

Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: March 26th, 2026, 9:00am-11am

Attendance:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty
<input checked="" type="checkbox"/> BABH –Sarah Holsinger
<input type="checkbox"/> CEI – Elise Magen
<input checked="" type="checkbox"/> CEI – Shaina McKinnon
<input checked="" type="checkbox"/> CEI – Mica Gardyko
<input checked="" type="checkbox"/> CEI – Bradley Allen
<input checked="" type="checkbox"/> CEI – Kaylie Feenstra | <input checked="" type="checkbox"/> Central – Jenelle Lynch
<input checked="" type="checkbox"/> Central – Alysha Fisher
<input type="checkbox"/> GIHN – Taylor Hirschman
<input type="checkbox"/> Huron – Levi Zagorski
<input checked="" type="checkbox"/> Lifeways – Emily Walz | <input checked="" type="checkbox"/> MCN – Sally Culey
<input checked="" type="checkbox"/> MCN – Melissa MacLaren
<input checked="" type="checkbox"/> MCN – Joe Cappon
<input type="checkbox"/> MCN – Adam Stevens
<input checked="" type="checkbox"/> Newaygo – Andrea Fletcher
<input checked="" type="checkbox"/> SCCMH – Holli McGeshick
<input checked="" type="checkbox"/> SCCMH – Jenna Brown | <input checked="" type="checkbox"/> SHW – Amy Phillips
<input type="checkbox"/> SHW – Vicky Hoffman
<input checked="" type="checkbox"/> TBHS – Josie Grannell
<input checked="" type="checkbox"/> The Right Door – Susan Richards
<input checked="" type="checkbox"/> The Right Door – Jill Carter
<input checked="" type="checkbox"/> Other: GIHN- Sarah Bowman |
|---|---|---|---|

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS	ACTION REQUIRED (WHO, WHEN)
Review/Approvals (All)	<ul style="list-style-type: none"> • Review/Approve Meeting Minutes from January 29th, 2026 <ul style="list-style-type: none"> ○ Minutes approved by the Group • Any changes/additions to this month’s Agenda? <ul style="list-style-type: none"> ○ No changes/additions 	
Consent Agenda (All)	<ul style="list-style-type: none"> • No items for consent on this agenda 	
Standard Root Cause Analysis Template	<ul style="list-style-type: none"> • Document: Standard RCA Template • Discussion: Taking the document that the workgroup put together previously, I adapted this and ensured that all required fields were included in this Root Cause Analysis template. Please note that currently, this is not a requirement to utilize this standard template, however, it is recommended that you ensure all required elements are collected in your own internal RCA processes if not adopting this. HSAG had posed this as a recommendation (a standardized template) so to follow-up (as they usually pose citations if not adopting these recommendations), I wanted to ensure we were covered when they come back while also allowing flexibility for the CMHs. • Action Needed: Please review and adopt if desired by your CMH- this is a resource for all to use. 	
MMBPIS Indicator logic for CCBHC Only individuals	<ul style="list-style-type: none"> • Discussion: CMH’s that are also CCBHC’s are needing to identify and remove CCBHC only individuals prior to submission to MSHN for MMBPIS indicator 2. 	

