

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: August 28th, 2025, 9:00am-11am

### Attendance:

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

AGENDA ITEM TOPIC	KEY DECISIONS/QUESTIONS	ACTION REQUIRED (WHO, WHEN)
Review/Approvals (All)	<ul style="list-style-type: none"> <li>Review/Approve <a href="#">Meeting Minutes from July</a> <ul style="list-style-type: none"> <li>Approved, no changes</li> </ul> </li> <li>Any changes/additions to this month's Agenda?                             <ul style="list-style-type: none"> <li>No additions/changes to agenda</li> </ul> </li> </ul>	
Consent Agenda (All)	<ul style="list-style-type: none"> <li>No items for consent during this meeting</li> </ul>	
MDHHS PIHP Procurement (Kara/All)	<ul style="list-style-type: none"> <li><b>Discussion:</b> The RFP was issued officially on August 5<sup>th</sup>.</li> <li><b>Documents:</b> <ul style="list-style-type: none"> <li><a href="#">PIHP RFP NR- MDHHS</a> document in our BOX folder is the official email communication from MDHHS on the RFP. Please note that the RFP application is due to MDHHS by September 29<sup>th</sup>, 2025. The anticipated date of award of the contract is expected by February 24<sup>th</sup>, 2025 with a contract effective date of October 1<sup>st</sup>, 2026.</li> </ul> </li> <li><b>Action Needed:</b> None at this time</li> </ul>	
Critical Incident Reporting (Kara/All)	<ul style="list-style-type: none"> <li><b>Discussion:</b> After reviewing the request from the last QIC meeting where CMHSPs asked that Injuries due to fall (hospitalizations and emergency medical treatment) be added to quarterly CI reporting, a review of the data showed that for FY25Q1 and FY25Q2, there were only 6 CMHSPs reporting this incident type (BABH, Central, Huron, Gratiot, Lifeways, and Saginaw are reporting these so far).</li> <li><b>Question(s):</b> Does everyone have this incident type and subtype added in to your EMR systems for selection and use? If not, what are the barriers and is consultation needed for this?</li> </ul>	

	<ul style="list-style-type: none"> <li>○ All CMHSPs who have not yet submitted this incident type have confirmed that they have implemented this into their systems (CEI, Montcalm, TRD, Lifeways, Tuscola, and Shiawassee).</li> </ul>	
Satisfaction Surveying (Kara/All)	<ul style="list-style-type: none"> <li>● <b>Discussion:</b> As indicated back in June, I wanted to bring back the survey reporting/analysis topic- what would CMHSPs find the most helpful to identify areas of improvement for the region as well as for your own CMH within the analysis reports that we provide? Would you like to see any of the reports contain different information? Previous reports can be found here: <a href="https://mshn.app.box.com/folder/245770617501">https://mshn.app.box.com/folder/245770617501</a> <ul style="list-style-type: none"> <li>○ There was a request that we include break-outs for all of the populations in our reporting (I/DD and MI for YSS and MHSIP), unfortunately, not all CMHSPs were able to break out their surveying data by population this year. Kara will place this in her notes and recommendations for next year to bring forward as an area of opportunity.</li> <li>○ Kara discussed combining all satisfaction reporting into one overall document. The group supported this idea for streamlining methodology as well as having one overall report.</li> <li>○ Discussion took place relating to expectations and surveying in the future, MDHHS is moving forward with CAHPs according to their 3 year roll-out and this will begin in FY27. Feedback was obtained from the group and supported that CMHSPs would request that an external party is contracted to conduct surveying to eliminate any conflict of interest and reduce administrative burden on the CMHSPs. One area of importance is that whomever conducts that surveying provide information on the CMH the surveying is for and not the PIHP or MDHHS as consumers will not respond to surveying for organizations they are unaware of.</li> <li>○ CMHSPs were asked to send over feedback/comments from their surveying as many CMHSPs have stripped this data. These comments will be used in the final satisfaction report.</li> </ul> </li> <li>● <b>Action Needed:</b> CMHSPs to submit FY2025 Satisfaction Survey data collection tool by August 31st on the MSHN <a href="#">Excel template</a> (please note that finalized tools must be uploaded to the CMHSPs QI_CMHSPs_Secure folder- each CMH has a FY2025 folder set up under Consumer Satisfaction)</li> </ul>	
HSAG Audit (Kara)	<ul style="list-style-type: none"> <li>● <b>Discussion:</b> We just submitted our last/final round of follow-up for HSAG from the PMV audit on 8/18/2025, thank you to everyone who worked within the very short deadlines we had to get this information back to us, we appreciate you and your diligence!</li> <li>● <b>Additional HSAG Information:</b> There will not be an HSAG Year 3 Compliance Audit for MSHN in FY26 (PMV and PIPs will still likely be reviewed). MDHHS has confirmed that the FY26 waiver review will continue as planned (no new information has been provided on this since the webinar a few months ago and has not shared the slide deck)</li> <li>● <b>Action Needed:</b> None at this time</li> </ul>	
MMBPIS Consultation (Emily/All)	<ul style="list-style-type: none"> <li>● <b>Discussion:</b> Lifeways/Emily would like to consult on a specific issue they are having with indicator 2, specifically around their infant mental health program. Currently, they are utilizing multiple assessment sessions and documenting these as non-billable and then the final assessment when it is completed is when the assessment code is billed. They</li> </ul>	

