

Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: January 29th, 2026, 9:00am-11am

Attendance:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> MSHN – Kara Laferty | <input checked="" type="checkbox"/> Central – Jenelle Lynch | <input checked="" type="checkbox"/> MCN – Sally Culey | <input checked="" type="checkbox"/> SHW – Amy Phillips |
| <input checked="" type="checkbox"/> BABH –Sarah Holsinger | <input checked="" type="checkbox"/> Central – Alysha Fisher | <input checked="" type="checkbox"/> MCN – Melissa MacLaren | <input type="checkbox"/> SHW – Vicky Hoffman |
| <input type="checkbox"/> CEI – Elise Magen | <input type="checkbox"/> GIHN – Taylor Hirschman | <input checked="" type="checkbox"/> MCN – Joe Cappon | <input checked="" type="checkbox"/> TBHS – Josie Grannell |
| <input type="checkbox"/> CEI – Shaina McKinnon | <input checked="" type="checkbox"/> Huron – Levi Zagorski | <input checked="" type="checkbox"/> MCN – Adam Stevens | <input type="checkbox"/> The Right Door – Susan Richards |
| <input checked="" type="checkbox"/> CEI – Mica Gardyko | <input type="checkbox"/> Lifeways – Emily Walz | <input checked="" type="checkbox"/> Newaygo – Andrea Fletcher | <input checked="" type="checkbox"/> The Right Door – Jill Carter |
| <input type="checkbox"/> CEI – Bradley Allen | | <input checked="" type="checkbox"/> SCCMH – Holli McGeshick | <input checked="" type="checkbox"/> Other: GIHN- Sarah Bowman |
| <input checked="" type="checkbox"/> CEI – Kaylie Feenstra | | <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"> • Review/Approve Meeting Minutes from November 26th, 2025 <ul style="list-style-type: none"> ○ November minutes approved, no changes. • Any changes/additions to this month’s Agenda? <ul style="list-style-type: none"> ○ Holli requested to discuss CCBHC Critical Incident email submissions to MDHHS – added agenda item under open discussion 	
Consent Agenda (All)	<ul style="list-style-type: none"> • No items for consent on this agenda 	
MDHHS PIHP Procurement (Kara/All)	<ul style="list-style-type: none"> • Discussion: Hearing took place on December 8th, 2025. The outcome of this hearing can be located here: https://www.courts.michigan.gov/48d7d0/siteassets/case-documents/uploads/coc/2025/25-000143-mb/2026-01-08-25-000143-mb-72-order-20260108-opinion-order-25-143.pdf • Action Needed: Not Applicable 	
MMBPIS Report FY25	<ul style="list-style-type: none"> • Document: MMBPIS FY25Q4 report in BOX • Discussion/Questions: <ul style="list-style-type: none"> ○ As of FY25Q4, indicator 2 performance has increased above the statewide standard benchmark of 62.30%! Between improvement efforts as well as ensuring that the exclusion methodology is followed, this has appeared to place us above that benchmark. Please note that Lifeways, Newaygo, Saginaw, and Shiawassee remain below the standard and should continue to implement internal improvement opportunities to continue increasing your individual performance. ○ For those of you who did not remove the specific omissions/exclusions for FY25Q4, these will need to be removed from FY26Q1 for indicator 2 to ensure a 	

