



# Compliance Summary Report

October 2016 - September 2017

Prepared By: MSHN Compliance Officer – January 2018  
Approved By: MSHN Compliance Committee – January 10, 2018  
MSHN Board – March 06, 2018  
Reviewed By: Quality Improvement Council – January 25, 2018  
Operations Council – February 12, 2018

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# Monitoring and Auditing

## Mid-State Health Network Internal Audits

The 2017 (calendar year) Mid-State Health Network monitoring and oversight review of the Community Mental Health Service Provider's (CMHSP) and the Substance Use Disorder Service Providers (SUDSP) included a review of the Delegated Managed Care Functions as well as the Program Specific Requirements to ensure compliance with federal and state requirements.

### CMHSP Delegated Managed Care Reviews

#### CMHSP Delegated Managed Care Functions

This review included sixteen (16) standards and one hundred forty-four (144) elements. The full review consisted of an on-site visit to the CMHSP Participant to conduct consumer chart reviews, review and validate process requirements, review of new standards since the last audit, analysis of performance and encounter data, interviews of staff, and monitoring of the FY16 desk-audit corrective action plans as applicable.

Compliance percent is calculated as the number of standards correct over total number of standards (based on the number of participating CMHSPs).

#### Performance Variables for Consideration

- Changes to monitoring tool related to scope of review for specific standards

#### Status:

- 12 of 12 CMHSP full site visits completed by MSHN staff
- 10 of 12 Corrective Action Plan's received from the CMHSP's
- 8 of 12 Corrective Action Plan's reviewed and approved by MSHN staff

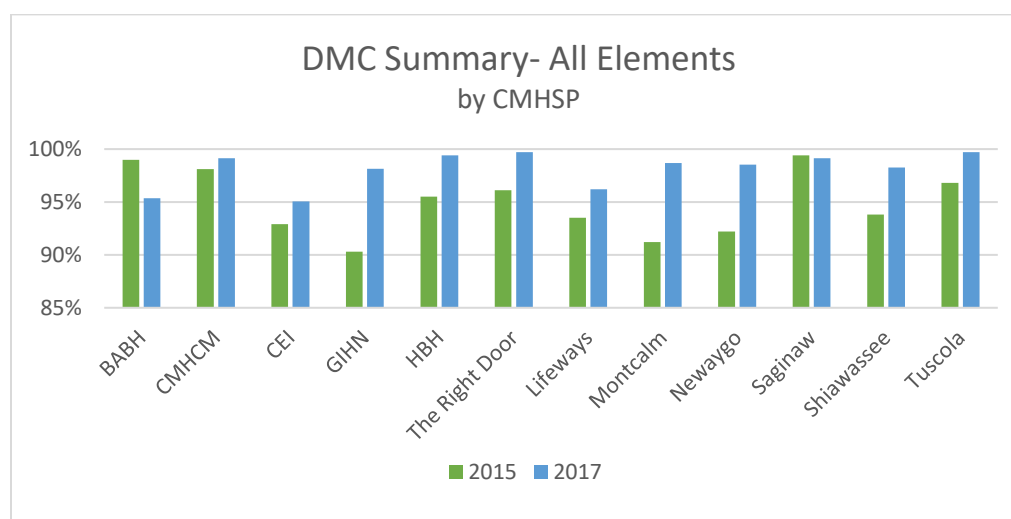
Delegated Managed Care Functions	2015 Results	2017 Results	Performance Comparison
Information and Customer Service	89.6%	97.9%	8.3%
Enrollee Rights & Protections	99.1%	100.0%	0.9%
24/7/365 Access <sup>1</sup>	94.8%	98.5%	3.7%
CMHSP Provider Network (sub-contract providers)	95.5%	97.8%	2.3%
Service Authorization & UM	90.8%	100.0%	9.2%
Grievance & Appeals	95.8%	97.7%	1.9%
Person Centered Planning & Documentation	97.5%	98%	0.5%
Advance Directives <sup>2</sup>	95.8%	N/A	N/A
Coordination of Care/Integration <sup>3</sup>	97.9%	97.5%	-0.4%

<sup>1</sup> Access Policy revisions resulted in new standards in 2016

<sup>2</sup> Advance Directives standards were combined with Customer Services standards in 2017

<sup>3</sup> Coordination of Care/Integration of Behavioral & Physical Health Services section was updated in 2017 to include three (3) additional standards focusing on coordination of follow-up after hospitalization, follow-up of shared members with the MHP through ICDP, CC360, and/or MIHIN. As a result of the additional standards, a slight decrease was noted from 2015 to 2017

Delegated Managed Care Functions	2015 Results	2017 Results	Performance Comparison
Behavior Treatment Plan Review Committee	88.3%	98.5%	10.2%
Consumer Involvement	98.6%	100.0%	1.4%
Provider/Staff Credentialing	90.3%	95.4%	5.1%
Quality & Compliance	98.1%	99.1%	1.0%
Ensuring Health & Welfare/Olmstead	97.7%	99.1%	1.4%
Information Technology	100.0%	100.0%	0.0%
Trauma Informed Care <sup>4</sup>	N/A	96.8%	N/A



