Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: June 25th, 2026, 9:00am-11am

Attendance:

☒ MSHN – Kara Laferty
☐ BABH –Sarah Holsinger
☒ CEI – Elise Magen
☒ CEI – Shaina McKinnon
☒ CEI – Mica Gardyko
☒ CEI – Bradley Allen
☒ CEI – Kaylie Feenstra
☒ Central – Jenelle Lynch
☒ Central – Alysha Fisher
☒ GIHN – Taylor Hirschman
☒ Huron – Levi Zagorski
☒ Lifeways – Emily Walz
☒ Newaygo – Andrea Fletcher
☐ Newaygo – Jill Mckay
☐ MCN – Melissa MacLaren
☐ MCN – Joe Cappon
☐ MCN – Adam Stevens
☒ SCCMH – Holli McGeshick
☒ SCCMH – Jenna Brown
☒ SHW – Amy Phillips
☐ SHW – Vicky Hoffman
☒ TBHS – Josie Grannell
☒ The Right Door – Susan Richards
☒ The Right Door – Jill Carter
☒ Other: Amy Dillon (MSHN), Marissa Lewis (SCCMH), Lisa Nagel (BABH)

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS
Review/Approvals (All)	• Review/Approve Meeting Minutes from May Meeting • Introduced new Saginaw Quality staff- welcome Marissa! • No changes/additions to this month's Agenda
Consent Agenda (All)	• Critical Incident Policies and Procedures • PIP Project Determination
MDHHS Waiver Audit Updates (Amy/All)	• **Discussion:** MDHHS Waiver audit- we're officially halfway through the review. Please note that for the HSW and ISPA files, those are being sent during the designated CMH review timeframes, for the SED and CWP files, there doesn't seem to be a rhyme or reason to when these are sent. • There have been several findings that have come up that Amy wanted others to know of as these are findings we have not received in past years (please note that the below findings are coming back on comment sheets for additional response and evidence- these may not be reflected in the DMHHS final report and this is not inclusive of all findings due to not being finished with the review. MSHN QIC will discuss future solutions once these have been identified as actual findings (as these are not finalized by MDHHS yet)): o Issue/Finding: Aide Level IPOS Training (Trainer date and staff dates do not match. In addition, multi-page documents do not have the 4 pillars on each page). o Issue/Finding: Credentialing Forms (The forms that MDHHS approved in 2024 are no longer accepted. MDHHS accepting resumes only) o Issue/Finding: First Aid Training (pending additional review with MDHHS leadership) (no evidence of hands-on component to First-Aid Training) o Issue/Finding: Evidence of Supervision/1 year experience (professional staff files are missing evidence of supervision or one year experience) o Issue/Finding: IPOS Objectives using percentages (percentages are being used in objectives. Percentages are not easy to understand for our consumers according to MDHHS reviewers) • **Action Needed:** Informational only- no action needed at this time.

In-Person QIC Meeting for July	• **Discussion:** This meeting will be held at Saginaw. Please note that Kara will maintain the current scheduled Teams meeting for July so that those who need to call in will be able to do so. You will need to check in with security and let them know you're there for the QIC meeting – Holli will be waiting for people in lobby. • **Action Needed:** Informational only- no action needed at this time.
HSAG Audit Timelines PMV 2026 (Kara/All)	• **Discussion:** The PMV Sample has been submitted as of 6/5/2026; a big thank you to Central, Gratiot, Montcalm, Shiawassee, and Tuscola who all had one sample case pulled. HSAG was in receipt of this and confirmed by the deadline. Our HSAG PMV walk through with them where we discuss any additional information is on July 7th. • **Action Needed:** Informational only- no action needed at this time
Performance Improvement Topic (Kara/All)	• **Resource Document:** HEDIS FY26Q1 Priority Measure Report (please note that there are issues with this report in particular for any metric utilizing SUD data due to MDHHS consent issues and therefore inability to access data in CC360- this is being resolved and this report will be updated along with detail data as soon as this is provided -estimated timeframe July) • **Discussion:** MDHHS informed us on 6/12/26 that they are allowing PIHP choice of a Medicaid core measure for a PIP. As such, we'll need to select a CMS 2026 Core HEDIS measure for our validated PIP and will need to choose another PIP as our unvalidated PIP. We will be required to complete the baseline design and implementation for May of 2027 for these PIPs. All topics must be approved no later than 8/14/26 by MDHHS for completion. **We need QIC approval of which suggested PIPs should be selected. These need to go to leadership and Ops Council prior to final submission to MDHHS for 8/14.** o **Validated PIP options (MUST be clinical):** ▪ **CDF-AD (Screening for Depression and Follow-up Plan Adult)- this metric is currently being monitored by Health Homes and CCBHC's, this is going to be added as a metric in CY27 so makes this a great option- 9 voted for this option** ▪ Focus on increasing compliance for the FUM-30 CH (Follow-up after ED Visit- Mental Illness) HEDIS metric (currently just above benchmark for CY25 – 4 CMHSPs below) (79.14% compliance, 78.24% baseline)- 2 voted for this option ▪ APM-TOTGC (Metabolic monitoring Children/Adolescents on Antipsychotics)- just above benchmark (28.94% compliance and 28.90% benchmark) and all minority population rates are below the overall MSHN rate as well- 0 voted for this option o **Unvalidated PIP Options** (please note for the unvalidated PIP, the following document must have all requirements met and be a non-clinical metric if possible: Non-validated PIP Document) ▪ **CDF-AD (Screening for Depression and Follow-up Plan Adult)- this metric is currently being monitored by Health Homes and CCBHC's, this is going to be added as a metric in CY27 so makes this a great option- could focus on operational functions – 11 voted for this option** ▪ Medicaid Redetermination support and continuity of coverage – what would the AIM statement for this be? Top priority to talk about for this. • Need to look at HMP enrollments per County and even bring awareness – need to have numbers that show • QIC voted this as the secondary option if first option is deemed not appropriate by MDHHS as this will be the non-clinical side of the same metric identified for the validated metric ▪ APM-TOTGC (Metabolic monitoring Children/Adolescents on Antipsychotics)- just above benchmark (28.94% compliance and 28.90% benchmark) and all minority population rates are below the overall MSHN rate as well- 0 voted for this option ▪ Access to Care metric (specifically for Children and increasing these totals)- could focus on cancellations, no-shows, etc. and reducing these operationally, however barriers to development of interventions as we have completed work on this previously for the overall metric (not population focused however)- 0 voted for this option