	<p>clean data set and consistency amongst the CMHSPs (a reminder, the below must be excluded if you are categorizing events into these categories:</p> <p>Exclusions The following scenarios should not be counted in the indicators:</p> <ul style="list-style-type: none"> a. Those who are not medically or physically able to receive services. b. Individuals who decline to receive services. c. Individuals receiving CCBHC only services. Dual enrolled CCBHC/PIHP beneficiaries should be included. <ul style="list-style-type: none"> ▪ Newaygo, CEI, Gratiot, Lifeways, and Shiawassee, please keep an eye on the event categories of Client/Consumer chose not to pursue CMH services for removal ▪ Central, please review all non-Medicaid Consumer event categories for removal prior to submission <ul style="list-style-type: none"> • Action Needed: CMHSPs to follow up on ensuring that exclusionary event categories are removed for the MMBPIS FY26Q1 submission. In addition, if falling below the benchmark standard for indicator 2, individual performance improvements should be completed within the CMH. Kara will provide completed reporting to Kim for inclusion in Ops Council packet. 	
MMBPIS Indicator Changes FY26	<ul style="list-style-type: none"> • Document: MDHHS Proposed CY27 Access to Care • Discussion/Questions: Communication was received on 12/9/25 from Julie Harrison relating to the CY27 Access to Care indicator- it appears that indicator 2 is being continued as the Access to Care measure. <ul style="list-style-type: none"> ○ As a reminder, indicator 3 will continue to be collected until 3/31/2026 for the Performance Improvement Project ○ Indicator 1 will continue to be collected due to the Network Adequacy Assessment (no end date established) • Discussion of the updated CY27 Access to Care metric will take place in the February Behavioral Health Quality Transformational Workgroup with MDHHS. QIC has requested Kara to follow up with the group: <ul style="list-style-type: none"> ○ To determine what are allowable codes and what counts into the numerator for this new indicator. ○ Advocacy around 10 business days should take place as there is difficulty with including holiday closures and being able to program this within systems. It was mentioned that MDHHS switched from their proposed 10 business days back to 14 calendar days with CCBHC metrics as a result of this, so further advocacy is wanted for maintaining 14 calendar days rather than 10 business days if possible- Kara will take this back to the larger MDHHS group as a piece of feedback. ○ In addition, it is unclear if exceptions are going to be allowed- the benchmark is set at 90% in their proposed metric outline and this isn't a feasible standard if consumer choice is not being taken into account. • Action Needed: Kara to follow-up with Behavioral Transformation Workgroup on feedback presented by QIC as noted above. 	
Critical Incident Report FY25	<ul style="list-style-type: none"> • Document: Critical Incident FY25 report in BOX 	

	<ul style="list-style-type: none"> • Discussion/Questions: <ul style="list-style-type: none"> • Are there specific areas of improvement that you see for critical incidents in FY26? <ul style="list-style-type: none"> ○ Currently, we have the following on our list to proceed with once we determine the outcome of procurement as well as additional guidance from MDHHS from their updated CI guidance: <ul style="list-style-type: none"> ▪ Develop training documents and complete training outlining the requirements of reporting critical, sentinel, and risk events ▪ Establish electronic process for submission of sentinel events/immediate notification, remediation documentation, and written analysis for those deaths that occurred within one year of discharge from state operated service ▪ Develop dashboard for tracking and monitoring submission and remediation timelines ○ After discussion, these are all still of interest and will be carried forward as goals dependent on the procurement. • Kara has completed a draft standard Root Cause Analysis template with standardized elements, this will be shared in the February QIC meeting. • Kara was able to finally obtain the Critical Incident/Sentinel Event Incident Manual draft document that went to MDHHS that a workgroup had put together that was composed of PIHPs and CMHSPs. Please note that this document has not been validated/verified by MDHHS and likely will not be due to upcoming changes with the Critical Incident System. • Action Needed: None at this time. Kara will provide completed reporting to Kim for inclusion in Ops Council packet. 	
Critical Incident- Voids	<ul style="list-style-type: none"> • Discussion: Question relating to Critical Incident voiding – in FY25 we had some CMH’s who had voided critical incidents in the REMI system after the submission of these to the CRM. Could you share your own process or insight into why critical incidents are being voided in REMI? Does your agency have a process for this? <ul style="list-style-type: none"> ○ The group shared that they do not necessarily have a process for voiding, however, these are likely due to updating incidents after they obtain input from other system programs to reclassify an incident and this is resulting in re-coding issues. • Action Needed: CMHSPs to email Kara with voids if/when these occur so that updates to the CRM system can occur for those incidents that have already been submitted to ensure consistency between REMI and the CRM. 	
Priority Measure Report FY25Q3	<ul style="list-style-type: none"> • Document: PowerBI Online Website FY25Q3 Priority Measures, MSHN HEDIS Metric Supplemental Information Document • Discussion: Updated data for FY25Q3 has been completed on the Priority Measure report. As federal requirements have directed, breakdown data and slicers have been added that include race, sex, and geography (CMH location). In addition to this, a supplemental document outlining all HEDIS metrics has been developed which outlines numerators, denominators, as well as proposed interventions for increasing compliance with the different metrics. Kara will be placing this document and weblink for the 	