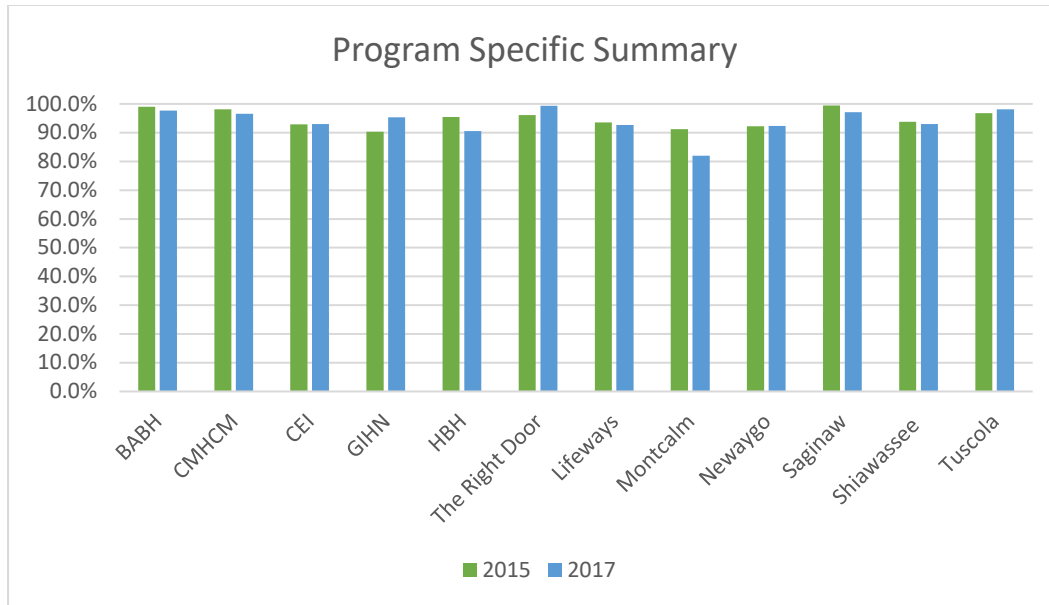
### CMHSP Program Specific Site Review

This review included ten (10) standards and a total of eight-five (85) elements. The focus of this section was to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) Program Specific Requirements.

Compliance percent is calculated as the number of standards correct over total number of standards (based on the number of participating CMHSPs).

Program Specific	2015 Results	2017 Results	Performance Comparison
Jail Diversion	93.8%	95.3%	1.5%
Assertive Community Treatment (ACT)	98.1%	100%	1.9%
Self Determination	95.4%	97.3%	1.9%
Peer Delivered and Operated Services (Drop-In)	100.0%	91.7%	-8.3%
Home Based Services	95.0%	98.3%	3.3%
Clubhouse Psycho-Social Rehabilitation	100.0%	96.4%	-3.6%
Crisis Residential Services	93.1%	85.6%	-7.5%
Targeted Case Management	91.7%	97.5%	5.8%
Habilitation Supports Waivers	95.0%	96.7%	1.7%
Autism Benefit/Applied Behavioral Analysis	86.7%	87.7%	0.0%

<sup>4</sup> New Trauma Informed Care resulted in new standards in 2017



Ensuring excellent quality and identifying areas for opportunity is completed in partnership with the CMHSPs. The number of charts reviewed during each onsite visit is generally between five (5) and eight (8). Administrators, supervisors, and direct care team members are available for guidance, interviews, and discussion during the 2-day onsite reviews. However, this does not include the time spent preparing for an extensive quality assurance and performance improvement review. Each of MSHN's CMHSP partners did an excellent job assisting in the process.

### **CMHSP Training**

Regional trainings were conducted during this past year that included topics such as:

- Autism
- Home and Community Based Waiver Rules

### **CMHSP Noteworthy Strengths**

The CMHSPs are focusing on Better Health/Integrated Treatment. The Integrated Health Care chart review consistently demonstrated diligent efforts to improve overall health outcomes. Together, the CMHSPs are demonstrating dedication to ensuring overall better health for our consumers. Examples include onsite wellness programs, community-based workout/exercise opportunities, and clinical interventions including trauma-based yoga.

Community Mental Health for Central Michigan developed an enhanced integrated healthcare program and is generating data that evidences overall improvements to focus areas including diabetes. Leadership has provided ongoing support to their teams to ensure the services are provided, data is collected, and outcomes are shared. Information sharing has, per interviews with key staff, been instrumental in ensuring accurate data. Both consumers and those providing direct services can see accomplishments throughout treatment/engagement.

The CMHSPs are consistently leading community efforts to enhance trauma-informed interactions with a variety of stakeholders including local police departments, Department of Health & Human Services, legal systems, and schools. It is evident that there is a focus on evidence-based practices such as *No Harm Done* which strives to protect children from unintended consequences after traumatic events. Several examples of excellent trauma-informed practices are present throughout the region.

Saginaw CMHSP, for example, helped their community's healing process after a tragic event. The Saginaw team worked with their local law enforcement, training and educating, and has since built a strong partnership in which law enforcement even reach out to Saginaw CMHSP for assistance when mental health is a factor.

Another example of regional excellence includes supporting team members and ensuring secondary/vicarious trauma impacts are prevented and/or treated appropriately. Upon evaluation of internal surveys in which staff were asked questions regarding supports, training, and competence, many CMHSPs have implemented internal supportive practices such as education on the impact of treating trauma survivors, open-door supervision, and company morale activities.

Overall, the CMHSPs have implemented practices to ensure that members have 24/7/365 access to the SUDSP screening and referral. Consistently, the CMHSPs share recommendations, strengths, and concerns regarding collaboration of care with the SUDSPs. This is demonstration of a growing partnership with a shared goal of ensuring consumers receive excellent care for co-occurring disorders.

