

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: October 2<sup>nd</sup> 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> The Right Door – Jill Carter
<input checked="" type="checkbox"/> CEI – Michael Gardyko	<input checked="" type="checkbox"/> Huron – Levi Zagorski	<input checked="" type="checkbox"/> SCCMH – Holli McGeshick	<input checked="" type="checkbox"/> Other: Dan D. (MSHN)
	<input 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 August</a> <ul style="list-style-type: none"> <li>No changes to minutes from August</li> </ul> </li> <li>Any changes/additions to this month's Agenda?           <ul style="list-style-type: none"> <li>Two areas to add- Critical Incidents and follow-up needed from MDHHS (Bo), and findings from a recent MSHN MEV audit (Sarah/BABH)</li> </ul> </li> </ul>	
Consent Agenda (All)	<ul style="list-style-type: none"> <li>MMBPIS Policy and Procedure- changes due to FY26 MDHHS changes (approved)</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>. No additional information to provide at this time.</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 now due to MDHHS by October 13th. 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>	
Customer Service Discussion	<ul style="list-style-type: none"> <li><b>Document:</b> <a href="#">Customer Service Committee IPOS Language Updates DRAFT</a></li> <li><b>Discussion:</b> Dan D. came to discuss the attached IPOS language updates with QIC members to obtain feedback on these proposed changes.           <ul style="list-style-type: none"> <li>Dan provided background on the reason for wording/language changes Customer Service has proposed. The 2024 HSAG compliance review included a comment around language included in some CMHSP's IPOS documents being concerning as</li> </ul> </li> </ul>	

