

## Quality Improvement (QI) Council Meeting Snapshot

Meeting Date: May 22<sup>nd</sup>, 2025, 9:00-9:45am

### 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 checked="" type="checkbox"/> CEI – Kaylie Feenstra   | <input 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 checked="" 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 checked="" 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 April</a></li> <li>Any changes/additions to this month's Agenda?</li> </ul>	
Consent Agenda (All)	<ul style="list-style-type: none"> <li>Review and approve PIP fishbone diagrams in May meeting</li> <li>QAPIP Plan was accepted by MDHHS as of last week- this is all set (Update)</li> </ul>	
Performance Improvement Project (PIPs) Updated Fishbone Diagrams	<p><b>BOX Document Reference:</b> <a href="#">PIP Fishbone #1</a>, <a href="#">PIP Fishbone #2</a></p> <p><b>Discussion:</b> Kara has updated the PIP #1 and PIP #2 fishbone diagrams for this committee which will ultimately go to HSAG. Committee members reviewed these documents – there were no additions to the fishbone diagrams and there were no questions posed by the Committee at this time. The committee voted and approved both fishbone diagrams to advance to Ops Council/leadership. There was further discussion on if agencies are doing anything specific to staffing/recruitment and it was shared that some CMHSPs (Newaygo and Montcalm) have implemented internship programs recently to assist in recruitment and retention efforts.</p> <p>Kara provided additional information on next steps with these along with information on TBD Solutions completing the statistical analysis on interventions provided by the CMHSPs to determine if any of the interventions have impacted PIP #1 and created statistical improvements. That analysis should be available by our next June QIC meeting.</p> <p><b>Action Needed:</b> PIP Fishbones were approved by the Committee. Kara will forward these along with the analysis document to leadership and Ops Council.</p>	
Satisfaction Surveys	<ul style="list-style-type: none"> <li><b>Discussion:</b> <a href="#">Satisfaction documents for FY25 can be found in BOX</a>. There were no questions from Committee members relating to the survey at this time.</li> </ul>	

	<ul style="list-style-type: none"><li>• <b>Action Needed:</b> CMHSP's to conduct satisfaction surveying according to documented timeframes in instructions. If there are any questions, please reach out to Kara.</li></ul>					
HSAG Updates/PMV Review 2025	<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:</b> Kara attended the PMV kick off meeting on May 7<sup>th</sup> with MSHN. Please reference Amy D.'s email that is in BOX titled, "<a href="#">HSAG PMV Review Information May-June 2025</a>" for timeframes and required uploads needed for HSAG. <b>First due date is 6/6/2025</b> for the CMHSPs PMV source code. <b>The Second due date (and the more time intensive) is 6/26/2025</b> for PMV proof of service documentation.</li><li>• <b>Action Needed:</b> CMHSPs to provide source code to Amy Dillon if this has changed in the last year. CMHSPs to watch their emails on June 23<sup>rd</sup> for their sample for PMV.</li></ul>					
MDHHS Updates	<ul style="list-style-type: none"><li>• <b>Behavioral Health Quality Overhaul</b><ul style="list-style-type: none"><li>○ <a href="#">MDHHS Behavioral Health Quality Overhaul FAQ Document</a> (Last Updated 1/23/2025)</li><li>○ <a href="#">3 Year Behavioral Quality Rollout- MSHN</a></li></ul></li><li>• <b>Discussion:</b> MDHHS considering continuing with MMBPIS indicator #2 as the access to care measure that is required- this has not been finalized yet but was discussed in the most recent Quality Transformation Workgroup meeting with MDHHS in early May. The reasoning for this is lack of guidance being provided by CMS for access measures. MDHHS stated that exceptions will not be brought back and benchmarks will remain the same if continuing (this metric will remain on FY rather than CY like all other measures for the overhaul). The expectation is that the MMBPIS would be submitted to the PIHP's as is currently happening and that the State will not require data to be submitted to them like it has been in the past.</li><li>• <b>Action Needed:</b> None at this time. Kara will provide additional information to the group when the Quality Transformation workgroup finalizes this direction.</li></ul>					
Critical Incident Follow-up for Master Lists	<ul style="list-style-type: none"><li>• <b>Discussion:</b> CMHSPs were asked to upload their critical incident coding to BOX for review and validation. There were no questions or concerns relating to the review of this information by the CMHSPs at this time.</li><li>• <b>Action Needed:</b> None further needed- no concerns at this time by any of the CMHSPs was expressed.</li></ul>					
SDOH Workgroup Follow-up	<ul style="list-style-type: none"><li>• <b>Discussion:</b> In reviewing QAPIP workplan areas, Kara saw that under the SDOH workgroup, there were the following tasks/objectives for FY25:<table><tr><td>MSHN Quality Improvement Council (QIC) will review the clinical workflow in the electronic medical record (EMR) and identify trigger events for submission of a BH TEDS update record when a beneficiary experiences significant changes in employment or housing status.</td><td>12/31/2024</td></tr><tr><td>MSHN Quality Improvement Council will develop and implement a regional training plan for staff completing BH TEDS records, including periodic refresher training to support and maintain improvement efforts.</td><td>3/31/2025</td></tr></table><p>Kara asked the group if these were areas that had already been discussed from Sandy prior to their development in the QAPIP workplan and they were not. There was no background information anyone had and they were confused why these were placed on QIC and weren't an IT area that was being discussed. Kara will have additional conversations to determine if these are necessary and if QIC needs to action these.</p></li></ul>	MSHN Quality Improvement Council (QIC) will review the clinical workflow in the electronic medical record (EMR) and identify trigger events for submission of a BH TEDS update record when a beneficiary experiences significant changes in employment or housing status.	12/31/2024	MSHN Quality Improvement Council will develop and implement a regional training plan for staff completing BH TEDS records, including periodic refresher training to support and maintain improvement efforts.	3/31/2025	
MSHN Quality Improvement Council (QIC) will review the clinical workflow in the electronic medical record (EMR) and identify trigger events for submission of a BH TEDS update record when a beneficiary experiences significant changes in employment or housing status.	12/31/2024					
MSHN Quality Improvement Council will develop and implement a regional training plan for staff completing BH TEDS records, including periodic refresher training to support and maintain improvement efforts.	3/31/2025					