### CMHSP Opportunities

An enhanced focus for 2018 includes efforts to ensure quality care services, based on data-driven outcomes, are consistently provided/maintained throughout the region. Enhancement opportunities are discussed with the CMHSPs and other stakeholders so the reviews accurately & effectively capture the dedication to overall improved health through cost-effective, quality care services. The 2017 review analysis indicates growing opportunities including:

- Enhancing Person-Centered Planning Documentation and/or Delivery - Electronic Medical Records (EMR) are an excellent way of ensuring consumers are protected by indication that they were notified of their rights, benefits, etc. However, EMRs also unintentionally create an avenue for limited narrative and human error (checking the wrong box). The amended Person-Centered Planning Policy includes guidelines for improving both documentation and service enhancement.
- Continue Enhancing Coordination of Care Efforts with SUDSPs - the CMHSP Participants and the SUDSPs should continue enhancing their relationships to ensure that every individual served receives medically necessary services that are unique to the individual. Methods of continued enhancement may include:
  - Increasing number of signed Coordination of Care Agreements with SUDSPs;
  - Education and information on services/programs within both the CMHSP and SUDSP network;
  - Developing mutual clinical goals that will require efforts of all, such as reducing the number of opioid-related deaths, increasing dual-enrollments, enhancing discharge planning and referrals.

## SUDSP Delegated Managed Care Reviews

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### SUDSP Delegated Managed Care Functions

This review included ten (10) standards and a total of one hundred fifty-two (152) elements. The full review consisted of an on-site visit to the SUDSP to conduct consumer chart reviews, review and validate process requirements, review new standards added since previous audit, analyze performance and encounter data, interview staff, and monitor FY16 desk-audit corrective action plans as applicable.

### SUDSP Treatment Quality Assurance

MSHN completed 19 full SUDSP treatment provider reviews and 18 interim reviews in 2017. Note, many providers may have more than one licensed site. The number of charts reviewed during each onsite visit is a 5% sample, with a minimum of two (2) and maximum of eight (8) for each licensed site.

Prior to 2017, reviews were conducted at each licensed site. As a result, data includes multiple site reviews for one provider. Therefore, a comparison of 2015 and 2017 data would not be an accurate reflection. MSHN will utilize 2017 reviews as a baseline for comparison in upcoming years.

Compliance percent is calculated as the number of standards correct over total number of standards (based on the number of participating SUDSPs (19 full reviews completed at time of report)).

<b>Delegated Managed Care Functions</b>	<b># of Standards in each Section</b>	<b>2017 Results</b>
<b>Access and Eligibility</b>	6	68.5%
<b>Information and Customer Service</b>	21	83.7%
<b>Enrollee Rights and Protections</b>	15	86.3%
<b>Grievance and Appeals</b>	18	56.6%
<b>Quality and Compliance</b>	12	68.1%
<b>Authorizations/UM</b>	4	66.7%
<b>Individualized Treatment &amp; Recovery Planning &amp; Documentation</b>	12	74.8%
<b>Policy and Procedure Review</b>	37	80.4%
<b>Coordination of Care</b>	11	55.1%
<b>Provider Staff Credentialing</b>	16	59.9%

### SUDSP Treatment Training

Regional trainings were conducted during the quarterly SUDSP meetings and other venues and included topics such as:

- Staff Credentialing and Recredentialing
- Recovery Oriented Systems of Care
- Grievance and Appeals
- Trauma Informed Care
- Preventing Opiate Overdose
- The Relationship of Social Determinants of Health and the Effect of Trauma and Related Responses to Care
- Women's Specialty Services
- Sub-Regional Coordination of Care Planning between Recovery Residence and Outpatient Providers
- Acupuncture Certification (NADA)
- Promoted statewide training opportunities to provider network such as ASAM Level of Care

### **SUDSP Treatment Noteworthy Strengths**

The SUDSP network is expanding the internal service array to include programming that meets the needs of individual consumers based on medical necessity. Expansion efforts include implementing group/individual therapeutic services, hiring Peer Recovery Coaches, developing effective case management practices, and ensuring team members receive training in evidence-based programming that meets the needs of the population.

MSHN providers have implemented practices to meet opioid-abuse prevention and treatment goals. This is evidenced by enhanced service arrays offered by Medication-Assisted Treatment Providers, implementation and oversight of neo-natal exposure programming, increased number of consumers dually enrolled in treatment & recovery programs to ensure all needs are effectively addressed.

MSHN expanded services by securing SUDSP Recovery Residence contracts with a variety of providers who help secure safe environments for persons in treatment and recovery from the disease of addiction. Collaboration with housing providers has begun and is in a growing process that includes understanding what information can and should be shared to ensure coordination of care.

### **SUDSP Treatment Opportunities**

- Increase data-driven outcome reporting
- Enhance use of evidence-based programming
- Improve Continuum of Care Efforts
- Develop practices that support coordination of care efforts

### **SUDSP Prevention Quality Assurance Reviews**

This review included five (5) standards and a total of thirty-four (34) elements. The desk review consisted of policies and procedures, performance, reporting, and administration. MSHN has completed 35 of 35 desk reviews as of December 30, 2017.

<b>SUDSP Prevention Programming</b>	<b># of Standards in each Section</b>	<b>2017 Results</b>
<b>General Standards</b>	10	88.7%
<b>Evaluation &amp; Performance Improvement</b>	2	83.6%
<b>Designated Youth Tobacco Use Representative</b>	8	96.5%
<b>Reporting</b>	4	96.8%
<b>Administration</b>	10	81.2%

In order to effectively ensure quality, Mid-State Health Network Prevention Specialists complete an onsite program observation review to assess provider for excellent professional behavior, facilitation skills, community resource knowledge, and general evidence-based program delivery. As of November 30, 2017, 35 onsite reviews were completed.

