    - RSA-Recovery Self-Assessment Draft Person deferred
  - Performance Measure Update: Priority Measures Report
    - Balanced Scorecard
    - MSHN Priority Measure Report
    - HEDIS Diabetes Screen
    - HEDIS FUH (Child/Adults)
    - Behavior Treatment Summary Report FY19Q3
    - Critical Incident Summary Report FY19Q2
  - Project Development/Discussion
    - HEDIS FUH Child/Adult Project Description(deferred)
    - BTPRC proposed modification to process and data (deferred)
    - Community Living Supports Notes
  - Site Review Updates:
    - Medicaid Event Verification Sample (October)
    - HSAG PMV Review-Waiting for Draft Report 9/10/2019. Feedback to Draft Report 9/24/2019. Final Report 9/30/2019.
    - MDHHS Autism Review Corrective Action Plan Submitted. Waiting for acknowledgment of receipt and response.
  - MDHHS Updates
    - Updates from MDHHS PI Work Group-Draft Indicators
  - Other
    - Primary/Secondary Contact for Projects
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- ✓ **KEY DECISIONS**
  - Welcome/Introductions/Attendance:
  - Review & Approve Meeting Minutes and Agenda: Meeting Minutes and Agenda was approved
  - QIC Action Plan: all CAPs have been submitted as required. All CMHSPs submitted the BTPRC Data. No outstanding items.
  - Performance Improvement Project:
    - Reviewed the Draft HSAG Validation Report for Patients with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test PIP. MSHN received a 100% validation. General comments were related to the formatting and inclusion of the rate calculation. The general comments will be addressed in the report submitted in 2020.
  - Performance Measure Update:
    - MSHN Priority Measure Report (Diabetes Screen) MDHHS has established a draft standard of 78.9% FY20 Contract. The standard will be based on the prior calendar year. MSHN demonstrated a 83.64 for FY19Q3. Currently 4 CMHSPs would be below the proposed standard for FY20.

	<ul style="list-style-type: none"> <li>○ MSHN Priority Measure Report (FUH) – No new CAPs due. All were above the standard.</li> <li>○ Discussed decreasing the review of the Priority Reports from monthly to quarterly. The Report will continue to be posted in the meeting folder each month that it is updated. The review will be added to a quarterly schedule on the QIC Action plan.</li> <li>○ Behavior Treatment Summary Report FY19Q3-Reviewed data no areas of concern this past quarter. This will be sent to BTPRC committee. Discussed a proposal to review data at the Clinical Leadership committee in the future, as recommended by the BTPRC Committee.</li> <li>○ Critical Incident Summary Report FY19Q2-Reviewed the data. Identified CMHSPs who have not had any reported events since the onset of REMI submissions to ensure the system is working properly. The group had discussion related to the accidental/unexpected deaths and the Unknown deaths. Both areas have exhibited an upward trend. QIC is asking the following questions: What deaths have been identified in the Unknown category? Is it a reporting issue? Is discussion needed to ensure deaths are reported accurately? Or is an additional category needed? Follow up discussion to occur at next meeting.</li> <li>● Project Development/Discussion <ul style="list-style-type: none"> <li>○ Community Living Supports Notes-Discussed the interest in developing a standard note for CLS documentation to include the required elements. The use of the note would not be required; however the required elements do need to be included in the CLS documentation. There was interest by CMHSPs in receiving a standard note for use within their system. This will be forwarded to Kim Z for development.</li> </ul> </li> <li>● Site Review Updates: <ul style="list-style-type: none"> <li>○ HSAG PMV-Reviewed a summary providing preliminary results. No findings in any area. The Draft Report will be sent to MSHN by 9-10-2019. MSHN will have the opportunity to provide input and return by 9-24-2019. The Final report will be received by 9-30-2019. Thank you to everyone who participated and contributed. The amount of effort and work to provide the required documentation was noted and appreciated.</li> <li>○ HSAG Compliance Review-An email will be sent out for those who should be available. This would include contact individuals for those who had to submit sample files for credentialing and Authorization Denials. On-Site compliance Review is September 16.</li> <li>○ MDHHS Autism Review Process-Report has been received and sent out to CMHSPs. Those requiring corrective action have been notified. No additional discussion.</li> </ul> </li> <li>● MDHHS Updates-PI Work Group-Final Drafts for Indicator 2a, 2b, and 3 were reviewed. Documents to assist in identifying potential logic changes and MSHN format changes were reviewed and discussed. MSHN will develop an updated form for submission to include the changes. The new validations will be incorporated into the REMI affiliate submission process creating error files as it has been. The CMHSPs will need to work with project managers to ensure changes are made once the revised indicators have been officially released. There is discussion of the unofficial effective date of 10/1/2019 being delayed. The group will be updated the effective implementation date when available. It was emphasized to not make any changes until the effective date has been officially released.</li> <li>● Other-Primary Secondary Contacts-Please notify Sandy of changes if you have not done so.</li> </ul>
<p>✓ <b>ACTION STEPS</b></p>	<ul style="list-style-type: none"> <li>● BTPRC Summary Report to be sent to the BTPRC committee</li> <li>● CMHSPs to ensure that all reported unknowns are updated to reflect the cause of death if a death certificate is not received within 3 months by the close of FY19Q4.</li> <li>● RSA R Summary for Providers, Administrators and Person in Recovery will be sent out when completed to be reviewed at next meeting.</li> <li>● Sandy to send out a reminder for those who should be available by phone for the Compliance Review.</li> <li>● Primary and Secondary Contacts sent to SG to update QIC Action Plan.</li> </ul>
<p>✓ <b>KEY DATA POINTS/DATES</b></p>	<ul style="list-style-type: none"> <li>● Next Meeting: September 26 10-12 at Gratiot</li> </ul>

