Quality Assessment and Performance
Improvement Program
FY21 Report and FY22 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. The review includes the components of the QAPIP, the performance measures, and improvement initiatives, as required based on the MDHHS PIHP contract and the BBA standards. In addition to ensuring the components continue to meet the requirements, each performance measure relevant to the QAPIP is reviewed to determine if the expected outcome has been achieved. 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. Due to timing, the Board of Directors will be reviewing the QAPIP Report and Plan, March 1st. Once reviewed and approved by the Board of Directors the plan and report will then be submitted to MDHHS. The measurement period for this annual QAPIP Report is October 1, 2020 through September 30, 2021.

Annual QAPIP Report

The QAPIP Report is the annual effectiveness review of the QAPIP Plan. The QAPIP components as required by MDHHS are reviewed in addition to, strategic tasks and activities as it relates to the QAPIP, and performance measures. Areas that have not met the standard include a goal. Recommendations are developed for areas that may benefit from additional interventions to improve the performance or the quality of a process.

Performance Measures Review
The performance measures include required measures that are reported to MDHHS, and optional measures that MSHN has identified as key priority areas. A status of "met" indicates that performance standard was met for FY21. The following areas were monitored through performance measures:

- Michigan Mission Based Performance Indicator System (MMBPIS)- Met 7 out of 7 measures.
- BH-TEDS Data Quality- Met 1 out of 1 measure.
- Performance Improvement Projects-Recovery Self-Assessment and Diabetes Monitoring, Met 2 out of 2 measures.
- Event Monitoring and Reporting-Met 9 out of 13 measures.
- Behavior Treatment- Met 3 out of 4 measures.
- Stakeholder and Assessment of Member Experiences- Met 7 out of 10 measures.
- Provider Monitoring- Met 1 out of 3 measures.
- Medicaid Event Verification-Met 2 out of 2 measures.
- Priority Measures for Long Term Supports and Services- Met 7 out of 17 measures.
- Performance Based Incentive Payments-Met 7 out of 7 measures.

Those that did not meet the standard were track and trend data with internal standards and/or priority measures as agreed upon by Operations Council. Each measure that has not met the standard will include efforts towards improvement.

FY22 Performance Measures:

In addition to the CCBHC measures currently being developed, new measures for FY22 based on performance in FY21 include the following:

- MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period. (Baseline)
- MSHN's ACT programs will demonstrate an increase in fidelity for average minutes per week per consumer (120 minutes).
- MSHN will demonstrate an increase in compliance with access standards for the priority populations. (Baseline)
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS living arrangements fields. (Baseline)
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS employment fields. 3 categories. (Baseline)
- MSHN will increase access and service utilization for Veterans and Military members. (Baseline)
- MSHN will demonstrate an improvement with the data quality on the BH-TEDS LOCUS fields. (Baseline)
- MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rules. (Baseline)
- MSHN will demonstrate full compliance with the completion of a SIS assessment in accordance with the MDHHS required guidelines. (1x every three years) (Baseline)
- MSHN will demonstrate full compliance with timeframes of service authorization decisions in accordance with the MDHHS requirements. (Baseline)

Annual review of the QAPIP Components: MDHHS reviewed the QAPIP Plan and Report, providing feedback to be incorporated into the documents. MSHN developed goals for those areas that have not yet demonstrated compliance or those areas that did not meet the standard through the external review process. Goals and recommendations below include ten areas identified by external reviews as not meeting the standard. Additional recommendations were made in other areas to ensure continued compliance and optimal performance.

Goals/Recommendations:
Organizational Structure and Leadership
Recommendations:
- Development of a process to monitor progress of the quality workplan and performance measures, inclusive of other MSHN departments. Status: Complete
- Utilization of the quarterly report for periodic progress review to the Board of Directors. Status: Completed
- Evaluate and modify time frames for the quality workplan to ensure Board approval is received before 2.28.2022. Status: In Progress/Continue. Quarter 4 data is not fully available until January. The Board of Directors meet every other month. The QAPIP Report and Plan cannot be approved until the March meeting.
- (New) Discontinue the SUD Provider Advisory Council, utilize focused regional SUD Treatment and Recovery workgroups.