The Michigan Prevention Data System is used to ensure compliance with respect to utilization and fidelity. Prevention Specialists conduct monthly reviews to ensure timeliness of data input. An overall outcomes report will be included in the January 2018 quarterly report as the FY17 Provider Outcome Reports are due in December 2017.



### *SUDSP Prevention Training*

Regional trainings are conducted during the quarterly SUDSP meetings and other venues and included topics such as:

- Motivational Interviewing
- Trauma Informed Practices
- Analyzing MiPHY
- Coalition Improvement
- Engaging Youth
- State of Marijuana

### *SUDSP Prevention Noteworthy Strengths*

- Providers consistently demonstrate expert content knowledge of community resources and referral systems
- Providers consistently demonstrate excellent professional behaviors including preparation and timeliness
- Facilitation styles are appropriate for the intended audience with consideration of demographic & cultural factors
- Increased focus on opiate abuse prevention as demonstrated through newly established partnerships with regional health care providers that focus on:
  - Opioid Prescription Policies
  - Prevention of Abuse Trainings
- Increased partnerships with schools as indicated by an increased number of schools allowing prevention programming during the school year and participation in the Michigan Profiles Healthy Youth (MiPHY) survey

### *SUDSP Prevention Opportunities*

- Enhance regional Prevention Coalition relationships
- Increase MiPHY Participation
- Increase delivery of evidence-based programs that improve academic performance and health
- Implement monthly MPDS accuracy checks

## *MSHN Quality Assurance & Performance Improvement (QAPI)Next Steps*

The scope of the 2018 Delegated Managed Care Site Review work plan includes:

- Full reviews for SUDSPs who received a full review in 2016;
- Corrective Action Plan Compliance follow-up of full reviews completed in 2017 for both CMHSPs and SUDSP;
- New Standards for CMHSPs - Home and Community Based Service requirements for onboarding new providers and ensuring existing providers are coming into compliance; Encounter/Data submission;
- New Standards for SUDSPs - ASAM Level of Care verification; Financial Audit; Medication-Assisted Treatment Policy Changes; MPDS Compliance Verification;
- Develop a SUDSP Advisory Group to inform data analysis and performance improvement strategies;
- Improving the review process by enhancing the quality of services evaluation to data-driven outcomes;
- Develop and implement process for quarterly compliance and quality reports that include all relevant departments such as prevention, utilization management, and recipient rights.

# Monitoring and Auditing

## Mid-State Health Network External Audits

### **MDHHS Habilitation Supports Waiver Site Visit Report: February 27<sup>th</sup> - March 7<sup>th</sup>**

The Michigan Department of Health and Human Services (MDHHS) conducted a follow up review on-site for our region from February 27, 2017 through March 7, 2017. The purpose was to review the status of the required corrective action plans from the review completed during Fiscal Year 2016 for the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW), the Children's Waiver Program (CWP) and the Wraparound Fidelity review.

Note: The SEDW, CWP and Wraparound Fidelity review is the responsibility of the CMHSP and therefore the follow up review was completed at the CMHSP's, not at MSHN.

The 2017 site review included the review of beneficiary files, staff records and home visits to ensure the required plans of correction were implemented and effective in correcting the identified issues.

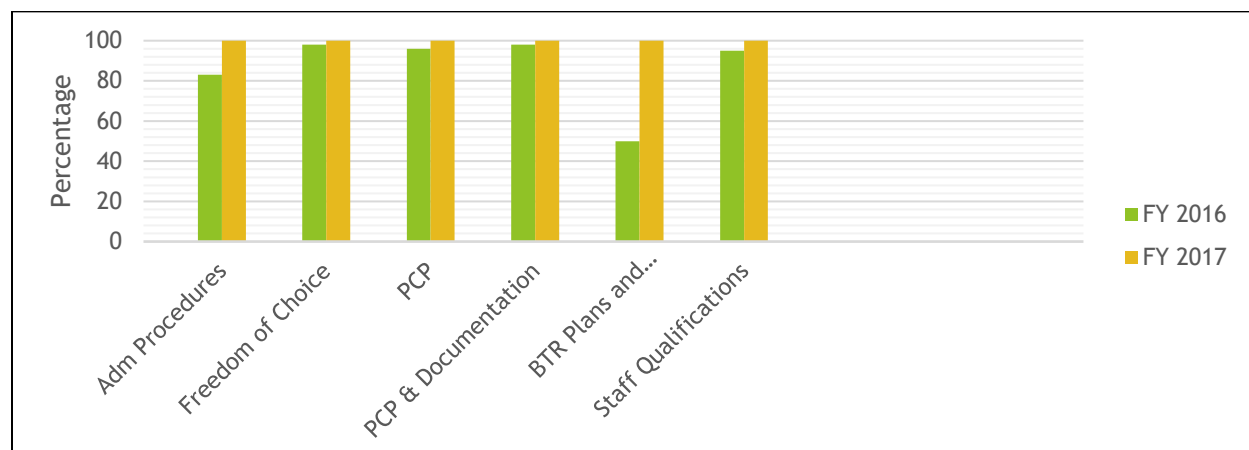
#### **Summary of the findings:**

- A. Administrative Procedures (1 element): 100%
- B. Freedom of Choice (2 Elements): 100%
- C. Implementation of Person Centered Planning (6 Elements): 100%
- D. Plan of Service and Documentation Requirements (1 Elements): 100%
- E. Behavior Treatment Plans and Review Committees (1 Elements): 100%
- F. Staff Qualifications (4 Elements): 100%
- G. Home Visits/Training/Interviews (1 home): 100%

#### **Next Steps:**

MSHN received a status of full compliance with all required plans of correction for FY2017. No further action is necessary at this time regarding the plans of correction. During the FY2016 site review, MSHN was found to have repeat citations (from the FY2014 review) for eleven standards. MSHN will be monitoring the repeat citations to ensure full compliance during the next review. A full review by MDHHS of all standards will be completed for MSHN during FY2018.