	<ul style="list-style-type: none"> ○ Please note that MDHHS has provided updated guidance on this that was shared directly with those that are CCBHC's the first week of March. ○ MSHN is completing data validation for FY26Q1 due to HSAG reviewing this quarter, specifically, we'll be taking a look at any individual that was in your submission that didn't have PIHP/CMH claims (within 60 days of the assessment date) as we are unable to see T1040 claims now since those are being directly submitted to the state. ○ CCBHC's to review updated MMBPIS handbook language for exclusions published on 2/25/26 ● Action Needed: CCBHC's to provide validated data and resubmission of only non-CCBHC only Medicaid individuals back to MSHN by 4/3/2026 for final submission to MDHHS by April 15th 	
MMBPIS Indicator 3	<ul style="list-style-type: none"> ● Discussion: It is unclear what the new PIPs are going to be for the next cycle beginning in CY27. After speaking with MDHHS (Marissa Miller), she shared that there is a potential that we may have the current PIPs continue into another remeasurement period (this is one of the recommendations of HSAG but there has not been a final determination made by MDHHS yet). Conversation with Sandy G. from the Behavioral Transformation Workgroup that took place on 3/25/26 is that they are looking to replace these and are looking for identification of a new PIP by the end of May 2026. <ul style="list-style-type: none"> ○ If indicator 3 continues to remain a PIP, would all CMH's still have indicator 3 data to provide at the end of the CY? <ul style="list-style-type: none"> ▪ The group shared that they are all good to go on collection/reporting if needed, the CMHSP's are tracking this data internally and are not making changes to their systems at this time. ○ We do have to have two PIP projects identified for the region for the upcoming PIP cycle, does anyone have any suggestions relating to projects that you'd like to see? The suggestion made by the transformation workgroup members is to select a HEDIS measure that's already being collected that needs improvement so there is not duplicative work needing to occur <ul style="list-style-type: none"> ▪ Group did not have any project ideas off the top of their heads. They have been asked to provide any ideas to Kara by April 10th for discussion. ▪ The group shared that they're struggling with identification of a PIP as there is still so much uncertainty about the future with the CMHSP/PIHP system still. In addition, many systems continue to struggle with staff retention and there is frustration with MDHHS and not having a clear direction on priorities. ● Action Needed: CMHPS's to provide any ideas to Kara by email by April 10th for discussion. 	
Network Adequacy Assessment Report	<ul style="list-style-type: none"> ● Document: Network Adequacy Assessment Report Draft Document ● Discussion: QIC to review and provide feedback on the following questions relating to the NAA: ● Questions: <ul style="list-style-type: none"> ○ Where are there still gaps? Do you see any gaps within the NAA Report that should be addressed or that would be helpful for your CMHs? 	

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ No gaps were identified by the group at this time. QIC members shared that they have gone through this report extensively in other groups and have provided feedback via those meetings. Members agreed that the report is comprehensive and detailed out. Any additional feedback will be emailed to Kara. ○ Are there state/federal policies that will impact provider network capacity that you're aware of? <ul style="list-style-type: none"> ▪ State and RFP with conflict free access and planning, huge shifts if CMHs can't operate certain services ▪ Changes in funding with Medicaid and State funding as well (criteria for services to also change). Lots of CMHs honing in on service criteria. ▪ Concerns around EBPs being impacted depending on funding model (FFS) that is decided by MDHHS and concerns around being able to provide specialized therapeutic resources to consumers. ○ Are there any recommendations that you have for FY26 to be included? <ul style="list-style-type: none"> ▪ None at this time ● Action Needed: CMHSPs to email Kara by 4/1 if they have any additional feedback to be passed on. 	
<p>Satisfaction Surveying- progress and FY26 surveying</p>	<ul style="list-style-type: none"> ● Discussion: Looking back to November's QIC meeting, we had quite a few CMH's with local interventions and targeted interventions for improvements based off of the FY26 satisfaction survey findings. How have these targeted interventions been going? Any improvement efforts implemented that you'd like to share? <ul style="list-style-type: none"> ○ Saginaw- Goal was to increase collaborative safety plan, their goal is 90%. They started FY26 at 46.2% and they are now at 68.6%. SCCMH is monitoring this monthly (this is a significant increase as the performance rate in June of 2025 was ~25%). ○ Bay's lowest scores were around community engagement so they started posting a monthly activity calendar on Facebook and send this out to CLS and residential providers, they shared that this is going really well and has been received well across their provider network. ○ Gratiot is focusing on provider of choice area of surveying. They are looking at using automated text satisfaction questions to look at this area ongoing and are in the process of developing this currently. ○ Newaygo looked at community connection and perception and did an overhaul of their external website and put together a team to review website updates and how partners in the community can reach them and form collaborations along with how consumers can access services. ○ Lifeways is texting a satisfaction link out to a survey monkey for ongoing satisfaction. Group members asked how they were managing the consent part of sending surveys out via text and Lifeways shared that their consent to contact has a section for text reminders and they've added that consumers may receive communication from the QI department related to satisfaction. They then use the PCE module for texts for these individuals that have consented. 	

