

Meeting Date: 11/17/2022

- MSHN – Sandy Gettel
- Bay Arenac –Sarah Holsinger
- CEI – Elise Magen
- Central –Kara Laferty
- Gratiot – Taylor Hirschman
- Huron – Levi Zagorski
- Lifeways –Phillip Hoffman
- Montcalm – Sally Culey
- Newaygo – Andrea Fletcher
- Saginaw-Holli McGeshick
- Shiawassee –Becky Caperton
- Tuscola – Jackie Shillinger
- The Right Door- Susan Richards

Guests

- CEI – Shaina Mckinnon
- CEI – Bradley Allen
- CEI – Kaylie Feenstra
- Central Jenelle Lynch
- The Right Door –Jill Carter*
- MCN Joe Cappon
- Lifeways –Joshua Williams
- SCCMH-Bo Zwingman-Dole
- SHW April Riley
- MSHN Joe Wager

KEY DISCUSSION TOPICS

1. Review & Approvals 9:00
 - a. Agenda/ Meeting minutes
 - b. Review of follow up action items/QIC action plan
2. Performance Monitoring
 - a. HSAG Compliance Review CAP/Recommendations -QAPIP Section
 - b. MDHHS Waiver Review-CAP
 - c. Critical Incidents
 - d. National Core Indicator Survey
 - e. Satisfaction Surveys
3. Performance/Process Improvement
 - a. Root Cause Analysis Subgroup Updates
 - b. FUH Subgroup Updates
4. Annual Planning-
 - a. Policy/Procedure- Review/Approval
 - b. QAPIP Plan
 - c. QAPIP Report

KEY DECISIONS

- 1) Review & Approvals
 - a. Meeting minutes for October 27th approved. No additions to the agenda
- 2) Performance Monitoring
 - a. HSAG Compliance Review QAPIP Section
 - Element 7. The QAPIP evaluation must include results of efforts for community integration for members using LTSS. CMHSPs shared what is currently being completed at each organization. The Satisfaction Survey identified social connectedness/functioning as an area needing improvement as well. Recommendation: Collaborate with CLC to identify sources of information to include but not limited to the HCBS survey/program, and develop process for measuring efforts.
 - Element 9. HSAG recommends that the PIHP develop a process to regularly monitor the quality and appropriateness of care furnished to members using long-term services and supports (LTSS), including assessment of care between care settings, on an aggregated level, and include the information in its QAPIP documents (i.e., description, work plan, and evaluation). Currently being completed through clinical chart reviews. UM report is in development to monitor trends related to transitions of care for systemic monitoring.
 - b. MDHHS Waiver Review-

Reviewed the action step to address the repeat findings for the PCP implementation and documentation. The PCP QI Team Worksheet which outline the process and expected outcomes was reviewed and approved by QIC. Recommendations: Share with regional committees for inclusion of a cross section of compliance, clinical, and quality, with provider network brought in as needed, with a start date in January.
 - c. Critical Incidents-

	<p>Reviewed the reporting process flow for CMHSP reportable events. QIC consensus was to submit immediately reportable events to REMI within 48 hours, with an email notification to Quality Manager to alert for MDHHS reporting. Report to be reviewed with areas requiring follow up to be discussed next meeting. <u>Recommendation</u>: Add the submission of sentinel event and immediately reportable events to a procedure.</p> <p>d. NCI Survey- QIC verbalized the following concerns: Data is not representative of the region, same consumers have been surveyed from previous year, increased number refusing, clinicians spending hours of nonbillable time to complete the background information that is primarily demographic and available through BH-TEDS. <u>Recommendations</u>: Obtain consumer advisory council feedback on survey tool, explore alternative surveys that provide a greater return on investment such as the MSHIP adapted form or potentially the HCBS CAHPS. This will be added to the QIC action plan for follow up.</p> <p>e. Satisfaction Surveys-Final completed and in folder for review. Action steps to be included on the QIC action plan with additional regional discussion for the domains that were below the standard</p> <p>3) Performance/Process Improvement-</p> <p>a. RCA Subgroup- Objective: Create standardized data elements and/or a form. Develop timeline next steps. Taylor has volunteered to be the lead for the group.</p> <p>b. FUH Subgroup- Objective: Prepare communication to MDHHS/NCQA with recommendations for value set modifications to allow for accurate measurement of follow up performance. Sources provided: HEDIS Value sets, MDHHS BH Code Sets and Qualifications. Sandy will take the lead. MCN has analyzed data to support proposed recommendations for additional codes.</p> <p>c. Meeting Structure- Develop agenda template. Group consensus was to utilize consent agenda for routine reports that meet performance standards, policies, procedure review, and informational items. Any item can be removed from the consent agenda for discussion. Projects were prioritized based on requirements and need. <u>Recommendations</u>: Include timelines in the required activities for next meeting. Additional improvement activities will be assigned time frames based on the schedule for the year.</p> <p>4) Annual Planning</p> <p>a. Policy/Procedure Review- QIC Approval Due-December 5th. The oversight and monitoring policy and procedure was discussed in general terms. Questions from QIC-What are the requirements for a review (annual/biannual)? Can monitoring occur through other processes? Do standards that score well have to be reviewed as frequently? Do policies and procedures need to be reviewed if there were no requirement changes or updates? Can P&P be reviewed from website or other online means without uploading. Can anything be removed from the review such as autism monitoring? This topic will be added to the QIC action plan for follow-up once the Compliance Administrator has been hired.</p> <p>b. QAPIP Plan/Report- The QAPIP plan description was reviewed. Recommendations for changes were accepted. The final draft Plan with recommendations for priorities and the QAPIP Report will be distributed early next week for review and approval before December 7th.</p>
ACTION STEPS	<ul style="list-style-type: none"> • Provide feedback to annual plan, report by December 16 and policies/procedures by December 5. • See recommendations above.
KEY DATA INTS/DATES	<ul style="list-style-type: none"> • MDHHS QIC December 7th • MSHN QIC December 15th