#### **Comparison of Results Full Review for FY2016 and Follow Up Review for FY2017:**



## **MDHHS Substance Use Site Review Report: February 27<sup>th</sup>**

The Michigan Department of Health and Human Services (MDHHS) completed a follow up review at Mid-State Health Network (MSHN) on February 27, 2017 to determine compliance with the required corrective action plans that resulted from the full review completed during Fiscal Year 2016 for Substance Use Disorder Services.

During FY2016, MSHN was determined to be in full compliance with eleven out of thirteen standards. MSHN was found to be in partial compliance with two standards and required to submit a plan of correction.

### **Summary of Findings (two elements):**

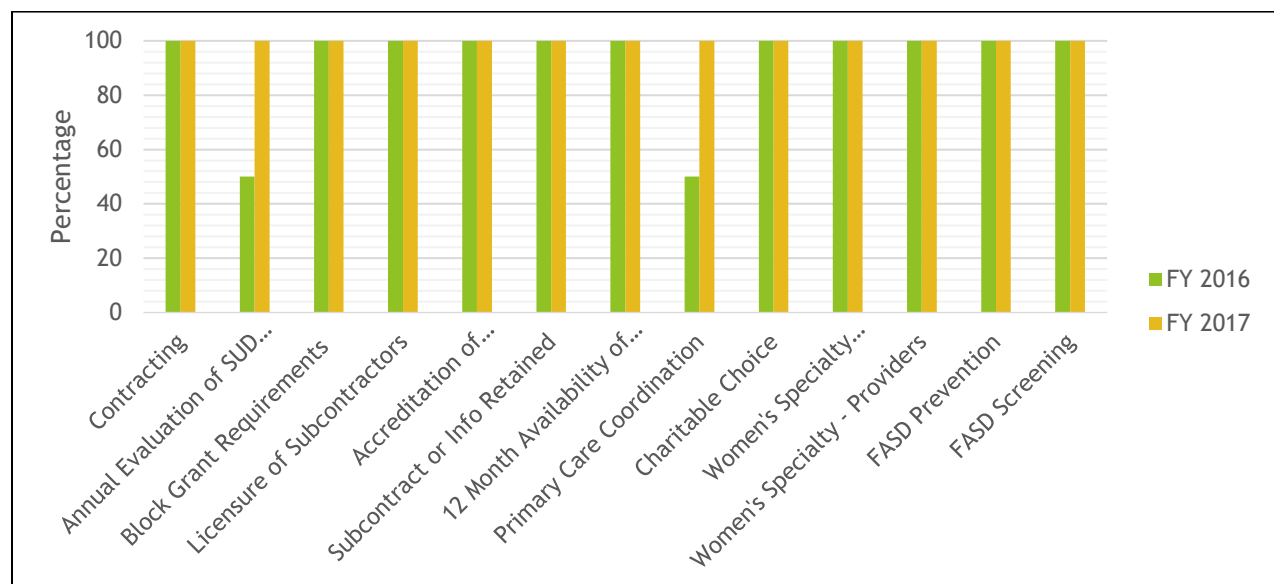
(Scoring: 2 = Full Compliance (100%); 1 = Partial Compliance (50%); 0 = Non-Compliance (0%))

- Annual Evaluation of SUD Services: 100%
- Primary Care Coordination: 100%

### **Next Steps:**

MSHN received a status of full compliance with all required plans of correction for FY2017. No further action is necessary at this time regarding the plans of correction. A full review by MDHHS of all standards will be completed for MSHN during FY2018.

### **Comparison of Results Full Review for FY2016 and Follow Up Review for FY2017:**



## **MDHHS Autism Site Visit: May 23<sup>rd</sup> - May 24<sup>th</sup>**

The Michigan Department of Health and Human Services completed the Autism ABA Site Review on May 23, 2017 through May 24, 2017. During the review MDHHS sampled and reviewed sixty-nine records for all required performance measures, including provider credentialing, in accordance with the Prepaid Inpatient Health Plan (PIHP) contract: General Statement of Work 7.0 Provider Network Services, attachment P 7.1.1, and Medicaid Provider Manual requirements outlined in, Behavioral Health & I/DD Chapter, Section 18 ABA.

### **Summary of Findings:**

- A. IPOS Addresses Needs
  - a. There is a Comprehensive Individualized ABA Behavioral Treatment Plan: 94%
  - b. Addresses Risk Factors: 92%
- B. Services and Supports are Provided as Specified in the IPOS: 25%
- C. Providers of the ABA Services meet Credentialing Standards: 1%
- D. Ongoing Determination of Level of Service has Evidence of Measurable and Ongoing Improvement in Targeted Behaviors: 87%

Note: The percentages were calculated by dividing the total number of charts that received a score of “yes” (full compliance) by the total number of charts reviewed for all elements in each section.

### **Next Steps:**

MSHN was required to submit a plan of correction for all standards that were determined out of compliance with the requirements.

