



Mid-State Health Network

Quality Assessment and Performance Improvement Program FY22 Report and FY23 Plan Executive Summary

Mid-State Health Network (MSHN) as the Prepaid Inpatient Health Plan (PIHP) is responsible for monitoring quality improvement through the Quality Assessment and Performance Improvement Program (QAPIP). The scope of MSHN's QAPIP program is inclusive of all CMHSP Participants, the Substance Use Disorder Providers and their respective provider networks, and the Certified Community Behavioral Health Clinics within the MSHN region. The QAPIP is reviewed annually for effectiveness as required by the Michigan Department of Health and Human Services (MDHHS) PIHP contract and the Balanced Budget Act (BBA). Following the review of the Annual QAPIP Report, recommendations are made for the Annual QAPIP Plan. The Board of Directors receives the Annual QAPIP Report and approves the Annual QAPIP Plan for following year. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN's Board of Directors. The QAPIP Plan and Report is required to be submitted to MDHHS by February 28th. Once reviewed and approved by the Board of Directors the plan and report will then be submitted to MDHHS by the required due date of February 28. The measurement period for the QAPIP Report is October 1, 2021 through September 30, 2022.

Annual QAPIP Report

The QAPIP Report is the annual effectiveness review of the QAPIP Plan. The report includes a review of the required components of the QAPIP description, the tasks associated with improvement activity (workplan), and each performance measure relevant to the QAPIP is reviewed to determine if the expected outcome has been achieved. Areas that have not met the standard will include a goal and action step for FY23. Areas that have met the standard, however, are required by MDHHS will continue to be monitored. Recommendations are developed for areas that may benefit from additional interventions to improve the performance or the quality of a process.

Annual review of the QAPIP Components: MDHHS reviewed the QAPIP Plan and Report, indicating the QAPIP Plan and Report included all required components of the QAPIP description, evaluation, and work plan. Upon review at the close of FY22, MSHN demonstrated continued compliance with all the required components of the plan.

MSHN developed goals and action steps (workplan) for those areas that did not meet the standard through the external review process. Additional recommendations were made in other areas to ensure continued compliance and optimal performance.

Goals/Recommendations:

Organizational Structure, and Leadership

Recommendations:

- Evaluate the committee structure to ensure it supports the current reorganization and system transformations, including communication linkages.
- Modify the reporting schedule for performance metrics to ensure adequate time for committees to evaluate and plan for the upcoming year, with board approval in January for the February 28th submission of the Board approved QAPIP Plan and Report.
- Document discussion of Performance Measurement and Quality Reports to ensure follow through. (HSAG Compliance Review FY22)

Performance Measurement

Goals:

- MSHN will meet or exceed the MMBPIS standards for Indicators as required by MDHHS.
Status: Met/Continue
- MSHN will demonstrate an increase in compliance with access standards for the priority populations.
Status: In Progress/Continue
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS living arrangements/employment fields/LOCUS fields. Status: Met/Discontinue
- (New) Performance Improvement Projects
 - 1) The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergency biopsychosocial assessment will demonstrate an increase.
 - 2) The racial or ethnic disparities between the black/African American penetration rate and the index (white) penetration rate will be reduced or eliminated. Status: In Progress/Continue. The PIP has been approved, and baseline determined. Interventions are currently being developed to reduce and eliminate the disparity.

Adverse Event Monitoring and Reporting

Goal:

- MSHN will ensure Adverse Events (Sentinel/Critical/Risk/Unexpected Deaths) are collected, monitored, reported and followed up on as specified in the PIHP Contract.
Status: Complete/Continue

Recommendations:

- (New) Establish Standard data elements for mortality reviews and Root Cause Analysis (HSAG Compliance Review FY22)
- (New) Develop training documents based on new requirements and processes for reporting.
- (New) Develop control charting with upper and lower control limits to clearly identify significant shifts in the trend data.

Behavior Treatment

Goal:

- The percentage of emergency physical interventions per person served during the reporting period will decrease from the previous year. Status: Not met/Continue

Stakeholder Feedback

Goals:

- MSHN will obtain a qualitative and quantitative assessment of member experiences for all representative populations, including members receiving LTSS, and take specific action as needed, identifying sources of dissatisfaction, outlining systematic action steps, monitoring for effectiveness, and communicating results. Status: Complete/Continue.
- MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule. Status: Complete/Discontinue. 100% of the providers are in compliance with the HCBS rule.
- MSHN will demonstrate full compliance with the completion of a SIS assessment in accordance with the MDHHS required guidelines. (1x every three years). Status: In Progress/Continue.
- MSHN will meet or exceed the standard for Appeals and Grievance resolution in accordance with the MDHHS Standards. Status: In Progress/Continue.

