

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: June 26th, 2025, 9:00am-11am

### Attendance:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> MSHN – Kara Laferty     | <input checked="" type="checkbox"/> CEI – Bradley Allen     | <input checked="" type="checkbox"/> Lifeways – Emily Walz     | <input checked="" type="checkbox"/> SHW – Amy Phillips              |
| <input checked="" type="checkbox"/> MSHN – Bo Zwingman-Dole | <input type="checkbox"/> CEI – Kaylie Feenstra              | <input checked="" type="checkbox"/> MCN – Sally Culey         | <input type="checkbox"/> SHW – Becky Caperton                       |
| <input checked="" type="checkbox"/> BABH –Sarah Holsinger   | <input checked="" type="checkbox"/> Central – Jenelle Lynch | <input type="checkbox"/> MCN – Melissa MacLaren               | <input checked="" type="checkbox"/> TBHS – Josie Grannell           |
| <input type="checkbox"/> CEI – Elise Magen                  | <input checked="" type="checkbox"/> Central – Alysha Burns  | <input checked="" type="checkbox"/> MCN – Joe Cappon          | <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 type="checkbox"/> SCCMH – Holli McGeshick              | <input type="checkbox"/> Other:                                     |
|   |   | <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 May</a></li> <li>No changes/additions to this month's Agenda</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> MDHHS plans to issue a request for proposals (RFP) for PIHPs in summer 2025 with the goal of a service start date of Oct. 1, 2026. This announcement can be found at the following link along with links to supplemental information: <a href="https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2025/05/23/pihp-2">https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2025/05/23/pihp-2</a></li> <li><b>Action Needed:</b> None at this time (Advocacy with CMHAM/MDHHS if wanted as an individual or to be shared with CMHSPs)</li> </ul>	
MSHN DMC Audit Changes (Kara)	<ul style="list-style-type: none"> <li><b>Document:</b> <a href="#">MSHN Email re: DMC Audit Changes for FY25</a></li> <li><b>Discussion:</b> Kim sent an email on Monday, June 23<sup>rd</sup> relating to upcoming changes to the Delegated Managed Care Site Reviews. Starting immediately, we will only be completing reviews of the implementation of current corrective action plans. This change is effective immediately and will continue through FY26. The MEV reviews will continue unchanged and occur as scheduled. MEV reviews are not a delegated function and are required per our contract with MDHHS. All external audits including HSAG and MDHHS waiver reviews will continue as scheduled.</li> </ul>	
Cost Containment Discussion (Kara/All)	<ul style="list-style-type: none"> <li><b>Discussion:</b> Cost containment within MSHN and discussion around MSHN's internal operations/financial status.</li> <li><b>Questions:</b> There is a question as to whether current cost containment spreadsheet that is out in BOX that the Finance committee is working on is an accurate working</li> </ul>	

	<p>document as it is outdated information; committee members shared that they need to be looking to FY26 now as there will not be ongoing rate increases expected.</p> <ul style="list-style-type: none"> <li>• <b>Action Needed:</b> Kara to share with Leslie feedback from the group relating to the cost containment spreadsheet. CMHs are requested to bring any additional questions/feedback to the Region's Finance Committee or Operations Council for further discussion with Joe, Amanda, and Leslie from MSHN.</li> </ul>	
Satisfaction Surveys (Kara/All)	<ul style="list-style-type: none"> <li>• <b>Document:</b> <a href="#">Satisfaction documents for FY25 can be found in BOX.</a></li> <li>• <b>Discussion/Questions:</b> <ul style="list-style-type: none"> <li>○ Does anyone have any questions relating to the 2025 Satisfaction Survey process that you have run into in distribution? <ul style="list-style-type: none"> <li>▪ No issues/questions at this time from CMHs.</li> </ul> </li> <li>○ Survey reporting/analysis- what would CMHSPs find the most helpful to identify areas of improvement for the region as well as for your own CMH? 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>▪ No feedback at this time. There was committee agreement that the current reports are working.</li> </ul> </li> </ul> </li> <li>• <b>Action Needed:</b> Kara to bring forward topic in August for final feedback prior to beginning data analysis and report development in September for distribution to CMHs.</li> </ul>	
HSAG Updates/PMV Review 2025 (Kara)	<ul style="list-style-type: none"> <li>• <b>BOX Document Reference:</b> <a href="#">HSAG Technical Assistance Webinar</a>, <a href="#">HSAG PMV Review Information May-June 2025</a></li> <li>• <b>Discussion/Questions:</b> The CMHSPs should be concluding their PMV proof of service documentation for HSAG (received on 6/24/2025) by EOD today (Thursday, 6/26). Were there any concerns or questions that anyone had relating to the sample that was pulled for the CMHSPs or any logistical questions that need follow-up? <ul style="list-style-type: none"> <li>○ No questions from any of the group at this time.</li> </ul> </li> <li>• Kara let the group know that follow-up requests may come from herself, Bo, or Amy as MSHN needs to tag team this review to get the sample review completed in time. There are going to be short turn around frames if any follow-up is needed, so please monitor emails over the next week and let us know if you have back-ups that should be copied in on any emails.</li> <li>• <b>Action Needed:</b> CMHs to monitor email and also inform Kara if any backups are needed for the time of the HSAG audit due to the upcoming holiday (fourth of July).</li> </ul>	
MDHHS Quality Transformation/Priority Measures FY25Q2 (Kara)	<ul style="list-style-type: none"> <li>• <b>Documents:</b> <ul style="list-style-type: none"> <li>○ <a href="#">MDHHS 3 Year Rollout- Year1 Measures Benchmarks</a></li> <li>○ <a href="#">Behavioral Health Quality Overhaul 3YR Rollout Strategy</a></li> </ul> </li> <li>• <b>Discussion/Questions:</b> <a href="#">The FY25Q2 Priority Measure report</a> is now available. With the recent updates to the metrics being reviewed by MDHHS (3 year transformation), our plan is to refresh the MSHN priority measure report with the year 1 and 2 HEDIS metrics that are being rolled out consistent with the 3 year MDHHS Quality Transformation. For year 1, there are benchmarks that have been identified by MDHHS- these benchmarks are 'Informational Only' for FY26 as noted in their benchmark document. Updates have also been made to the FAQ's document (as of 5/1/25) and can be found above. Are</li> </ul>	