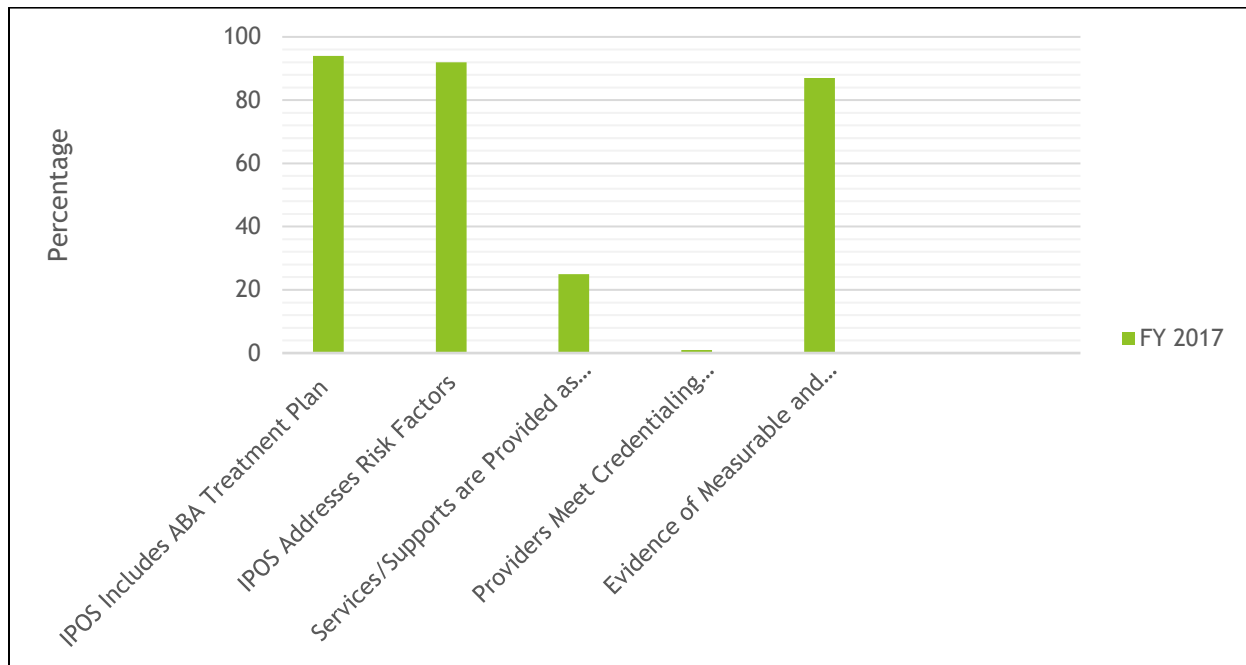
This included providing the following:

- Provide written policies and procedures to ensure:
  - The Individual Plans of Service address the needs of each beneficiary
  - That beneficiaries’ amount, duration, and scope of ABA services are delivered in accordance with their individualized plan of service
  - Beneficiaries’ ongoing determination of level of ABA service is occurring every six months in accordance with the policy requirements
- Provide written credentialing policies and procedures for ensuring that all providers rendering services to individuals are appropriately credentialed within the state and are qualified to perform autism ABA services within Michigan’s Medicaid Program
- Ensuring that each provider, directly or contractually employed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual requirements
- Provide oversight regarding delegated credentialing or re-credentialing decisions
- PIHPs must ensure that an individual credentialing/re-credentialing file is maintained for each credentialed provider

The submitted plan of correction was approved by MDHHS and the effectiveness of the plans of correction will be reviewed during the next scheduled MDHHS site review.

### **Results Full Review for FY2017:**

(No comparison was available as the last full review was completed in 2014 and the standards have changed)



### **MDHHS - Health Services Advisory Group (HSAG) - Performance Measurement Validation (PMV) Report: July 18th**

Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients.

HSAG completed MSHN's review onsite on July 18, 2017.

#### **Data Collection and Analysis:**

For this review, HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS). To conduct the on-site review, HSAG collected information using several methods including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing and review of data reports.

#### **Summary of Findings:**

Performance Indicators (12 Elements): 100%

Compliance was assessed through a review of the following:

- Information Systems Capabilities Assessment Tool (ISCAT)
- Source Code (programming language) for performance indicators
- Performance Indicator reports

- Supporting documentation
- Evaluation of system compliance

Data Integration, Data Control and Performance Indicator Documentation (13 Elements): 100%

Denominator Validation Findings (7 Elements): 100%

Numerator Validation of Findings (5 Elements): 100%

#### **Strengths:**

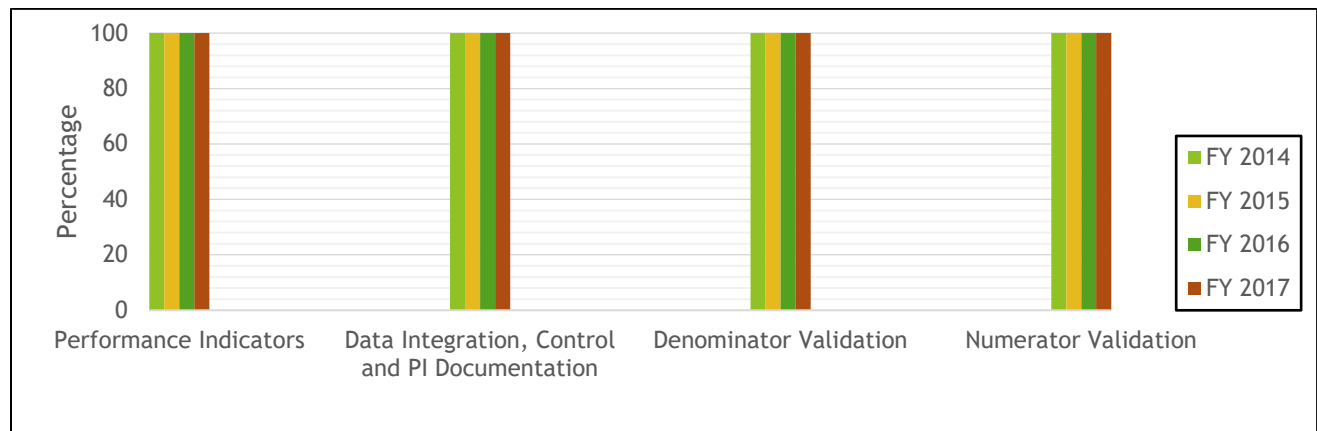
HSAG noted that MSHN maintained a solid team with years of relevant experience gained primarily through working for previous PIHPs. Staff members were very familiar with all processes related to performance indicator (PI) and BH-TEDS measures and data reporting requirements. The robust validation processes in place ensured that only complete and valid data were submitted to the State by the PIHP. As in the prior year, the PIHP demonstrated a strong commitment to the performance indicators and quality data reporting.

