
**MID-STATE HEALTH NETWORK
BOARD POLICY COMMITTEE
MEETING AGENDA
TUESDAY, JULY 7, 2026 - 4:00 PM**

**MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801**

**Zoom Link: <https://zoom.us/j/3797965720> Meeting ID: 379 796 5720
Call Number: 1.312.626.6799 Meeting ID Number: 379 796 5720#
Password if required for participation: 2269274**

**Note: Anyone, including members of the public, can attend this meeting
by clicking the link above**

1. CALL TO ORDER
2. **ACTION ITEM:** APPROVAL OF AGENDA FOR JULY 7, 2026
MOTION TO APPROVE THE AGENDA OF THE JULY 7, 2026 BOARD POLICY COMMITTEE MEETING
3. **ACTION ITEM:** APPROVAL OF MINUTES OF MAY 5, 2026 *(PAGE 3)*
**MOTION TO APPROVE THE MINUTES OF MAY 5, 2026 BOARD POLICY COMMITTEE MEETING AS
PRESENTED.**
4. PUBLIC COMMENT
5. **ACTION ITEM:** POLICIES UNDER REVIEW:
CHAPTER: QUALITY
 1. MICHIGAN MISSION BASED PERFORMANCE INDICATOR SYSTEM *(PAGE 5)*CHAPTER: SERVICE DELIVERY
 1. CLINICAL PRACTICE GUIDELINES AND EVIDENCE BASED PRACTICES *(PAGE 8)*
MOTION TO RECOMMEND THE POLICIES UNDER REVIEW TO THE BOARD OF DIRECTORS

6. NEW BUSINESS

FY2027 BOARD POLICY COMMITTEE MEETING CALENDAR *(PAGE 12)*

7. PUBLIC COMMENT

8. ADJOURN

Mid-State Health Network (MSHN) Board Policy Committee Meeting
Tuesday, May 5, 2026
MyMichigan Medical Center
Meeting Minutes

Members Present: John Johansen, Tina Hicks, David Griesing, Kurt Peasley, Irene O’Boyle

Members Absent: None

1. Call to Order

Mr. John Johansen called this meeting of the Mid-State Health Network Board Policy Committee to order at 4:00 p.m.

2. Public Comment

There was no public comment.

3. Approval of Agenda for May 5, 2026

Board approval was requested for the Agenda of the May 5, 2026, Board Policy Committee Meeting.

MOTION BY KURT PEASLEY, SUPPORTED BY TINA HICKS, FOR APPROVAL OF THE AGENDA OF MAY 5, 2026 BOARD POLICY COMMITTEE MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. New Policy for Review

Mr. Johansen invited Ms. Amanda Ittner to provide background information for the creation of the new Application Programming Interface Policy under the Information Technology chapter included in the Policy Committee packet.

Board members offered no feedback or edits to the new policy under review.

MOTION BY IRENE O’BOYLE, SUPPORTED BY DAVID GRIESING, TO RECOMMEND THE NEW POLICY UNDER REVIEW TO THE BOARD OF DIRECTORS, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

5. Policies Under Review

Mr. Johansen invited Ms. Ittner to provide a review of the substantive changes to the policies under review from the Compliance Chapter included in the Policy Committee packet.

Board Members suggested the Disqualified Individuals Policy be revised to shorten the policy, moving the details into the procedure and recommends the revised policy be presented to the board at the July 2026 meeting.

MOTION BY IRENE O'BOYLE, SUPPORTED BY TINA HICKS, TO RECOMMEND THE COMPLIANCE POLICY UNDER REVIEW BE REVISED AND TO PRESENT THE REVISED POLICY TO THE BOARD OF DIRECTORS. MOTION CARRIED UNANIMOUSLY.

Mr. Johansen invited Ms. Ittner to provide a review of the substantive changes to the policies under review from the Customer Service Chapter included in the Policy Committee packet.

Members asked to have the sentence in Item #3D of the Advance Directives policy reworded to provide clarity and to adjust the spacing in the definitions section of the same policy.

MOTION BY DAVID GRIESING, SUPPORTED BY TINA HICKS, TO RECOMMEND THE CUSTOMER SERVICE POLICIES UNDER REVIEW TO THE BOARD OF DIRECTORS, AS REVISED AND PRESENTED. MOTION CARRIED UNANIMOUSLY

6. FY2026 Policy Committee Meeting Calendar

Policy Committee members reviewed the FY2026 meeting calendar.