	<table><tr><th>Data Information Obtained</th><th>Measurement Period</th><th>PIP Submission Date</th></tr><tr><td>PIP Design (Steps 1 through 6)</td><td>N/A</td><td>May 2027</td></tr><tr><td>Baseline (Progress to Steps 7 and 8)</td><td>Calendar Year (CY) 2027</td><td>July 2028</td></tr><tr><td>Remeasurement 1</td><td>CY2028</td><td>July 2029</td></tr><tr><td>Remeasurement 2</td><td>CY2029</td><td>July 2030</td></tr></table> Email from Sandy on 6/17 states, "CMS provided the following response on defining clinical and nonclinical: *Clinical PIPs focus on service outcomes, while non-clinical PIPs focus on service delivery processes or operational functions.* Essentially, HSAG has determined that a clinical PIP focuses and measures a clinical service in a clinical setting (clinical outcome). A nonclinical PIP focuses and measures an operational service, member/provider experience. The majority of the core set measures are clinical topics. One topic example for a PIP that can be both clinical and nonclinical from the list below is Screening for Depression and Follow-Up Plan. This topic could serve as one PIP with clinical and nonclinical performance indicators." • Action Needed: Kara to send on identified PIPs to leadership and ultimately Ops Council for review/approval. Finalized PIP's will be sent to MDHHS for approval by 8/14/26.
Critical Incident Submissions (Kara/All)	○ Discussion: • Risk Events: ○ MSHN is not currently collecting risk events in a formal way like some of the other PIHPs: this is a requirement that the CMHSPs collect this information and be able to report out on it if requested (and should be happening on a quarterly basis for analysis with a full annual write-up provided in your QAPIP report). As a reminder, risk events are not reported to MDHHS but MDHHS or MSHN can ask for information regarding risk events at any time. Requirements state that each delegate must have a process for analyzing risk events and analysis should be used to determine what action needs to be taken to remediate the situations and prevent occurrence of additional events. ○ Risk events are incidents that put beneficiaries at risk of harm and minimally include: ○ Beneficiary harm to self ○ Beneficiary harm to others ○ Two or more unscheduled / unplanned medical hospitalizations within a 12-month period not due to a chronic / terminal illness ○ Discussion: The CMHs provided information relating to their current processes. This is being done differently at each CMH at this time, but there are some similarities by CMH. Each CMH should review their local level processes to ensure that, if requested, risk event data could be obtained by MDHHS or MSHN at any time. In addition, local processes should include an analysis occurring on a quarterly basis to determine any follow-up interventions needed for consumers that meet the risk event criteria listed above. An annual analysis on overarching risk events must be incorporated within your QAPIP report- please ensure that you are following your policy/procedure language as identified for risk events. • Patterns of Falls/Patterns of Critical Incidents: ○ As a region we need to confirm what we're all identifying as a pattern for incidents/falls and what cases warrant additional review. MDHHS has not defined what a "pattern" entails, and does not have language around this for critical incidents. After discussion, it was determined that MSHN will move forward with requesting additional information on consumers that have had 6+ critical incidents in a quarterly window to flag these individuals and ensure that interventions are taking place

