

**Meeting Date: March 28, 2019**

**\*Attendance by phone**

- MSHN – Sandy Gettel
  - MSHN – Dan Dedloff
  - Bay – Sarah Holsinger\*
  - CEI – Elise Magen
  - Central – Kara Laferty
  - Gratiot – Lynn Charping
  - Huron – Levi Zagorski
  - Lifeways – Gina Costa\*
  - Montcalm – Sally Culey\*
  - Newaygo – Nicole Haney
  - Saginaw – Julie McCulloch\*
  - Shiawassee –Becky Dohring
  - The Right Door – Susan Richards\*
  - Tuscola – Susan Baranski\*
- Guests**
- CEI – Bradley Allen\*

**KEY DISCUSSION TOPICS**

- Welcome/Introductions/Attendance
- Review & Approve Meeting Minutes and Agenda
- QIC Action Plan
- Performance Measure Update:
  - Diabetes Screen
  - FUH Children
  - FUH Adults
  - Behavior Treatment FY19Q1
  - Performance Indicator FAQ, Corrective Action
  - Denials/Grievance/Appeals FY18Q3Q4
- Strategic Priorities
- Site Review Updates:
  - Autism Review
  - HSW Waiver Follow up Review
  - HSAG PMV
- Performance Improvement Project:
  - RSA-R Administrators Version Summary FY2018
  - PIP RSA-R Implementation Plan FY2019
  - Diabetes Monitoring
- RSA Persons in Recovery
- Quality Policies and Procedures

✓ **KEY DECISIONS**

- Welcome/Introductions/Attendance: GIHN, HBH, Newaygo not present
- Review & Approve Meeting Minutes and Agenda: Meeting Minutes and Agenda was approved
- QIC Action Plan: Updated to include membership, time frames for required reporting, corrective action, and any additional tasks assigned to QIC or CMHSPs.
- Performance Measure Update:
  - Diabetes Screen: No current standard. MDHHS is currently collecting data. MSHN (81.24%) did not demonstrate improvement from initiation of measure. This was the previous Performance Improvement Project. Open care alerts are reviewed and a process in place to address exists for each CMHSP. QIC will review data.
  - FUH Children: All CMHSPs except one performed above the standard of 70%. Newaygo demonstrated 66.67%. An improvement plan will need to be developed to identify causal factors and interventions to increase performance. MSHN demonstrated a 90% which was an increase from the initiation of the measure.
  - FUH Adults: All CMHSPs performed above the standard of 58%. MSHN demonstrated an 80.34% which was an increase from the initiation of the measure.
  - Performance Indicator FAQ: HEDIS Specifications include Partial Hospitalization code in FUH measure. As discussed and agreed up on previously at QIC Partial Hospitalization should be included as a follow up to Psychiatric Hospitalization until additional information or clarification is provided by MDHHS. Discussed ongoing training for new staff, and assessments in jail.

- Denials/Grievance/Appeals FY18Q3Q4: Summary Report data was presented. The data reflect a downward trend regarding meeting the 100% standard.
- Strategic Priorities: Discussed Priorities for 2019 as it relates to QIC. Discussion related to Independent Facilitation trainings not frequent enough to meet the need. Feedback related to Inpatient Reciprocity received (timely reports and contract language). Positive feedback related to the streamlined process. This will be forwarded to the Provider Network Committee.
- Site Review Updates:
  - Autism Review: Folders have been created in Box. A template to review the record will be sent out with a link of where to upload information. A discussion of credentialing and the standard for inclusion.
  - HSW Waiver Follow up Review: In process with MDHHS through March 29. Additional data requests to support CAP discussed.
  - HSAG PMV: PI Member level information template provided by HSAG. It includes enrollment data, exceptions, start and stop times of prescreening used to calculate compliance. MSHN will provide the member level data that was submitted for FY19Q1. Clarification related to the start and stop times will be obtained from HSAG. If they continue to require this information, it will need to be obtained from each of the CMHSPs. Reviewed the modifications made to the aggregation process for PIHP Data. Folders are established, and the information is due on April 12<sup>th</sup>.
- Performance Improvement Project:
  - RSA-R Administrators Version Summary FY2018: Lowest domain was Involvement: Discussion regarding the internal committee/councils that membership includes a primary or secondary consumer, benefits of such, and most effective participation. It was noted that many CMHSPs had consumer involvement, but that information may not be well known. The consumer advisory committees are a place for communicating the availability of involvement. Some CMHSPs have short-term groups which include consumers. Many present QAPIP and report data to the Consumer Advisory groups to involve consumers in the process. 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. If a CMHSP/SUD Provider has completed the RSA with another PIHP within the previous 6 months of the administration period those results may be used for submission. SAMSHA has completed a PowerPoint for Michigan and it will be provided for review.
  - Diabetes Monitoring: Currently in process of collecting baseline data for CY 2018. Full data set to be reviewed next month at QIC. Current performance demonstrates MSHN at 55%. This is below the Michigan average of 69.97%. The range for the CMHSPs is 44% to 100%.
- RSA Persons in Recovery: Who to include has been discussed and focusing on the primary programs will be the initial focus. An Initial and ongoing designator will be added to the surveys. The hope is for the survey to be useful and implementing the process well was discussed. The implementation of the process will continue to be discussed with a potential timeframe beginning in FY20 for CMHSPs. The department hopes to do a comparison between each of the three RSA versions once full implementation occurs.
- Quality Policies and Procedures-The following policies and procedures were reviewed and approved.
  - Quality-Research Policy
  - Quality- Regional Monitoring and Oversight Policy & Procedure
  - Quality -Quality Management Policy
  - Quality -PIHP Functions contract Monitoring Policy
  - Quality- Performance Improvement Policy approved with addition of Medical Directors committee when relevant.
  - Quality- Monitoring and Oversight Policy
  - Quality- MMBPIS Performance Indicator Policy& Procedure

	<ul style="list-style-type: none"> <li>○ Quality-Medicaid Event Verification Policy&amp; Procedure</li> <li>○ Quality- Evidence based Practices Policy</li> <li>○ Quality- Critical Incidents Policy</li> <li>○ Quality-Satisfaction Surveys Policy</li> <li>○ Quality-Consent to Share Information Policy</li> <li>○ Quality- Behavior Treatment Plans Policy&amp; Procedure</li> <li>○ Quality-CMHSP Participant Monitoring and Oversight Procedure</li> <li>○ Quality-Monitoring Oversight of SUD Providers Procedure.</li> </ul>
<p>✓ <b>ACTION STEPS</b></p>	<ul style="list-style-type: none"> <li>• Sandy to send Care Alerts for Diabetes Screening and Monitoring Friday, with expected follow up by CMHSP within 30 days</li> <li>• Newaygo to review FUH Children data and submit corrective action/improvement plan within 30 days.</li> <li>• 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.</li> <li>• Sandy will send out instructions for uploading Autism Site Review information including pre-review process and template to use.</li> <li>• Performance Indicators-CMHSPs review logic to ensure Partial hospitalization is included for a 7 day follow up and not an excluded code. FAQ to be updated and sent out. Additional Information may be requested to prepare of the HSAG PMV review. Sandy to develop PowerPoint Training, Place the FAQ in REMI Help documents.</li> </ul>
<p>✓ <b>KEY DATA POINTS/DATES</b></p>	<ul style="list-style-type: none"> <li>• Next Meeting: April 25th at Gratiot</li> </ul>