	<p>priority measure report into a new folder under the Quality Improvement – EXT parent folder called "Quality Priority Measures".</p> <ul style="list-style-type: none"> • Action Needed: CMHSPs to review priority measure report along with supplemental information document and provide Kara any feedback on these documents for inclusion/editing for future versions. 	
<p>Upcoming Reporting Requirements</p>	<ul style="list-style-type: none"> • January 31st- BTC data for FY26Q1 	
<p>Standing Agenda Item: Committee Updates (Kara/All)</p>	<ul style="list-style-type: none"> • MDHHS QIC Updates: Meeting took place on 12/3/25- information shared included upcoming network adequacy assessment changes. Sandy G. provided statewide data comparisons regarding MMBPIS as well as grievance and appeals at the PIHP level. Sandy also shared that HSAG will not come back for a full review of the PIHPs in 2026 (this means no CAP review- MDHHS will be conducting internal CAP reviews instead), HSAG will be back in 2027 (after procurement has been completed). A big focus of the meeting was around TBD Solutions presenting a data dashboard that MDHHS has contracted with relating to a public website to fulfill the requirements of the settlement, these requirements are around monitoring 6 indicators for the Michigan Intensive Child and Adolescent Service Array (MiCAS) that include the following: <ul style="list-style-type: none"> i. <i>Need for MICAS services identified by the standardized, statewide tool.</i> ii. <i>Timeliness of access to services.</i> iii. <i>Denials of access to MICAS services.</i> iv. <i>Racial/ethnic and regional variation in indicators listed under items i. – iii.</i> v. <i>Changes in living situation related to hospital-level-of-care treatment options, including psychiatric hospitalization.</i> vi. <i>Court-ordered foster care or MDHHS juvenile justice placements, including placement in residential treatment.</i> • Below are two screenshots of a draft of the public facing website that is currently under development: 	

MichiCANS - Screener

Select a Timeframe: 10/1/2024 10/24/2025

Number of Screeners

14,121

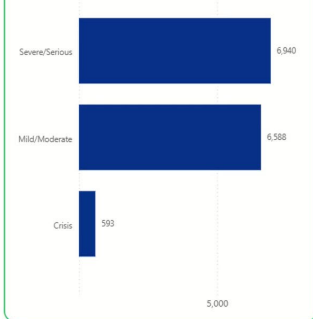
Percent with Severe/Serious Needs

49.1%

Percent of Finalized Assessments with Disposition Reason

81.0%

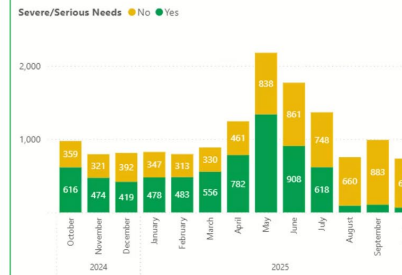
Disposition Breakdown



First, Select a Demographic Category Then, Choose Details

Assigned PIHP All

Screeners over Time



MichiCANS - Comprehensive

Select a Timeframe: 10/1/2024 9/30/2025

Number of Assessments

59,925

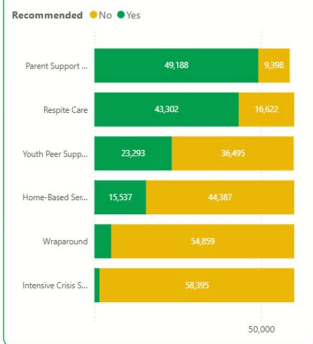
MICAS Recommended

84.6%

Percent of Finalized Assessments with Disposition Reason

7.6%

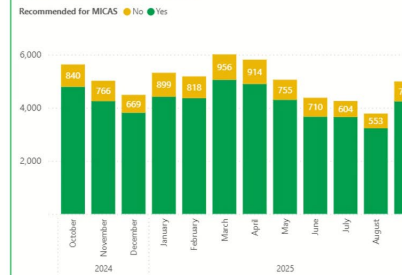
MICAS Recommendations



First, Select a Demographic Category Then, Choose Details

Assigned PIHP All

Assessments over Time



- **PIHP Quality Workgroup Updates (Kara):** This group met on 1/13; discussion centered around concerns relating to the Mental Health Framework, Conflict Free Access and Planning and parity and how these will all work and impact each other. There's a lot of uncertainty relating to changes that will need to take place with these efforts due to the RFP ruling from the judge recently.
- **CIR PIHP Leads Meeting:** A lot of information was shared at this meeting relating to upcoming changes due to the Final Access rule through CMS- there will be large changes coming to the CIR system and what will need to be reported. MDHHS began initial discussions to collect information and feedback, but they will be continuing conversations around definitions within MDHHS as to what will need to be submitted