	<p>the language appeared to be an “ABD lite” version and there were concerns that staff would not send a full ABD notice as a result of this (or there would be confusion). In addition, there are multiple pieces of required language that have not been included (such as mediation) in some CMHSPs IPOS documents in this adverse benefit section.</p> <ul style="list-style-type: none"> <li>○ Dan requested that QIC look at embedding a standardized notice in the IPOS if possible. QIC members shared that unless this was an actual citation, this is extremely low on their priority list at this time due to required system changes that are pending development and deployment with EMRs. In addition, there is concern that most of the CMHSPs have the required language necessary, and it should be the ones that don’t have the required elements that need to update their language/wording to ensure everything is within the IPOS adverse benefit section.</li> </ul> <p><b>Action Needed:</b> This discussion will be taken back by Dan to the Customer Service Committee to review each CMHSPs local level IPOS documents to determine if required language is included or if changes are necessary with included language. This will ensure that CMHSPs can maintain their local level documentation while still meeting requirements for this element and only those that are not meeting requirements will need to adapt/change wording within their system.</p>	
<p><b>Satisfaction Surveying (Kara/All)</b></p>	<ul style="list-style-type: none"> <li>● <b>Document:</b> <a href="#"><u>2025 Satisfaction Survey Report</u></a></li> <li>● <b>Discussion:</b> As discussed in August, the satisfaction survey reports were combined into one overarching report. QIC discussion focused on the analysis and findings and began discussions on intervention opportunities for increasing satisfaction in different metric areas.</li> <li>● <b>Questions:</b> <ul style="list-style-type: none"> <li>○ Are there any areas of analysis that stand out to you or are surprising? <ul style="list-style-type: none"> <li>● Nothing really stood out to the group as surprising- the region tends to always have the exact same questions that are scored low as these are outcomes measurement questions. The group has requested that instead of just looking at this fiscal year in a silo, we do a comparison from the previous year on questions and we look at the percentage change over time to focus on these questions that have decreased overall as it's very difficult to identify interventions based on the outcomes questions. In particular, low outcomes are why most of these individuals are in services and in need of CMHSP assistance so hard to achieve positive change with interventions. <u>Kara will complete this analysis for discussion at the next QIC meeting.</u></li> </ul> </li> <li>● Response rates were a point of discussion as well. CEI had a really low response rate previously and they really focused this year on this by promoting face-to-face surveying (as did many other CMHs that had higher response rates this year (TRD, Newaygo, Huron, etc.). In addition to this, they provided incentives for their clinical teams and rewards to promote distribution of these surveys. Newaygo added that in doing in-person surveys rather than phone surveys, they had an increased response rate but also received a lot of follow-up requests so that individuals could verbally express their thankfulness for services.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>Central talked about barriers to emailing out surveying due to spam filtering and this resulting in a decreased response rate this year and is something to note for future surveying.</li> <li>What are your thoughts on the new formatting? Any changes needed? <ul style="list-style-type: none"> <li>Everyone was extremely supportive of the new formatting and structure/layout of the report.</li> </ul> </li> <li>Intervention discussions will be focused on regional intervention opportunities while also collecting local level interventions being established to impact any areas. Kara will complete some additional research relating to national interventions that may have positive impacts on the following areas: <ul style="list-style-type: none"> <li><b>Social Functioning (Adults)</b> <ul style="list-style-type: none"> <li>MHSIP Q's: I do things that are more meaningful to me (62%), I am better able to do things that I want to do (60%)</li> <li>YSS has the same questions in this domain as outcome of services (this will be addressed below)</li> </ul> </li> <li><b>Outcome of Services (Youth/Families and Adults)</b> <ul style="list-style-type: none"> <li>MHSIP Q's: I am better able to deal with crisis (64%), my symptoms are not bothering me as much (62%), and I do better in school and/or work (69%)</li> <li>YSS Q's: My child is better able to cope when things go wrong (49%), My child is doing better in school and/or work (64%)</li> </ul> </li> <li><b>Social Connectedness (Adults)</b> <ul style="list-style-type: none"> <li>In a crisis, I would have the support I need from family or friends (65%), I am happy with the friendships I have (73%)</li> </ul> </li> </ul> </li> </ul> <p><b>Action Needed:</b> Kara to provide additional analysis of percentage change over time for survey questions between FY23-FY25. Regional interventions will be discussed based on this information in the October 30<sup>th</sup> meeting. CMHSPs to review reporting and come to the October 30<sup>th</sup> QIC meeting with any local level interventions being implemented within their own CMHSPs.</p>	
<b>Priority Measure Report</b>	<ul style="list-style-type: none"> <li><b>Document:</b> <a href="#">Priority Measures Report FY25Q1</a></li> <li><b>Discussion:</b> Updates have been made to our priority measure reports to incorporate all year 1 MDHHS Behavioral Health transformation metrics. This report was reviewed and positively received. In terms of next steps, Kara requested if it would be helpful to have each report have a supplemental page with ideas around interventions that could be implemented to raise compliance for each measure. The group provided consensus that a regional approach to positive interventions would be extremely helpful.</li> </ul> <p><b>Action Needed:</b> Kara to begin drafting the intervention pages within the priority measure reports as an additional page for CMHSPs to reference if falling beneath standards/benchmarks.</p>	
<b>MMBPIS Policy &amp; Procedure Changes</b>	<ul style="list-style-type: none"> <li><b>Documents:</b> <a href="#">Quality-MMBPIS Reporting Procedure Revisions 10.2025</a>, <a href="#">Quality_MMBPIS Performance Indicator Policy revisions 10.2025</a></li> <li><b>Discussion:</b> Changes are needed as a result of the FY26 MDHHS directive and changes around the MMBPIS indicators. The group reviewed the proposed changes and did not have any feedback/concerns. One area that was asked was around the actual MMBPIS</li> </ul>	