	<p>there any questions or suggestions relating to the formatting of the priority measure report to make this most useful for you as a CMH?</p> <ul style="list-style-type: none"><li>o No recommendations for additions or changes at this time, however, there are some metrics where the visualization appears to be backwards- double check these to ensure that what is being shown is for the % of the metric that is in compliance. These fields will be re-worded for easier end-user experience.</li><li>• <b>Action Needed:</b> Kara to follow-up with Ron (MSHN) on priority measure report and ensure that metrics are demonstrating what is being looked for (for example, Follow-up Hospitalization calculations look like they’re currently out-of-compliance the way it has the numerator and denominator as “Yes” and “No”). Goal of updated priority measure report is end of August.</li></ul>																																																									
Preliminary MMBPIS Data FY25Q2 Discussion (Kara/All)	<ul style="list-style-type: none"><li>• <b>Discussion:</b> Preliminary results for MMBPIS for FY25Q2 show us not meeting benchmarks for Indicator 2 as a region as well as Indicator 3 (please see below graphs).</li><li>• <b>Action Needed:</b> CMHSPs to provide an update for July QIC meeting on interventions being attempted to increase these numbers as well as come up to compliance with benchmark standards for those below 62.30% (Bay-Arenac, Huron, Lifeways, Newaygo, Saginaw, Shiawassee, and Tuscola)for indicator 2 and 72.90% for Indicator 3 (Bay-Arenac, CEI, Huron, The Right Door, Lifeways, Montcalm, Newaygo, and Saginaw).</li></ul> <div><p><b>FY2025Q2 - INDICATOR 2: COMPLETED BIOPSYCHOSOCIAL ASSESSMENT WITHIN 14 CALENDAR DAYS - TOTAL (STANDARD - 62.30%)</b></p><table><thead><tr><th>Entity</th><th>Completion Rate</th></tr></thead><tbody><tr><td>MSHN</td><td>59.12%</td></tr><tr><td>BABH</td><td>59.44%</td></tr><tr><td>CEI</td><td>77.53%</td></tr><tr><td>CMHCM</td><td>79.12%</td></tr><tr><td>GIHN</td><td>75.09%</td></tr><tr><td>HBH</td><td>45.68%</td></tr><tr><td>THE RIGHT DOOR</td><td>65.79%</td></tr><tr><td>LIFEWAYS</td><td>42.11%</td></tr><tr><td>MCN</td><td>72.15%</td></tr><tr><td>NCMH</td><td>47.96%</td></tr><tr><td>SAGINAW</td><td>23.79%</td></tr><tr><td>SHIAWASSEE</td><td>31.15%</td></tr><tr><td>TBHS</td><td>55.45%</td></tr></tbody></table></div> <div><p><b>FY2025Q2 - INDICATOR 3: STARTING ANY MEDICALLY NECESSARY ON-GOING COVERED SERVICE WITHIN 14 DAYS - TOTAL (STANDARD- 72.90%)</b></p><table><thead><tr><th>Entity</th><th>Completion Rate</th></tr></thead><tbody><tr><td>MSHN</td><td>66.57%</td></tr><tr><td>BABH</td><td>62.44%</td></tr><tr><td>CEI</td><td>68.57%</td></tr><tr><td>CMHCM</td><td>74.02%</td></tr><tr><td>GIHN</td><td>77.37%</td></tr><tr><td>HBH</td><td>64.62%</td></tr><tr><td>THE RIGHT DOOR</td><td>68.72%</td></tr><tr><td>LIFEWAYS</td><td>34.59%</td></tr><tr><td>MCN</td><td>64.65%</td></tr><tr><td>NCMH</td><td>60.51%</td></tr><tr><td>SAGINAW</td><td>61.73%</td></tr><tr><td>SHIAWASSEE</td><td>70.67%</td></tr><tr><td>TBHS</td><td>98.73%</td></tr></tbody></table></div>	Entity	Completion Rate	MSHN	59.12%	BABH	59.44%	CEI	77.53%	CMHCM	79.12%	GIHN	75.09%	HBH	45.68%	THE RIGHT DOOR	65.79%	LIFEWAYS	42.11%	MCN	72.15%	NCMH	47.96%	SAGINAW	23.79%	SHIAWASSEE	31.15%	TBHS	55.45%	Entity	Completion Rate	MSHN	66.57%	BABH	62.44%	CEI	68.57%	CMHCM	74.02%	GIHN	77.37%	HBH	64.62%	THE RIGHT DOOR	68.72%	LIFEWAYS	34.59%	MCN	64.65%	NCMH	60.51%	SAGINAW	61.73%	SHIAWASSEE	70.67%	TBHS	98.73%	
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MMBPIS Logic- Medicaid Validations (Kara)	<ul style="list-style-type: none"><li>• <b>Discussion:</b> There have been individuals being submitted for MMBPIS that are not Medicaid eligible individuals. At this time, Kara is manually sending these individuals</li></ul>																																																									