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- (New) Established a Regional Equity Advisory Committee for Health (REACH), an advisory body comprised of Region 5 stakeholders and community partners, to address MSHN's strategic priority of better equity,

Performance Management
Goals:
- (New) MSHN will demonstrate an increase in compliance with access standards for the priority populations. (In addition to those included in the MMBPIS) (Compliance Review 2021)
- (New) Performance Improvement Projects: 1) The racial or ethnic disparities between the minority penetration rate and the index (white) penetration rate will be reduced or eliminated.
2) 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.

Recommendations:
- (New) Refer network adequacy issues to the Provider Network Management Committee as it relates to the access indicators.
- (New) MSHN to verify Medicaid eligibility prior to MMBPIS submission to MDHHS (PMV-2021)
- (New) Verification of accurate data entry in REMI for SUD Indicator 4-Follow up within 7 days of Discharge from a Withdrawal Management Unit.

Stakeholder Feedback
Goals:
- MSHN will distribute satisfaction surveys for each representative population served (SUD, MI, SED, IDD inclusive of LTSS) with development of action plan to address areas of dissatisfaction (below 80%) annually. Status: In Progress
- MSHN will demonstrate an 80% rate of satisfaction for each representative population.
Status: Complete
- (New) MSHN will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule.
- (New) MSHN will demonstrate full compliance with the completion of a SIS assessment in accordance with the MDHHS required guidelines. (1x every three years)

Recommendation:
- (New)Develop proposal for the administration of qualitative and quantitative assessment of member experience, and provider satisfaction for the region.

Event Monitoring and Reporting
Goal:
- Will demonstrate a 100% completion rate of Critical Incident/Event Performance Summaries each quarter for CMHSP Participants and SUD Providers. Status: Complete

Recommendations:
- Develop electronic process for sentinel event submissions to MSHN by the Provider Network. Status: Complete
- (New) Develop Dashboard for tracking and monitoring timeliness of submissions.
- (New) Develop oversight process for risk events.

Utilization Management
Goal:
- 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

Practice Guidelines
Goal:
- MSHN will demonstrate full compliance with communication of practice guidelines. Status: Complete
- (New) MSHN will demonstrate full compliance with the use of MDHHS required practice guidelines, Inclusion, Consumerism, Personal Care in Non-Specialized Residential Settings, Family Driven and Youth Guided, Employment Works Policy and Practice Guidelines. (MDHHS Evaluation)
- (New) MSHN will demonstrate an increase for individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person-centered plan. (MDHHS Waiver Review 2020)
- (New) 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. (MDHHS Evaluation)
Recommendations:
- (New) Identify practice guidelines adopted/required for use in the MSHN region, reviewing guidelines currently in policy and procedure.

Behavior Treatment
Recommendations:
- Develop a goal to address improved compliance with the MDHHS Standards for Behavioral Treatment Committee. Status: Complete
- (New) MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period.

Provider Monitoring
Goal:
- MSHN's Provider Network will demonstrate an increase in compliance with the MDHHS/MSHN staff qualification, credentialing and recredentialing requirements. Status: In Progress/Continue
  Separated the Licensed and non-licensed providers for monitoring.
- (New) MSHN will demonstrate assurances of adequate capacity and services for the region, in accordance with the MDHHS Network Adequacy standards. (Compliance Review 2021)
- (New) Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.
- (New) Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.
- (New) MSHN will demonstrate an increase in performance on the External Quality Review-Compliance Review.