	<p>and what will no longer be required- right now, it appears CI's will only be reported if they're unexplained/unanticipated- it's unclear what MDHHS will categorize into this, but I believe, arrests, falls, and natural cause deaths will no longer be necessary. Lots more to come on this. MDHHS indicated that these changes are large enough to warrant updated trainings for the full system- more to come on this. July 2027 is implementation of final access care rules.</p> <ul style="list-style-type: none"> • Quality Transformation Workgroup: The main area of focus of this meeting was around Optum presenting data relating to HEDIS metrics and specs. It is clear that the PIHPs have not received the same specs and background information as the MHPs from this discussion and this has been requested. Discussion on indicator 2 for FY27 was postponed and there was confirmation that the CAHPS survey will begin in FY27; please note that MDHHS confirmed they would be working with HSAG/contractor to administer this survey. • BH-TEDs Updates: A new workgroup is forming at the State level relating to the MHCLD (Mental Health Client Level Data system) to replace BH-TEDs for FY27 on the mental health side. SUD will still be BH-TEDS as we know it. Representation from CMH's, PIHPs, and EMR vendors will be a part of this and meetings begin next week. • National Core Indicator Advisory Council: Discussion about survey numbers was the main discussion. Interviews will go from mid-January to mid-May. The big ask from the group was for DDI to get the sample out earlier (September) to start roll out of actual surveys faster. 	
<p>Standing Agenda Item: Open Discussion/Consultation (All)</p>	<ul style="list-style-type: none"> • CCBHC (Holli)- concerns around the need for CCBHC to send CCBHC only individuals within 24 hours for deaths. Need more clarification around this. MDHHS is crossing critical incidents and sentinel events and lots of confusion around this. Holli will be meeting with MDHHS on 1/29/2026 to bring concerns to MDHHS. 	
<p>Relevant Informational Documents that may be of Interest:</p>	<ul style="list-style-type: none"> • Site Review Presentation Waiver Conference 2025 (please review for upcoming changes to the waiver site reviews for FY26) • Public Sector Consultants Administrative Efficiencies Final Report • MDHHS released a new version of the Consent to Share Behavioral Health Information (MDHHS-5515). Please note that Kim sent an email on 1/28 with further direction on this consent as there are a lot of questions currently being asked of MDHHS: "PCE is aware of the need to revise the form within the EMR's but has questions on the form as well. One of the main questions/concerns is that the client /guardian is allowed to complete sections 2, 3 and 4, which could create conflicts where one area says to release anything for treatment, payment or operations and the other says do not release information to certain individuals/organizations. PCE is working with MDHHS on this conflict and will not be proceeding with revising the form in the EMR until this is addressed. <p><u>As a result, MSHN is supporting the provider network in continuing to utilize the form dated 03/20 that is currently within the EMR's. Please continue to complete consents to release information as needed using the form that is currently within your EMR and</u></p>	

	<u>dated 03/20 until such time that the new form is implemented in the electronic record.”</u>	
Previous Action Item Follow-up	<ul style="list-style-type: none"> • FY26 QAPIP Plan and FY25 QAPIP Report- The FY26 QAPIP Plan and FY25 QAPIP report were approved by all CMH representatives. These documents were moved forward to the Regional Consumer Action Committee, Ops Council, and ultimately the Board of Directors and were approved for MDHHS submission in February (due date 2/28). • <u>Kim’s email re: LL signatures on documents</u> 	

Summary Action Items from Meeting	
CMHSP’s	<ul style="list-style-type: none"> • MMBPIS Report FY25- CMHSPs to follow up on ensuring that exclusionary event categories are removed for the MMBPIS FY26Q1 submission. In addition, if falling below the benchmark standard for indicator 2, individual performance improvements should be completed within the CMH. <ul style="list-style-type: none"> ○ Newaygo, CEI, Gratiot, Lifeways, and Shiawassee, please keep an eye on the event categories of Client/Consumer chose not to pursue CMH services for removal. ○ Central, please review all non-Medicaid Consumer event categories for removal prior to submission. • Critical Incident- Voids- CMHSPs to email Kara with voids if/when these occur so that updates to the CRM system can occur for those incidents that have already been submitted to ensure consistency between REMI and the CRM. • Priority Measure Report FY25Q3- CMHSPs to review priority measure report along with supplemental information document and provide Kara any feedback on these documents for inclusion/editing for future versions.
MSHN/Kara	<ul style="list-style-type: none"> • MMBPIS Indicator Changes FY26- Kara to follow-up with Behavioral Transformation Workgroup on feedback presented by QIC as noted in section above.