	<p>that appear to not be Medicaid eligible to the CMHs (there have been some issues with this, particularly around Medicaid enrollments in other PIHPs showing as non-Medicaid eligible). After speaking with PCE, there is the ability to place a validation rule in place when you're submitting the CMH's MMBPIS up to REMI that would flag if there are individuals without Medicaid so that CMHs could complete research prior to submitting the data to MSHN so that this research can be done without having to go back and forth via email. Please see below logic:</p> <div data-bbox="525 302 1442 839" data-label="Complex-Block"> <p><u>Validation Rules:</u></p> <ul style="list-style-type: none"> <li>• Cannot be blank.</li> <li>• Must be a valid Medicaid ID.</li> <li>• Length must be 10 or it will be rejected, including leading zeros where needed.</li> <li>• When the file is uploaded to LIDS, A warning notice will occur for any individual that does not show Medicaid coverage during at least one month of the reporting quarter. <b>NOTE: This is a warning, it will not prevent you from finalizing your report, however it is important to look these cases up to ensure they have Medicaid during the quarter they are being reported. If they do not have Medicaid, remove this case from your file and resubmit to LIDS.</b></li> <li>• Field type is text not numeric.</li> </ul> <p>2   Page</p> <p>MMBPIS Excel Data Template Rules and Code Definitions for PCE FY2020      Print Date: June 24, 2025</p> </div> <p>Are CMHs in agreement to pursue this option to ensure that MMBPIS data is accurate/valid prior to being submitted to MSHN?</p> <ul style="list-style-type: none"> <li>• CMHSP agreement in pursuing this option and re-assessing down the line if anyone is having any issues with this.</li> <li>• <b>Action Needed:</b> Kara to speak with PCE on placing this validation in MMBPIS for next quarter's submission (FY25Q3).</li> </ul>	
Upcoming Reporting Requirements	<ul style="list-style-type: none"> <li>• No current reporting/data requirements for July for QIC</li> </ul>	
Standing Agenda Item: Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li>• <b>MDHHS QIC Updates:</b> Meeting took place on 6/4/2025. Belinda Hawks shared that CFAP is still underway, MDHHS is developing the processes and policies to move forward but this will be tied to the procurement process. Joe Longcor gave a presentation on Michigan Employment Outcome data project- data from this six year long project can be found on the website created <a href="#">here</a>. Carol Hyso provided an update on the PBIP report that the PIHP will complete and is due by July 31<sup>st</sup> relating to Employment and Housing information. Sandy Gettel facilitated a discussion relating to Indicators 2 and 3 as these are continuing into FY26 as MDHHS has not identified updated Access to Care measures at this time. Additional information was requested and emailed out from Sandy- <b>thank</b></li> </ul>	