	<p>are finding that, by and large, they are not meeting the 14 day assessment window for this population and are looking for feedback.</p> <ul style="list-style-type: none"> <li>• <b>Question:</b> For those of you with infant mental health programs, what are you doing to ensure that a multi-stage biopsychosocial assessment meets the 14 day requirements for Indicator 2?</li> <li>• Feedback from the group was that almost everyone is having their access/assessment staff conducting all assessments regardless of the population or potential service array that is provided. This will be a change for Lifeways but will be pursued as an area of improvement to increase their MMBPIS indicator scoring. CMHSPs confirmed that if there are multiple assessment sessions conducted that the first meeting is documented under a progress note and the assessment when it is finalized is the billed date and is the date when the indicator is pulled.</li> <li>• <b>Action Needed:</b> None at this time.</li> </ul>	
MMBPIS Direction/Guidance	<ul style="list-style-type: none"> <li>• <b>Documents:</b> <a href="#">FY26 MMBPIS PI Codebook (Updated 8/12/2025)</a></li> <li>• <b>Discussion:</b> The MDHHS QIC group confirmed that for FY26, only indicator 2 will be required to be submitted to MDHHS. Please note that this is for PIHP submission (meaning you will not need to send a separate spreadsheet to MDHHS- this follows FY25 guidance/requirements). Please note that while Indicator 1 will be discontinued through the MMBPIS quarterly reporting, this will need to be continued to be reported annually through the Network adequacy plan. The MDHHS FY26 Codebook has been published to the MDHHS website. <ul style="list-style-type: none"> <li>○ It is recommended that no changes take place to CMHSP systems that have MMBPIS logic already set up in their system. CMHSPs will continue to submit MMBPIS data up through REMI. Kara will inform CMHSPs when indicators can be discontinued for submissions to reduce burdens where possible (Indicator 4 and 10 will no longer be needed after the 12/31/2025 submission (FY25Q4)), and indicator 3 data will no longer be needed after 3/31/2026 as the measurement period for the PIPs is for CY2025 and data is needed through this date). Indicators 1 and 2 will need to be continued in to FY26. It is recommended that CMHSPs maintain MMBPIS modules and logic in their systems for their own internal improvement discussions.</li> </ul> </li> <li>• <b>Question:</b> Is there any consultation needed relating to indicators 1 or 2 for discussion?</li> <li>• <b>Action Needed:</b> None at this time.</li> </ul>	
Performance Improvement Projects (PIPs) (Kara/All)	<ul style="list-style-type: none"> <li>• <b>Document:</b> <a href="#">PIP Email from MDHHS</a>, <a href="#">MSHN 2025 PIP Submission for HSAG</a>, <a href="#">2025 Final HSAG PIP Report</a></li> <li>• <b>Discussion:</b> Official communication has been received that MDHHS will be continuing the current set of PIPs into CY25 as a remeasurement 3 period due to the procurement process. Submission of new PIP topics will occur in CY26 with a due date of July 2027. As a reminder, CMHSPs will be required to track/monitor any interventions that are currently taking place in 2025 to address either PIP topic (access to services or penetration rates). If you have additional interventions that you are putting in place to directly target performance on indicator 3 or penetration rates, please ensure that you are adding those to <a href="#">the 2025 QIC workplan</a>. On 8/26/2025, HSAG provided us with our</li> </ul>	