	<ul style="list-style-type: none"> • FY26 Satisfaction surveying- I'll begin putting these documents together to prepare for this summer's surveying, are there any questions we want to address as a group to ensure we're all compiling these consistently and collecting? <ul style="list-style-type: none"> ○ Discussion around collecting surveying for population breakouts this fiscal year- what is needed from the CMH's to complete this? <ul style="list-style-type: none"> ▪ Bay generated a code for different populations and LTSS and then sent out to those consumers that had been identified. Consumers self-identify on surveys and fill out this information on their own. ▪ The Right Door does a great job handing out surveying as they see people through the month and then given out those different QR codes and printed copy, LTSS lists out the services they provide and self-select services ○ The group requested that MSHN look at the requirements for whether we need to include a population breakdown as there are significant barriers to identification of these individuals and distributing the survey. The group agreed that if possible, they would like to keep this decision at the local level as to whether a breakdown in populations occurs if possible. • Action Needed: Kara to review requirements around Satisfaction Surveying and update FY26 surveying documents and expectations for April QIC meeting. 	
<p>Priority Measure Report FY25Q4</p>	<ul style="list-style-type: none"> • Document: MSHN Priority Report FY25Q4 • Discussion: We've been informed that we will be having a PMV audit with HSAG this summer and that MDHHS will also be reviewing our year 1 and 2 metrics for the Behavioral Health Quality Update and rollout. It's unclear what the recommendations or follow-up for HEDIS metrics not meeting the standard benchmarks. As a reminder, the below are the HEDIS metrics that will be reviewed by MDHHS. Please note that some of these do not have identified benchmarks associated with them: 	

Measure	2025	2026
MMBPIS Measures		Likely continuation of Indicators 2 & 3 according to MDHHS
ADD	■	■
AMM	■	
FUH	■	■
APM	■	■
APP	■	■
FUA	■	■
FUM	■	■
IET	■	■
SSD		■
HPCMI		■
ODD		■
SAA		■
ACC		■

- Currently we are not meeting the below metrics' standard benchmarks:
 - **FUH-30AD** – MSHN is currently at a 71.44% performance with a standard benchmark of 79%
 - **FUM-30AD** - MSHN is currently at a 60.39% performance with a standard benchmark of 60.80%
- **Questions:**
 - Are all of you monitoring your internal HEDIS metrics? What is your current process for actioning the priority measure reports and these metrics if you are below the standardized benchmarks?
 - Overall the region is not consistent in their review of HEDIS metrics and are in different stages of actioning. There has not been clear direction provided in the past on what the CMHs should be doing specifically with these; additional information and training is needed
 - Saginaw is following up closely on the FUH metrics with their leadership
 - Gratiot- shares with their services committee and does look at the metrics where there is the most improvement to see if they can impact- minimal level, not extensive yet or engrained in processes, but present
 - CEI isn't reviewing these metrics closely or actioning, they still are fully using MMBPIS but will be working on integration of HEDIS into processes to start having closer review
 - Bay is in the same boat as CEI- they've placed a focus on MMBPIS and haven't rolled out HEDIS metrics, waiting to address until further guidance was given.
 - Does anyone have any questions on the priority measures and HEDIS metrics?

