



MSHN

Mid-State Health Network

**2026
QUALITY ASSESSMENT
AND PERFORMANCE
IMPROVEMENT
PROGRAM (QAPIP)
PLAN EXECUTIVE
SUMMARY**

Executive Summary FY26 QAPIP Plan

Purpose

The Fiscal Year (FY) 2026 QAPIP Plan outlines Mid-State Health Network's (MSHNs) ongoing strategy to monitor, assess, and continuously improve the quality of behavioral health and substance use disorder services provided throughout Region 5. This year's plan reflects alignment with the Michigan Department of Health and Human Services (MDHHS) 2023–2026 Comprehensive Quality Strategy (CQS), federal managed care regulations (42 CFR §438.330), and the organization's Strategic Plan and Quintuple Aim priorities (Better Health, Better Care, Better Value, Better Provider Systems, and Better Equity).

Overview of FY26 Plan Revisions

Building upon the FY2025 QAPIP framework, the FY2026 QAPIP plan has been modernized, restructured, and expanded to enhance transparency, accountability, and data-driven performance management.

1. Structural and Organizational Updates

- Reorganized table of contents and formatting for clarity and consistency
- New separated sections for External Audits & Reviews, Financial Oversight, Long-Term Supports and Services (LTSS)/Home and Community Based Services (HCBS), Provider Qualifications, Cultural Competence, and Relevant Policies & Attachments were added
- Overall, strengthened alignment with the Michigan Department of Health and Human Services (MDHHS) QAPIP standards and Pre-Paid Inpatient Health Plan (PIHP) contractual obligations

2. Organizational Structure and Leadership

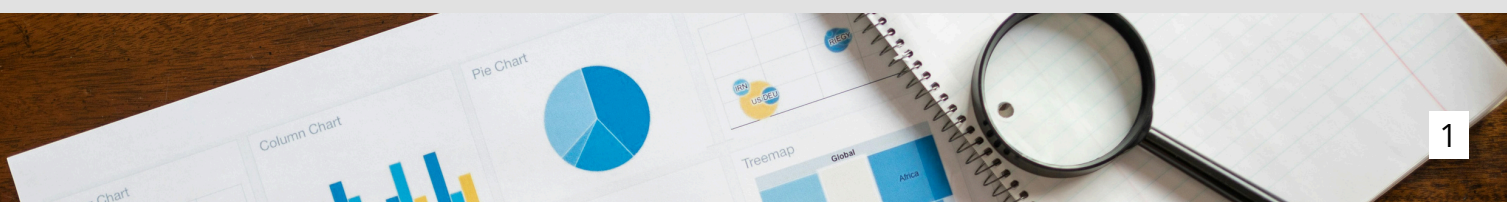
- Clarified Quality Improvement Council's (QICs) role as the coordinating body for all performance measurement and improvement activities
- Updated council/committee descriptions to emphasize collaboration, accountability, and stakeholder inclusion. FY26 introduces streamlined descriptions of councils, committees, and provider responsibilities, full descriptions of councils/committees were placed in an appendix to streamline the QAPIP plan itself
- Adds language clarifying provider accountability under 42 CFR 438.608 and reinforces use of formal charters aligned with the Strategic Plan

3. Performance Management and Measurement

- Expanded details on data governance and establishment of performance measures
- Integration of a Performance Management Process Map aligned with the Plan-Do-Study-Act (PDSA) model
- Wording alignment with Balanced Scorecard indicators and the MDHHS Behavioral Health Quality Program

4. QAPIP Priorities

- Overall, the QAPIP workplan has been brought in to each relevant QAPIP priority section to clearly delineate the goals and activities associated with each area rather than having two separate documents
- Language has been streamlined and updated in each QAPIP priority section to capture requirements while also outlining any significant changes for FY26



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Overview of FY26 Plan Revisions Continued

4. QAPIP Priorities

- Michigan Mission Based Performance Indicator System (MMBPIS): Changes primarily reflect MDHHS discontinuation of most MMBPIS indicators beginning FY2026 while retaining Indicator #2 (timeliness of biopsychosocial assessments) as mandated by MDHHS
- Performance Improvement Projects (PIPs): Continues existing PIPs on racial and ethnic disparity reduction, designated as Remeasurement Period 3 per MDHHS extension through FY2026
- Performance Based Incentive Payment Measures (PBIP): Expands PBIP details to specify Calendar Year (CY) 2026 metrics and validation requirements
- Stakeholder Experience of Care: Streamlined language to specify ongoing consumer satisfaction survey work within MSHN for FY26
- Adverse Events: Expanded definitions and restructured language was utilized for adverse event classification (Immediate Reportable, Sentinel, Critical, and Risk Events), consistent with MDHHS Critical Incident Reporting requirements
- Behavior Treatment: Added quarterly trend analysis language and expanded wording around oversight
- Utilization Management: Updated language and integrated the Utilization Management plan into the FY26 QAPIP plan for consistency in messaging within this area
- Integrated Care: Updated section on Integrated Care Initiatives, highlighting Behavioral Health Homes, SUD Health Homes, and population health into FY2026. Removed Certified Community Behavioral Health Clinic (CCBHC) areas due to changes effective FY26 with PIHP oversight
- Practice Guidelines: Enhanced focus on wording around evidence-based and trauma-informed practices with measurable fidelity tracking and delegated review expectations
- Long Term Supports and Services (LTSS)/Home and Community Based Services (HCBS): New dedicated section detailing integration of HCBS performance monitoring, quality indicators, and consumer experience results—supporting federal HCBS rule compliance
- Cultural Competence: Reinforced commitment to cultural competence with updated wording in this section linking the QAPIP to diversity initiatives
- Provider Network Oversight: Restructured sections allow for ease of end-reader through all of the provider network areas of oversight including provider qualifications/credentialing and provider monitoring and follow-up
- Financial Oversight: Updated wording in section describing fiscal accountability and QAPIP alignment with budgetary review processes



5. Definitions/Acronyms: Definitions not referenced within the FY26 QAPIP plan were removed and this section was streamlined to only definitions needed for this plan

6. Relevant Resources: All resources have been updated with most up-to-date documents and links

7. Relevant Policies & Procedures: Now cross-referenced directly within the QAPIP with direct links to MSHN website for transparency and ease of access

8. Attachments: Attachments were directly embedded within the QAPIP plan for ease of reader and reference