	<p>validation for our PIP write-up/report. We received the same scoring on this as last year due to not impacting the disparity rates overall. One comment that stood out is around needing to implement a regional intervention for this project (even though we only have 4 agencies that have a significant enough population for really impacting the disparity). The thing that stands out the most to me that everyone is likely doing is trying to increase staffing or assessing your business hours- is this happening across the board?</p> <ul style="list-style-type: none"> <li>○ There was not consensus on interventions that are already occurring throughout the MSHN region to fit in as a regional intervention to include within our PIP. In looking at timing, there is just not enough time to fully enact any new regional interventions within the remeasurement 3 period as MSHN was just provided final direction from MDHHS that the current PIP's were continuing. This information will be used in the final PIP write-up that will go to HSAG.</li> <li>● <b>Action Needed:</b> CMHSPs to continue tracking/monitoring any CMHSP specific interventions that are put in place in <a href="#">CY2025 on the QIC workplan</a>.</li> </ul>	
National Core Indicators (NCI) (Kara/All)	<ul style="list-style-type: none"> <li>● <b>Documents:</b> <ul style="list-style-type: none"> <li>○ <a href="#">NCI- MI-IPS 2023-2024</a></li> <li>○ <a href="#">NCI-IDD-IPS-2023-24-At-a-Glance</a></li> </ul> </li> <li>● <b>Discussion:</b> NCI recently published their 2023-2024 Michigan Reports. Please see attached documents for the In-Person (IPS) Survey report as well as the 2023-2024 Data at a glance report.</li> <li>● <b>Questions:</b> Are there any questions that anyone has on the NCI reporting? Does this data appear consistent with your local level data? What improvement efforts or initiatives might you be doing for the I/DD populations within your CMHSP based off of these findings/survey results? <ul style="list-style-type: none"> <li>○ All CMHSPs agreed that they are not utilizing the NCI data for individual operations or improvements as the data is not drilled down to county level or even regional data. Rather, CMHSPs will be using the satisfaction survey process that has been conducted to develop improvement opportunities as many CMHSPs have distributed surveys by population and are able to see what improvements are needed for different populations. Some CMHSP's like CEI utilize the NCI in a brief update in their QAPIP report. The biggest issue with NCI is that local level data is not provided, it is extremely delayed (just receiving 2023-2024 data) and reports are not actionable.</li> </ul> </li> <li>● <b>Action Needed:</b> No action needed at this time.</li> </ul>	
QIC Meeting for September	<ul style="list-style-type: none"> <li>● <b>Discussion:</b> Kara will need to be out for the September meeting and is requesting to reschedule this meeting if possible. After discussing with the group, everyone was open to rescheduling this meeting to October 2<sup>nd</sup> from 9-11am. An updated calendar event will be sent out to the group.</li> </ul>	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> <li>● FY2025 Satisfaction Survey data collection tool is due on August 31<sup>st</sup> (please see instructions above)</li> <li>● MMBPIS data due for FY25Q3 (April 1<sup>st</sup>, 2025-July 31<sup>st</sup>, 2025) is due to MSHN by 9/15/2025</li> </ul>	

<b>Standing Agenda Item:</b> Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li>• <b>MDHHS QIC Updates:</b> No official minutes have been received yet from this meeting, however, slide decks have been provided and can be <a href="#">found in this BOX folder</a>. Slide decks include the Contracts/Quality presentation, Federal Compliance updates, and the FY24 LOCUS Year end report. Kasi H. provided an update on the mental health framework- for FY26 PBIPs, there are no changes of note and these will continue as they were for FY25 in to FY26. MDHHS QIC confirmed that MMBPIS Indicator 2 will continue, and indicator 1 will be reported annually through the network Adequacy Assessment. Overall, Indicators 1-3 will need to be maintained due to the PIP continuing as well. Sandy G. provided state monitoring reports by the PIHPs to the group. Lyndia provided federal compliance updates including the 1915(i) (iSPA), HSW and HCBS MPM public comment status. In addition, there was an update provided on the I/DD assessment (WHODAS 2.0) which will be used to determine eligibility for iSPA, screen for HSW eligibility and used for people with I/DD to inform person centered planning. There was a committee selected that will meet monthly beginning in July 2025 to begin an implementation plan for FY27. Lyndia also shared that annual site reviews will be transitioned to the CRM. Training will begin on the CRM for this process 60-75 days prior to our slated review schedule (MSHN will be targeted for May-July of 2026).</li> <li>• <b>PIHP Quality Workgroup Updates (Kara):</b> No meeting in August</li> <li>• <b>CIR PIHP Leads Meeting:</b> No meeting in August</li> <li>• <b>BH-TEDs Updates:</b> Any updates from BH-TEDs workgroup?</li> <li>• <b>National Core Indicator Advisory Council:</b> Please see attached documents within the QIC folder for NCI updates.</li> </ul>	
<b>Standing Agenda Item:</b> Open Discussion/Consultation (All)	<ul style="list-style-type: none"> <li>• <b>No areas of note.</b></li> </ul>	
<b>Relevant Documents that may be of Interest:</b>	<ul style="list-style-type: none"> <li>• <b>No additional documents noted</b></li> </ul>	
<b>Previous Action Item Follow-up</b>	<ul style="list-style-type: none"> <li>• <b>MMBPIS-</b> Kara will be reaching out to the CMHSPs for a more detailed discussion on their data collection and cleaning process prior to submission to REMI. Questions will be sent via email to each CMH.</li> </ul>	

Summary Action Items from Meeting		
<b>CMHSP's</b>	<ul style="list-style-type: none"> <li>• <b>Satisfaction Surveys</b> - CMHSPs to submit FY2025 Satisfaction Survey data collection tool by August 31st on the MSHN <a href="#">Excel template</a> (please note that finalized tools must be uploaded to the CMHSPs QI_CMHSPs_Secure folder- each CMH has a FY2025 folder set up under Consumer Satisfaction)</li> <li>• <b>Performance Improvement Projects (PIPs)-</b> CMHSPs to continue tracking/monitoring any CMHSP specific interventions that are put in place in <a href="#">CY2025 on the QIC workplan</a>.</li> </ul>	
<b>MSHN/Kara</b>	<ul style="list-style-type: none"> <li>• <b>MMBPIS-</b> Kara will be reaching out to the CMHSPs for a more detailed discussion on their data collection and cleaning process prior to submission to REMI. Questions will be sent via email to each CMH.</li> <li>• <b>QIC Meeting for September-</b> Kara to send out an updated calendar event rescheduling the September meeting to October 2<sup>nd</sup>.</li> </ul>	