	appropriately for those individuals. At the CMH level, please note that you may have different review processes and committees these individuals are reviewed in and MSHN is not defining requirements around that. ○ **Action Items:** Each CMH should review their local level processes to ensure that the above requirements relating to risk event analysis and review of risk events is taking place. In addition, CMHs should be prepared to respond to any additional information requests from MSHN for consumers that have 6+ critical incidents per quarter.
Critical Incident Remediations	• **Discussion:** At this time due to changes happening within the CRM and additional remediation requests being pushed down from MDHHS for different critical incident types, MSHN has recommended that having CMHs direct enter remediations at the local levels be put on pause at this time until we confirm what MDHHS is looking for to be able to provide sufficient regional guidance for the CMHSPs to direct enter remediations. ○ MDHHS has begun requesting remediations for those incidents that don't have additional notes/information for EMT and Hospitalizations resulting in injuries beginning on 6/1/26. Many of you have had an increase in remediations due to this as the process. • **Action Needed:** No action needed at this time; additional discussions will take place for CMHs to direct enter remediations in the CRM once more information has been provided from MDHHS.
Critical Incident Policy and Procedure (Kara/All)	• **Documents:** DRAFT Quality_Critical_Incidents Policy, DRAFT Quality-Adverse Event Reporting Procedure (CMHSP) • **Discussion:** Are there any concerns with the policy/procedure or changes needed prior to these going to Ops Council and ultimately the Board for review? Conduct vote of approval to move policy and procedure forward to July Ops/Board meetings. ○ No questions or concerns were brought forward by the QIC group. Policy and procedures were approved by the QIC group to move forward to Ops Council for approval and then the Board. • **Action Needed:** Kara to submit final documents to Kim for Ops Council review for approval.
MSHN HEDIS Metrics/Priority Measure Report (Kara/All)	• **Documents:** MDHHS Final Year One HEDIS Metrics Report , MSHN HEDIS Year 1 Report, MSHN HEDIS Metrics and Measure Information • **Discussion:** Please note that there are known issues with the Priority Measure Report for FY26Q1 for any metric utilizing SUD data due to MDHHS consent issues and therefore inability to access data in CC360- this is being resolved and this priority measure report will be updated along with detail data as soon as this is provided (estimated timeframe July QIC meeting). Once this is obtained, detail data will be provided along with the updated link for the priority measure report within BOX. Informational documents above have been provided to assist in reviewing current metric information for PIP determination. • **Action Needed:** MSHN to monitor data available in CC360 and update the priority measure report once detailed information has been received. MSHN to complete the updated/new data use agreement from MDHHS to gain SUD access back after MDHHS withdrew this access for all PIHPs.
MDHHS FY26 QAPIP Follow-up/Recommendations (Kara/All)	• **Discussion:** MSHN received recommendations from MDHHS relating to its FY26 QAPIP Plan as well as its unvalidated PIP #2 metrics recently. This is an informational item only and these recommendations will be addressed in the next FY27 QAPIP Plan submission: FY26 QAPIP Plan MDHHS Recommendations Section I.3 • Recommend including all of the BH Quality Transformation measures in the plan and evaluation moving forward (must address during the next annual submission) Section III.6.e • No analysis of Risk Events is included in the evaluation (must address during the next annual submission) Section VIII.3.a and VIII.3.b • The 2025 Workplan progress section identifies that the MEV goals were met but no further analysis is included in the evaluation (must address during the next annual submission) Section IX.3