External Review/Monitoring
Recommendations:
- Include corrective action/improvement plans resulting from partial compliance to the QAPIP Work Plan.
  Status: Complete
- Include recommendations in the quality workplan. Status: Complete

Annual QAPIP Plan- Summary of Changes

General Changes: Updated the dates and references to reflect current MDHHS contract requirements.
Updated the section headings and reorganized the content of the document to be consistent with other MSHN Reports.
Incorporated recommendations from MDHHS evaluation of the Plan and Report.
Incorporated the alignment with the Strategic Priorities.
Removed redundant language.

I. **Overview/Mission Statement:** Added the onset of CCBHC Demonstration. Moved the scope to its own section.

II. **Scope of Plan-**Added CCBHC language

III. **Definitions/Acronyms-**Moved the definitions and acronyms to the front of the report. Added additional definitions for terms included in the plan.

IV. **Philosophical Framework**: Incorporated the alignment with Quintuple Aim, Strategic Plan and the MDHHS Comprehensive Quality Strategy.

V. **Organizational Structure and Leadership**:
   Structure: No changes
   Governance: Added the inclusion of the Quality Manager membership MDHHS QIC and updated the title of the Director of Compliance and Customer Services and Quality to the Chief Compliance and Quality Officer. Added performance improvement projects to areas of feedback from the Medical Director.
   Components: Added the inclusion of stakeholder participation in the PIHP Quality Improvement Council and Customer Services Committee. Added committee/council to replace QIC for monitoring key performance indicators. Removed redundant language that is included in other relevant sections to appropriately represent current process.
   Communication of Process and Outcomes: Removed language that is included in other sections of the document.
   MSHN Provider Network: Changed heading from Council and Committees to MSHN Provider Network. Moved QIC under MSHN Provider Network. Replaced the SUD Provider Advisory Council (SUD-PAC) with the SUD Treatment and Recovery provider work groups. Added the regional committees and councils that are included in the QAPIP.

VI. **Performance Management:** Added a new section with introduction to the definition of performance management; and included the following sections:

Establishing Performance Measures: Reorganized, removed redundant language and described the alignment with the strategic priorities.

Prioritizing Measures: Modified language for the focus areas to be consistent with MDHHS.

Data Collection, Analysis and Reporting: Incorporated the alignment of the Strategic Priorities. Identified basic components of data collection.

Performance Improvement Action Steps: No substantive changes.

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

Performance Improvement Projects: Included the topics of the performance improvement projects for FY22; PIP 1-The racial or ethnic disparities between the minority penetration rate and the index (white) penetration rate will be reduced or eliminated; PIP 2- The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. Included the Operations Council approval on the PIP Topics.

VII. **Stakeholder Experience/Engagement:** Identified the specific surveys and/or assessments used to assess member experience.

VIII. **Adverse Events:** Changed the section heading from Safety and Risk Monitoring**.** Included the event types for required reporting for each population group including SUD provider requirements. Moved Medicaid Event Verification to the Finance Section.

IX. **Clinical Quality Standards**:

Utilization Management: No changes

Practice Guidelines: No changes

Oversight of Vulnerable People: Added language related to Long Term Supports and Services as required through the PIHP Medicaid Contract.

Cultural Competence: Added language supporting the strategic priority, "better equity."

Autism Benefit: Modified the time for continuing eligibility determinations to every three years to be consistent with the revised requirements.

Behavior Treatment: Removed redundant language to describe the process. Removed the description of the data collection specific to the Waivers that is no longer required or occurring.

Trauma: Added language supporting the strategic priority "better equity".

X. **Provider Standards**:

Provider Qualifications: Changed heading from Credentialing and Selection to Provider Qualifications as it encompasses both the licensed and non-licensed provider qualifications.

Medicaid Event Verification: Moved from the Safety/Risk Section.

Financial Oversight: Updated the number of standards from 7 to 8.

Provider Monitoring and Follow Up: No changes

External Review: No substantive changes.

XI. **QAPIP Priorities FY2022**

The QAPIP Priorities and Work Plan: Updated to include specific activities of the QAPIP for FY22 with assigned responsibilities.