

**Meeting Date:** January 26, 2017

**Attendees:**

Attended in Person: CMHCM, CEI, Gratiot, Shiawassee, Tuscola

Attended by Phone: BABH, CEI, Huron, LifeWays, Montcalm, Newaygo, the Right Door, Saginaw and Tuscola

MSHN Staff: Joe Wager (In Person), Todd Lewicki (In Person), Kim Zimmerman (In Person), Jeanne Diver (Phone), Carolyn Watters (Phone)

**KEY DISCUSSION TOPICS**

- Review & approve minutes
- Review & approval of agenda for today's meeting
- Review follow up action items/action plan
- FY17 DMC Site Review Tools
- Performance Measures Update
- Retained Contract Functions Update
- Performance Improvement Project (s)
- FY16-17 QAPIP and FY16 Annual Effectiveness Review
- QIC Scorecard
- Follow up After Hospitalization Review
- FY16 Compliance Summary Report
- Informational Items
- Managed Care Rules Tracking Matrix
- Updates: MSHN, Council & Committee Updates

✓ **KEY DECISIONS**

- Review & Approve Minutes- The minutes from 11/17/16 were approved as submitted
- Review & approval of agenda for today's meeting- The agenda was approved
- Review follow up action items/action plan- Reviewed the action items from last meeting
  - ✓ Next task due is the BTR data that is due to MSHN by 01/31/17
- Revised FY17 DMC Site Review Tools: Carolyn Watters
  - ✓ Reviewed the major changes to the FY17 tools....final and tracked version of the forms will be sent out
- Performance Measures Update
  - ✓ FY16 Q4 Performance Indicator Summary Report:
    - Report reviewed....any required plans of correction are due 30 days from today's meeting date
  - ✓ FY16Q4 Behavior Treatment Review Summary Report
    - BTR data for FY17 Q1 is due to MSHN by 01/31/17
  - ✓ Satisfaction Surveys: MHSIP and YSS
    - The surveys need to be completed during a two-week period between January 30<sup>th</sup> and February 26<sup>th</sup>
    - The data is due to MSHN by March 20<sup>th</sup>
- Retained Contract Functions Update: CI Report due in Feb.
- Performance Improvement Projects
  - ✓ RAS/RSA
    - The collection period for these surveys is January 1, 2017 through March 31, 2017
    - Data is due to MSHN by April 30<sup>th</sup>
  - ✓ HEDIS Measure
    - Care Alert Reports will be sent out following the meeting
- FY16-17 QAPIP and FY16 Annual Effectiveness Review:
  - ✓ The group reviewed the draft MSHN annual effectiveness review report
  - ✓ The FY17 QAPIP Priorities were reviewed in detail
  - ✓ The report will to Ops Council and then to the MSHN Board

	<ul style="list-style-type: none"> <li>• QIC Scorecard: <ul style="list-style-type: none"> <li>✓ Each MSHN council and committee has been asked to create a balanced scorecard</li> <li>✓ The QIC agreed on measures that there are established data and reports for and that relate back to the QAPIP and Strategic Plan</li> <li>✓ We will start looking at the scorecard data in March</li> </ul> </li> <li>• Follow Up after Hospitalization Review <ul style="list-style-type: none"> <li>✓ Measure: The percentage of discharges for enrollees age six (6) and older, who were hospitalized for treatment of selected mental illness diagnoses, and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge</li> <li>✓ The minimum standard for adults with MI is 58%</li> <li>✓ The minimum standard for children with MI is 70%</li> <li>✓ A process will be established modeling the Performance Indicator process for the plans of correction and follow up</li> </ul> </li> <li>• FY16 Compliance Summary Report <ul style="list-style-type: none"> <li>✓ The full report was reviewed</li> <li>✓ Most of the information contained in the report has been previously reviewed by QIC</li> </ul> </li> <li>• Informational Items <ul style="list-style-type: none"> <li>✓ Changes to 42 CFR Part 2</li> <li>✓ House Bill 5782 (changes to Mental Health Code)</li> </ul> </li> <li>• Managed Care Rules Tracking Matrix: Updates will be reviewed during Feb. meeting</li> </ul>
✓ ACTION/INPUT REQUIRED	<p>Action Plan:</p> <ul style="list-style-type: none"> <li>○ The action plan will continue to be updated on an ongoing basis</li> </ul> <p>FY16 Q4 Performance Indicator Summary Report</p> <ul style="list-style-type: none"> <li>○ Any plans of correction for not meeting the established threshold are due 30 days from today's date</li> </ul> <p>Behavior Treatment Summary Report:</p> <ul style="list-style-type: none"> <li>○ Data is due to Kim by 01/31/17</li> </ul> <p>Satisfaction Surveys: MHSIP and YSS</p> <ul style="list-style-type: none"> <li>○ The surveys need to be completed during a two-week period between January 30<sup>th</sup> and February 26<sup>th</sup></li> <li>○ The data is due to MSHN by March 20<sup>th</sup></li> </ul> <p>Critical Incident Summary Report</p> <ul style="list-style-type: none"> <li>○ Next report due in Feb.</li> <li>○ Be prepared for discussion on definitions of types of populations and events to report during Feb. meeting</li> </ul> <p>RAS/RSA:</p> <ul style="list-style-type: none"> <li>○ The collection period for these surveys is January 1, 2017 through March 31, 2017</li> <li>○ Data is due to MSHN by April 30<sup>th</sup></li> </ul> <p>QIC Scorecard</p> <ul style="list-style-type: none"> <li>○ Data will be reviewed beginning in March</li> </ul> <p>Follow up after Hospitalization Review</p> <ul style="list-style-type: none"> <li>○ Kim will develop a written process, plan of correction requirement and template for the completion of the plans of correction and send out to the QIC group by email for review and feedback</li> </ul>
✓ KEY DATA POINTS/DATES	<ul style="list-style-type: none"> <li>• Next Meeting: February 23, 2017</li> </ul>