MOTION BY KURT PEASLEY, SUPPORTED BY IRENE O'BOYLE, TO APPROVE THE FY2026 POLICY COMMITTEE MEETING CALENDAR, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

7. New Business

Policy Committee Members favor receiving a hard copy of the meeting packet in advance of the scheduled meetings. Administration will mail the members a hard copy of the packet following distribution of the electronic packet for their review prior to the meeting.

Committee members raised the question of receiving a Per Diem payment for their time spent reviewing the policies in preparation for a meeting. Administration will process a per diem for each member on the date the packet is released to the members for their review.

Ms. Amanda Ittner reviewed the policy and procedure review schedule for calendar years 2026 and 2027.

8. Public Comment

There was no public comment.

9. Adjournment

The MSHN Board Policy Committee Meeting adjourned at 4:19 p.m.

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Michigan Mission Based Performance Indicator System		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance & Quality Officer	Adopted Date: 09.02.2014 Review Date: 03.04.2025	Related Policies: Quality Management Required Reporting

Purpose

To ensure Mid-State Health Network (MSHN) through its Provider Network is monitoring performance in the areas of access, ~~efficiency, and outcomes~~ through standardized performance indicators in accordance with the Michigan Department of Health and Human Services (MDHHS) established measures. To identify causal factors that may interfere with the provision of care and implement a quality improvement program to improve the healthcare received by those individuals served.

Policy

- A. MSHN is responsible for meeting the standards established by MDHHS for access, ~~efficiency and outcomes~~, through an effective performance monitoring and quality improvement program.
- B. MSHN will report/submit to MDHHS, all data, as required, in accordance with the MDHHS/Prepaid Inpatient Health Plan (PIHP) Contract and the Michigan Mission Based Performance Indicator System (MMBPIS) Codebook.
- C. The Provider Network will collect and report accurate data to MSHN for all performance indicators as specified by MSHN and MDHHS.
- D. MSHN will provide a regional analysis demonstrating the performance of the Provider Network.
- E. Remediation efforts will occur at the regional level for indicators that exhibit performance below the standard for the quarter. These remediation discussions and interventions will occur with the MSHN Quality Improvement Council.
- F. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access, ~~efficiency, and outcomes~~ of services provided by the Provider Network participant as monitored through the performance indicator system or through Network Adequacy reporting. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.
- G. Noncompliance with the ~~above~~ indicators and related improvement plans will be addressed per the contract provisions.
- H. Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.
- I. The Performance Indicator ~~s~~ for FY26 as defined by MDHHS that will be submitted to REMI is:
 1. **Access:**
 - ~~1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.~~
 1. Indicator #2 (Access- Timeliness/First Request): The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service: [Mental Illness (MI) Adults, MI Children, Intellectual/Developmentally Disabled (IDD) Adults, IDD Children].
 - *Rates for this indicator are calculated by the PIHP from REMI (MSHN's Regional Electronic Medical Record).
- J. In addition to Indicator 2, Indicator 1 will no longer be collected via REMI and submitted to MDHHS on a quarterly basis; rather, the Provider Network is responsible for ensuring this data is

collected and reported out during annual Network Adequacy reporting.

- ~~1. Indicator #1: The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.~~
- ~~2.~~
- ~~3. The percentage of new persons during the quarter receiving a face to face service for treatment or supports within the 14 calendar days of a non-emergency request for service for persons with Substance use Disorders (SUD) (Persons approved for SUD-services) **~~
- ~~4. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, IDD Adults, IDD Children).~~
- ~~5. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow up care within seven (7) days (All children and all adults (MI, IDD)).
(b) The percent of discharges from a substance use disorder detox unit who are seen for follow up care within seven (7) days (All Medicaid SUD*).~~
- ~~6. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/IDD Adults/IDD children, and SUD).**~~

~~2. Adequacy/Appropriateness:~~

- ~~1. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. **~~

~~3. Efficiency:~~

- ~~1. The percent of total expenditures spent on managed care administrative function for PIHPs. **~~