Clinical Practice Guidelines

Goal:

- (New) MSHN will demonstrate an increase in the implementation of Person-Centered Planning and Documentation in the IPOS. (MDHHS Waiver Review FY22)
 - MSHN to coordinate regional training for development of the Individual Plan of Service.
 - Establish a Person-Centered Planning quality improvement team to review process steps and identify efficiencies.
- MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period. Status: Not met/Continue
 - Implement Training Modules
- MSHN will demonstrate an increase in fidelity to the Evidenced Based Practice-Assertive Community Treatment Michigan Field Guide, for average minutes per week per consumer. Status: Not met/Continue

Provider Qualifications/Credentialing/Recredentialing

Goal:

- Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements. Status: In Progress/Continue
 - Include primary source verification for professionals that have/require the designation of Qualified Intellectual Disability Professional (QIDP).
- Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements. Status: In Progress/Continue
 - (New)Develop regional guidelines for training and documentation consistent with MDHHS expectations.
 - (New) Update Training Grid as required.

Verification of Services -Medicaid Event Verification

Goal:

- MSHN will meet or exceed a 90% rate of compliance of Medicaid delivered services in accordance with the MDHHS requirements. Status: Met/Continue

Utilization Management

Goal:

- MSHN will establish a Utilization Management Plan in accordance with the MDHHS requirements. Status: Met/Continue
- MSHN will meet or exceed the standard for compliance with the Adverse Benefit Determination notices in accordance with the 42 CFR 438.404. Status: In Progress/Continue
- MSHN 's Provider Network will demonstrate full compliance with the timeframes for service authorization decisions in accordance with the MDHHS requirements. (Compliance Review 2021) Status: In Progress/Continue

Long Term Supports and Services including priority and performance-based measures.

Goal:

MSHN, through the CMHSPs, will demonstrate performance above the required standard for each priority measure to ensure optimal health, safety, and welfare of the individuals served. Identification of trends,

patterns, strengths, and opportunities for improvement will be completed quarterly. Status: twenty -eight measures, nineteen met the standard. One measure that met the standard is recommended to be discontinued.

Provider Monitoring/External Review

Goal:

- MSHN will demonstrate an increase in compliance with the MDHHS 1915 Review. Status: Not Met/Continue with implementation of corrective action plan. Currently submitted but not yet approved by MDHHS.
- MSHN will demonstrate an increase in performance on the External Quality Reviews.
 - Compliance Review. Status: Not Met/Continue with implementation of corrective action plan. Currently submitted but not yet approved by HSAG.
 - Performance Measure Validation. Status: Met/Continue
 - Performance Improvement Project Validation. Met/Continue

Performance Measures Review

FY23 Performance Measures:

The following measures were discontinued for FY23:

- MSHN's provider network will demonstrate 95% compliance with trauma-competent standard in the site review chart tool. (Standard 100%)
- MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule.
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS living arrangements/employment fields/LOCUS fields.

There are no recommendations for new performance measures for FY23. Interventions have been modified as indicated in the QAPIP Report to improve the performance of the current measures.

Annual QAPIP Plan- Summary of Changes

General Changes: Updated the dates and references to reflect current MDHHS contract requirements and MSHN policy/procedures updates.

Removed areas that were no longer applicable and provided additional language to clarify expectations.

I. Overview/Mission Statement: No changes

II. Scope of Plan-No changes

III. Definitions/Acronyms- Added additional definitions for terms included in the plan.

IV. Philosophical Framework: No changes.

V. Organizational Structure and Leadership:

Structure: No changes

Governance- Added quarterly progress reports and the submission date for the QAPIP Plan and Report to MDHHS.

Components: Added MSHN website as a source of communication.

Communication of Process and Outcomes: Modified language to be consistent with the language within the requirements.

MSHN Provider Network: No substantive changes.

VI. Performance Management

Establishing Performance Measures: No changes.

Prioritizing Measures: No changes.

Data Collection, Analysis and Reporting: No substantive changes.

Performance Improvement Action Steps: No substantive changes.

Performance Indicators: Included specific reference to MMBPIS as recommended by MDHHS.

Performance Improvement Projects: Included the revised topics of the performance improvement projects for FY23.

VII. Stakeholder Experience/Engagement: Included Appeals and Grievance Data and customer complaints as a source of member experiences.

VIII. Adverse Events: Updated reference.

IX. Clinical Quality Standards:

Utilization Management: No changes

Practice Guidelines: No changes

Oversight of Vulnerable People: No changes

Cultural Competence: No changes

Autism Benefit: Removed section to be consistent with the other program specific populations that are included through the umbrella term of “vulnerable individuals”.

Behavior Treatment: No changes

Trauma: No changes

X. Provider Standards:

Provider Qualifications: No changes

Medicaid Event Verification:No substantive changes

Financial Oversight: No changes

Provider Monitoring and Follow Up: No changes

External Review: No changes

XI. QAPIP Priorities FY2023

The QAPIP Priorities and Work Plan: Moved required components to the plan description. Included specific activities of the QAPIP for FY23 with assigned responsibilities as recommended in the QAPIP Report.