	• The plan identifies that MSHN and delegated entities have mechanisms for monitoring under- and over-utilization of services, but no analysis is provided in the evaluation (must address during the next annual submission) Section X.3 • The Provider Monitoring section of the evaluation has a good analysis of the external reviews but only states that that MSHN conducts monitoring. Recommendation to include an analysis of the desk reviews, etc. that MSHN completes moving forward (must address during the next annual submission) **Of note, the PIHP's had not received this QAPIP review tool in advance and there were significant changes from previous years. In addition, MDHHS cited that links were not working in the MSHN QAPIP document (due to these links going to BOX documents they did not have permission for) and did not request or communicate any issues to us in advance of scoring. Several areas could have easily been resolved but this communication did not occur unfortunately. Unvalidated PIP #2 MDHHS Findings: • 7.3 The PIHPs analysis did not account for factors that may influence the comparability of baseline and repeat measurements • 7.4 The PIHPs analysis did not account for factors that may threaten the internal or external validity of the findings (data reported) • 8.4 Building on the findings from the data analysis and interpretation of PIP results (Step 7), the PIHP did not assess the extent to which the improvement strategy/intervention was successful and identify potential follow-up activities Action Needed: Informational only, all areas will be clearly addressed in the next QAPIP submission to MDHHS.
MSHN QAPIP Workplan Progress Update	• Documents: FY26 QAPIP Workplan Status Update for QIC, FY26 QAPIP Workplan Task Tracker • Discussion: QIC members to review FY26 QAPIP Workplan updates and current status of all QAPIP related areas. • Action Needed: Informational only, all areas will be addressed through the respective project leads
Upcoming Reporting Requirements	• MDHHS Waiver Audit- 5/18/26-7/31/26- MSHN has developed a process and guidance on documentation submission, timelines, and related matters (Amy D. sending out weekly updates/FAQ's)
Standing Agenda Item: Committee Updates (Kara/All)	• MDHHS QIC Updates: Met on 6/3/2026. MDHHS provided an update on a Children's Behavioral Health Data and Quality Advisory Body as part of the DD v. MDHHS settlement agreement. Applications are currently being sought for individuals with lived experience (this was provided to the Regional Customer Service Committee for distribution). Appeals, Grievance and Service Authorization Denal Submission is moving to the CRM (schedule E non-financial deliverables will be moving to submitting this to the CRM in Q3 (only reporting location is changing, not requirements). Under the PBIP, MDHHS shared that the FUA, FUH, and IET metrics are moving to PIHP only rather than being joint PBIP's with the Medicaid Health Plans. Sandy provided an update with the PIP- MDHHS has confirmed that each PIHP may select their own PIP however, the topic must be selected from the CMS BH Core metric set. This PIP will be submitted as part of the HSAG review and validated in the summer of 2027. Shelley Norris Chapman provided an overview of the summary of CMS 372 Report findings and performance measures. This presentation has not been shared with us and we were told the 372 report will not be shared with the PIHPs unless permission is given from MDHHS leadership. • PIHP Quality Workgroup Updates (Kara): Met on 6/9/2026. Discussion took place relating to ICSS certification and required data points as MDHHS is collecting more information that will likely result in systems changes needed at the CMHSP level. PIHPs are currently waiting on MDHHS definitions of these data points to ensure consistency in understanding and field collection. Lots of discussion relating to how CCBHC exclusions/omissions are impacting multiple quality areas without guidance from MDHHS (PBIP, PIPs, HEDIS, MMBPIS, critical incidents). • CIR PIHP Leads Meeting: 6/9/2026 meeting was cancelled due to scheduling issues within MDHHS. • Quality Transformation Workgroup: Meeting will now be every other month- next meeting is in July • BH-TEDs Updates: Holli any updates?

	• **National Core Indicator Advisory Council:** Any updates from council members?
Standing Agenda Item: Open Discussion/Consultation (All)	• **Move to June meeting as unable to discuss in May due to time:** Holli- Saginaw: Staff has brought up frustrations from persons served when they are transferring from other counties to our services because they indicate they are not aware that there will be a lapse in their services, specifically CLS services and that the process essentially starts over with Intake. My question/conversation with the group would be what are their transfer procedures like? Do they speak with the person that is transferring about the lapse in service, is it the responsibility of the incoming CMH, what can we do better to improve this process, etc.
Relevant Informational Documents that may be of Interest:	• 2025 Accurate Picture Initiative Statewide Satisfaction Survey Report- CMHAM • PBIP FY26 Joint Care Specifications • HSAG Final Reports and Results for Priority Measure Validation (PMV), Encounter Data Validation (EDV), and Compliance from 2025
Previous Action Item Follow-up	• **In-Person QIC Meeting:** All set for July in Saginaw- hybrid option will be available

Summary Action Items from Meeting	
CMHSP's	• Critical Incident Submissions - Each CMH should review their local level processes to ensure that the above requirements relating to risk event analysis and review of risk events is taking place. In addition, CMHs should be prepared to respond to any additional information requests from MSHN for consumers that have 6+ critical incidents per quarter.
MSHN/Kara	• **Performance Improvement Project (PIPs) Topics:** Kara to send on identified PIPs to leadership and ultimately Ops Council for review/approval. Finalized PIP's will be sent to MDHHS for approval by 8/14/26. • **Critical Incident Policy and Procedure:** Kara to submit final documents to Kim for Ops Council review for approval. • **MSHN HEDIS Metrics/Priority Measure Report:** MSHN to monitor data available in CC360 and update the priority measure report once detailed information has been received. MSHN to complete the updated/new data use agreement from MDHHS to gain SUD access back after MDHHS withdrew this access for all PIHPs.