	<p>you everyone who responded to my request to compile information about our current practices throughout our region. Sandy also provided an update on the Performance Improvement Project (PIPs)- typically this is a 3-4 year cycle and this should be ending. Due to the procurement process, MDHHS is currently in discussions around what will occur with these PIPs and if these will be continued for FY26- no final decision has been made yet.</p> <ul style="list-style-type: none"> <li>• <b>PIHP Quality Workgroup Updates (Kara):</b> No meeting in June</li> <li>• <b>CIR PIHP Leads Meeting:</b> Cancelled for June</li> <li>• <b>BH-TEDs Updates:</b> Holli – No updates other than no new fields for FY26 for BH-TEDs</li> <li>• <b>National Core Indicator Advisory Council:</b> An update was provided at the MDHHS QIC meeting: interviews are being scheduled and facilitated through June 30<sup>th</sup>. Upcoming NCI Advisory Council meetings are to take place on July 31<sup>st</sup> and September 18<sup>th</sup>.</li> </ul>	
<b>Standing Agenda Item:</b> DMC Consultation/Regional Interventions (All)	<ul style="list-style-type: none"> <li>• This item will be removed from future agendas as the DMC reviews are being postponed indefinitely as of 7/1/2025. Future agenda items will be added as necessary under the open discussion portion of the QIC agenda.</li> </ul>	
<b>Standing Agenda Item:</b> Open Discussion/Consultation (All)	<ul style="list-style-type: none"> <li>• The Right Door had a question relating to MMBPIS Indicators 2 and 3 for the group- upon reviewing their sample for HSAG, they found a gap in their logic. Currently, TRD has a DCO that provides SUD services for CCBHC, what they're running into with co-occurring people is having to remove these individuals manually. TRD asked whether anyone has validations to remove SUD only consumers so that they're not being reported accidentally for indicators 2 and 3. Saginaw let the group know that they're doing the same thing in manually having to remove those individuals. TRD has asked PCE for this to be changed, and it's been on the list for their CCBHC development- TRD and Saginaw to discuss whether there could be a joint effort with PCE in crafting logic for this. Focus of this conversation should be with PCE about using SA-TEDs for identification of SUD only consumers. Lifeways will be looking into their logic as well as they're uncertain of their logic in removing SUD only consumers from MMBPIS indicators.</li> <li>• Kara asked the group whether monthly meetings were still of interest with everything occurring relating to re-procurement. There was agreement from the group that they continue to be interested in monthly QIC meetings to stay up to date on all pertinent information and topics at this time. The frequency and date/time of meeting will remain the same.</li> </ul>	
<b>Relevant Documents that may be of Interest:</b> -	<ul style="list-style-type: none"> <li>• <a href="#">CMHA advocacy around system improvement and potential procurement</a></li> <li>• <a href="#">State Partners Launch Online Hub to Reduce Falls Among Older Adults</a> (Fall prevention resources)</li> </ul>	
<b>Previous Action Item Follow-up</b>	<ul style="list-style-type: none"> <li>• No action items had follow-up associated from the May meeting</li> </ul>	

### Summary Action Items from Meeting

<b>CMHSP's</b>	<ul style="list-style-type: none"> <li>• <b>Preliminary MMBPIS Data FY25Q2 Discussion:</b> CMHSPs to provide an update for July QIC meeting on interventions being attempted to increase these numbers as well as come up to compliance with benchmark standards for those below 62.30% (Bay-Arenac, Huron, Lifeways, Newaygo, Saginaw, Shiawassee, and Tuscola) for indicator 2 and 72.90% for Indicator 3 (Bay-Arenac, CEI, Huron, The Right Door, Lifeways, Montcalm, Newaygo, and Saginaw).</li> </ul>
<b>MSHN/Kara</b>	<ul style="list-style-type: none"> <li>• <b>Cost Containment Discussion:</b> Kara to share with Leslie feedback from the group relating to the cost containment spreadsheet (Completed 6/30/2025).</li> <li>• <b>MDHHS Quality Transformation/Priority Measures FY25Q2:</b> Kara to follow-up with Ron (MSHN) on priority measure report and ensure that metrics are demonstrating what is being looked for (for example, Follow-up Hospitalization calculations look like they're currently out-of-compliance the way it has the numerator and denominator as "Yes" and "No"). Goal of updated priority measure report is end of August.</li> </ul>