	<b>Action Needed:</b> Kara to further discuss with Kim Z. at MSHN as to continuing these or moving them to ITC.	
<b>Upcoming Reporting Requirements</b>	<ul style="list-style-type: none"> <li>• <b>MMBPIS FY25Q2 data due by 6/15/2025</b></li> <li>• Satisfaction Survey process window opens June 1<sup>st</sup> (Kara to send an email prior to begin date to remind everyone of survey dates)</li> </ul>	
<b>Standing Agenda Item:</b> Committee Updates (Kara/All)	<ul style="list-style-type: none"> <li>• <b>MDHHS QIC Updates:</b> Meeting cancelled. Next meeting in June.</li> <li>• <b>PIHP Quality Workgroup Updates (Kara):</b> Lots of conversation around the Behavioral Quality Transformation expectations- the PIHP's are beginning a workgroup to develop technical standards and cheat sheets for each of the metrics – this will include a crosswalk between CPT codes and encounter types and will focus on each HEDIS measure. Further discussion is needed as to how to get ahead of these metrics as many of them are retroactive which makes it difficult to target improvement impacts.             Another key focus of the PIHP workgroup was around my question relating to Indicator 3 and discussion as to what Oakland and Detroit are doing as they are positive outliers with this indicator. It was found that they are billing an assessment, and then also billing the IPOS planning code from the same individual; there is concern with this as other PIHP's were given guidance from MDHHS that this was not allowable and does not meet the intention/spirit of “ongoing service”. MDHHS (Kasi and Sandy) is reviewing their previous guidance as well as the email to come up with one consistent message for the PIHPs.</li> <li>• <b>BH-TEDs Updates:</b> Lots of conversation around BH-TEDs update records. There will be slight changes to the Guardianship field (Relationship) in FY26- the unrelated category is going to be changed to “Other”. Holli is hopeful there won't be too many significant changes for FY26 to BH-TEDs logic.</li> <li>• <b>National Core Indicator Advisory Council:</b> April meeting cancelled- next meeting in July.</li> </ul>	
<b>Standing Agenda Item:</b> DMC Consultation/Regional Interventions (All)	<ul style="list-style-type: none"> <li>• <b>No items to discuss at this time.</b></li> </ul>	
<b>Standing Agenda Item:</b> Open Discussion/Consultation (All)	<ul style="list-style-type: none"> <li>• <b>No items to discuss at this time.</b></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> </ul>	
<b>Previous Action Item Follow-up</b>	<ul style="list-style-type: none"> <li>• Consumer Satisfaction survey documents were all provided. CMHSPs to reach out to Kara with specific questions/issues if they arise.</li> <li>• Some CMHSPs have uploaded critical incident coding to <a href="#">BOX located here</a></li> </ul>	

	<ul style="list-style-type: none"><li>Please note that the <a href="#">MSHN Critical Incident Report for FY25Q1</a> was finalized as well as the <a href="#">MMBPIS Report for FY25Q1</a>.</li></ul>	
--	--	--

Summary Action Items from Meeting	
CMHSP's	<ul style="list-style-type: none"><li><b>HSAG Updates/PMV Review 2025-</b> CMHSPs to provide source code to Amy Dillon if this has changed in the last year. CMHSPs to watch their emails on June 23<sup>rd</sup> for their sample for PMV.</li></ul>
MSHN/Kara	<ul style="list-style-type: none"><li><b>Performance Improvement Project (PIPs) Updated Fishbone Diagrams-</b> PIP Fishbones were approved by the Committee. Kara will forward these along with the analysis document to leadership and Ops Council.</li><li><b>SDOH Workgroup Follow-up-</b> Kara to further discuss with Kim Z. at MSHN as to continuing these or moving them to ITC.</li></ul>