#### **Next Step(s):**

MSHN will continue to monitor performance and review areas for improvement. No corrective action is required to be submitted to HSAG for this review and HSAG did not identify any areas of improvement for MSHN.

#### **Comparison of FY2014, FY2015, FY2016 and FY2017 Results:**

(HSAG completes a full review each year for the PMV site review)



#### **MDHHS- Health Services Advisory Group - Compliance Monitoring Review**

The Health Services Advisory Group did not complete the Compliance Monitoring Review as part of this review cycle for FY2016/2017.

This review will be completed during FY2017/2018.

#### **MDHHS - Health Services Advisory Group -Performance Improvement Project (PIP) Report: Validation Year 4: September 2017**

MDHHS requires that the PIHP conduct and submit a Performance Improvement Project (PIP) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked,

analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

The PIP study topic is: *"Increasing Diabetes Screening for Consumers with Schizophrenia or Bipolar Disorder Prescribed Antipsychotic Medications."*

The FY2016-2017 PIP Summary Report analyzed the data for Remeasurement Two Period (October 1, 2015 - September 30, 2016) and reviewed the identified barriers, interventions and goals that were established by MSHN.

#### **Summary of Results:**

- I. Select the Study Topic (2 Elements): 100%
- II. Define the Study Question(s) (1 Element): 100%
- III. Define the Study Population (1 Element): 100%
- IV. Select the Study Indicator(s) (3 Elements): 100%
- V. Use Sound Sampling Techniques (6 Elements): N/A for this study topic
- VI. Reliably Collect Data (4 Elements): 100%
- VII. Analyze Data and Interpret Study Results (8 Elements): 100%
- VIII. Improvement Strategies (4 Elements): 100%
- IX. Assess for Real Improvement (4 Elements): 100%
- X. Assess for Sustained Improvement (1 Element): 100%

MSHN showed an increase from Remeasurement One Period to Remeasurement Two Period of 77.5% to 80.4%. This demonstrated a statistically significant improvement during the remeasurement period, exceeding the identified goal of 79% by 1.4 percentage points and showed an overall improvement of 6.7 percentage points above the baseline of 73.7%.

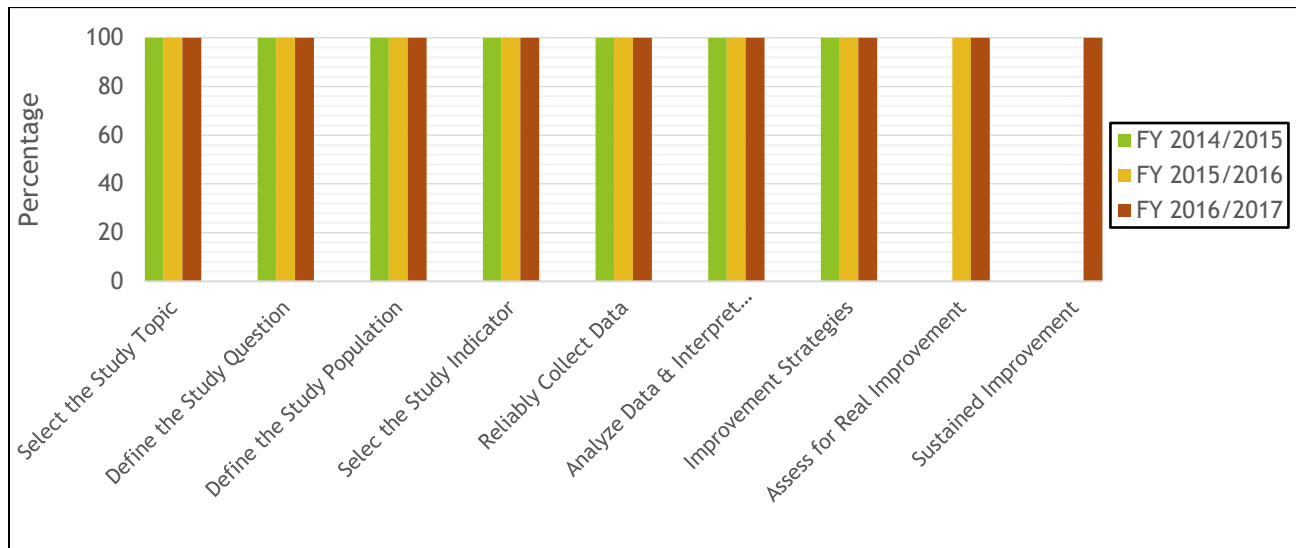
#### **Strengths:**

MSHN received a "Met" validation score for 100 percent of critical evaluation elements and 100 percent of overall evaluation elements across all activities completed and validated. The performance suggests a thorough application of the PIP design, appropriate analysis of the results, implementation of system interventions that were related to barriers identified through quality improvement processes, and achievement of a statistically significant and sustained improvement in the study indicator rate over the baseline.

