

Meeting Date: 5/27/2021

- 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*
- Central – Cindy Bay-Barron*
- Huron – Jill Rowland*
- MSHN – Amy Dillon
- MSHN – Melissa Davis
- MSHN –Dan Dedloff

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Meeting Minutes/Agenda
 - b. Review follow up action items
- 3) Oversight/Monitoring
 - a. Provider Network Quarterly Report
 - b. MDHHS Follow Up Review-Next Steps
- 4) Performance Measure Updates
 - a. BTPR FY2021Q2 Transition
 - b. BH-TEDS Quality of Military Fields
 - c. Diabetes Monitoring-PIP
 - d. Critical Incidents Summary
- 5) Project Development
 - a. Consumer Satisfaction Survey MHSIP/YSS
 - b. Recovery Assessment Scale
 - d. Performance Bonus Measures
 - Veterans Service Navigator draft process
- 6) MDHHS/MSHN Updates

✓ KEY DECISIONS

- 2) Review & Approvals
 - a. Meeting minutes for 4/22/2021 approved with no edits. No additions to the agenda.
 - b. No outstanding items. Follow up has been completed by all as scheduled and requested.
- 3) Oversight/Monitoring
 - a. Provider Network Quarterly Report-Reviewed structure of the report and areas that include recommendations and potential for regional action. No current areas in addition to what is being addressed through the MDHHS Review.
 - b. MDHHS Follow Up Review-Next Steps-IPOS Training resources are being compiled for regional use. Kim will send out a communication when it is available on the website for use. QIC is recommending advocacy for expectations of the evidence to demonstrate compliance. CMHSPs have developed a process for beneficiary specific IPOS Training, including a process through the EMR and or manual uploads and documentation.
- 4) Performance Measure Updates
 - a. BTPR FY2021Q2 Transition- Reviewed the BTPR Summary and recommended changes for data collection based on the study questions. Once approved by CLC and BTR Work Group, QIC will ensure valid data collection process.
 - b. BH-TEDS Military Fields and Veterans Service Navigator Narrative FY2021-Each Veteran/Military Field had less than 1% of “Not Collected-with Full Record Exception”. Validations that were included last year demonstrated improvement in the data quality.
 - c. Diabetes Monitoring-PIP-Status of interventions-Final Review in June. Q1Q2.
 - d. Critical Incidents Summary FY21Q2-MDHHS F/U due June 9th. MSHN received a report on timeliness of submissions requiring a remediation plan. Those out of compliance with timeliness of submission were a result of death reporting once the death was determined and or updated records once cause of death was determined, and frequency and timing of the submissions. Reporting within the timelines will result in increased unknown deaths. Cause of death has defaulted to the death certificate, which has delayed the reporting, however increased accuracy. Consensus of QIC was that an informed determination based on record review with qualified staff, or verbal cause of death from the

	<p>Medical Examiner's office is acceptable. Documentation should support the process used. A communication will be sent to MDHHS requesting advisement of death reporting as it relates to accuracy versus timeliness.</p> <p>5) Project Development</p> <ol style="list-style-type: none"> a. Consumer Satisfaction Survey MHSIP/YSS-Dan Dedloff will be taking the lead on the Satisfaction Survey. Survey administration will include phone, electronic, face to face or mailing. The survey template will be revised to include the type of administration. All receiving services during a 4 week period of time between May 1 and June 30, will be offered the survey. b. Performance Improvement Topic FY22 (June/July) c. Recovery Assessment Scale -Information is being sought from other PIHP related to the administration of the RSA. d. Performance Bonus Measures <ul style="list-style-type: none"> • Veterans Service Navigator draft process-Process reviewed. No feedback. e. Supports Intensity Scale Survey -(June/July) <p>6) MDHHS/MSHN Updates</p> <ol style="list-style-type: none"> a. HSAG PMV-Sample received May 21 Proof documents due to MSHN June 2. PMV Web ex review June 22 b. HSAG Compliance Review Universe File submitted May 14. Sample selections received May 21 Evidence and Standards tool submitted to MDHHS May 28 Proof document due to MSHN June 4. c. MDHHS Follow Up Review Waiver Review -Completed.
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> • CIRS Webinar June 10th • CMHSPs-Diabetes Monitoring-Document causal factors/barriers (QIC Work Plan) and complete process for addressing individuals with Medicare and Medicaid by May 28th. • Kim Z to send out communication related to IPOS Resources • Sandy G to send communication to MDHHS for advisement of death reporting accuracy versus timeliness • CMHSPs to document interventions on QIC action plan for Diabetes Monitoring • CMHSPs submit proof documents for HSAG PMV review by June 2nd.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • June 1-4 Improving Outcomes Conference • June 16 MDHHS QIC • June 22 HSAG PMV Virtual Review • June 24 QIC