	<p>submissions and whether there will be rejections/errors that occur due to only submitting indicators 2/3. Kara will follow up with Dmitry at PCE for REMI's errors and to ensure that this will not be an issue.</p> <p><b>Action Needed:</b> Kara to follow up with PCE on MMBPIS logic/errors for submissions to only include Indicator 2/3, and whether this will cause any issues. In addition, Kara to finalize MMBPIS policy/procedure and submit to Kim for inclusion in Ops Council packet.</p>	
QIC Meeting for October	<ul style="list-style-type: none"> <li><b>Discussion:</b> Kara will need to be out for the October meeting date and is requesting to reschedule this meeting if possible. October 30<sup>th</sup> from 9-11am works for everyone.</li> </ul> <p><b>Action Needed:</b> Kara to send rescheduled meeting invite.</p>	
Critical Incident Remediation from MDHHS (Bo)	<ul style="list-style-type: none"> <li><b>Discussion:</b> Bo provided information relating to MDHHS communication currently occurring in the CRM for all pending death determinations that are unknown. MDHHS has requested updates on and is requesting finalization of cause of death (best determination if a death certificate is not present). Currently there are 10 total pending- within the region. Bo will be sending these to the CMHSPs for updates and these will be due back by 10/10/2025.</li> </ul> <p><b>Action Needed:</b> Bo to send out critical incident follow-up by EOB on 10/2/2025, CMHSPs responses due back by 10/10/2025.</p>	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> <li>Behavior Treatment Data FY25Q4 (due 10/31/2025)- data reviewed in BTPRC</li> </ul>	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li><b>MDHHS QIC Updates:</b> Meeting cancelled by MDHHS.</li> <li><b>PIHP Quality Workgroup Updates (Kara):</b> Met at beginning of September- discussion primarily centered around proposed new HEDIS measures that were brought up in the BH Transformation workgroup (nothing is finalized yet). Conversation was that everyone is still trying to get a handle on year 1 measures, difficult to think about years 2 and 3 when they keep changing. A lot of delays in data have made clinical interventions difficult. Another area of discussion was around MMBPIS and CCBHC transition- lots of confusion and lack of clarification still around dual eligibles for CCBHC/CMH and reporting of these individuals. More to come on this.</li> <li><b>CIR PIHP Leads Meeting:</b> Meeting cancelled by MDHHS.</li> <li><b>Quality Transformation Workgroup: MDHHS Indicator 3 email</b></li> <li><b>BH-TEDs Updates:</b> Currently there is a pause in submission of BH-TEDs data (unless it's SUD only). BH-TEDs workgroup starts next week (every Wednesday for all the CCBHCs and Streamline and PCE) to develop a plan for BH-TEDs. There were fields removed for FY26 (Currently Mainstream Special Education Status, Gender Identity, Medicare ID, MIChild ID, Number of Dependents, SSA/SSI/SSDI Enrolled, Total Annual Income)- PCE is not actually removing out of their system (will remain on forms but not required/no validations run).</li> <li><b>National Core Indicator Advisory Council:</b> NCI Sample will go out on October 15<sup>th</sup> to CMHSP liaisons. December 19<sup>th</sup> is the for deadline for all documentation.</li> </ul>	

<b>Standing Agenda Item:</b> Open Discussion/Consultation (All)  <b>Added item:</b> MEV finding follow-up (BABH/Sarah)	<ul style="list-style-type: none"> <li><b>Discussion:</b> MEV finding follow-up- BABH recently had an MEV finding relating to staff with a limited license not billing under their supervisor's NPI number. There is some confusion to this as BABH did not have a finding in their spring MEV, and BABH is not aware of a change that occurred in the code chart or MPM. Extensive conversation took place between MDHHS/BABH/MSHN on this. MSHN (Bria) took this to MDHHS and MDHHS gave a rationale for why these services needed to be billed under the supervisor's NPI. MDHHS direction in the past has been contradictory, so additional clarification is needed on this.</li> </ul>	
<b>Action Needed:</b> Kara to follow-up with Bria and Amy to provide final clarification		
<b>Previous Action Item Follow-up</b>	<ul style="list-style-type: none"> <li><b>MMBPIS-</b> Kara sent out an email to the CMHSPs for a more detailed discussion on their data collection and cleaning process prior to submission to REMI. Email responses are due by October 17<sup>th</sup>.</li> </ul>	

Summary Action Items from Meeting	
<b>CMHSP's</b>	<ul style="list-style-type: none"> <li><b>Satisfaction Surveying:</b> CMHSPs to review reporting and come to the October QIC meeting with any local level interventions being implemented within their own CMHSPs.</li> <li><b>Critical Incidents:</b> CMHSPs responses due back by 10/10/2025.</li> </ul>
<b>MSHN/Kara</b>	<ul style="list-style-type: none"> <li><b>Satisfaction Surveying:</b> Kara to provide additional analysis of percentage change over time for survey questions between FY23-FY25. Regional interventions will be discussed based on this information in November. CMHSPs to review reporting and come to the November QIC meeting with any local level interventions being implemented within their own CMHSPs.</li> <li><b>Priority Measure Report:</b> Kara to begin drafting the intervention pages within the priority measure reports as an additional page for CMHSPs to reference if falling beneath standards/benchmarks (estimated completion date: December).</li> <li><b>MMBPIS Policy &amp; Procedure Changes:</b> Kara to follow up with PCE on MMBPIS logic/errors for submissions to only include Indicator 2/3, and whether this will cause any issues. In addition, Kara to finalize MMBPIS policy/procedure and submit to Kim for inclusion in Ops Council packet.</li> <li><b>Critical Incidents:</b> Bo to send out critical incident follow-up by EOB on 10/2/2025.</li> <li><b>MEV finding follow-up (BABH/Sarah):</b> Kara to follow-up with Bria and Amy to provide a final direction from MDHHS to the CMHSPs.</li> </ul>