#### **Next Steps:**

MSHN is not required to submit a plan of correction for the PIP. MSHN will continue to utilize the Quality Improvement Council to complete a causal/barrier analysis at least annually and development appropriate interventions to address any new barriers.

**Comparison of FY2014/2015, FY2015/2016 and FY2016/2017 Validation Results:**  
(HSAG completes a full review each year for the PIP)



Note: Assessment for Real Improvement was not measured during FY2014/2015

Note: Sustained Improvement was not measured during FY2014/2015 and FY2015/2016

## Complaint/Compliance Reporting

### **Customer Services:**

*The total number of Customer Services Complaints in FY2016 was 264. The total number of complaints made during FY2017 was 200, which was a decrease of 28% from FY2016.*

#### **Total Customer Services Complaints: (200)**

**Origin of Complaint:** *(the percentage indicates the percent the origin of the complaint represents of the total complaints)*

MDHHS (11) (5.5%)  
 Hospital (3) (1.5%)  
 Consumer/Guardian/Family (62) (31%)  
 MSHN Staff (7) (3.5%)  
 RCAC Member (1) (0.5%)  
 CMHSP Staff (10) (5%)  
 SUD Provider Staff (87) (43.5%)  
 Court (2) (1%)  
 Other (13) (6.5%)  
 Unknown (4) (2%)

**Category of Complaint:** *(the percentage indicates the percent the category represents of the total complaints)*

Authorizations (13) (6.5%)  
 Authorizations Denial (2) (1%)  
 CareNet Concerns (5) (2.5%)  
 Consumer Discharge (10) (5%)



- Grievance and Appeals (31) (15.5%)
- Dissatisfied Consumer (32) (16%)
- Information (33) (16.5%)
- Insurance Coverage (6) (3%)
- LEP Assistance (1) (0.5%)
- Member Handbook (5) (2.5%)
- Notification Letter Inquiry (8) (4%)
- Performance Indicators (35) (17.5%)
- Provider Practices (7) (3.5%)
- Recipient Rights (6) (3%)
- Sentinel Events (1) (0.5%)
- Site Review Process (1) (0.5%)
- Other (Program Specific, Crisis Services, Reports, Finance, LEP, etc.) (3) (1.5%)
- Uncategorized (1) (0.5%)

Conclusion/Resolution: *(the percentage indicates the percent the conclusion/resolution represents of the total complaints)*

- Resolved with the Consumer/Family (62) (31%)
- Resolved with CMHSP/SUD Provider (97) (48.5%)
- Resolved with MDHHS (11) (5.5%)
- Resolved with MSHN (7) (3.5%)
- Resolved with Other (Court System, etc) (23) (11.5%)

### **Compliance**

*The total number of Compliance complaints in FY2016 was 20. The number of Compliance complaints made during FY2017 was 16, which was a decrease of 22% from FY2016. However, in FY2017, the amount of compliance complaints requiring reporting to the Office of Inspector General increased by 67%.*

### **Total Compliance Concerns/Complaints: (16)**

Origin of Complaint: *(the percentage indicates the percent the origin of the complaint represents of the total complaints)*

- MDHHS (0) (0%)
- Consumer/Guardian (1) (6.3%)
- MSHN Staff (0) (0%)
- CMHSP Staff (10) (62.5%)
- SUD Provider Staff (3) (18.7%)
- OIG (1) (6.3%)
- Other (1) (6.3%)

Type of Complaint: *(the percentage indicates the percent the category represents of the total complaints)*

- Abuse/Neglect (0) (0%)
- Audit/Review (2) (12.5%)
- Confidentiality (1) (6.3%)
- Credentialing/Qualifications (2) (12.5%)
- Federal Inquiry (0) (0%)
- Hospitalizations (0) (0%)
- Suspected Fraud/Abuse (10) (62.5%)
- Treatment/Services: (1) (6.3%)

Conclusion/Resolution: *(the percentage indicates the percent the conclusion/resolution represents of the total complaints)*

- Resolved with the Consumer (1) (6.3%)

Resolved with CMHSP/SUD Provider (9) (56.3%)  
Resolved with MDHHS (0) (0%)  
Resolved with OIG (1) (6.3%)  
Referred to Office of Health Service Inspector General (OHSIG) (5) (31.3%)  
Still Pending Resolution (5) (31.3%)

#### Compliance Line:

Compliance calls are received through the Compliance Line, the main line of MSHN or through the direct line to the Director of Customer Services, Compliance and Quality.

#### Customer Services Line:

Customer Service calls are received through the Customer Services Line, the main line of MSHN or through the direct line to the Customer Services and Rights Specialist.

## Training / Communication

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### Internal

#### MSHN Quality Improvement Council

Reviewed and Approved MSHN Compliance Plan on August 24, 2017  
Compliance Policies

#### MSHN Operations Council

Reviewed and Approved MSHN Compliance Plan on September 18, 2017  
Compliance Policies

#### MSHN Compliance Committee

Reviewed and Approved MSHN Compliance Plan on October 30, 2017  
Compliance Policies

#### MSHN Staff

Received Compliance Training on November 9, 2017  
Compliance Plan  
Compliance Policies

#### Board of Directors

Received and approved MSHN Compliance Plan on November 7, 2017  
Received Compliance Training on November 7, 2017

### External

MSHN Compliance Plan and Compliance Line Available on Website

MSHN Customer Service Line Available on Website

MSHN Contact information located in Consumer Member Handbook "Guide to Services"