~~4. Outcomes:~~

- ~~1. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/IDD adults served by the CMHSP who are in competitive employment. **~~
- ~~2. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). **~~
- ~~3. The percent of MI and IDD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.~~
- ~~4. The percent of adults with an intellectual developmental disability served who live in a private residence alone or with spouse or non relative(s). **~~
- ~~5. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non relative(s). **~~

~~* Calculated by the PIHP from REMI. (MSHN's Regional Electronic Medical Information Record)~~

~~** MDHHS Calculates. The PIHP does not submit data through this process.~~

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN's CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Plan

IDD: Intellectual Developmental Disability

HSW: Habilitation Supports Waiver

MDHHS: Michigan Department of Health and Human Services

MI: Mental Illness

MMBPIS: Michigan Mission Based Performance Indicator System

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

MMBPIS: Michigan Mission Based Performance Indicator System

Provider Network: refers to a CMHSP Participant and Substance use Treatment Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.

REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)

SUD: Substance Use Disorder

Other Related Materials

References/Legal Authority

Medicaid Contract

MDHHS FY25_PIHP_MMBPIS_Code Book

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual review and update to MDHHS	Director of Compliance, Customer Service and Quality Improvement
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
04.2020	Deleted Indicator 2 and 3. Replaced with new Indicators 2, 2a, and 3.	Director of Compliance, Customer Service and Quality
10.2022	Biennial Review	Quality Manager
12/2024	Biennial Review – removed two indicators that are no longer required)	Chief Compliance and Quality Officer
10/2025	Deleted all Indicators no longer required by MDHHS for collection	Quality Manager

POLICY & PROCEDURE MANUAL

Chapter:	Service Delivery		
Title:	Clinical Practice Guidelines and Evidence-Based Practices		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance Officer	Adopted Date: 11.04.2014 Review Date: 11.12.2024	Related Policies: Quality Management

Purpose

To establish service provision parameters and expectations of the Community Mental Health Services Program (CMHSP) Participants and the Substance Use Disorder Prevention and Treatment Provider System of the Mid-State Health Network (MSHN) region regarding the network-wide use of nationally accepted or mutually agreed upon clinical practice guidelines and evidence-based practices (EBP).

Policy

MSHN supports and requires the use of nationally accepted and mutually agreed clinical practice guidelines including EBPs to ensure the use of research-validated methods for the best possible outcomes for service recipients as well as best value in the purchase of services and supports. Practice guidelines include clinical standards, evidence-based practices, practice-based evidence, best practices, and promising practices that are relevant to the individuals served.

While MSHN does support the use of promising and emerging practices, interventions that are considered experimental or indicate risk of harm to human subjects are not supported within the Prepaid Inpatient Health Plan (PIHP) region unless approved in accordance with MSHN’s Research Policy and by the Michigan Department of Health and Human Services (MDHHS).

Standards:

CMHSP Participants and the Substance Use Disorder Prevention and Treatment Provider System under contract to provide prevention and/or treatment services for mental health and/or substance use disorders will deliver services in a manner which reflects the values and expectations contained in nationally accepted or mutually agreed upon practice guidelines.

- A. The guidelines should include but are not limited to the following practice guidelines:
 1. Access Standards
 2. Behavior Treatment Plans Technical Requirement
 3. Inclusion Practice Guideline
 4. Housing Practice Guideline
 5. Consumerism Practice Guideline
 6. Personal Care in Non-specialized Residential Settings
 7. Family Driven and Youth Guided Policy and Practice Guideline
 8. Employment Works! Policy
 9. Person-Centered Planning Policy
 10. School to Community Transition
 11. Self-Directed Services Technical Requirements

12. Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with Serious Emotional Disturbance (SED) ~~Children~~ and Intellectual and/or Developmental Disabilities (I/DD)
 13. Trauma Policy
- B. ~~Adoption, d~~Development, adoption, and implementation of practice guidelines
1. MSHN shall use the appropriate councils, committees, and workgroups for the review, approval, and adoption of clinical practice guidelines and related policies and procedures in accordance with the Governance and General Management Chapter of its policies and procedures:
 - i CMHSP Participants: Clinical Leadership Committee shall be responsible for addressing clinical practice guidelines, policies, and procedures in the public behavioral health system as identified in this policy.
 - ii Substance Use Disorder Service Provider (SUDSP) Participants: MSHN SUD Leadership, and the Substance Use Disorder Oversight Policy Board in consultation with the regional SUDS Directors, MSHN's Medical Director, and MSHN's contracted SUD prevention, treatment and recovery providers, shall be responsible for addressing clinical practice guidelines, policies, and procedures in the public substance use disorder prevention and treatment provider system as identified in this policy.
 - iii MSHN councils, committees, and workgroups shall ensure that the relevant minutes reflect the discussion, including title of document, summary of changes, key discussion points, questions/concerns, proposed revisions, and outcome (i.e., approval, further edits, etc.).
 - 1.2. Key concepts of recovery and resilience, wellness, person-centered planning/individual treatment planning and choice, self-determination, and cultural competency are critical to the success of implementation of practice guidelines or treatment.
 - 2.3. Practices will appropriately match the presenting clinical and/or community needs as well as demographic and diagnostic characteristics of the individuals to be served.
 3. Programs will ensure the presence of foundational practice skills including motivational interviewing, trauma informed care, and positive behavioral supports.
 4. Practices which are not evidence-based should be replaced with practices that are, where feasible.
 5. Promising or emerging EBPs may be conditionally explored or supported where appropriate to meet the needs of person served.
 6. CMHSP Participants and ~~Substance Use Disorder Service Providers (SUDSP) Participants~~ will review service and clinical practices for EBP endorsement, offering an array of EBPs which best meet the needs of the persons served.
 7. Evidence for EBP prevention programs must come from one of these sources: a) Federal Registries; b) Peer Reviewed Journals; c) Community Based Process Best-Practices; or d) Other sources of documented effectiveness.
- C. Monitoring and Evaluation
1. Oversight of practice guidelines and EBPs will be provided by the responsible contractor and will be reviewed as part of the MSHN site review and monitoring process.
 2. Contractors must report to MSHN any practices being used to support and/or provide clinical interventions for/with individuals.
 3. Evidence-based practices will be monitored, tracked, and reported, including summary information provided to MSHN through the annual assessment of Network Adequacy.
 4. Requisite staff training, supervision/coaching, certifications and/or credentials for specific clinical practices as needed will be required, verified, and sustained as part of the credentialing, privileging and/or contracting processes.
 5. Fidelity reviews shall be conducted and reviewed as part of local quality improvement programs or as required by MDHHS

D. Communication

1. Persons served as well as other key stakeholders will be routinely provided with practice guidelines relevant for their services and supports.
2. Practice Guideline expectations will be included in contracts.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s CMHSP Participants: Policy Policy and Procedure
- Other: Sub-contract Providers

Definitions:

Clinical Practice Guidelines: The Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options."

CMHSP: Community Mental Health Services Program; A program operated under Chapter 2 of the Michigan Mental Health Code-Act 258 of 1974 as amended.

Evidence Based Practices (EBP): treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study

I/DD: Intellectual and/or Developmental Disabilities

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network; A regional entity formed for the purpose of carrying out the provisions of Section 1204b of the Mental Health Code relative to serving as the prepaid inpatient health plan to manage Medicaid specialty supports and services.

PIHP: An organization that manages Medicaid specialty services under the state’s approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401, as amended, regarding Medicaid managed care.

SED: Serious Emotional Disturbance

SUDSP: Substance Use Disorder Service Provider

References/Legal Authority:

Medicaid Managed Specialty Supports and Services Contract

MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
11.2014	New Policy	Chief Compliance Officer
11.2015	Policy Review	Chief Clinical Officer
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager

10.2020	Biennial Review	Quality Manager
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer
<u>03.2026</u>	<u>Align with HSAG Recommendation</u>	<u>Chief Behavioral Health Officer</u>

DRAFT



TENTATIVE

**FY2027 MID-STATE HEALTH NETWORK
REGIONAL BOARD OF DIRECTORS POLICY COMMITTEE
MEETING CALENDAR**

(All meetings are scheduled to convene at 4:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
November 10, 2026 <i>(Adjusted due to Election Day)</i>	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
January 5, 2027	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
March 2, 2027	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
May 4, 2027	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
July 13, 2027 <i>(Adjusted due to Holiday)</i>	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
September 7, 2027	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801

Calendar is tentative until Committee approved

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Please contact Sherry Kletke, Executive Assistant, with questions related to the MSHN Board of Directors at sheryl.kletke@midstatehealthnetwork.org