	<ul style="list-style-type: none"> • CC360 questions, however, upon review of CC360 access, the CMH's do not have access to any of their detailed information within that platform, so they need to use ICDP. This data however is not consistent with what MDHHS is always reporting. • A larger discussion was had relating to how the PIHP/CMHSP system needs to embrace HEDIS measures as we will be compared to national performance data as well as health plans on these. <p>Action Needed: Kara to put together an informational document/presentation around expectations and HEDIS measures for the CMHSPs to begin looking at (Estimated Completion: May 2026)</p>	
<p>Upcoming Reporting Requirements</p>	<ul style="list-style-type: none"> • BTPRC Data for FY26Q2 due 4/30/2026 • MDHHS Waiver Audit- 5/18/26-7/31/26- MSHN is currently developing a process and guidance on documentation submission, timelines, and related matters. MDHHS indicated that the documentation submission timeframes will be similar to those in the 2024 review and that the CRM will be used for the credentialing portion of the review. Please note that the below document was provided as a training guide for PIHP's/CMHs from MDHHS; the training grid in the attached word document is intended to act as training and as MDHHS stated in their email, "it will be expected that the trainees complete the training prior to the relevant sessions before taking any action in the system." <p>Document: PIHP OSR Training Guide - Waiver Audit</p> <p>Training Format We will be sharing job aids and demo videos for all the steps in the PIHP OSR process. These videos and job aids will act as training, and it will be expected that the trainees complete the training prior to the relevant sessions before taking any action in the system. I have attached the training guide that should help you through each step of the process.</p>	
<p>Standing Agenda Item: Committee Updates (Kara/All)</p>	<ul style="list-style-type: none"> • MDHHS QIC Updates: March meeting cancelled • PIHP Quality Workgroup Updates (Kara): Primary discussion focused on Performance Based Incentive Program changes (IET metric was reduced in the weighting down to 10 points and additional points were placed on P.1. and P.2. SAA-AD is now weighted at 40 points so a focus should be placed on that HEDIS metric. In addition, the Joint Care planning metric is being updated for adults and children and feedback was requested by the State for this. • CIR PIHP Leads Meeting: March meeting cancelled • Quality Transformation Workgroup: FY26 PBIP was discussed and updates were recently posted to MDHHS's website, please note that weighting for the PBIP was changed. IET benchmark for engagement increased to 15%; lots of conversation around allowable codes for IET and how current set does not include detox residential and health homes- MDHHS will be looking in to this. There are a group of proposed changes for the Joint Care Planning measure that were reviewed note that and feedback was due from PIHPs on March 12th. CCBHC individuals will continue to be included within PBIP measures. There was an updated FY26 MMBPIS handbook provided on 2/26/26. Several removals 	

	<p>and changes to the BH Transformation measures that should be of note. MSHN's 3 year MDHHS behavioral rollout plan was updated to account for these changes and can be found here.</p> <p>The 3/25/26 meeting included discussion around benchmarks for Year 2, these will be published on the MDHHS reporting requirements website under the Behavioral Transformation section. Sha discussed IET data validation in FY26 along with discussion around new methodology for calculating CY2024 shared metrics. The new methodology loses points for the majority of PIHPs. More information to be shared in the April meeting.</p> <ul style="list-style-type: none"> • BH-TEDs Updates: Any updates from workgroup Holli? • National Core Indicator Advisory Council: Any updates from anyone on this meeting? 	
Standing Agenda Item: Open Discussion/Consultation (All)	<ul style="list-style-type: none"> • 	
Relevant Informational Documents that may be of Interest:		
Relevant Informational Documents that may be of Interest:	<ul style="list-style-type: none"> • Site Review Presentation Waiver Conference 2025 • HSAG Final Reports and Results for Priority Measure Validation (PMV), Encounter Data Validation (EDV), and Compliance from 2025 	
Previous Action Item Follow-up	<ul style="list-style-type: none"> • FY26 QAPIP Plan and FY25 QAPIP Report- The FY26 QAPIP Plan and FY25 QAPIP report were approved by the Board of Directors and were approved for MDHHS submission. • CMHA direction RE: LLMSW signatures provided by Kim 	

Summary Action Items from Meeting

CMHSP's	<ul style="list-style-type: none"> • MMBPIS Indicator logic for CCBHC Only individuals: CCBHC's to provide validated data and resubmission of only non-CCBHC only Medicaid individuals back to MSHN by 4/3/2026 for final submission to MDHHS by April 15th • Performance Improvement Projects (PIPs): CMHSP's to provide any ideas to Kara by email by April 10th for discussion. • Network Adequacy Assessment Report: CMHSPs to email Kara by 4/1 if they have any additional feedback to be passed on.
MSHN/Kara	<ul style="list-style-type: none"> • Satisfaction Surveying: Kara to review requirements around Satisfaction Surveying by population and update FY26 surveying documents and expectations for April QIC meeting. • Priority Measure Report FY25Q4: Kara to put together an informational document/presentation around expectations and HEDIS measures for the CMHSPs to begin looking at (Estimated Completion: May 2026)